

Core Vaccines for Shelter-Housed Cats

FPV + FHV-1 + FCV	<20 Weeks of Age First Dose Administered:	>20 Weeks of Age First Dose Administered:	Clinically Relevant Comments for Administration
Parenteral Attenuated live	Single dose at intake or where possible at least 1 week before shelter entry; in kittens, the first dose no earlier than 4 weeks, and then q 2 weeks until 16–20 weeks of age	For adults, single dose at intake or where possible at least 1 week before shelter entry Second dose 2 weeks later	<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^{19,20} • Considered by many clinicians to be their first choice for protection against FPV, owing to more rapid protective response than inactivated vaccines^{16,21,22}
Inactivated	Not recommended owing to delayed protective response specifically for FPV (see comments in text) ^{5,9–11}		
Intranasal Attenuated live	Not recommended in shelters owing to less-than-optimal protection against panleukopenia ³¹		<ul style="list-style-type: none"> • Do not vaccinate any earlier than 4 weeks of age because of the concern for cerebellar hypoplasia^{15,16} • Shelters should be aware that postvaccinal clinical signs associated with the use of intranasal vaccines could be confused with those caused by natural infections • Provides faster protection, which is especially relevant in high-risk populations and with kittens against respiratory disease²⁴ • Consider vaccination simultaneously with parenteral FPV • Might cause transient clinical signs of respiratory disease
FHV-1 + FCV	<20 Weeks of Age First Dose Administered:	>20 Weeks of Age First Dose Administered:	Clinically Relevant Comments for Administration
Intranasal Attenuated live	Single dose at intake or where possible at least 1 week before shelter entry; in kittens, administer no earlier than 4 weeks	Single dose at intake or where possible at least 1 week before shelter entry	<ul style="list-style-type: none"> • Shelters should be aware that postvaccinal clinical signs associated with the use of intranasal vaccines could be confused with those caused by natural infections • 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
FeLV	<20 Weeks of Age First Dose Administered:	>20 Weeks of Age First Dose Administered:	Clinically Relevant Comments for Administration
Parenteral Recombinant (live canarypox vector) Inactivated	Two doses 3–4 weeks apart beginning as early as 8 weeks of age	Two doses 3–4 weeks apart	<ul style="list-style-type: none"> • Optional in individually housed cats but shelters should consider the benefits of vaccinating more cats against FeLV • Strongly recommended in group-housed cats • Recommend testing 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}
RABIES	Administration Instructions		Clinically Relevant Comments for Administration
Parenteral Recombinant (live canarypox vector) Inactivated	Follow vaccine label instructions and local laws		<ul style="list-style-type: none"> • Necessary for all cats where legally allowed/mandated or in an endemic region • The authority to administer rabies vaccine to shelter-housed cats is often stipulated by state or local law and may not be at the discretion of shelter personnel • In states/provinces where rabies vaccination may not be mandated, shelters should consider the benefits of vaccinating more cats against rabies • There is conflicting evidence in the literature regarding efficacy and safety when comparing recombinant and inactivated vaccines (see text for comments)^{12,30}

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.

