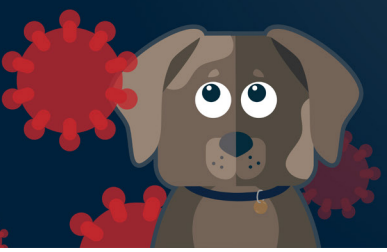
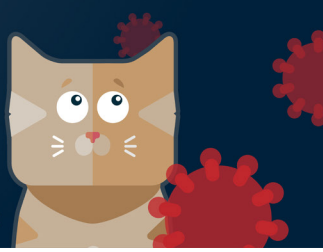


PET VACCINATION FAQS

VETERINARY PRACTICE TEAM



We've compiled some of the most frequently asked questions we receive from veterinary practices regarding vaccination. This document is designed to be shared throughout the veterinary team as a handy reference.

Why is MSD Animal Health running a vaccine re-engagement campaign?

Vaccination of pets remains a cornerstone of preventative healthcare, and we believe we have a timely opportunity to communicate a positive message to the pet-owning public around the benefits of protection that vaccination affords, as well as the need to remain up to date with yearly vaccinations.

Why have we been transitioned to using Nobivac L4 this year?

It has been recognised for a number of years that a more diverse range of serovars (strains) are implicated as causes of leptospirosis that we see in dogs both in the UK and across Europe. WSAVA guidelines consider leptospirosis protection as a core vaccine requirement wherever the disease occurs. MSD Animal Health made the decision to discontinue Nobivac Lepto 2 in response to reviewing the updated World Small Animal Veterinary Association Vaccination Guidelines[1], which were published earlier this year. The guidance now has a clear recommendation for the use of quadrivalent leptospirosis vaccines in countries where the sero-epidemiological data for the serogroups is known, which is the case for the UK. In the UK there is an additional leptospirosis strain that is causing disease in dogs called L. *interrogans* serogroup Australis serovar Bratislava which is covered by Nobivac L4, but not Nobivac Lepto 2. In line with this recommendation and to help protect as many dogs as possible MSD Animal Health has decided to discontinue supply of Nobivac Lepto 2.

Do I need to offer a follow-up second dose of Nobivac L4 four weeks later when transitioning a dog from Nobivac Lepto2?

Two additional serovars (strains) are provided with our tetravalent vaccine and two doses will be needed 4 weeks apart for primary immunity to be established.

What is current WSAVA advice around core and non-core vaccines?

The most recent guidelines published in 2024 indicated core status for canine leptospirosis and indicated that in countries where FeLV was present vaccination of kittens and first annual boosters were considered core. This is an addition to the existing core vaccines for dogs, which include those that protect against parvovirus, infectious hepatitis and distemper, and feline calicivirus, herpesvirus and feline panleucopaenia virus for cats.

Is there any flexibility in terms of vaccine intervals for primary courses in dogs and cats?

On-label advice for Nobivac L4 is 4 weeks between primary course doses and a minimum duration of immunity for leptospirosis of 12 months. Clients should always be given on-label advice for follow up visits. In the event that they fail to attend, a risk assessment needs to be made on whether a single dose is sufficient to complete the course/boost vaccination. Key opinion advice for lapsed vaccine courses are based on immunologic principles and pragmatism rather than challenge data. However, in the circumstances for animals that are recently lapsed then a short delay (i.e. 6 weeks between primary course doses, 3-6 months overdue for boosters) is unlikely to significantly impact the immune response even if protection cannot be assured beyond the minimum duration of immunity shown on label. For longer lapsed intervals, restarting a vaccine course would be more typical in order to demonstrate correct vaccination had occurred according to label.

What is the current status of the diseases we vaccinate pets against in the UK?

Whilst the true prevalence is not easily established, we are fortunate that in recent years the SAVSNET initiative, based at the University of Liverpool, has collated regionalised laboratory diagnostic data for significant infectious diseases from major UK veterinary laboratories. All the diseases we vaccinate pets against continue to be diagnosed in the UK. Numbers of confirmed cases reported via this approach vary significantly, with some diseases such as canine distemper, infectious hepatitis and feline panleucopaenia being identified rarely and sporadically. In contrast canine parvovirus, contagious cough in dogs and cat flu (FURTD) viruses continue to be widespread. Leptospirosis is also a widespread threat with variable levels of disease and considerable autumn/winter seasonality, whilst it is understood that the likely incidence of FeLV in the cat population is now <1% thanks largely to ongoing vaccination.

Should I be concerned about reports of new strains of myxomatosis and RHDV2 in rabbits?

RHDV2 is a calicivirus with considerable diversity and, in common with other caliciviridae, new mutant strains emerge all the time. Isolates are sometimes categorised into virulent and non-virulent strains and Nobivac Myxo-RHD PLUS vaccinated rabbits have been challenged with both types of strain. Immunity following vaccination is dependent on the ability of the immune system to target the VP60 capsid antigen, which is independent of RHDV2 strain virulence. At this time we do not see significant antigenic divergence of the RHDV2 capsid and we are unaware of any data suggesting that emerging viral strains of RHDV2 are evading the protection afforded by Nobivac Myxo-RHD PLUS vaccine.

If a puppy has had a first vaccine with a different brand of vaccine, how should I continue to vaccinate it using Nobivac vaccines?

A single dose of Nobivac DHP or DHPPi given in a puppy older than 10 weeks of age will be sufficient to prime immunity against parvovirus, distemper and infectious hepatitis. The puppy will have a full onset of immunity against these diseases 7 days after a single vaccine dose given at 10 weeks of age or older. Note: a puppy needs to be 12 weeks of age or older in order to establish active immunity for canine parainfluenza virus from a single dose of Nobivac DHPPi. The puppy will still need to continue to have a full two dose course of Nobivac L4, two doses given 4 weeks apart, in order to prime immunity for leptospirosis.

Nobivac® L4 is an inactivated, bacterial vaccine containing the following inactivated Leptospira strains: L. *interrogans* serogroup Canicola serovar Portland-vere (strain Ca-12-000), L. *interrogans* serogroup Icterohaemorrhagiae serovar Copenhageni (strain Ic-02-001), L. *interrogans* serogroup Australis serovar Bratislava (Strain As-05-073) and L. kirschneri serogroup Grippotyphosa serovar Dadas (strain Gr-01-005). **POM-V.**

Nobivac® DHP is a live attenuated vaccine containing canine distemper virus, canine adenovirus-2 and canine parvovirus. **POM-V.**

Nobivac® DHPPi is a live attenuated vaccine containing canine distemper virus, canine adenovirus-2, canine parvovirus and canine parainfluenza virus. **POM-V.**

Nobivac® Pi is a live attenuated vaccine containing canine parainfluenza virus. **POM-V.**

Nobivac® Myxo-RHD PLUS contains live myxoma vectored RHD virus strains 009 and MK1899. **POM-V.**

Further information is available from the SPC, Datasheet or package leaflet.

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Advice should be sought from the medicine prescriber. Prescription decisions are for the person issuing the prescription alone.

Use medicines responsibly.

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