Aafp vaccination guidelines 2020

Download - 2020 Feline Vaccination GuidelinesDownload - Customer BrochureAccess Client Resources - Catfriendly.com Disease Newsletters: Additional Resources: Vaccine Calculator Webinar - COMING SOON Tips for Staff of the American Animal Hospital Association (AAHA) and the American Association of Cat Practices (AAFP) released 2020 AFPAHA/AA Feline Vaccination Guidelines for Veterinary Society AAHA and AAFP have convened a panel of experts to update the 2013 AAFP Feline Vaccination Advisory Group report. The release contains updated recommendations and the most up-to-date information about cat vaccinations. The Task Force approached the update with evidence-based recommendations and peer-reviewed literature on feline vaccination. Working together with these two organizations provides our veterinary community with the impact of the wisdom of colleagues who are dedicated to improving the level of cat care, said Amy ES Stone, DVM, PhD, Chair of the 2020 AAHA/AAFP Feline Vaccination Guidelines Task Force. These updated Guidelines emphasize the need for increased understanding by veterinarians of individual cat risk factors to determine an appropriate preventive health plan. Practitioners are encouraged to better understand the risk factors of feline patients, which may include the stage of life, the environment and lifestyle. The Task Force included Amy ES Stone, DVM, PhD (Chairman); Gary O Broommet, DVM; Ellen M Caroza, LTV; Phillip H Kass, DVM, MPVM, MS, PhD, DACVPM (Specialty in Epidemiology); Ernest. Petersen, DVM, PhD, DABVP (Feline); Jane Sykes, BVSc (Hons), PhD, DACVIM, MBA; Mark Westman, BVSs (Hons), PhD, MAN'CVS (Animal Welfare), GradCert Ed Stud (Supreme Ed). Download - 2013 AAFP Feline Vaccination Advisory Group Report Download - 2006 Feline Vaccine Guidelines Download - 2006 Vaccine Guidelines Summary Download - Feline Vaccination GuidelinesDownload - Customer BrochureDisease Newsletter: Download - 2006 Feline Vaccine GuidelinesDownload - 2006 Feline Vaccine Guidelines Summary of the American Association of Cat Practitioners released approved by the International Society of Cat Medicine, which were published in the September issue of the Journal of Cat Medicine and Surgery. These guidelines contain practical recommendations to help physicians choose appropriate vaccination schedules for their feline patients based on risk assessment. The recommendations are largely based on published data, as well as on the consensus of an interdisciplinary group of experts in immunology, infectious diseases, internal medicine and clinical practice. The contents of these Guidelines was created exclusively by members of the AAFP Cat Vaccination Advisory Group. The band members include Margie Sherk, Sherk, DABVP (Feline), Chairman of the Group; Richard Ford, DVM, MS, DACVIM, DACVPM (Hon); Rosaling Gaskell, BVSc, PhD, MRCVS; Catherine Hartmann, Dr. Med Vet, Dr. Med Vet Habil, DECVIM-CA; Kate Hurley, DVM, MPVM; Michael Lappin, DVM, PhD, Dip AcVIM; Julie Levy, DVM, PhD, DACVIM; Susan Little, DVM, DABVP (Feline); Shila Nordone, MS, PhD; and Andrew Sparks, BVetMed, PhD, DECVIM, MRCVS. Supported by: Veterinary Immunologist and Hematologist, Dr. Jean Dodds, reviewed these combined American Animal Hospital Association (AAHA) and American Association of Cat Practitioners (AAHA) vaccine guidelines. In her own words, these new cat vaccine guidelines are simply outstanding! These guidelines are based on all world guidelines and highlight what the late Dr. Michael Day and others have stated: Vaccines are part of the annual general wellness survey and decisions should be based on genetic and family background, the health and well-being of individual cats, age, and lifestyle risks and experiences where they live. AAHA/AAFP Task Force recommends major vaccines against: FCV (cat calicivirus) FeLV (cat leukemia virus) FHV-1 (cat herpesxvirus type 1) FPV (cat panleukopenia virus) Rabies Task Force goes further: listing non-core vaccines and generally not recommended vaccines; Recommend where to give vaccines in the body; The timing of vaccination; providing facts and recommendations on the types of vaccines available, such as live-faded (modified live), inactivated (killed), recombinant, parenteral (injectable) and intranasal; Discussion of antibody titers testing (a service performed in many laboratories, including Hemolife hemophyte); and by providing two different sets of guidelines for domestic cats and two sets of guidelines for sheltering cats. Two sets of guidelines depend on the FPV vaccine and the lifestyle of an individual cat. Lifestyle considerations include: one- or multi-cat households; Indoor, indoor-outdoor, or outdoors-only cats; and, travel, boarding, accommodation, and enrichment activities or excursions outside the home - even veterinary visits. The task force stated: Theoretically, strictly indoor cats may be more susceptible to the development of certain infectious diseases (such as FPV and FCV infections) than cats with open access because they cannot get a natural increase in immunity that occurs with natural exposure. Meaning: Strictly indoor cats must be vaccinated against FPV. Other issues that are new and important: The potential for longer maternal derivative antibodies (MDA) in kittens (up to 20 weeks) against puppies in 12-14 weeks, which requires a new recommendation based on WSAVA for booster kittens at age 6 months - which requires they returned again 6 months later for the annual feLV and rabies vaccinations. Vaccinate FeLV and FIV positive cats, and if you live with other other vaccinate all cats. The same goes for sheltering cats with an incomplete or unknown impact history. To read the full publication please visit, 2020 AAHA/AAFP Cat Vaccination Guidelines. 2013 AAFP Cat Vaccination Advisory Group report. Sherk M.A., Ford RB, Gaskell RM, Hartmann K, Hurley KF, Lappin MR, Levi JK, Little SE, Nordone SK, Sparkes AH. Sherk MA, et al. J Feline Med Surg. 2013 Sep;15(9):785-808. doi: 10.1177/1098612X13500429. J Feline Med Surg. 2013. PMID: 23966005 Now available: Create customized cat vaccine protocols to join members of the 2020 AAHA/AAFP Feline Vaccination Task Force Guidelines for a free, RACE-approved web binar to create individual feline vaccine protocols. To print the PDF click here. On a mobile device? Scroll down for the navigation menu. Abstract Guidelines Consensus Report on current recommendations for vaccinating cats of any origin, sponsored by the Task Force of Experts. The guidelines are published simultaneously in the journal Feline Medicine and Surgery (volume 22, issue 9, pages 813-830, DOI: 10.1177/1098612X20941784) and the journal of the American Association of Animal Hospitals (volume 56, issue 4, pages 249-265, DOI: 10.5326/JAAHA-MS-7123). The guidelines assign approved cat vaccines to the main (recommended for all cats) and non-core (recommended on the basis of individual risk and benefit assessment) categories. Practitioners can develop individual vaccination protocols consisting of major vaccines and non-core vaccines based on the risk of exposure and susceptibility determined by the patient's stage of life, lifestyle and place of origin, as well as environmental and epidemiological factors. An update on the cat injections of the sarcoma site indicates that the appearance of this sequel remains rare and peculiar. Staff education initiatives should enable veterinary practice to have experience in advising clients on good vaccination and compliance practices. Vaccination is a component of the preventive health plan. Vaccination visit should always include a thorough physical inspection and customer learning dialogue that gives the pet owner an understanding of how clinical staff assess the risk of disease and offer recommendations that help ensure a lasting owner-animal relationship. (J Am Anim Hosp Assoc 2020; 56:249-265. DOI 10.5326/JAAHA-MS-7123) The Task Force recommends vaccines against FHV-1, FCV, FPV, rabies and FeLV (cats under 1 year old) as the main vaccines for pets and shelter cats. Non-core vaccines are non-binding vaccines that should be considered taking into account the risk of exposure; that is, based on the geographical distribution and lifestyle of the cat. or non-core vaccines for cats include FeLV (for cats over 1 year old), Chlamydia felis and Bordetella bronchiseptica vaccines. Introduction as an important medically and cost-effective method of infectious diseases vaccination continues to be the basis of cat practice and an essential component of the individual preventive health plan. These guidelines provide the most up-to-date information and recommendations on feline vaccination, as defined by the Task Force of Experts in Cat Practice. The recommendations are based on evidence based on current peer-reviewed literature and data and are supplemented by clinical information collectively derived from years of experience. The guidelines update the 2013 Cat Vaccination Advisory Group Report and use similar recommendations from the WSAVA Guidelines for Dog vaccination.1.2 Both of these previously published resources should still be considered a relevant and acceptable addition to the 2020 guidelines. The guidelines continue to take an established approach to considering the inclusion of core (recommended for all cats) and non-core (recommended on the basis of individual risk and benefit assessment) vaccines in the individual protocol. As explained in the guidelines, the vaccination of patients should take into account environmental risk factors, as well as life stage and lifestyle factors that determine the likelihood of exposure and susceptibility to infectious diseases. For example, not all feline patients come from the home environment, and, conversely, most cats described indoors may be periodically exposed to other cats. The guidelines discuss other presentation scenarios that could potentially affect risk assessment and benefits and include updates on cat injection sarcoma (FISSs) and other vaccination-related reactions. A key component of the guidelines are a comprehensive, easy-to-use table showing approved basic and non-core cat vaccines and appropriate considerations for their use. The guidelines are supplemented by an online resource center on aaha.org/felinevaccination and additional materials on catvets.com/vaccinations.The online resources include frequently asked questions about vaccination that doctors and pet owners raise, as well as a vaccine protocol calculator that uses cat stage life and lifestyle information to offer appropriate, individual vaccination protocol. The guidelines discuss in detail the importance of staff and customer education in implementing vaccination protocols and recommendations for feline patients. This emphasis is notable for the fact that many pet owners, especially cat owners, associate professional veterinary care primarily with two events, vaccination and treatment of acute conditions.3 Thus, visiting health care for vaccination purposes becomes an opportunity to discuss the overall strategy more broadly. health care with the pet owner. Implicit in this approach is the explanation of how the doctor considers the stage of life, lifestyle, health of the patient, patient, epidemiological factors in making vaccination recommendations. The vaccination event then takes place in the context of a practice-client discussion about how preventive health is forming the basis for an animal owner to maintain a long, beneficial relationship with an animal in his or her care. Keywords Principles of Vaccination; Vaccines Lifestyle; Risk assessment Veterinarian; Injection site rabies; leukemia; Guidelines Maternal Antibodies Correspondence: E-Mail Protected by Boehringer Ingelheim Health USA Inc., Elanco Animal Health, Merck Animal Health, and zoetis Petkare supported the development in 2020 of the AAHA Cat Vaccination Guidelines and Resources. These guidelines were prepared by the Task Force of Experts convened by the American Association of Animal Hospitals (AAHA) and the American Association of Cat Practitioners (AAFP) and have undergone formal expert evaluation. This document is intended only as a guideline, not the AAHA or AAFP care standard. These guidelines and recommendations should not be construed as dictating an exceptional protocol, course of treatment or procedure. Variations in practice can be justified based on the needs of the individual patient, resources, and limitations unique to each individual customization practice. As far as possible and appropriately, evidence-based support for specific recommendations was mentioned. Other recommendations are based on practical clinical experience and consensus of expert opinion. Further research is needed to document some of these recommendations. Because each case is different, veterinarians should base their decisions on the best available scientific evidence combined with their own knowledge and experience. DNA (deoxyribonucleic acid); FCV (cat calicivirus); FeLV (cat leukemia virus); FHV-1 (cat herpes virus type 1); FIP (cat infectious peritonitis); FISS (cat injection-site sarcoma); FPV (cat panleukopia virus); Ig (immunoglobulin); IM (intramuscular); MDA (mother antibodies); SK (subcutaneous); WSAVA (World Association for The Veterinary Of Small Animals) 2020 aaha/aafp feline vaccination guidelines