

## I. Canine Vaccines

A. Rabies

B. "Distemper" (DHP) = Distemper, Hepatitis (Adenovirus), Parvovirus

C. Leptospirosis

D. ITBC = Infectious Tracheobronchitis = "Kennel Cough" or Bordetella. 2 types: 1) Intranasal protects against Bordetella, Parainfluenza, and Adenovirus, 6 month duration, NEVER give this product subcutaneously! 2) Injectable protects against Bordetella, requires a 3 week booster when first administered, 6 months duration

F. Lyme

## II. Feline Vaccines

A. Rabies

B. "Distemper" (FRCP or FVRCP or FVRCCP) = Feline Viral Rhinotracheitis, Calicivirus, Chlamidia, Panleukopenia, VS-FCV = Virulent Systemic Feline Calicivirus.

C. FeLV = Feline Leukemia Virus

D. FIV = Feline Immunodeficiency Virus

E. Bordetella - an intranasal vaccine

## III. Brief info on the diseases

A. Rabies - affects the nervous system, public health concern, 100% fatal

B. Canine Distemper - affects the respiratory system, GI system and CNS

C. Canine Hepatitis - primarily a disease of the liver

D. Leptospirosis - caused by a spirochete, affects liver, kidneys, public health concern, shed in urine and therefore organism spread through water sources

E. Parainfluenza - upper respiratory disease

F. Parvovirus - gastrointestinal disease - vomiting, bloody diarrhea

G. Infectious Tracheobronchitis = "Kennel Cough" - upper respiratory disease in dogs characterized primarily by severe, "honking" cough. The disease is caused by many different infectious organisms. We can protect against three of them-

1. Bordetella - public health possibility

2. Parainfluenza

3. Adenovirus (Type 2)

H. Lyme - caused by a spirochete *Borrelia burgdorferi*, vector borne (ticks), symptoms include renal disease, polyarthritis, can effect people

I. Feline Distemper = Panleukopenia - caused by a Parvovirus, gastrointestinal disease - vomiting, bloody diarrhea

J. Feline Upper Respiratory Disease - caused by many different viral organism. We can protect against three of them-

1. Rhinotracheitis

2. Calicivirus (including the new strain identified as Virulent Systemic Feline Calicivirus)

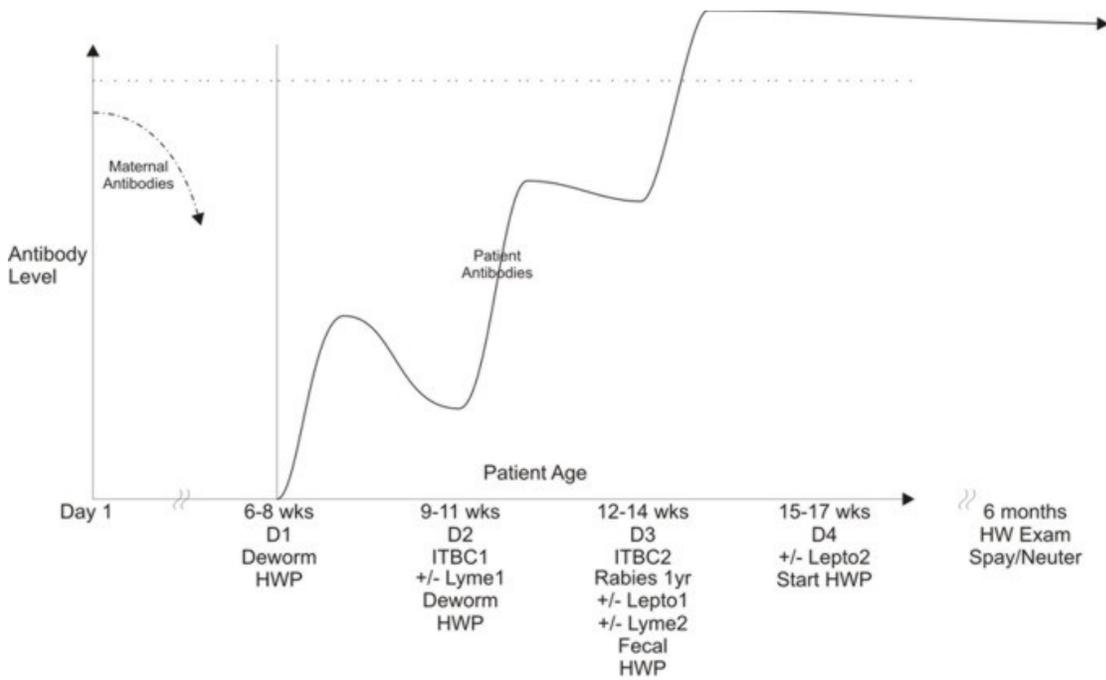
3. Chlamydia - possible public health risk

K. Feline Leukemia - can affect many body systems - immune system, CNS, GI, can cause tumor formation

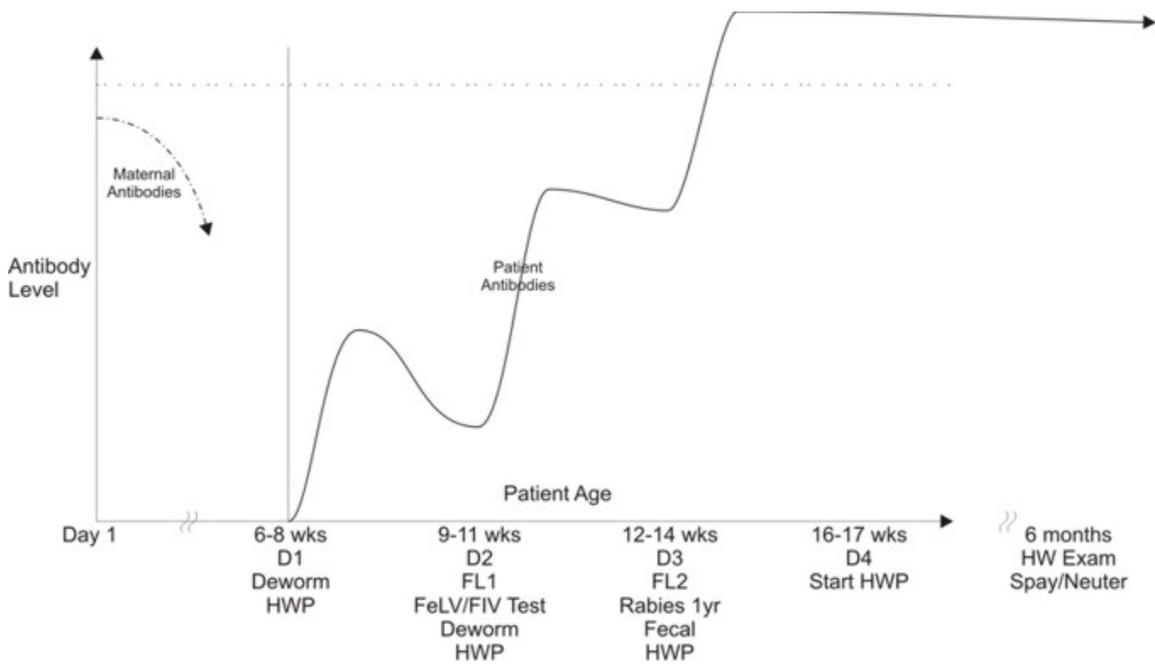
L. Feline Immunodeficiency Virus - similar to HIV in people

IV. Vaccination Protocol for Puppies and Kittens - the graphs below provide general information about the immune system response to vaccination and do not necessarily reflect current vaccine recommendations. See the following links for more information on current recommendations: [Kitten Vaccination Recommendations](#), [Puppy Vaccination Recommendations](#), [Feline Infectious Diseases and Vaccine Guidelines](#), [Canine Infectious Diseases and Vaccine Guidelines](#).

### A. Canine



### B. Feline



## V. Injection Mapping (Updated May, 2008)

In 1998 SCAC changed the locations for the administration of vaccines to comply with the most recent recommendations from the Advisory Panel on Feline Vaccines of the American Association of Feline Practitioners and the Academy of Feline Medicine.

Although these recommendations are specifically for cats, we also apply them to dogs for consistency.

We practice injection mapping for several reasons. Having a record of where injections are given enables us to monitor for post-injection lumps and bumps more accurately. Knowing where specific vaccines or medications are administered also aids in this effort. Since the removal of certain tumors which may be associated with injections from the suprascapular region is difficult, it is recommended that injections be given as distally on the extremities as reasonable.

The American Association of Feline Practitioners has recommended that the following vaccines be administered in the areas described.

Rabies - right rear limb

FRCP - right fore limb

FeLV - left rear limb

Richard Ford, DVM, DCVIM has said the AAFP and AAHA guidelines are just that -- recommendations/guidelines based on the opinions of those who looked at the data and wanted to address some questions and that they are non-binding, non-legal and were not intended to set the standard of practice. However, we feel that every attempt should be made to adhere to these recommendations.

Now that we have transitioned to a three year DHP and FRCP our higher risk patients are (initially) receiving a larger number of injections per annual visit. In keeping with recommendations from experts that one avoid giving multiple injections in the same location, we are making some modifications to our injection mapping protocol.

We are still giving "Distemper" (FRCP, DHP) over the right forelimb, Rabies over the right rear, and FeLV over the left rear.

Finally, although the injection map on our SOAP form is not a perfect anatomic representation, it is essential that we mark the map as accurately as possible.

Notes:

-It is important that vaccines be given as distal as practical.

-Other subcutaneous injections (steroids, antibiotics, post-op pain medication, etc.) should be administered over the left shoulder as distally as practical.

-Intramuscular injections should be given in the right or left epaxial muscles (between the wing of the ileum and the dorsal spinous processes).

-No vaccines are administered over the cervical-thoracic region ("scruff"). On occasion, the doctor may elect to use this location for administration of therapeutic injections.

Here is a diagram of the recommendations described above:

### Injection Mapping Protocol

