

Those Lucky Dogs

By Red Flags Columnist, F. Edward Yazbak, MD, FAAP
(tlautstudy@aol.com)

We have five pet “great-grandchildren:” Cracker, a golden retriever; Lola, a bichon frise, whose buddy is a cat named Tessa; Charlie, a cavalier King Charles spaniel; and Yen, a 10-year-old, grey-and-white, all-American cat. Charlie required a pre-adoption interview, 200 miles away from home and cost as much as my first three cars combined. Yen came free from the neighbors who moved to a no-pet condominium.

Four weeks ago, Lola received a rabies vaccine and developed a denuded spot at the injection site on her hind leg. My daughter-in-law took her back to the vet, who said the lesion could be ringworm and prescribed an ointment (\$35) that seemed ineffective. Faced with that therapeutic failure and knowing a ringworm lesion looks like a ring and not a disc, my daughter-in-law crossed the state line with Lola to get a second opinion. She was informed that certain rabies vaccines do cause lesions and that another type might be better in the future for Lola.

At our family Christmas party, I was also consulted, as the family’s vaccine expert. My first thought, kept to myself, was why does a lap dog, which only leaves the house to be driven to the coiffeur, need to be protected from rabies, when all what it does all day is prance from the living room couch to the family room couch? A rabies vaccination for Lola, I told myself, makes as much sense as an influenza vaccination for a six-month-old baby, who is in a crib or a playpen at home. At any rate, I examined the canine patient and the lesion and announced that if the discoid denuded area was exactly at the injection site, the preponderance of evidence suggested a causal relationship.

My daughter-in-law then asked me what she should do about the second shot required by law, which is due in January. I was surprised at first, but then remembered another analogy with childhood vaccination. I had traveled to Boston with a friend in March 2001, so that we could testify in front of the Massachusetts House of Representatives’ Joint Committee on Education, Arts, and Humanities about the fact that three doses of hepatitis B vaccine were not really needed to attend day care or kindergarten in the Bay State. (1, 2)

Unfortunately, the committee believed our opponent, who said he had left his important work at medical school to come and testify that among children under five, hepatitis B is a very dangerous disease.

Committee members chose to forget what my friend had told them just minutes earlier: Even in the adult population, the incidence of hepatitis B virus infection is almost a non-issue. In fact, the incidence is so low that the Center for Disease Control and Prevention (CDC) had commented: “State level incidence rates of hepatitis B are deemed unreliable. This item is not amenable to survey data collection due to low incidence. National estimates of hepatitis B incidence are corrected for underreporting by using an algorithm *that adjusts reported incidence upward by approximately 6-fold.*” In Massachusetts, there had been only 19 cases of hepatitis B disease in the year 2000 or two cases per million residents. (2)

Talking of useless vaccines, the U.S. Senate voted before the Christmas break to “immunize” drug manufacturers who are preparing to get wealthy producing the “bird flu vaccine” for humans among whom the disease has never spread. The CDC has decreed that we should get ready even if the *pandemic* never materializes outside chicken coops. Interestingly, no one bothered to comment about why — if, indeed, the vaccine is safe — the manufacturers are so

worried and why they need protection. On the other hand, if the vaccine has problems, then why were we rushing into it *now*?

The Foundation for Taxpayer and Consumer Rights (FTCR) suggested that more than one third of our Senators had reasons other than the national health to protect the vaccine manufacturers. Apparently 38 Senators had \$13.4 million in pharmaceutical holdings and were likely to increase the value of their stock portfolios. (3, 4)

Obviously, because we cannot just print money to hand out to the bird flu vaccine makers, we had to cut funding to "less important" programs. On Dec. 21, in a 51-50 vote with Vice President Dick Cheney breaking the tie, the Senate gave final approval to a \$39.7 billion package of spending cuts that will make significant changes to Medicaid, Medicare and student loan programs. (5)

The bird flu national vaccination program, or whatever it will be called, has already caused an adverse reaction in Massachusetts. A report issued two days after Christmas stated that local health authorities were returning unused influenza vaccine stocks to the Department of Health because there had been a lack of interest in vaccination in many communities. The CDC propaganda machine had simply been too busy with what was happening to Chinese and Korean chicks.

But back to dogs and rabies.

On Dec. 10, the Kerry Blue Terrier Foundation (6) donated \$5,000 for vaccine research to the Rabies Challenge Fund, which was created "to improve the safety of rabies vaccines and to determine, by challenge, if they confer immunity for five or seven years." Rabies vaccination of domestic cats and dogs, the only vaccination required by law, is believed to be the cause of numerous and serious adverse reactions.

The Rabies Challenge Fund was established by renowned scientist and practicing veterinarian, W. Jean Dodds of California, and by pet vaccine disclosure advocate, Kris L. Christine of Maine, to raise money to fund concurrent five- and seven-year canine rabies vaccine challenge controlled studies. The estimated cost of that research is in excess of \$1 million. In addition, other funds will be collected to finance an independent study of adjuvants and preservatives in the veterinary rabies vaccines and to establish a rabies vaccine adverse reaction reporting system.

Dodds was quoted as saying, *"As rabies vaccines are known to elicit severe and even fatal adverse reactions, and are among the strongest vaccines antigenically and contain potent adjuvants to bolster their immunologic effect, giving them more often than truly needed is unwise, unnecessary, and can be unsafe."*

Dodds received her D.V.M. degree with honors in 1964 from the Ontario Veterinary College, University of Toronto. A year later, she joined the New York State Health Department in Albany and began comparative studies of animals with inherited and acquired bleeding diseases. She eventually became the director of the hematology laboratory at the Wadsworth Center. In 1980, she was also named executive director of the New York State Council on Human Blood and Transfusion Services. This work continued full-time until 1986, when she moved to Southern California and established HEMOPET, the first non-profit national blood bank program for animals.

Again discussing rabies vaccines, Dodds has said, *"To date, most states require rabies vaccination every three years, but some states still require annual rabies revaccination, even though the USDA licenses these vaccines for three years.... Certainly, veterinarians are aware of the adverse reactions that can occur after rabies and other vaccinations in dogs and cats."*

"The public is the body most motivated to address the issues here, because it is some of their beloved companions that have suffered by the existing regulations."

Challenge studies involve control groups and are conducted by challenging pets with live virus five or seven years following vaccination. In 1992, French researchers conducted challenge studies and reported that dogs were still immune after five years. However, this research is not accepted in the U.S. (Incidentally, French research by my good friend Marc Girard revealed a relationship between multiple sclerosis and hepatitis B vaccination and no one over here seems to take that seriously either.)

Christine, Maine's pet vaccine disclosure advocate, believes that research into the safety of adjuvants, chemicals added to vaccines to enhance their immune response is also much needed: *"Unlike human vaccines where all adjuvants are required to be the same, there is no such standardization in veterinary medicine.... Hopefully, this study can be completed before the five and seven years of the parallel challenge studies, to make vaccines safer."* (7)

Evidently, according to human vaccine experts and a landmark article published in January 2002, things are totally different with infants' immune systems. (8)

"A more practical way to determine the diversity of the immune response would be to estimate the number of vaccines to which a child could respond at one time. If we assume that 1) approximately 10 ng/mL of antibody is likely to be an effective concentration of antibody per epitope (an immunologically distinct region of a protein or polysaccharide), 2) generation of 10 ng/mL requires approximately 10^3 B-cells per mL, 3) a single B-cell clone takes about one week to reach the 10^3 progeny B-cells required to secrete 10 ng/mL of antibody (therefore, vaccine-epitope-specific immune responses found about one week after immunization can be generated initially from a single B-cell clone per mL), 4) each vaccine contains approximately 100 antigens and 10 epitopes per antigen (i.e., 10^3 epitopes), and 5) approximately 10^7 B cells are present per mL of circulating blood, then each infant would have the theoretical capacity to respond to about 10,000 vaccines at any one time (obtained by dividing 10^7 B cells per mL by 10^3 epitopes per vaccine). Of course, most vaccines contain far fewer than 100 antigens (for example, the hepatitis B, diphtheria, and tetanus vaccines each contain one antigen), so the estimated number of vaccines to which a child could respond is conservative. But using this estimate, we would predict that if 11 vaccines were given to infants at one time, then about 0.1 percent of the immune system would be "used up."

I do not exactly understand the above statement, but I am not an immunologist. And I have no reason to believe that it is not scientifically correct; after all, it was *peer-reviewed* before publication. I have a friend in Sweden who has challenged any vaccine expert to receive the same vaccines we are now giving to infants at one time, adjusted for weight. He has yet to find a "taker."

When a group of parents said that mercury in vaccines was not a good idea, the directors of IOM (Institute of Medicine) and CDC and all physicians groups, but one, attested that the "small amount" of thimerosal in vaccines could not possibly hurt anyone. They assured parents, "Thimerosal has been used since the '30s, vaccines save lives and now that the mercury has been removed, vaccines are safe."

For those interested in learning more about adjuvants and excipients in vaccines, the National Institute of Allergy and Infectious Diseases (NIAID) has a 114-page compendium on the subject. (9)

An important question now begs an answer. Are dog and cat lovers really more concerned about their pets' vaccinations and their problems than we have been about pediatric vaccines and their ever-increasing number, possible interactions and short- and long-term potential complications?

I hope not.

I do know that no parent group has ever collected or spent \$1 million on independent vaccine research.

For years, many of us have suspected that vaccines may cause regressive autism in a certain percentage of genetically predisposed children.

We hear all the time about huge fundraisers and walkathons organized by autism groups, sport figures and Hollywood stars. We never hear about any of the collected funds supporting vaccine-focused research. V. K. Singh, PhD, who discovered important and valuable information on autoimmune responses in regressive autism, cannot find anyone to support his important work, only because it might indict a certain vaccine.

Even more distressing is the fact that one of the two wealthiest autism parents groups funded, along with the CDC, a much-celebrated study from Denmark aimed at *proving that MMR vaccine did not cause autism*, while the other group mostly funds genetic and exotic research to discover the causes of a sudden epidemic of regressive developmental disorders.

While Dodds is trying to space out the *one* vaccine that is required for dogs and cats, our vaccine experts are trying to squeeze in more than 22 vaccines before the age of 18 months by considering *the new and improved* rotavirus vaccine. (10)

The December 2005 issue of *Pediatric News* has a front-page article entitled "Maximize Vaccines at 18-Month Visit," which ends with a sidebar called "Get Up to Date." It summarizes the advice on vaccinations given in a talk at the most recent annual meeting of the American Academy of Pediatrics. According to the speaker, and as reported in *Pediatric News*, "if every child made a visit at age 18 months and received all needed shots (up to four injections) at the same time, 87 percent would be up to date by the day they turned 19 months of age".

Obviously, as we well know, "one" of the four injections contains diphtheria, tetanus and acellular pertussis vaccines and "another injection" is likely to contain four live vaccines against measles, mumps, rubella and varicella. In other words, the 18-month-old baby would be receiving *nine* vaccines in a few seconds. According to the IOM's director, that is not a problem because thimerosal has been removed from all vaccines and, according to the authors of the safe 10,000 antigens revelation, nine vaccines are truly a drop in the proverbial bucket.

The *Pediatric News* article went on "...the proportion of children up to date would rise from the current 30 percent to 72 percent if such a program were implemented." To which the speaker said: "*That is really dramatic.*" Commenting on the fact that field trials would be needed to back up the real world effectiveness of this approach and that none is planned, the speaker remarked: "*We are entering a new budget year, so it is possible that funding for this might become available.*"

And if we have to knock out another Medicaid program, so what!

Oh, those lucky dogs! At least someone worries about *them*.

A Happy and Healthy New Year to all!

Donations for rabies research can be sent to THE RABIES CHALLENGE FUND, c/o Hemopet, 11330 Markon Drive, Garden Grove, CA 92841.

References

1. <http://www.aapsonline.org/stateis/matest2.htm>
2. <http://www.aapsonline.org/stateis/matest.htm>
3. <http://www.consumerwatchdog.org/pr/?postId=5512>
4. <http://www.consumerwatchdog.org/resources/SenPharma.pdf>
5. <http://www.post-gazette.com/pg/05356/626348.stm>
6. <http://www.kerryblues.info>
7. <http://www.kerryblues.info/index.html?http%3A//www.kerryblues.info/RESOURCES/NEW.HTML>
8. <http://pediatrics.aappublications.org/cgi/content/full/109/1/124>
9. <http://www.niaid.nih.gov/daids/vaccine/pdf/compendium.pdf>
10. Vaccines — Like Apple Pies On A Conveyor Belt
http://www.redflagsdaily.com/yazbak/2005_dec21.php