



Prevention

Vaccination

- Vaccination against FeLV does not diminish the importance of testing to identify and isolate cats that are progressively infected.
- It cannot be concluded that FeLV vaccination protects against all outcomes of FeLV infection. Nevertheless, several current vaccines are still of great clinical importance because they appear to be efficacious at preventing progressive infection and, thus, curtailing FeLV-associated diseases.
- Vaccines against FIV are no longer available in North America since 2015, but vaccinated cats may still live in this region.

AAFP Feline Vaccination Advisory Panel recommendations for feline leukemia virus vaccination¹⁰⁰

Initial vaccination protocol for kittens and unvaccinated adult cats

- ❖ Administer FeLV vaccine series to all cats at risk of infection and all kittens up to and including 1 year of age
- ❖ Test all cats for retrovirus infection (regardless of age) before vaccination
- ❖ Give first vaccination as early as 8 weeks old
- ❖ Administer two vaccines, 3–4 weeks apart
- ❖ Administer FeLV booster vaccination 1 year after initial vaccine series

Revaccination protocol for cats 2 years of age and older

- ❖ **Do not revaccinate** cats with no risk of exposure, such as:
 - Cats living in a single-cat household with no exposure to other cats
 - Cats living in a household with other cats known to be FeLV negative
 - Cats with outdoor access to an enclosure only or no outdoor access
 - Cats with no exposure to either FeLV-infected cats or cats of unknown FeLV status
- ❖ **Revaccinate annually** cats with high risk of exposure, such as:
 - Cats with outdoor access
 - Cats living with known FeLV-infected cats
 - Cats in contact with cats of unknown FeLV status
- ❖ **Revaccinate every 2 years** cats with low risk of exposure, such as:
 - Cats with no history of inter-cat aggression (eg, previous cat fight bites)
 - Cats with limited outdoor access and low possibility of exposure to cats of unknown FeLV status

Limiting Transmission in the Veterinary Practice

- Hospitalized retrovirus-infected cats can be kept in the general hospital wards, but should not be allowed to have direct contact with other hospitalized cats.
- Retrovirus infected cats should not be housed in isolation with other sick cats as their immunocompromised status could increase their risk of nosocomial infection.
- Cats used for blood or tissue donation should be screened and confirmed to be negative for FeLV antigen by ELISA and FeLV provirus by PCR, as well as for FIV antibodies.
- There is little risk of retrovirus transmission among cats by indirect exposure when simple precautions and routine cleaning procedures are followed.
- Reusable dental and surgical instruments should be cleaned according to appropriate sterility principles.

Considerations for Multi-Cat Environments

- All cats entering shelters should be considered potentially retrovirus infected, regardless of the environment from which they originated.
- Retrovirus infected cats should not be housed in isolation with other sick cats as their immunocompromised status could increase their risk of nosocomial infection.
- It is broadly recommended that all cats be tested for retroviral infection, but an exception exists for free-roaming stray and feral community cats in trap–neuter–return (TNR) programs.
- The presence of infection can vary within individual litters, community cat colonies, and households. It is not appropriate to conserve costs by testing one cat as a proxy for others or by pooling samples from a group of cats.