

Types of Feline Vaccines and Their Attributes

Attributes	TYPES OF VACCINES		
	Inactivated	Attenuated Live	Recombinant
Examples	FPV, FHV-1, FCV, FeLV, rabies, <i>Chlamydia</i>	FPV, FHV-1, FCV, FIP, <i>Chlamydia</i> , <i>Bordetella</i>	Rabies, FeLV
Replication after administration	Does not replicate	May replicate locally and at sites beyond the inoculation site	Limited replication, which is then aborted (for canarypox-vectored vaccines)
Initial vaccination in the absence of MDA	With the exception of rabies, two initial doses required, 3–4 weeks apart Protective immunity is expected within 7–10 days of the second dose. For rabies, only one dose is required, and protection is expected within 28 days	One dose may be sufficient; however, where the likelihood of infection is high, two initial doses are recommended, 3 weeks apart Protective immunity is expected within 7–10 days of the second dose	Rabies: One dose is required. Protective immunity is expected to develop by 28 days FeLV: Two initial doses are required, 3–4 weeks apart. Protective immunity is expected within 7–10 days of the second dose
Route(s) of administration as stipulated by the manufacturer	Parenteral (SC, IM)	Parenteral (SC, IM): FPV, FHV-1, FCV, <i>Chlamydia</i> Mucosal (intranasal): FPV, FHV-1, FCV, FIP, <i>Bordetella</i>	Parenteral (SC)
Adjuvanted	Yes, with some exceptions	Not required	Some products contain adjuvant; canarypox-vectored products are non-adjuvanted
Vaccine organism–induced disease	Not possible	Possible, but uncommon, following intranasal administration of respiratory virus vaccines or oral exposure to leaked parenteral vaccine on haircoat	Not possible

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.

