



Parenteral vaccines can leave dogs vulnerable to widespread canine parainfluenza virus (CPIV).¹⁻³

Parenteral vaccines do not effectively reduce shedding or infection.⁴⁻⁷

 MORE THAN 30% OF DOGS tested positive for CPIV in clinical diagnostic samples submitted to Cornell Diagnostic Laboratory.^{2*}

TIME TO ASK IF YOUR PATIENTS ARE REALLY PROTECTED AGAINST CPIV.

Dogs parenterally vaccinated against CPIV:

Have been shown to develop respiratory disease caused by CPIV infection¹ Have been shown to spread the virus to other dogs with no direct contact¹ May be vulnerable to other pathogens, which can cause more severe respiratory disease and occasionally death^{5,8,9}

Intranasal administration allows you to provide a step above parenteral CPIV protection.



PREVENTS
SHEDDING^{6,7,10}



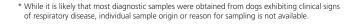
REDUCES
INFECTION 6,7,10



REDUCES
DISEASE^{6,7,10}

Nobivac[®] Intra-Trac[®]₃ provides essential intranasal protection against CPIV, as well as *Bordetella* and canine adenovirus type 2.

Nobivac: Intra-Trac₃









Nobivac[®] Intra-Trac[®]₃ ADT—featuring advanced delivery technology.

A more convenient way to provide the benefits of intranasal delivery.

- Needleless
- Single-nostril administration
- Small-volume dose

UNIQUE
ADVANCED DELIVERY
TECHNOLOGY (ADT)
eliminates the possibility
of accidental injection.



Not all vaccines provide essential protection against the 3 key pathogens in the canine infectious respiratory disease complex.

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Nobivac® Intra-Trac®3 ADT	•	•	•	
Bronchi-Shield® ORAL	•			
Bronchi-Shield® III	•	•	•	
Bronchicine® CAe (injectable)	•			
Vanguard®-B	•			

To learn more, contact your Merck Animal Health sales representative, visit www.merck-animal-health-usa.com, or give us a call.

Customer Service 1-800-521-5767 (Monday – Friday, 8:00 am – 6:00 pm EST)

Technical Services 1-800-224-5318 (Monday – Friday, 8:30 am – 5:00 pm EST)

Vaccine Protocol Help Line 1-866-437-7955 (Monday – Friday, 8:00 am – 5:00 pm EST)

References: 1. Weese JS, Stull J. Respiratory disease outbreak in a veterinary hospital associated with canine parainfluenza virus infection. Can Vet J. 2013;54(1):79–82. 2. Cohn LA. Canine infectious respiratory disease complex: editorial review [white paper], September 2013. Available at http://www.2.smartbrief.com/hosted/spt4485/Cohn-CIRD_Editorial-Review.pdf. Accessed October 24, 2013. 3. Schultz RD. Canine infectious respiratory disease complex (CIRDC) with an emphasis on canine influenza virus (CIV). In: Proceedings of the Animal Care Conference; 29–42-6 February 2013; Sacramento, CA. 4. Venker-van Haagen AJ. Diseases of the trachea and bronchi. In: Proceedings of the World Congress WSAVAFECAVA/CSAVA; 11–14 October 2006; Prague, Czech Republic. 772–774. 5. Buonavogila C, Martella V. Canine respiratory viruses. Vet Res. 2007;38(2):355–373. 6. Welborn LV, DeVires JG, Ford R, et al. American Animal Hospidal Association (AAAA) Canine Vaccination Task Force. 2011 AAIA Canine vaccination guidelines. J Am Anim Hosp Assoc. 2011;47(5):1–42. 7. Kontor EJ. Wegryn RJ, Goodnow RA. Canine infectious tracheobronchitis (Rennel cough). Am J Vet Res. 1981;42(10):1694–1698. 8. Ellis JA, Krakowka GS. A review of canine parainfluenza virus infectious in dogs. J Am Vet Res 1983;22(10):1693–284. 9. Crawford PC, Sellon RK. Canine viral diseases. In: Ettinger SJ, Feldman EC, eds. Textbook of Veterinary Internal Medicine: Diseases of the Dog and Cat. 7th ed. St. Louis, MO: Saunders/Elsevier; 2010:958–971. 10. Data on file, Merck Animal Health.





