

HEALTH AT THE SPECIALTY (BCCA 2005)

CERF TESTING: Dr. Davidson reported that she examined 24 beardies, 12 of each sex, as well as some other breeds. Of the beardies examined 7 bitches and 11 dogs had normal eye exams. The remaining 6 had marked ocular lesions. One dog marked as normal did have a small opacity on the posterior lens capsule that is a remnant of the hyloid artery. This is named Mittendorf's dot. In an adult dog this should not progress to any form of further opacity, as such it was not marked on the CERF form. Of the dogs that had lesions they were as follows: 1 dog intermediate cortical cataracts in both eyes, 1 dog punctuate opacities of the posterior sutures, 1 dog punctuate cataract involving the anterior cortex in one eye, 1 dog a subluxated lens in one eye, 1 dog a single persistent pupillary membrane and a small punctuate opacity on the posterior lens capsule of the same eye, and 1 dog a retinal fold in one eye. All of these lesions would be considered hereditary with the exception of the punctuate opacity on the posterior lens capsule. This small punctuate opacity appeared to be a condensation of the vitreous (the fluid substance in the large chamber of the eye) rather than a true cataract. It is impossible to generalize about the health of beardies' eyes, based on this small sample but with 25% of the dogs found to have heritable eye problems we clearly should be testing our breeding dogs and their relatives, preferably annually, rather than hoping their eyes are normal.

ADDISON'S DISEASE SEMINAR: Unfortunately, many of those who had signed up to attend the seminar could not attend as sweeps' judging continued throughout. Their money was promptly refunded by the host club. We were able to video the seminar and this is available as a DVD for \$5 to cover materials and postage if ordered before January 15th 2006. (Please send checks to Linda Aronson, DVM, 117 Lyman Rd, Berlin, MA 01503.) Because it was impossible to hear the questions from the Q&A part of the seminar, these will be sent as a transcript, thanks to Sandy Dubin's diligent note taking. Dr. Oberbauer's powerpoints are in the health section (under Everything Bearded) on the BCCA website. <http://beardie.net/bcca>

I think the most important take home message from her presentation was that the research is being hampered because they do not have current information on the health status of the dogs whose DNA swabs they have received. The method they are currently using to evaluate the beardedie data is to compare a group of closely related Beardies with Addison's with their healthy relatives. Even one dog that was listed as healthy but which now has Addison's could really throw their search off. So, be sure to let them know if you have sent in a sample and your dog has developed Addison's disease. Even if your dog is healthy please take the time to go to their website and update your dog's information, and do so at least annually. Just follow the directions at the study website <http://cgap.ucdavis.edu/Default.htm>. Don't worry if you try to update a dog that's not in the study that you thought was there, they will just send you a note and kit so that dog can be included. If you know that your dogs aren't in the data bank for the study please order as many kits as you need from the website. All you need to know is the registered name of the dog's parents to participate. We have added considerable numbers of dogs in the last 12 months, both healthy and affected, but there is always need for more, whole families of dogs are especially needed. Some of the other participating breeds are still

putting us to shame. The figures Dr. Oberbauer had were 1460 Bearded DNA samples with 92 having Addison's disease. The good news is that the incidence of Addison's disease in beardedies still seems to be low – somewhere between 2 and 3.4%. The heritability for Addison's in beardedies is 0.71 (where 1.0 would be totally inherited and 0 would be totally environmental - to put this in perspective this is a very high level, whereas something like hip dysplasia has a factor of about 0.26). This is very similar to the level determined for other breeds in the study. Dr. Oberbauer has narrowed her search for the major gene marker from the 39 total canine chromosome complement down to 13, but she cannot predict how soon a marker will be found. In science, luck as well as skill plays a considerable role.

VACCINE SEMINAR: Dr. Ron Schultz did not give permission to tape or video his talk or to use his power points, because much of the material is awaiting publication in scientific journals. He is a strong advocate of the vaccination guidelines adopted by AAHA and AVMA in 2003. A summary of these recommendations can be found at <http://www.vmeth.ucdavis.edu/vmeth/clientinfo/info/genmed/vaccinproto.html> Dr Schultz has been publishing data since 1978 questioning annual vaccination and the use of a plethora of vaccines. He is one of very few researchers with data proving long term efficacy of vaccines against actual challenge with the disease organism – these studies are extremely expensive and also difficult to get approved. He has been following his protocol of vaccination since 1978. His suggestion was to vaccinate against distemper, parvo and adenovirus 2 (hepatitis) three times between 7 and 16 weeks of age, then titer two weeks after the final vaccine. If the dog shows low titer - failure to respond to the vaccine – it should be revaccinated using a different product. He stressed using proven vaccines from major manufacturers - Fort Dodge, Merial, Intervet, Schering Plough or Pfizer. He stated that for dogs that have responded to the vaccine it is unnecessary to titer or vaccinate for these illnesses again. More frequent vaccination is actually more likely to result in a failure of response, and to produce vaccinosis/hypersensitivity reactions. About 1 dog in between 5000 and 10,000 will fail to mount an antibody response to vaccination. This is a genetic trait, and the incidence is much higher in certain canine families. Dr Schultz recommended vaccinating for rabies between 4 and 6 months of age and a booster 12 months later. He strongly recommended lobbying for three year requirements for rabies vaccination in all states requiring more frequent administration. (Currently, there is a movement to further reduce rabies vaccination frequency.) Dr. Schultz stated that there is no reason to vaccinate against coronavirus or giardia. He was not a proponent of using the other non-core vaccines either. He pointed out that they are mostly far less effective than the core vaccines. The leptospirosis vaccine may only be effective in less than 50% of cases, especially the new vaccine. Immunity lasts for a variable period, often 6 months or less. He emphasized the relative risk, and pointed out that healthy animals rarely get sick from pathogens that they encounter (he also said he uses no heartworm preventative - he lives in Wisconsin). Ninety percent of an animal's immunity comes from natural protection – skin, the cilia in the respiratory tract, macrophages in the intestines, etc., and only 10% is acquired. Most of this is obtained without vaccination, but from natural exposure to disease organisms in the environment. As for nosodes, a homeopathic treatment promoted as an alternative to vaccination, Dr. Schultz said experiments have shown no

antibody development in response to these. He says while safe there is no evidence of efficacy or any benefit from these treatments.

In response to a question about canine influenza, which jumped species from horses to dogs, Dr. Schultz pointed out that the virus has almost certainly mutated, and vaccinating dogs with the equine vaccine could well be extremely dangerous. Some vets are apparently already doing this, and this may lead to more serious and resistant disease in both species without protecting dogs from the current virus. (Canine flu is still relatively rare, and not the epidemic or deadly scourge the media has hyped it up to be. Most dogs will show no symptoms or recover easily with basic nursing care.)

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