



Dr. Jean Dodd's Recommended Vaccination Schedule

| Vaccine | Initial Dose | 1st Annual Booster | Re-Administration Interval | Comments |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Distemper <i>NOTE: (MLV) (e.g. Merck Nobivac DPV, or NeoVacD monovalent CDV only). Optional is recombinant rCDV Merial Rocombitek, but only comes in combination with CPV & Hepatitis/Adenovirus or more antigens.</i> | 9-10 weeks; 14-15 weeks | At 1 year, MLV Distemper/Parvovirus only, or serum DPV antibody titers | None needed. Duration of immunity is approximately 7.5 to 15 years by studies; indicative of a lifetime immunity. | 20-24 weeks or as legally required per state or province. Use only thimerosal (mercury-free) rabies vaccine Merial IMRAB TF-1, or Boehringer Ingelheim RabVac 1TF. |
| Parvovirus <i>NOTE: (MLV) (e.g. Merck Nobivac DPV, or NeoPar monovalent CPV only)</i> | 9-10 weeks; 14-15 weeks; and 18 weeks. In endemic parvovirus outbreaks, MLV CPV vaccine can be given at 6 weeks initially, then follow up with protocol listed above. | At 1 year MLV Distemper/Parvovirus only, or serum DPV antibody titers. | None needed. Duration of immunity is approximately 7.5 to 15 years by studies; indicative of a lifetime immunity. | At 6 weeks of age, less than 30% of puppies are protected but 100% are exposed to the ubiquitous CPV. |
| Rabies <i>NOTE: (only killed). Use only thimerosal (mercury-free) rabies vaccine Merial IMRAB TF-1, or Boehringer Ingelheim RabVac 1TF.</i> | 20-24 weeks or as legally required per state or province. Use only thimerosal (mercury-free) rabies vaccine Merial IMRAB TF-1, or Boehringer Ingelheim RabVac 1TF. | 1 year after puppy rabies (give 3-4 weeks apart from Distemper/Parvo booster) Killed 3-year thimerosal (mercury-free) rabies vaccine, Merial IMRAB TF-3, or Boehringer Ingeleim RabVac 3-TF | 3 year vaccine given as required by law in your state or provincial area. | 20-24 weeks or as legally required per state or province. Use only thimerosal (mercury-free) rabies vaccine Merial IMRAB TF-1, or Boehringer Ingelheim RabVac 1TF. |



Vaccine

Distemper
at 6 weeks or younger

Comments

Not Recommended. At this age, maternal antibodies from the mother's milk (colostrum) will partially neutralize the vaccine. By giving a MLV CDV vaccine earlier, it can cause vaccine-induced signs of distemper especially seizures and paralysis.

Parvovirus at 6 weeks

In endemic parvovirus outbreaks, MLV CDV vaccine can be given at 6 weeks initially--then followed up with the usual protocol above.

Hepatitis (Adenovirus 2)
MLV often in a combo with
CDV and CPV.

Not Recommended. Giving MLV CDV with Adenovirus-2 causes immune suppression for up to 10 days in puppies and increases chances of post-vaccinal encephalitis (PVE). *NOTE: Merial Rocombitek combo vaccine cannot cause PVE. If the adenovirus vaccination is desired, administer to older adolescents with **oral** or **intranasal** (not injectable) Bordetella as it induces interferon that protects against the upper respiratory viruses.*

Coronavirus

Not Recommended. Disease usually only affects young puppies that are malnourished and parasitized. Rare clinical disease that is mild and self-limiting. Produces orange-colored stool. Virus killed by 80 degrees F and dry housing.

Leptospirosis (4-Way Killed
vaccination)

Not Recommended. Rare clinical cases; a reportable zoonotic disease (check local veterinary and public health safety agencies for documented cases). Vaccine side effects from the 4-way vaccine are common as they often contain the wrong serovars causing disease in local areas. There is poor cross-protection between serovars. Two doses initially needed given 3-4 weeks apart followed by yearly boosters.

Lyme Vaccine

Not Recommended. Most cases are in the Northeast and around the Great Lakes areas. Annual booster required after initial 2-dose series.

Bordetella (Oral or
intranasal); Killed bacterin
Injectable not recommended.

Generally not recommended. Oral is *preferred* over intranasal (it cannot spray vaccine around the face and those close by). Injectable is **not recommended** as it does not release interferon to protect against the other upper respiratory viruses such as kennel cough. Not 100% effective and may be required for boarding or grooming facilities.

Parainfluenza

Included as part of combo vaccinations; but rarely **clinically important or needed.**

Influenza (Bi-Valent
H3N2/H3N8 Killed vaccine)

Being widely recommended as these viruses are highly contagious. **Not recommended routinely by Dr. Dodd as disease is mild and self-limiting** unless fever is severe (>104 degrees F) and for those dogs harboring *streptococcus* in their respiratory tracts. Distinguished from common kennel cough which does not produce a fever unless secondary pneumonia follows in 7-10 days. Influenza produces a fever immediately. 2 doses required 3-4 weeks apart and boosted annually.