

CANINE VACCINATION SCHEDULE FOR GENERAL PRACTICE

Based on the 2017 AAHA Canine Vaccination Guidelines



	WEEKS OF AGE										Within 1 Year	BOOSTER			
	4	6	8	10	12	14	16	18	20	Subsequent Intervals		Vs. Antibody Testing			
CORE															
DISTEMPER (DAP±PI)	SQ	EVERY 2-4 WEEKS											Every 3 years	Yes ¹	
RABIES	SQ/IM												Per local law	No ²	
BORDETELLA	SQ		2-4 WEEKS AFTER FIRST DOSE											Every year as the dog's lifestyle risk dictates	No ³
		PO													
		IN*													
+ PI ± A	IN*														
CANINE INFLUENZA¹	SQ		2-4 WEEKS AFTER FIRST DOSE												
LEPTOSPIRA[‡]	SQ		2-4 WEEKS AFTER FIRST DOSE												
LYME (B. burgdorferi)	SQ		2-4 WEEKS AFTER FIRST DOSE												

LEGEND	CORE	NONCORE
Earliest first dose recommended		
Booster every 2-4 weeks		
Booster 2-4 weeks after first dose		
Give if at high risk		
Give within 1 year after initial series		

IN	Intranasal
SQ	Subcutaneous
IM	Intramuscular
PO	Orally, specifically in the buccal pouch
PI ± A	Canine parainfluenza virus with or without adenovirus type 2
DAP±PI	Distemper, adenovirus type 2, parvovirus with or without parainfluenza
MLV	Modified-live virus

* Maternally derived antibody does not interfere with the immune response following mucosal vaccination (IN). There is no known value in administering the IN vaccine every 6 months.

† When vaccination is recommended, dogs intended to be housed in boarding kennels or daycare facilities should BEGIN the initial vaccination series 4 weeks prior to entry (2 weeks between the initial vaccines plus 2 weeks to allow time for a humoral immune response to develop). Any dog deemed at risk for exposure to influenza virus should be vaccinated against both H3N2 and H3N8 strains.

‡ Because there is limited cross-protection among serovars, administration of a 4-serovar leptospirosis vaccine is recommended over a 2-serovar vaccine. Some MLV vaccines may lose the ability to immunize within 2 to 3 hr following reconstitution. It is recommended that unused MLV vaccines be discarded 1 hr after reconstitution regardless of whether or not the product has been refrigerated.

ANTIBODY TESTING CAVEATS

¹While the only true test of protective immunity involves challenging the patient with the virulent pathogen and assessing the clinical outcome, a "positive" antibody test result generally correlates with protective (sterile) immunity in dogs.

²As of 2018, in the US and Canada, a "positive" test result for rabies virus neutralizing antibody is not legally recognized as an index of protective immunity and cannot be used in lieu of revaccination.

³The antibody response following noncore vaccination tends to be short-lived and generally does not correlate with protection.

The Canine Vaccination guidelines were prepared by a task force of experts convened by the American Animal Hospital Association. The information in this document is intended as a guideline only, not an AAHA standard of care. These guidelines and recommendations should not be construed as dictating an exclusive protocol, course of treatment, or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to each individual practice setting. ©2018 American Animal Hospital Association.

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