

Core Vaccines for Pet Cats

FPV + FHV-1 + FCV	<16 Weeks of Age First Dose Administered:	>16 Weeks of Age First Dose Administered:	Revaccination	Clinically Relevant Comments for Administration
Parenteral Attenuated live	No earlier than 6 weeks of age and then <i>q</i> 3–4 weeks until 16–20 weeks of age	One or two doses of a combination vaccine	Consider at 6 months* of age rather than 1 year of age to decrease the potential window of susceptibility if the kitten had MDA at the last kitten booster ^{2,6,7} (see comments in text) Revaccinate <i>q</i> 3 years thereafter ² *Note: This means an additional visit for the annual FeLV and rabies revaccination in young cats	<ul style="list-style-type: none"> Vaccination of pregnant queens and kittens <4 weeks of age should be avoided because of the theoretical concern for cerebellar hypoplasia^{15,16} Because of the theoretical risk of clinical signs due to residual virulence of the attenuated virus in an immunocompromised patient, consider avoiding in cats with retrovirus infections^{17,18} Provides cross-protection to canine parvovirus-2^{19,20} Considered by many clinicians to be their first choice for protection against FPV, especially in high-risk cats owing to more rapid protective response than inactivated vaccines^{16,21,22} For cats going into boarding or other high-exposure, stressful situations, revaccination 7–10 days prior to boarding may be warranted, particularly if the cat has not been vaccinated in the preceding year Cats residing in a high-risk environment when presented for initial vaccination may benefit from administration of two doses of a combination vaccine 2–4 weeks apart
Parenteral Inactivated	No earlier than 6 weeks of age and then <i>q</i> 3–4 weeks until 16–20 weeks of age	Two doses <i>q</i> 3–4 weeks apart	Consider at 6 months* of age rather than 1 year of age to decrease the potential window of susceptibility if the kitten had MDA at the last kitten booster ^{2,6,7} (see comments in text) Revaccinate <i>q</i> 3 years thereafter ² *Note: This means an additional visit for the annual FeLV and rabies revaccination in young cats	<ul style="list-style-type: none"> Likely safer for use in pregnant cats and those with retrovirus infections Administration should not be avoided in cats with retroviral infection because they can develop more severe clinical signs if exposed to FPV and upper respiratory infections¹⁷ Provides cross-protection to canine parvovirus-2^{19,20} Dual-strain calicivirus vaccines may provide broader cross-protection²³ For cats going into boarding or other high-exposure, stressful situations, revaccination 7–10 days prior to boarding may be warranted, particularly if the cat has not been vaccinated in the preceding year
Intranasal Attenuated live	No earlier than 6 weeks of age and then <i>q</i> 3–4 weeks until 16–20 weeks of age	One dose and then yearly thereafter	Revaccinate annually Revaccination can be helpful in mitigating upper respiratory infections in stressful/boarding situations	<ul style="list-style-type: none"> Provides faster protection, which is especially relevant in high-risk populations and with kittens against respiratory disease²⁴ Consider vaccination simultaneously with parenteral FPV²⁵ Might cause transient clinical signs of respiratory disease For cats going into boarding or other high-exposure, stressful situations, revaccination 7–10 days prior to boarding may be warranted, particularly if the cat has not been vaccinated in the preceding year
FHV-1 + FCV Intranasal Attenuated live	Start at 4–6 weeks of age and then <i>q</i> 3–4 weeks until 16–20 weeks of age	One dose and then yearly thereafter	Revaccinate annually Revaccination can be helpful in mitigating upper respiratory infections in stressful/boarding situations	<ul style="list-style-type: none"> No protection against FPV Provides faster protection, which is especially relevant in high-risk populations and with kittens against respiratory disease²⁴ Might cause transient clinical signs of respiratory disease Although mucosal vaccines are not generally considered impacted by MDA interference, the Task Force feels the regimen for <16-week-old kittens is ideal to prevent morbidity from FHV-1 and FCV in very young kittens For cats going into boarding or other high-exposure, stressful situations, revaccination 7–10 days prior to boarding may be warranted, particularly if the cat has not been vaccinated in the preceding year

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FELV	<16 Weeks of Age First Dose Administered:	>16 Weeks of Age First Dose Administered:	Revaccination	Clinically Relevant Comments for Administration
Parenteral Recombinant (live canarypox vector)	Two doses 3–4 weeks apart beginning as early as 8 weeks of age	Two doses 3–4 weeks apart	Revaccinate 12 months after the last dose in the series then annually for individual cats at high risk of regular exposure through encountering FeLV+ cats, and cats of unknown FeLV status either indoors or outdoors ¹³	<ul style="list-style-type: none"> • Considered a core vaccine for kittens and young adult cats < 1 year of age owing to age-related susceptibility • Considered a non-core vaccine for low-risk adult cats (no potential exposure to other FeLV+ cats or cats of unknown FeLV status) • Test to establish FeLV antigen status prior to vaccination (see text for comments) • There is conflicting evidence in the literature regarding efficacy and safety when comparing recombinant and inactivated vaccines (see text for comments)^{12–14,28–30} • The Task Force acknowledges that if an FPV-FHV-1-FCV vaccine is administered at 6 months of age, an additional visit will be required to facilitate vaccinating 12 months after the last FeLV vaccine in the kitten series
Parenteral Inactivated	Two doses 3–4 weeks apart beginning as early as 8 weeks of age	Two doses 3–4 weeks apart	Revaccinate at 12 months after the last dose in the series and then consider revaccination:* <ul style="list-style-type: none"> • Annually for individual cats with regular exposure through living with FeLV+ cats and cats of unknown FeLV status either indoors or outdoors • Every 2–3 years, where product licensure allows, for individual adult cats less likely to have regular exposure to FeLV+ cats^{26,27} <p><i>*At-risk (fighting, outdoor lifestyle, etc.) adult cats should continue to be vaccinated against FeLV annually. The consensus of the Task Force is revaccination every 2 years in periodic exposure situations in mature cats. Where vaccines with a 3-year duration of immunity are available, their use can be considered</i></p>	<ul style="list-style-type: none"> • Considered a core vaccine for kittens and young adult cats < 1 year of age owing to age-related susceptibility • Considered a non-core vaccine for low-risk adult cats (no potential exposure to other FeLV+ cats or cats of unknown FeLV status) • Test to establish FeLV antigen status prior to vaccination (see text for comments) • There is conflicting evidence in the literature regarding efficacy and safety when comparing recombinant and inactivated vaccines (see text for comments)^{12–14,28–30} • The Task Force acknowledges that if an FPV-FHV-1-FCV vaccine is administered at 6 months of age, an additional visit will be required to facilitate vaccinating 12 months after the last FeLV vaccine in the kitten series
RABIES	Administration Instructions		Clinically Relevant Comments for Administration	
Parenteral Recombinant (live canarypox vector)	Follow vaccine label instructions and local laws		<ul style="list-style-type: none"> • There is conflicting evidence in the literature regarding safety when comparing recombinant and inactivated vaccines (see text for comments)^{12,30} • Where rabies vaccination is required, the frequency of vaccination may differ based on local statutes or requirements. Veterinarians should be familiar with, and adhere to, local requirements 	
Parenteral Inactivated	Follow vaccine label instructions and local laws		<ul style="list-style-type: none"> • There is conflicting evidence in the literature regarding safety when comparing recombinant and inactivated vaccines (see text for comments)^{12,30} • Where rabies vaccination is required, the frequency of vaccination may differ based on local statutes or requirements. Veterinarians should be familiar with, and adhere to, local requirements • When local laws/regulations permit, the Task Force recommends a 3-year vaccination interval using a 3-year labeled vaccine 	

The 2020 AAHA/AAFP Feline Vaccination Guidelines are available at aaha.org/felinevaccination.

These guidelines were prepared by a task force of experts convened by the American Animal Hospital Association (AAHA) and the American Association of Feline Practitioners (AAFP). This document is intended as a guideline only, not an AAHA or AAFP standard of care. These guidelines and recommendations should not be construed as dictating an exclusive protocol, course of treatment, or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to each individual practice setting. Evidence-based support for specific recommendations has been cited whenever possible and appropriate. Other recommendations are based on practical clinical experience and a consensus of expert opinion. Further research is needed to document some of these recommendations. Because each case is different, veterinarians must base their decisions on the best available scientific evidence in conjunction with their own knowledge and experience.

