RCVS apologises

I would like to apologise without reservation to the Central Veterinary Society (CVS) and its members, with respect to comments made by an RCVS staff member, as reported in your March 3 issue.

The comments related to CVS' response to our consultation on draft proposals for a new royal charter, and were unacceptable - for which I am very sorry.

The sentiments expressed do not represent those of the college, or the Legislation Working Party, which has welcomed all responses to the consultation and reviewed them carefully.

Putting aside the opinion expressed, the comments were not accurate. The CVS response to our consultation derived from a close reading of the consultation document. This was undertaken by its council members, who represent both genders and a diversity of ages.

It would be unfortunate if the comments made undermined a relationship with the BVA and its territorial and specialist divisions that has been carefully nurtured over the years.

Representative and regulatory bodies will not always agree - that goes with the territory - but we welcome, and listen to, constructive criticism and will work harder to ensure this is received in a respectful manner by all at the RCVS. Yours faithfully,

GORDON HOCKEY, registrar and head of legal services, RCVS,

Belgravia House, 62-64 Horseferry Road, London SW1P 2AF.

'First do no harm'

There seems to be a constant stream of media stories surrounding dog attacks on both adults and children in the UK. Some of these will no doubt be due to the way the dogs are treated by humans: a lack of training and socialisation, poor diet, cruelty and so on. However, we are concerned one potential cause is being overlooked.

Vaccines are known to cause neurological effects. Are veterinarians aware of this, and are they examining the vaccination records of dogs exhibiting sudden unprovoked aggression?

The World Small Animal Veterinary Association (WSAVA) has repeatedly called for vets to reduce the antigenic load, and to stop annual vaccination so as to minimise unwanted sequelae. Neurological effects may be thought to be uncommon (although they are likely to be vastly under-reported), but any reaction that leads to the maiming or killing of a human being and the destruction of the dog is surely unacceptable - especially when the vaccine was not needed.

The veterinary profession must respond to the science, and stop over-vaccinating. The consequences are too awful to allow the profession to continue to ignore expert advice. This is a link to the WSAVA puppy vaccine summary: www.wsava.org/sites/ default/files/New%20Puppy%20Owner%20Vaccination%20 Guidelines%20May%202013_0.pdf

The summary clarifies with regard to vaccine frequency: "The WSAVA states we should vaccinate against the core diseases no more frequently than every three years. This is often taken to mean we should vaccinate every three years - but this is not the case. If the dog is already immune to these three core diseases, revaccinating will not add any extra immunity."

Kennel cough and leptospirosis vaccines are deemed "non-core" or "optional", and the world experts say they should only be used if there is a known disease threat in the area.

Yet it seems UK vets believe the leptospirosis vaccine, with its short-term efficacy, is an annual necessity. This vaccine is known to stimulate the most severe side effects.

One must weigh the risks and benefits: how prevalent is leptospirosis in the UK? No one seems to know. Industry sales data is not a reliable source. Where are the official statistics for this zoonotic disease? Think: if leptospirosis and Weil's disease were that common, an official database would exist somewhere, and yet it does not. Do the potential unwanted effects of the leptospirosis vaccine - which can include brain damage - justify the vaccine's use where no or little disease threat exists?

Canine Health Concern, through its international initiative The Pet Welfare Alliance, has sent thousands of letters to local authorities, kennel and cattery owners, boarding establishments, breeders, dog

clubs, breed clubs, breed rescue organisations, charity/rescue bodies and pet insurers to inform them of: potential lifetime immunity to the core viral diseases; the optional nature of non-core vaccines; potential vaccine adverse effects; the availability of inexpensive in-house titre testing kits that will negate the need to revaccinate already immune dogs and cats; that the presence of antibody for the core diseases confirms the animal is immune and does not need revaccinating.

During 2013, the Pet Welfare Alliance wrote to every veterinary practice in the UK with the above points, plus vaccine adverse effects references. We negotiated a discount for veterinary practices against VacciCheck, the in-house titre testing kit. Titre testing can mitigate vaccine booster loss.

Vets need to be aware vaccinating is not the same as immunising, which is why vaccinated dogs succumb to viral and bacterial disease. Only the presence of circulating antibody can confirm immunity, and only the absence of circulating antibody can justify revaccination.

We have so much to thank the veterinary profession for. By updating vaccination policy, we will have much more to thank them for. First do no harm. Yours faithfully,

CATHERINE O'DRISCOLL, Canine Health Concern,

The Pet Welfare Alliance

Gardener's Cottage, Kirklands, Ancrum. Jedburgh TD8 6UJ.

References available on request.

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Publisher: Jean-Marc Bichet DVM

Editorial enquiries

Jackie Morrison 01733 383540 jackiemorrison@vbd.uk.com

Production enquiries

Jenny King 01733 383542 jennyking@vbd.uk.com

Display advertising sales

Lance Hoppe 01733 383533 lancehoppe@vetsonline.com

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