BSAVA BRITISH SMALL ANIMAL VETERINARY ASSOCIATION

EDITORIAL

WSAVA vaccination guidelines for the dog and the cat

In 1996, a group of academicians and feline practitioners met in an effort to develop vaccination recommendations for cats. At the time, we were concerned with a series of publications highlighting that, at least in some cats, feline leukaemia and rabies vaccines were causally associated with a particularly aggressive form of fibrosarcoma. If recommendations could be written that were consistent with good immunisation practices, yet requiring fewer vaccine doses over the lifetime of the cat, perhaps it would be possible to reduce the risk of what was being called at the time: "vaccine associated sarcoma" (today known as feline injection-site sarcoma or FISS). This work culminated in the first set of Feline Vaccination Guidelines, published in 1998, which included recommendations for administration of fewer doses of vaccine over the lifetime of the cat while introducing terms such as "core" *versus* "non-core" vaccines.

Since then, vaccination guidelines for both dogs and cats have been published for the United Kingdom, Europe, the United States, Canada and, most recently, Asia. Guidelines for Latin America are under consideration at this time. Clearly, vaccination guidelines have gone global. Also, as this iteration of the WSAVA Vaccination Guidelines highlights, the business of vaccines and vaccination is dynamic and very much subject to change. Scientific updates, regional variations in infectious disease risk, emerging pathogens and new vaccines represent just a few of the variables involved with keeping vaccination guidelines current and relevant.[1]

This update of the WSAVA Vaccination Guidelines includes modified recommendations on the initial vaccination schedule for young dogs and cats, revaccination (booster) schedules, vaccine adverse events, new, regionally available vaccines, as well as updates on recommended protocols for shelter-housed dogs and cats.

The guidelines also include new, important information on the role of serological testing for the purpose of assessing vaccine-associated immunity among individual patients. With improved point-of-care testing technology, as well as increasing concerns among pet owners over risks associated with excessive vaccination, the opportunity to monitor antibody responses to vaccination at the time of appointment represents a relevant application for clinical practice.

The reader is reminded, however, that vaccination guidelines are merely recommendations, not requirements. With the exception of rabies vaccination (where required by law), veterinarians have considerable discretion in the selection and use of vaccines in companion animal practice. Published vaccination guidelines have become a credible resource for the veterinary profession in sustaining rational vaccination protocols in an ever-changing vaccine market. Although veterinarians are not obligated to adhere to all of the recommendations outlined, a review of this iteration of the WSAVA Vaccination Guidelines should not be optional.

[1]Vaccination recommendations are based, whenever possible, on the results of current scientific studies and established immunologic principles. Therefore, not all recommendations will be consistent with guidance provided in the context of manufacturers' data sheets.

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