Kennel Cough Vaccine Exposed
by Dr. Peter Dobias, DVM

WHAT VACCINE COMPANIES DO NOT TELL YOU HOW TO APPROACH KENNEL COUGH PREVENTION NATURALLY.

I have a question for you? Would you vaccinate a 16-year-old dog, with heart disease and recent diagnosis of a malignant lump?

Just until few days ago, I thought that no veterinarian would. However, my bubble was burst during a phone call with my friend from London. She asked me if I could help with her 16 year old Jack Russell Rocky, because he was recently diagnosed with a mast cell tumor. As I was collecting the medical history, we started talking about vaccines. I only asked casually because I assumed that no vet would vaccinate a senior dog. I was wrong.

The news that Rocky has been vaccinated yearly hit me like a ton of bricks because the vaccine label say that animals that are ill should not be vaccinated. After few seconds of disbelief I decided to write this article because obviously, the discussion must go on.

Over the years, I have witnessed many people having a very unreasonable fear of Kennel cough mainly due to fear based advertising that kennel cough is some sort of horrible disease while even the Merck Veterinary manual says that: Kennel cough is a mild self-limiting disease that results in inflammation of the upper airways transmitted by air...This condition would rarely lead to complications or death...

“Infectious tracheobronchitis is a mild self-limiting disease that results in inflammation of the upper airways transmitted by air and caused possibly but not surely by several different viruses, mainly Parainfluenza virus and also by a bacteria – Bordetella Bronchiseptica, however, the exact cause may vary.”

The Merck Veterinary Manual also states that:

“This condition would rarely lead to complications or death only in animals with a weakened immune system. In summary, Kennel cough is not much different than a cold that most of us catch from time to time and cure by rest and tea.”

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Despite the fact that kennel cough is nothing more than a dog version of cold, most boarding facilities, daycares, training centers and grooming facilities request kennel cough vaccine. They often mean well but they are mainly frightened of being held liable for a dog getting kennel cough.

Books are theory but how about real life veterinary practice? In more than 20 years in clinical practice, I have not seen one single dog succumbing to kennel cough and as the Merck manual says, most dogs recover on their own without the use of any antibiotics. The risk of dog of dying of kennel cough is not any different that of a person dying of a common cold or flu.

More than 15 years back, I too used to use Kennel Cough vaccine because I didn’t know any better. I remember seeing absolutely healthy dogs getting kennel cough vaccine and coming back a few days later with actual symptoms of the disease. When I called the vaccine rep, he response was that these dogs must had been exposed prior to vaccination. Later realized that the live modified vaccine was the likely reason. For your interest, this is what the British medical safety data sheet (see below) for Nobivac KC vaccine states:

“Contra-indications, warnings: Particularly in very young susceptible puppies, mild discharges from the eyes and nose can occur from the day after vaccination, sometimes accompanied by sneezing and coughing. Signs are generally transient, but in occasional cases may persist for up to four weeks. In animals, which show more severe signs, appropriate antibiotic treatment may be indicated.

To me, this statement clearly says that the vaccine can cause the disease.

A FEW PRACTICAL SUGGESTIONS WHAT TO DO

DAY CARE, DOG WALKING, GROOMING, BOARDING AND TRAINING FACILITY

1. If you are an owner of a boarding, grooming or daycare facility you are likely concerned about liability.
2. I suggest you creating a simple waiver that your clients can sign at the time of the admission.
3. Stop requesting kennel cough vaccine because by doing so, you may be spreading kennel cough itself.
4. Ensure good hygiene and air quality in your facility.
5. Avoid overcrowding and strive to create a happy and relaxed atmosphere in your facility.
6. Download and print a copy of this article for your clients to read to educate them here.

FOR DOG GUARDIANS

Remember that the Merck Veterinary Manual says that Kennel Cough is a mild self-limiting disease.

Avoid Kennel Cough vaccination if possible no matter what age your dog is.

If a service provider you use requests a Kennel Cough vaccine, share with them this information and be willing to sign a waiver.

Make sure that your dog’s immune system is in top-notch condition. The best way to achieve this is to feed high quality all natural raw food and adding essential supplements to make your dogs immune system stronger.

Avoid carbohydrate based and processed foods, milk products, and wheat that can compromise the immune system.

Look for well aired clean facilities that are not overcrowded and your dog likes to visit.

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PS: If you are looking for my general recommendation about vaccination, click here (or see below)

Nobivac KC Data Sheet

**Qualitative and quantitative composition**
Per dose of 0.4 ml vaccine reconstituted with diluent (water for injections):

**Active substances:**
≥10^8.0 and ≤10^9.7 cfu of live Bordetella bronchiseptica bacteria strain B-C2
≥10^3.0 and ≤10^5.8 TCID50 of live canine parainfluenza virus strain Cornell.
1 colony forming units

2Tissue Culture Infective Dose 50%

For a full list of excipients, see section "Pharmaceutical particulars".

**Pharmaceutical form**
Lyophilisate and solvent for suspension for nasal administration.
Lyophilisate: Off-white or cream-coloured pellet.
Solvent: clear colourless solution.

**Clinical particulars**

**Target species**
Dogs.

**Indications for use**
Active immunisation of dogs against *Bordetella bronchiseptica* and canine parainfluenza virus for periods of increased risk to reduce clinical signs induced by *B. bronchiseptica* and canine parainfluenza virus and to reduce shedding of canine parainfluenza virus.

Onset of immunity:
for *B. bronchiseptica*: 72 hours after vaccination;
for canine parainfluenza virus: three weeks after vaccination.

**Duration of immunity**: 1 year.

**Contra-indications**
None.

**Special warnings for each target species**
Only healthy dogs should be vaccinated.

**Special precautions for use**
Special precautions for use in animals
Vaccinated animals can spread the *B. bronchiseptica* vaccine strain for six weeks and the canine parainfluenza vaccine strain for a few days after vaccination.
Immunosuppressive medication may impair the development of active immunity and may increase the chance of adverse effects caused by the live vaccine strains.
Cats, pigs and unvaccinated dogs may react to the vaccine strains with mild and transient respiratory signs. Other animals, like rabbits and small rodents have not been tested.

**Operator warnings:**

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Immunocompromised individuals should avoid any contact with the vaccine and vaccinated dogs up to six weeks after vaccination. Disinfect hands and equipment after use.

Adverse reactions
Mild discharges from the eyes and nose can occur from the day after vaccination, sometimes accompanied by wheezing, sneezing and/or coughing, particularly in very young susceptible puppies. Signs are generally transient, but in occasional cases may persist for up to four weeks. In animals, which show more severe signs, appropriate antibiotic treatment may be indicated.

Use during pregnancy, lactation or lay
Can be used during pregnancy.

Interactions
Do not administer in conjunction with other intranasal treatments or during antibiotic treatment. Safety and efficacy data are available which demonstrate that this vaccine can be administered on the same day, but not mixed, with the live vaccines of the Nobivac series against canine distemper, canine contagious hepatitis caused by canine adenovirus type 1, canine parvovirus disease and respiratory disease caused by canine adenovirus type 2, where authorised, and inactivated vaccines of the Nobivac series against canine leptoariosis caused by all or some of the following serovars: *L. interrogans serogroup* Canicola serovar Canicola, *L. interrogans* serogroup Icterohaemorrhagiae serovar Copenhageni, *L. interrogans* serogroup Australis serovar Bratislava, and *L. kirschneri* serogroup Grippotyphosa serovar Bananal/Liangguang.

No information is available on the safety and efficacy of this vaccine when used with any other veterinary medicinal product except the products mentioned above. A decision to use this vaccine before or after any other veterinary medicinal product therefore needs to be made on a case by case basis.
In case antibiotics are administered within one week after vaccination, the vaccination should be repeated after the antibiotic treatment is finished.

Amounts to be administered and administration route
Allow the sterile diluent provided to reach room temperature (15 - 25°C). Aseptically reconstitute the freeze-dried vaccine with the diluent. Shake well after addition of the diluent. Remove the needle, connect the applicator tip and administer 0.4 ml into one nostril.

Vaccination scheme:
Dogs should be at least 3 weeks of age. When Nobivac KC is concurrently administered (i.e. not mixed) with another vaccine of the Nobivac series as indicated under section "Interactions", dogs should not be younger than the minimum age recommended for the other Nobivac vaccine.
Unvaccinated dogs should receive one dose at least 3 weeks prior to the period of anticipated risk, e.g. temporary kennelling, in order to get protection for both vaccine agents. In order to get protection for *Bordetella bronchiseptica* unvaccinated dogs should receive one dose at least 72 hours prior to the period of anticipated risk (see also section "Special precautions for use").
Revaccinate annually.

Overdose
Particularly in very young puppies, signs of upper respiratory tract disease may occur after an overdose, including ocular and nasal discharges, pharyngitis, sneezing and coughing. The signs may start the day after vaccination and have been seen for up to 4 weeks after vaccination.

Withdrawal periods
Not applicable.

Pharmacological particulars

Immunological properties
The product contains live *B. bronchiseptica* strain B-C2 and live canine parainfluenza virus strain Cornell. After intranasal vaccination, the product stimulates the development of active immunity against *B. bronchiseptica* and canine parainfluenza virus.
No data on the influence of maternal antibodies on the effect of vaccination with Nobivac KC are available. From literature, it

is considered that this type of intranasal vaccine is able to induce an immune response without interference with maternally derived antibodies.

Data are available to show a reduction in shedding of *B. bronchiseptica* from 3 months to 1 year after vaccination.

ATCvet code: QI07AF

**Pharmaceutical particulars**

**Excipients**

Gelatin-based stabiliser, Sodium chloride, Phosphate buffer and Water for injections.

**Major incompatibilities**

Do not mix with any other veterinary medicinal product, except diluent recommended for use with the product.

**Shelf life**

Shelf-life of the veterinary medicinal product as packaged for sale: 27 months.

Shelf-life after reconstitution according to directions: 1 hour.

**Special precautions for storage**

Store and transport refrigerated (2 °C – 8 °C). Do not freeze. Protect from light.

**Immediate packaging**

3 ml (single dose presentation) or 10 ml (5 and 10 dose presentation) vial of glass Type I (Ph.Eur.) closed with a halogenobutyl rubber stopper and sealed with coded aluminium cap and accompanied by a vial of sterile diluent and applicator.

The diluent supplied for reconstitution is filled in the same type container (glass Type I vial and rubber stopper) as the product. The filling volume is:

- 1 dose 0.6 ml
- 5 dose 2.4 ml
- 10 dose 4.6 ml

Pack sizes: Boxes with 1, 5, 10, 25 or 50 x 1,5, or 10 doses of vaccine and diluent and applicator.

Not all pack sizes may be marketed.

**Disposal**

Dispose of waste material by boiling, incineration or immersion in an appropriate disinfectant approved for use by the competent authorities.

**Marketing Authorisation Holder (if different from distributor)**

Intervet International BV, NL.

Represented by Intervet UK Ltd.

**Marketing authorisation number**

Vm 06376/4026.

**Date of the first authorisation or date of renewal**

25 July 2012.

**Date of revision of the text**

July 2013.

**Any other information**

Nil

**Legal category**

POM-V

**GTIN (Global Trade Item No)**

Nobivac KC 5x1ds+5x1ds dil:
08713184023773,

Nobivac KC 25x1ds+25x1ds dil:
08713184035202

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HOLISTIC APPROACH TO VACCINATION OF ADULT DOGS AND PUPPIES
by Dr. Peter Dobias, DVM

In the previous blog, you learned about the importance of choosing a healthy puppy and avoiding puppy mills. Now that you have chosen well, you may be wondering what is the best way to keep your best friend healthy. One may think that vaccines or “the shots” as many call them, would be the next step. However, it is not that simple.

THE MAIN CONCERNS

1. Vaccines contain dangerous carcinogens and disease causing chemicals such as mercury and formaldehyde.
2. They are often made by infecting healthy laboratory animals, including dogs, cats and horses.
3. Early vaccination can neutralize natural maternal antibodies and leave your puppy unprotected.
4. Vaccines have the ability to cause symptoms similar to the disease they are trying to prevent.
5. Combination vaccines often overwhelm the body and cause immune system problems.
6. Repeated exposure to vaccines can create toxic build up and serious chronic disease or even cancer.

Wondering what the alternatives are?

HERE IS YOUR HEALING SOLUTION:

1. Never vaccinate your puppy before 12 weeks of age if you have the choice
2. If your puppy has been vaccinated early, any medical condition may or may not be a vaccine side effect.
3. Consult an open minded holistic practitioner who knows how to recognize vaccine related issues.
4. You can administer homeopathic Thuja 30 C or Thuja 200 C – 1 dose to neutralize vaccination side effects.

NATURE’S VACCINATION PROTOCOL – THE IDEAL CHOICE

1. Maternal antibodies protect puppies fully until around the age of 10 – 16 weeks.
2. When your puppy is 12 weeks old get an “antibody titer test” done that is available in most veterinary clinics.
3. The most concerning diseases are distemper, parvovirus and leptospirosis. Most clinics run just the first two tests.
4. If any antibody level is present, retest at the age of 5 months and socialize your puppy on a moderate basis with other dogs.
5. Your puppy will learn the “ropes” by being in the company of other canines and will produce its own antibodies by being exposed to them while being protected. This is in fact natures “way of vaccination”
6. While no method can provide you with 100% guarantee, I have not seen any dogs who have got parvo or distemper since starting to use this protocol in the late 90’s.

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ALTERNATIVE VACCINATION PROTOCOL FOR PUPPIES THAT WERE VACCINATED EARLY, OR HAVE AN UNKNOWN HISTORY OR TESTED NEGATIVE FOR ANTIBODIES.

1. Early vaccination often neutralizes or blocks the maternal immunity. Vaccine simply locks the antibodies and puts them “out of commission”.
2. If there are no antibodies
   a. consider vaccination with one antigen of parvovirus (not a combination) at 12 weeks
   b. distemper 4 weeks later
3. Avoid boosters and unnecessary vaccine exposure by getting a “titer test” done 1 month after the last vaccine and then 2 – 3 months later
4. Do not use vaccines for Kennel Cough, Lyme disease and Giardia – they have the highest side-effect causing properties.
   a. For Example – I have seen many dogs vaccinated for Lymes disease having symptoms of arthritis at the age of 2 – 3 years old. This vaccine has not been approved for people because of safety issues.
   b. Kennel cough is a self limiting disease similar to a cold. Vaccine causes very frequent side-effects – kennel cough itself.
   If you live in an area with rabies, the vaccine may need to be given, however, give it at least 4 weeks from other vaccination.
   Never give more than 1 antigen at a time.

CONCLUSION:

Based on my experience, healthy puppies may not need any vaccination and maintain their antibodies (protections) for a life time. This is the safest way.
It is more likely that none or minimal vaccine protocol is safer.
Vaccines can cause serious side-effects that are often not noticed or recognized by conventional medical science.
No one can give you 100% guarantee that your puppy will not get infected with or without vaccines.
Healthy food, fresh water, the right amount of exercise and low stress level is the best disease prevention.
My choice will always be no vaccines whenever possible and antibodies are present.
Dr. Peter Dobias, DVM
PS: If you currently work with a practitioner who demands vaccinating your pet, remember that it is you who makes the final decision. Be polite, state your request clearly and notice how much you can stand your ground. You are there for your pet.
For further details on duration of immunity in dogs, please refer to the chart bellow.
Based on the study of a veterinary immunologist, Dr. Ronald Schultz – University of Wisconsin, 1978

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## Table 1: Minimum Duration of Immunity for Canine Vaccines

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Duration of Immunity</th>
<th>Methods Used to Determine Immunity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CORE VACCINES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canine Distemper Virus (CDV)</td>
<td>7 yrs / 15 yrs</td>
<td>challenge / serology</td>
</tr>
<tr>
<td>Rockbom Strain</td>
<td>7 yrs / 15 yrs</td>
<td>challenge / serology</td>
</tr>
<tr>
<td>Onderstepoort Strain</td>
<td>5 yrs / 9 yrs</td>
<td>challenge / serology</td>
</tr>
<tr>
<td>Canine Adenovirus-2 (CAV-2)</td>
<td>7 yrs / 9 yrs</td>
<td>challenge-CAV-1 / serology</td>
</tr>
<tr>
<td>Canine Parvovirus-2 (CAV-2)</td>
<td>7 yrs</td>
<td>challenge / serology</td>
</tr>
<tr>
<td>Canine Rabies</td>
<td>3 yrs / 7 yrs</td>
<td>challenge / serology</td>
</tr>
<tr>
<td><strong>NON-CORE VACCINES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canine parainfluenza</td>
<td>3 yrs.</td>
<td>serology</td>
</tr>
<tr>
<td>Bordetella bronchiseptica</td>
<td>9 months</td>
<td>challenge</td>
</tr>
<tr>
<td>Leptospira interrogans ser. canicola</td>
<td>?</td>
<td></td>
</tr>
<tr>
<td>Leptospira icterohaemorrhagiae</td>
<td>?</td>
<td></td>
</tr>
<tr>
<td>Borrelia burgdorfen</td>
<td>1 yr.</td>
<td>challenge</td>
</tr>
<tr>
<td>Giardia</td>
<td>?</td>
<td></td>
</tr>
<tr>
<td>Canine Coronavirus</td>
<td><strong>Lifetime (whether vaccinated or not vaccinated)</strong></td>
<td>Challenge / serology</td>
</tr>
</tbody>
</table>