

**2024 Guidelines for the Vaccination of Dogs and Cats - Compiled by the
Vaccination Guidelines Group (VGG) of the
World Small Animal Veterinary Association (WSAVA)**

Executive Summary

The World Small Animal Veterinary Association (WSAVA) Vaccination Guidelines Group (VGG) was convened to develop guidelines for the vaccination of dogs and cats intended to be helpful to veterinarians globally. Previous guidelines, published in 2007, 2010, and 2016, have been cited in the peer-reviewed scientific literature several hundred times and downloaded tens of thousands of times. The present document is an updated version of these guidelines. The VGG recognizes that its recommendations must be broad and based on fundamental immunological principles because detailed recommendations about vaccines and vaccination of dogs and cats that might be suitable for some countries or regions may be much less applicable elsewhere.

Guidelines are intended to provide broad guidance for veterinarians in decision-making. They do not describe mandatory or minimum standards of care. These guidelines can be used by national and regional veterinary associations and individual veterinarians or veterinary practices to develop their own vaccination schedules suitable to their own local conditions. Notwithstanding this, the VGG strongly recommends that ALL dogs and cats should receive the benefit of vaccination. This will not only protect individual animals but will improve ‘herd immunity’ to help minimize the risk of contagious disease outbreaks.

With this background in mind, the VGG has defined **core vaccines** as those that ALL dogs and cats should receive, after considering their lifestyle and the geographical areas in which they live or to which they travel. Some core vaccines protect animals from potentially life-threatening diseases that have global distribution while others protect against life-threatening diseases that are prevalent only in particular countries or regions. Core vaccines for dogs *in all parts of the world* are those that protect against

canine distemper virus (CDV), canine adenovirus type 1 (CAV) and canine parvovirus type 2 (CPV). Core vaccines for cats in all parts of the world are those that protect against feline parvovirus (FPV), feline calicivirus (FCV) and feline herpesvirus-1 (FHV). In areas of the world where rabies is endemic, vaccination against rabies virus should be considered essential for both dogs and cats (i.e. rabies vaccines are **core** in those places), even if there is no legal requirement for this. Leptospirosis in dogs is another life-threatening, zoonotic disease that is widely distributed around the world. In countries or regions where canine leptospirosis is endemic, where implicated serogroups are known, and where suitable vaccines are available, vaccination of all dogs against leptospirosis is highly recommended and the vaccines should be considered **core** in those places. In many parts of the world, feline leukaemia virus (FeLV)-related diseases are endemic. In these places, FeLV vaccines should be considered **core** for young cats (< 1 year of age) and for adult cats with outdoor access or that live with other cats that have outdoor access.

The VGG recognizes that maternally derived antibodies (MDA) interfere substantially with the efficacy of most currently available core vaccines that are administered to puppies and kittens early in life (protecting against CDV, CAV and CPV in puppies, FPV, FCV and FHV in kittens). As the level of MDA varies substantially within and between litters, VGG recommends the administration of multiple core vaccine doses to puppies and kittens, every 2-4 weeks, with the final dose being delivered at 16 weeks of age or older. In situations where a puppy or kitten can only receive a single vaccination (e.g. in the case of cost constraints), that vaccination should be with the core vaccines at 16+ weeks of age. Revaccination at or after 26 weeks of age (rather than waiting until 12-16 months of age) is advised to immunize without unnecessary delay the minority of animals that may still have had interfering MDA present at the time of their 16+ week vaccination.

The VGG supports the use of serological testing from 20 weeks of age onwards to detect seroconversion (to CDV, CAV, and CPV in dogs and FPV in cats) following vaccination. This can help confirm active immune protection in young and young adult animals, help optimise revaccination intervals in mature adult animals, and in some situations, can help in the management of contagious disease outbreaks in shelters.

Vaccines should not be given needlessly. Core vaccines should not be given any more frequently than necessary in adult animals. There is an abundance of peer-reviewed, published evidence showing that the duration of immunity (DOI) provided by most, modern, modified live virus (MLV) core vaccines is many years.

The VGG has defined **non-core vaccines** as those that should be highly recommended in animals whose geographical location and/or lifestyle (e.g. indoor-outdoor access, multi-pet household) places them at risk of contracting particular infections not designated as core. A careful conversation between veterinarian and owner is needed to inform the decision about which non-core vaccines to recommend for each patient. The VGG has classified some vaccines as **not recommended** where there is insufficient scientific evidence to justify recommending their use anywhere. The VGG has not considered a few “minor” vaccine products that have very restricted geographical availability or applicability.

The VGG strongly encourages veterinarians to educate their clients about the value of regular health checks (usually annual, sometimes more often) as opposed to speaking of “vaccination consultations”. The annual health check is much more than just a vaccination consultation, although it will often include administration of selected vaccines that need to be administered annually. The DOI provided by most non-core vaccines is about 1 year.

Veterinarians are also encouraged to undergo training intended to improve the experience of pets, owners, and veterinary staff before and during pet health check visits. The Free Fear training program (<https://fearfreepets.com/fear-free-certification-overview/>) and the Cat Friendly Certificate program (<https://catvets.com/cfp/cat-friendly-certificate-program/>) are examples.

The VGG has considered the use of vaccines in shelters and sanctuaries, again recognizing the financial constraints under which some of these facilities operate. The VGG minimum shelter guidelines state that all dogs and cats entering such establishments should be vaccinated before, or at the time of their entry, with the core MLV vaccines. Where finances permit, these vaccines should be administered every 2 – 3 weeks starting at 4 weeks of age and continuing until 5 months of age. Vaccines against

respiratory disease are considered non-core for pet dogs living in typical homes but should be considered core for shelter-housed dogs.

The VGG recognises the importance of adverse reaction reporting schemes but understands that these are variably developed in different countries. Veterinarians are strongly encouraged to report all possible adverse events to the manufacturer and to the regulatory authority to expand the knowledge base that drives development of improved, safer vaccines.

The most fundamental concepts proposed by VGG are captured in the following brief statement:

We should aim to vaccinate every dog and cat with the core vaccines.

Selected non-core vaccines may be recommended after careful consideration of each pet's lifestyle and local prevalence of vaccine-manageable diseases.

Core and non-core vaccines should be stored and administered correctly, and used only as frequently as necessary to provide lifelong protection against the diseases that threaten our dogs and cats, wherever they live or travel.