American Veterinary Medical Association Vaccine Guidelines

Core Vaccines:

- 1. Canine Adenovirus-1 (Infectious Canine Hepatitis)
- 2. Canine Distemper
- 3. Canine Parvovirus
- 4. Rabies

Non-Core Vaccines:

- 1. Bordetellosis ("Kennel Cough")
- 2. Borreliosis (Lyme Disease)
- 3. Canine Adenovirus-2
- 4. Canine Coronavirus
- 5. Canine Parainfluenza
- 6. Giardiasis
- 7. Leptospirosis

Core Vaccinations				
	Initial Schedule:	Booster:		
Rabies Virus (RV)	One vaccination at 3-4 months of age.	A booster should be given annually for the first year no matter if 3-year or one-year vaccine is used.		
		Further boosters depend on your state of residence. Three-year vaccines are applicable when accepted by state regulations. Otherwise, annual vaccination requirements should be followed.		
Canine Distemper Virus (CDV)* Canine Parvo Virus (CPV)	Current recommendation is that puppies receive three doses at 6-8 weeks, 9-11 weeks, and 12-14 weeks of age.	Boosters should be given annually for the first year and then triennially (once every three years) thereafter.		
Infectious Canine Hepatitis (Canine Adenovirus-1)	If the "killed" CPV is used an additional booster should be given at 15-17 weeks of age.	, ,		

* Recommendation assumes vaccine used is a "Modified Live" vaccine (MLV). Recombinant vaccines may require additional boosters

Non-Core Vaccine Recommendations					
	Usage considerations:	Effectiveness:	Schedules:		
Canine Adenovirus-2	Used for CA-1 protection: Included in DHPP for immunization to the CA-1 virus	High	Makes up the D <u>H</u> PP. Follows DHPP schedule		
	Used for CA-2 protection: Included in intranasal preparations of the Parainfluenza and Bordetella vaccines	Injectable – Low Intranasal - Unknown	Annually		
Parainfluenza virus	Injectable – No choice, Included in DHP	Low	Included in DHP <u>P</u> . Follows DHPP schedule		
	<u>Intranasal</u> – Used for cases of chronic problems with the "kennel cough" complex. Included with Bordetella.	Moderate	Usually included in intranasal Bordetellosis vaccine. Follows its schedule		
Borreliosis (Lyme Disease)	For most of the US exposure risk is Low .	Clinical effectiveness is Unknown	Initial two-dose regime given at 12 weeks and 14-16 weeks.		
	For limited areas (i.e. Northeast US) exposure risk is High, but number of cases are Low	Risk of adverse reactions - High	Boosters: Annual just prior to start of tick season		
Leptospirosis	Depends on prevalence in your particular area. There are several different types. Most vaccines include only 1-2 types and they do not cross protect High risk of adverse reactions Infectious to man, transmissible from dogs	Variable Large percentage [30%] may not respond to vaccine. <u>Responders</u> - High (Only effective if vaccinated against the specific species of bacteria producing the exposure) <u>Non-responders</u> - Low	Initial two-dose regime given at 12 weeks and 14-16 weeks. Boosters: Annual In situations of high risk, booster every 6 months (discontinue 6 month boosters as soon as possible due to high risk of significant side effects)		
Canine Bordetella (Kennel Cough)	Use when kenneling large numbers of dogs or if exposure to large groups of dogs is expected. May be considered for competition dogs when even small decreases in performance would be detrimental	Intranasal - Moderate Injectable - Low	Initial single dose - may begin as early as 3 weeks of age – if so booster after 5- 6 weeks of age for prolonged immunity Boosters: Every 6 months for maximum immunity (Alternative: may be done annually with booster prior to exposure events) Initial 2 dose booster (may begin at 6-8 weeks), followed by annual boosters		

Canine Corona Virus:	High chance of exposure, but very mild clinical symptoms if any at all	Low	Not recommended. Duration of immunity short.
	More prevalent in areas of high population (i.e. kennels)		For continuous immunity, revaccinate every 3 months if used
	May be considered for competition dogs when even small decreases in performance would be detrimental		
Giardiasis	High risk environments include stagnant water and areas with presence of beavers	Not proven to prevent infection, only reduce shedding of organisms	Not recommended If used, booster annually
	No easy test to determine if disease is present due to erratic shedding patterns		