

Vaccination Recommendations for Catteries - by Lorraine Shelton

Written by Lorraine Shelton

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by Lorraine Shelton for the [Fanciershealth Yahoogroup](#)

There is no "one protocol fits all" when it comes to vaccinating your cats. Each home/cattery must be evaluated individually and vaccinated according their past history of upper respiratory infections (URI) and current husbandry practices. Cats must be healthy to adequately respond to a vaccine. If a cat or kitten is running a fever, vaccination failure may result.

In a small, closed cattery with no history of URI, vaccinate kittens with an injectible three-way killed vaccine at 6 weeks, followed by an injectible modified live calici/rhinotracheitis with killed panleukopenia vaccine at 9, 12, and 16 weeks. You may want to use a vaccine with modified live panleukopenia for the last vaccine of this series if there has been a recent outbreak of this virus in your area.

An alternate protocol for small catteries who practice strict isolation of kittens and have no history of URI (or for catteries with a history of adverse vaccine reactions in young kittens) is to skip the vaccination at 6 weeks and start the series at nine weeks as above. The purpose of the vaccination at six weeks is to try and stimulate an immune response in kittens at the point that maternal immunity (antibodies ingested from the mother's milk in the first 18 hours of life) starts to wane. Maternally derived protection generally does not last longer than five to six weeks for rhinotracheitis (herpesvirus), and seven to eight weeks for calicivirus and paneleukopenia.

For catteries with a history of URI, queens can be vaccinated with a three-way vaccine (all killed or modified live with killed panleuk) in their last trimester and the kittens vaccinated with a bivalent (NEVER trivalent, NO panleukopenia!) intranasal vaccine at ten days of age (when their eyes open). One drop of IN vaccine is given in each nostril with neonates. In catteries with a history of herpesvirus with corneal involvement, applying one drop to each eye may also be beneficial. However some catteries have experienced adverse events following ocular use of the intranasal vaccine. Cats that will be shown, offered at stud, or otherwise exposed to "outside" cats may benefit from an additional bivalent intranasal vaccination given at 19-20 weeks or a trivalent IN given in place of the 16 week injectable. This helps to stimulate a cell-mediated immune response in the mucous membranes, where exposure to upper respiratory viruses occurs.

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Never administer modified live panleukopenia to a pregnant cat or expose a pregnant cat to cats that have been recently vaccinated with modified live panleukopenia. Never administer modified live panleuk vaccines and killed panleuk vaccines to individuals in the same population of cats within the same week. Theoretically, recombination between modified live and killed vaccine strains can result in an especially lethal, live strains.

After the initial kitten vaccination series, a booster at approximately one year of age with a three-way vaccine is prudent. Thereafter, vaccination every three to five years is sufficient for spays, neuters, and whole males (unless used at public stud, where an intranasal vaccine a few weeks prior to the breeding season may be advised). Vaccinating queens in the last trimester of each pregnancy can help optimize antibody levels in the colostrum ingested by newborn kittens.

The "FIP vaccine" has not been proven to be of value and I do not recommend its use under any circumstances. The FeLV vaccine should only be used in cats that roam outdoors or in situations where cats are admitted into the household without performing adequate FeLV testing. All incoming cats should be tested for FeLV *twice*, at both the beginning and end of a quarantine period where the new cat is separated from the existing population for a period of greater than 3 weeks.

Rabies vaccines should only be used when mandated by law or in cats that roam outside, due to the risks of vaccine associated sarcomas (cancer at the injection site).

The above is solely my personal recommendation, based on a review of the literature, current recommendations from the American Association of Feline Practitioners, communication with researchers in feline virology, and my personal experiences from 17 years of breeding pedigree cats.

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