

*"Pearls"
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Veterinary Medicine*



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AT A GLANCE

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Infectious Disease – Immunology

Feline Vaccine Update

To reduce the risk of Feline Injection-Site Sarcoma (FISS), avoid using parenteral killed-virus vaccines that contain adjuvants whenever possible. Vaccination boosters should be spaced no less than two weeks apart to prevent cytokine interference and allow appropriate immune response maturation. Modified-live virus (MLV) vaccines are appropriate for use in FeLV- and FIV-positive cats, as there are no known contraindications. It is important to note that these vaccine recommendations are largely based on expert consensus rather than robust clinical research evidence.

RCP (Rhinotracheitis, Calicivirus, Panleukopenia): For kittens, give 3 injectable vaccines (panleukopenia, herpesvirus and calicivirus) between 8 and 16 weeks old (typically 8-9, 12, & 16 weeks). Consider another dose at 18-20 weeks of age if there is a high risk of exposure. Alternatively, give a single dose of a mucosal/intranasal (IN) Herpesvirus and Calicivirus vaccine once. However, some kittens may develop sneezing for days after the IN vaccine. Dr Ford recommends giving the **injectable** panleukopenia vaccine rather than the IN vaccine. Unfortunately, there are no stand-alone panleukopenia vaccines.



SCAN ME

In kittens over 20 weeks of age, a single MLV vaccine is adequate for protection; the second booster is NOT necessary since the kitten no longer has interfering maternal antibodies. After the one-year booster, repeat vaccines every 3 or more years.

Dr. Ford does not recommend switching to a six-month booster in place of the annual booster, as the supporting research remains inconclusive. Moreover, clinical experience indicates that cats immunized according to existing protocols do not develop vaccine-preventable diseases, suggesting that current practices are effective.

Rabies: Visit rabiesaware.org for state-specific requirements. As indicated earlier, Dr. Ford would advise using the recombinant, adjuvant-free Rabies vaccine rather than a killed, adjuvanted vaccine. Depending on local regulations, give the first dose between 12 and 16 weeks of age and repeat in one year. **The one-year Rabies booster rule applies regardless of the age of the initial Rabies vaccine.** In locales requiring Rabies vaccine, a cat that has had a least one Rabies vaccine is "overdue" if it is **one day** beyond the 1 or 3-year legal interval but is considered "currently vaccinated" as soon as it receives another Rabies vaccine.

FeLV: Is recommended as a **core vaccine for all kittens** starting at 8 weeks of age and repeating no less than 3 weeks later (4-6 weeks later is preferred). However, if the interval is greater than 6 weeks, another 2-doses of FeLV should be given 2-4 weeks apart. Given that cats over 6 months of age are significantly more resistant to FeLV than kittens, boosters may be given every 1 to 2 years if there is continued risk of exposure.

Vaccines seldom indicated: Dr. Ford does not recommend **Chlamydia felis** vaccines as chlamydiosis typically only affects the conjunctiva and can be treated with topical antibiotics. Similarly, intranasal **Bordetella** vaccines are rarely needed in kittens but may be given as early as 4 weeks if exposure is likely. Dr. Ford does not recommend **Bordetella** vaccines in adult cats. The **virulent systemic calicivirus** (VS-FCV) vaccine is recommended exclusively for cats in high-risk environments with confirmed outbreaks—and is not advised for general use. In addition,