

How to Protect Your Pet From Vaccine Damage

Many conventional veterinarians believe dogs and cats should be regularly vaccinated, and pay little to no attention to vaccine adverse effects which can and do happen. Worse, these vets ignore the...

Analysis by [Dr. Karen Shaw Becker](#)

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STORY AT-A-GLANCE

- Establishing protective immunity in pets through vaccination is important for preventing infectious diseases, but many pet parents don't realize that more vaccines do not deliver more or better immunity
- Many conventional veterinarians are of the opinion that adverse vaccine reactions in pets — no matter their severity — are for some reason worth the risk
- This dangerous perspective is evidenced by the fact that most veterinarians continue to promote automatic revaccinations instead of titer tests to measure an animal's existing immunity
- They also don't recognize vaccinosis, defined as a chronic reaction to not only the altered virus contained in vaccines, but also to the chemicals, adjuvants, and other components of tissue culture cell lines — as well as possible genetic changes — that can be induced by vaccines
- There are things you can do as your pet's primary advocate to ensure your dog's or cat's risk of adverse vaccine reactions is minimal

Unfortunately, most veterinarians continue to remain uninformed about the potential for revaccination to trigger adverse reactions in pets. As a result, they continue to promote automatic revaccination rather than antibody titer tests to see if their patients even need that second, third, or tenth revaccination against the same disease.

Doubly disturbing is that many vets continue to recommend the same vaccine protocols after their patients have had reactions to previous vaccines or have been diagnosed with medical problems. They also downplay the potential for adverse vaccine events, even though mild reactions are quite common, and one step up from mild includes allergic reactions that can be life-threatening.

They also don't consider the potential long-term effects of vaccines, even though vaccine-associated sarcomas in cats, as just one example, "have been seen to occur anywhere between 2 months to 10 years after vaccination."¹

To illustrate my point, let's take a look at a page on the American Veterinary Medical Association's (AVMA) website titled **[What to Expect After Your Pet's Vaccination.](#)**²

'Mild' and More Serious Adverse Vaccine Reactions

The first set of vaccine adverse reactions the AVMA discusses are described as common and mild, appearing within hours after a vaccination:

- Discomfort and local swelling at the vaccination site
- Mild fever
- Decreased appetite and activity
- Sneezing, mild coughing, "snotty nose" or other respiratory signs may occur 2-5 days after your pet receives an intranasal vaccine

The AVMA cautions: “It is common for pets to experience some or all” of these reactions, and “If these side effects last for more than a day or two, or cause your pet significant discomfort, it is important for you to contact your veterinarian.”

The second group of reactions are described as less common and more serious, and may occur within minutes to hours after vaccination:

- Persistent vomiting or diarrhea
- Itchy skin that may seem bumpy ("hives")
- Swelling of the muzzle and around the face, neck, or eyes
- Severe coughing or difficulty breathing
- Collapse

The AVMA warns that, “These reactions can be life-threatening and are medical emergencies. Seek veterinary care immediately if any of these signs develop.”

The AVMA describes a feline injection-site sarcoma as “A small, firm swelling under the skin” that may develop at the site of a recent vaccination, and which “should start to disappear within a couple weeks.” Also, “If it persists more than three weeks, or seems to be getting larger, you should contact your veterinarian.”

However, if you go to **Vaccines and sarcomas: A concern for cat owners**, you can get much more information about “An uncommon but serious adverse reaction that can occur with injection sites, including those sites where vaccines are administered.”³

Why Is It Okay to Risk Causing Cancer in Cats?

Sarcomas are malignant tumors, and they can develop weeks, months, or even years after a vaccination, such as in the tragic case of Hozart the cat. Feline injection-site sarcomas (FISS), also called vaccine-associated sarcomas (VAS), are primarily triggered by the feline rabies vaccine and the feline leukemia virus (FeLV) vaccine.

The veterinary community has long been aware of the problem of vaccination-related sarcomas in cats.

In 1991, three years after Pennsylvania mandated rabies vaccinations for cats, experts at the University of Pennsylvania’s School of Veterinary Medicine discovered a connection between a troubling increase in sarcomas and feline vaccinations. Not long after this discovery, the University of California at Davis made a connection between FeLV (feline leukemia) vaccines and sarcomas.

The majority of the first diagnosed vaccine-related sarcomas developed between the shoulder blades of affected kitties. This is the area of a cat's body where all vaccines were typically injected prior to the mid-1990s.

To isolate which vaccines were causing the sarcomas, in 1996 the Vaccine-Associated Feline Sarcoma Task Force issued recommendations to veterinarians to move specific vaccines to pre-assigned sites on the body.

For example, rabies vaccines were to be given in the right rear leg and FeLV vaccines in the left rear leg. The shots were to be placed low on the legs, as far away from the body as possible, so amputation of the lower portion of the leg could be offered as a cancer treatment option.

After the 1996 vaccination site recommendations were implemented, neck-region sarcomas in cats decreased over the next 10 years. However, sarcomas increased in the thoracic and pelvic limbs and the abdomen, especially on the right side.

Since after 1996, the right rear legs of vaccinated cats became the most common location of injection-site sarcomas, it was reasonably assumed the rabies vaccine was the most cancer-causing immunization.

The importance of injecting far down the leg became apparent with a rise in lateral abdominal sarcomas after 1996. If a cat is in a crouched position, injecting a vaccine into what is assumed to be the pelvic limb can result in a lateral abdominal injection instead, because the skin shifts when the kitty is in a standing position.

In 2013, a team of veterinary researchers published a study suggesting that tail vaccinations could make surgical treatment of vaccine-associated sarcomas easier and less disfiguring, which could in turn encourage more owners to have their cats treated for cancer.

As an integrative veterinarian focused on proactively maintaining wellness in pets, I'm much less interested in which body parts are best for vaccine injections (and subsequent amputation as a treatment for sarcomas) than I am in determining which vaccines an animal truly needs based on established immunity, age, lifestyle, and actual risk exposure.

Very few veterinarians assess indoor animals' actual risks for animal-to-animal infections. For instance, most infectious diseases in cats are transmitted when unvaccinated, outdoor cats interact with other outdoor, infected cats. But what's the risk for vaccinated, indoor cats who only leave their air-conditioned and heated luxury confines for leash walks or catio time? Nearly zero. The real risk lies in continuing to over-vaccinate these well-protected, non-exposed patients.

Vaccinosis: It's a Real Thing

The condition of **vaccinosis** isn't recognized by most conventional veterinarians and isn't something many pet parents are familiar with, either. But first, let's talk about what vaccinosis isn't.

It isn't an acute, often immediate adverse reaction to a vaccine like those described above. Adverse events, or hypersensitivities, whether mild (such as lethargy, flu-like symptoms, etc.), or severe (such as anaphylactic shock), that are clearly linked to a recent vaccination are widely acknowledged by the conventional veterinary community. They're viewed as occasional aberrations of a basically safe procedure.

Vaccinosis, on the other hand, is a problem only holistic and integrative veterinarians are willing to acknowledge, however, many conventional vets have become more open minded about the concept since prominent health organizations have acknowledged ongoing potential COVID vaccine side effects.

It's a reaction of a pet's body to vaccines that have been injected without the pet having experienced a notable adverse event or hypersensitivity. These are chronic reactions to not only the altered virus contained in the vaccine, but also to the chemicals, adjuvants, and other components of tissue culture cell lines — as well as possible genetic changes — that can be induced by vaccines.

Dr. Richard Pitcairn, who holds a PhD in immunology and is also a world-renowned expert and educator in veterinary homeopathy, as well as author of the handbook of holistic health care for pets, *Dr. Pitcairn's Complete Guide to Natural Health for Dogs & Cats*, defines it this way:

“Vaccinosis is to be understood as the disturbance of the vital force by vaccination that results in mental, emotional, and a physical change that can, in some cases, be a permanent condition.”⁴

According to Pitcairn, vaccines intended to protect pets against acute natural diseases create chronic conditions with features of the disease the vaccine was supposed to prevent. This transformation happens in the laboratory, where natural viruses are modified to make vaccines.

Where the natural virus would trigger a strong immune system response, the modified lab-created virus in the vaccine doesn't elicit much of a reaction by the animal's immune system. Instead, it holds the potential to create chronic changes in the body that can lead to disease.

The delivery of a vaccine is also very different from how a natural disease develops in an animal's body. Vaccines contain several potentially reactive substances, including heavy metals, mutated bacteria/cell cultures, immune irritants⁵ (adjuvants), foreign proteins, and chemical preservatives.

All these toxins are delivered by injection directly into the blood and lymph, bypassing the usual first lines of defense, including the skin, nose, mucous membranes, saliva, and so forth. So not only is the lab-modified virus in the vaccine unnatural, the way it enters an animal's body is also very unnatural. When you look at the situation from this perspective, it's easy to see how abnormal immune reactions can be triggered by vaccinations.

Symptoms of Vaccinosis

Common:

- Lethargy
- Stiffness
- Hair loss
- Lack of appetite
- Hair color change at injection site
- Conjunctivitis
- Fever

- Sneezing
- Soreness
- Oral ulcers

Serious:

- Immunosuppression
- Granulomas and abscesses
- Behavioral changes
- Hives
- Vitiligo
- Facial swelling
- Weight loss
- Allergic hypersensitivity
- Reduced milk production (females)
- Respiratory disease
- Lameness
- Allergic uveitis

Severe:

- Injection-site sarcomas (cancer)
- Glomerulonephritis
- Anaphylaxis
- Myocarditis
- Autoimmune arthritis
- Encephalitis or polyneuritis
- Polyarthrits
- Seizures
- Hypertrophic osteodystrophy
- Abortion
- Autoimmune hemolytic anemia
- Congenital abnormalities
- Immune-mediated
- thrombocytopenia
- Embryotic (fetal) death
- Thyroiditis

- Infertility

How to Protect Your Pet From Vaccine Damage

My vaccination protocol is to administer a first round of puppy shots (distemper, parvo, adenovirus) or kitten shots (panleukopenia, calici, herpes) before 12 weeks of age, usually around 9 to 10 weeks. I give the second round between 15 and 16 weeks. Two weeks after the second round, I do an antibody titer (via a simple blood draw) to ensure the animal has been immunized and not just vaccinated.

Subsequent titer tests can be run as often as a pet parent wishes (most vets suggest every 1-3 years) to ensure their dog or cat is still protected against disease, with the understanding that immunity against core diseases lasts much longer than current vaccination guidelines indicate — often for the animal's lifetime. I don't usually titer indoor housecats after their initial core vaccines because their exposure is effectively zero.

When it comes to rabies, I prefer to give the first vaccine at 6 months, and then as required by law, a booster 1 year later and every 3 years thereafter. Dr. John Robb's **Protect the Pets** campaign is working to amend the mandatory rabies over-vaccination laws in each state, and to accept rabies titers instead.

“This is very simple stuff,” says Dr. Robb, who I’ve interviewed. “We vaccinate to produce immunity. We can measure that immunity with a simple blood test called the titer.”

I don't typically recommend non-core vaccines. Each vaccine your pet receives should meet the following criteria:

- First, your dog or cat should be healthy. If she has allergies, endocrine issues, organ dysfunction, cancer (or is a cancer survivor), epilepsy or another medical issue she's not a candidate to receive vaccines.
- The vaccine is for a life-threatening disease (this eliminates most non-cores immediately).
- Your pet runs the risk of exposure to the disease.
- The vaccine is considered both effective and safe (most aren't, especially the bacterins Lyme and Lepto).
- Your pet has never had an adverse reaction to a vaccine. Do not vaccinate a pet that has had a previous vaccine reaction of any kind.

If you do vaccinate your pet, ask your integrative veterinarian to provide a homeopathic vaccine detox such as Thuja (a common choice for all vaccines except rabies).

It's also important to realize that several non-core vaccines are only available in combination with other vaccines, some of which are core. I recommend you check with your vet to ensure none of the non-core vaccines are being piggybacked on core vaccines your pet receives.

Unfortunately, most conventional veterinarians do not carry single vaccines, so it's a good idea to ask to see the vaccine vial before assuming your pet is only receiving one agent at a time. You can find an integrative or wellness veterinarian who will customize a vaccine and titer protocol around your pet's individualized needs **here**.

Sources and References

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^{1, 2, 3} AVMA.org

⁴ DrPitcairn.com

⁵ Havarinasab, S. and Hultman, P. Toxicol Appl Pharmacol, 2006 Jul 1;214(1):43-54.
