

	AAFP Guidelines	WSAVA Guidelines	ABCD Guidelines
Nature of vaccine	Core	Core	Core
Primary vaccination of kittens	Begin from as early as 6 weeks, then every 3–4 weeks until 16 weeks of age	Begin at 8–9 weeks with a second 3–4 weeks later and a final vaccine at ≥ 16 weeks of age	Begin at 8–9 weeks with a second 3–4 weeks (minimum 12 weeks). Consider a final dose at 16–20 weeks of age Consider starting earlier than 8 weeks and repeating
Primary vaccination in cats ≥ 16 w	Two doses 3–4 weeks apart	Two doses 3–4 weeks apart	
Vaccination of adult cats of unknown status		A single dose of MLV in adults of unknown status followed by a booster after 1 year	A single dose of MLV in adults of unknown status followed by a booster after 1 year
Booster vaccinations	One year after the primary course, then no more frequently than every 3 years	One year after the primary course, then no more frequently than every 3 years	One year after the primary course, then no more frequently than every 3 years unless special conditions apply
Additional information	<ul style="list-style-type: none"> – Do not use MLV in pregnant cats – Do not use MLV in kittens < 4 weeks of age – Only killed vaccines should only be used in pregnant cats and only exceptionally – Only killed vaccines should be used in FeLV/FIV infected cats – Killed vaccines may be more appropriate in disease-free colonies – Kittens over 4 weeks (in the face of an outbreak) or 6 weeks (otherwise) of age in shelters should be vaccinated with a MLV and repeated every 3–4 weeks (or 2 weeks with high risk) until 16 weeks of age. – Intranasal vaccines may not be as effective in high-risk situations and are not recommended for routine use in kittens in shelters 	<ul style="list-style-type: none"> – Do not use MLV in pregnant cats – Do not use MLV in kittens < 4 weeks of age – Only killed vaccines should only be used in pregnant cats and only exceptionally – Only killed vaccines should be used in FeLV/FIV infected cats – Killed vaccines may be more appropriate in disease-free colonies – Intranasal vaccines may not be as effective in high-risk situations where exposure may occur soon after vaccination 	<ul style="list-style-type: none"> – Do not use MLV in pregnant cats – Do not use MLV in kittens < 4 weeks of age – Only killed vaccines should only be used in pregnant cats and only exceptionally – Only killed vaccines should be used in FeLV/FIV infected cats and with FIV, only those at high risk – Kittens over 4 weeks (in the face of an outbreak) or 6 weeks (otherwise) of age in shelters should be vaccinated with a MLV and repeated every 3–4 weeks until 16 weeks of age

Table 2: Guideline recommendations for FHV-1 and FCV vaccination.

	AAFP Guidelines	WSAVA Guidelines	ABCD Guidelines
Nature of vaccine	Core	Core	Core
Primary vaccination of kittens	Begin as early as 6 weeks, then every 3–4 weeks until 16 weeks of age	Begin at 8–9 weeks with a second 3–4 weeks later and a final vaccine at ≥ 16 weeks of age	Begin at around 9 weeks with a second 2–4 weeks later (not earlier than 12w for FCV). Consider a third FCV dose at 16w in high-risk situations
Primary vaccination in cats $\geq 16w$	Two doses 3–4 weeks apart	Two doses 3–4 weeks apart	Two doses 2–4 weeks apart
Booster vaccinations	One year after the primary course, then every 3 years	One year after the primary course, then every 3 years	Annual for FHV-1, especially in high-risk situations, but for low-risk (e.g. indoor-only cats) 3-yearly intervals recommended.
Booster with lapsed vaccinations		If the interval since the last vaccination is ≤ 3 years a single dose is considered sufficient, if > 3 years consider two doses	If the interval since the last vaccination is ≤ 3 years a single dose is considered sufficient, if > 3 years consider two doses
Additional information	<ul style="list-style-type: none"> – Killed vaccines are preferred in pregnant cats and should only be used exceptionally – Only killed vaccines should be used in FeLV/FIV infected cats – Killed vaccines may be more appropriate in disease-free colonies – Early vaccination of kittens is especially appropriate in high risk situations and/or when MDA status is questionable – IN vaccines have rapid onset of immunity and may be useful in naïve cats entering high risk situation – Oronasal exposure to injectable MLV may result in development of clinical disease – Mild URTD signs may be seen more commonly with IN vaccines – Unusually, an additional booster may be considered if a cat is going into a known high-risk situation 	<ul style="list-style-type: none"> – Mild URTD signs may be seen more commonly with IN vaccines 	<ul style="list-style-type: none"> – In shelters with a high risk, MLV vaccines are preferable as they provide quicker protection – In breeding catteries, booster vaccination of queens prior to mating may be valuable – Killed vaccines are preferred in pregnant cats and should only be used exceptionally – Where previous problems have been encountered, repeat early vaccination of kittens (every 2 weeks from 4 weeks of age) should be considered – Use of killed vaccines is recommended in immunocompromised cats – Only killed vaccines should be used in FeLV/FIV infected cats

Table 3: Guideline recommendations for FeLV vaccination.

	AAFP Guidelines	WSAVA Guidelines	ABCD Guidelines
Nature of vaccine	Non-core	Non-core	Non-core
Primary vaccination of kittens	Begin as early as 8 weeks then second 3–4 weeks later	Begin as early as 8 weeks then second 3–4 weeks later	Begin at 8–9 weeks with a second dose at 12 weeks
Primary vaccination in cats \geq 16w	Two doses 3–4 weeks apart	Two doses 3–4 weeks apart	Two doses 3–4 weeks apart
Booster vaccinations	Annually in cats at risk of exposure	Annually in cats at risk of exposure	Annually in cats at risk of exposure until 3–4 years of age, then every 2–3 years
Additional information	<ul style="list-style-type: none"> – Highly recommended in all kittens as their subsequent lifestyle is unknown – Booster vaccinations should only be administered to cats considered at risk of exposure – FeLV testing prior to vaccination is recommended and only those testing negative should be vaccinated 	<ul style="list-style-type: none"> – FeLV testing prior to vaccination should be mandatory and only those testing negative should be vaccinated 	<ul style="list-style-type: none"> – FeLV testing prior to vaccination is recommended and only those testing negative should be vaccinated – Do not rely on vaccination to protect FeLV negative cats living with FeLV positive cats

Table 4: Guideline recommendations for FIV vaccination.

	AAFP Guidelines	WSAVA Guidelines	ABCD Guidelines
Nature of vaccine	Non-core	Not recommended	Not recommended in Europe
Primary vaccination of kittens	Three doses starting as early as 8 weeks, given 2–3 weeks apart	Three doses starting as early as 8 weeks, given 2–3 weeks apart	
Primary vaccination in cats ≥ 16w	Three doses at 2–3 week intervals	Three doses at 2–3 week intervals	
Booster vaccinations	Annually in cats at risk of exposure	Annually in cats at risk of exposure	
Additional information	<ul style="list-style-type: none"> – Should be restricted to cats at high risk of exposure – Vaccination interferes with and invalidates routine antibody testing for infection- FIV testing prior to vaccination is recommended – Vaccinated cats should be permanently identifiable (e.g. microchip) 	<ul style="list-style-type: none"> – Vaccination interferes with and invalidates routine antibody testing for infection 	<ul style="list-style-type: none"> – The vaccine has not been tested against European field isolates and did not protect against a virulent UK primary isolate in one study

Table 5: Guideline recommendations for rabies vaccination.

	AAFP Guidelines	WSAVA Guidelines	ABCD Guidelines
Nature of vaccine	Core where rabies endemic	Non-core except where required by statute or disease is endemic	Core where rabies endemic
Primary vaccination of kittens	A single dose as early as 8–12 weeks of age according to vaccine license	A single dose as early as 8–12 weeks of age according to vaccine license	1 single dose as early as 8–12 weeks of age according to vaccine license
Booster vaccinations	One year after the primary vaccine, then every 1–3 years according to state or government legislation and vaccine license	One year after the primary vaccine, then every 1–3 years according to state or government legislation and vaccine license	One year after the primary vaccine, then every 1–3 years according to state or government legislation and vaccine license

Table 6: Guideline recommendations for FIP vaccination.

	AAFP Guidelines	WSAVA Guidelines	ABCD Guidelines
Nature of vaccine	Not generally recommended	Not recommended	Non-core
Primary vaccination of kittens	Two doses 3–4 weeks apart from the age of 16 weeks	Two doses 3–4 weeks apart from the age of 16 weeks	Two doses three weeks apart from the age of 16 weeks
Booster vaccinations	Annual (recommended by manufacturer)	Annual (recommended by manufacturer)	Annual
Additional information	<ul style="list-style-type: none"> – From limited studies only FCoV seronegative cats are likely to develop some protection from vaccination – Vaccination of seropositive cats or cats in a household in which FIP is known to exist is not recommended 	<ul style="list-style-type: none"> – From limited studies only FCoV seronegative cats are likely to develop some protection from vaccination 	<ul style="list-style-type: none"> – Vaccination before 16w does not protect against infection – Kittens may benefit from vaccination if they are at risk and have not been exposed to FCoV prior to vaccination

Table 7: Guideline recommendations for Giardia vaccination.

	AAFP Guidelines	WSAVA Guidelines	ABCD Guidelines
Nature of vaccine	Not generally recommended	Not recommended	
Primary vaccination of kittens	Two doses 2–4 weeks apart from 8 weeks	Two doses 2–4 weeks apart from 8 weeks	
Booster vaccinations	Annual (recommended by manufacturer)	Annual (recommended by manufacturer)	
Additional information	Insufficient data to support vaccination	Insufficient data to support vaccination	

Table 8: Guideline recommendations for Chlamydomonas felis vaccination.

	AAFP Guidelines	WSAVA Guidelines	ABCD Guidelines
Nature of vaccine	Non-core	Non-core	Non-core
Primary vaccination of kittens	Two doses 3–4 weeks apart from 9 weeks of age	Two doses 3–4 weeks apart from 9 weeks of age	Two doses 3–4 weeks apart starting at 8–10 weeks
Primary vaccination in cats ≥ 16w	Two doses 3–4 weeks apart	Two doses 3–4 weeks apart	Two doses 3–4 weeks apart
Booster vaccinations	Annual where sustained risk of infection	One year after the primary course, then no more frequently than every 3 years	Annual
Additional information	<ul style="list-style-type: none"> – Generally reserved for use in cats at risk of exposure to? multicat environments where disease has been confirmed – Conjunctival administration of MLV may cause clinical signs 	<ul style="list-style-type: none"> – Generally reserved for use in cats at risk of exposure ? multicat environments where disease has been confirmed – Conjunctival administration of MLV may cause clinical signs 	<ul style="list-style-type: none"> – Consider in cats at risk of exposure, especially multicat environments

Table 9: Guideline recommendations for Bordetella bronchiseptica vaccination.

	AAFP Guidelines	WSAVA Guidelines	ABCD Guidelines
Nature of vaccine	Non-core	Non-core	Non-core
Primary vaccination of kittens	Single IN dose from 8 weeks of age	Single IN dose from 8 weeks of age	Single IN dose from 8 weeks of age
Primary vaccination in cats ≥ 16w	Single IN dose	Single IN dose	Single IN dose
Booster vaccinations	Annual where sustained risk of infection	Annual where sustained risk of infection	Annual where sustained risk of infection
Additional information	<ul style="list-style-type: none"> – Use may be considered where cats are likely to be at specific risk of exposure, e.g. in some multicat environments where bordetellosis has been confirmed 	<ul style="list-style-type: none"> – Use may be considered where cats are likely to be at specific risk of infection 	<ul style="list-style-type: none"> – Use should be limited to cats in, or moving into, a high-density population with a history of bordetellosis – Avoid in immunocompromised cats