

with value as well as risk, and will be performed only after considering the needs of the individual patient. Even though the judgement and counsel of their veterinarian will guide them, clients should understand that the decision to vaccinate their pets remains with them. Newsletters and client educational brochures provided before or during scheduled appointments can inform clients about specific infectious diseases, vaccines, risk factors, and adverse events associated with vaccination.

**Staff training and education**—Staff members should understand the practice's vaccination protocols and other aspects of patient care. An informed staff is able to play a large role in client education, allowing for better time management and staff utilization. As an added benefit, job satisfaction of staff members increases when they view themselves as important members of the health care team.

**Medical record documentation**—At the time of vaccine administration, the following information should be recorded in the patient's permanent medical record: the date the vaccine was administered; the name of the person administering the vaccine; the vaccine name, lot or serial number, expiration date, and manufacturer; and the site and route of vaccine administration. Use of peel-off vaccine labels facilitates this type of record keeping. Serologic test results and adverse events associated with vaccination should also be recorded in the patient's permanent medical record. A signed consent form maintained in the record is the best documentation that relevant information was provided to the client and that the client consented to the procedure. At the very least, a notation indicating that a discussion of vaccine risks and benefits took place prior to vaccination should be included in the record. Suspected vaccine failures and adverse events should be recorded in a manner that will alert all staff members.

**Methods to emphasize the importance of regularly scheduled physical examinations**—The following methods may be used to convince clients of the importance of bringing their cats in for regularly scheduled physical examination:

- On the invoice, the cost of vaccinations should be separated from the cost of the office visit and physical examination, so clients can appreciate the value of all the services rendered. Each service should be invoiced appropriately. Clients will often be willing to pay for additional diagnostic testing, dental care, and other services if they haven't paid for unnecessary vaccines.
- Dual-copy physical examination forms can be used to increase the client's perception of the value of the examination (Appendix 6).
- Reminders should be sent to clients at least annually for adult cats and semiannually for older cats (Appendix 5).
- Having a technician administer vaccines (when allowed by law) at the completion of the physical examination emphasizes the primary importance of the examination and consultation.

## Recommendations And Future Considerations

To provide the best possible vaccination advice to clients, veterinarians should have an understanding of the epidemiology of the disease in question and the impact vaccination has on disease prevalence and severity. Regrettably, objective information on the impact of methods to reduce infection rate and disease severity is usually unavailable. The panel encourages the collection of objective information on the epidemiology of infectious diseases in cats as well as on the efficacy of various prevention strategies.

Information on vaccine labels should be standardized to allow more accurate comparison of different products. Efficacy testing protocols should be standardized, and vaccine challenge exposure studies should include cats of various ages and more closely parallel natural exposure. In addition, safety testing protocols should be expanded, and results should be presented more clearly on vaccine labels.

Manufacturers should continue to develop and market monovalent vaccines. It is logical to have multiple vaccine antigens in a single product when the target population and duration of protection induced by the antigens is similar, the route of administration is identical, and the product's efficacy and safety is not compromised (eg, FHV-1 and FCV). However, as veterinarians formulate vaccination protocols specific to the needs of each cat, vaccines containing more than 1 antigen become less useful. Additionally, monovalent products facilitate staggering of vaccinations to encourage annual client visits. From the manufacturers' standpoint, gaining USDA approval of monovalent vaccines is simpler and less expensive.

The duration of immunity induced by most feline vaccines is not known. Adjustments in human vaccination protocols, including revaccination intervals, are determined in part by evaluation of disease incidence data collected by the Centers for Disease Control and Prevention. However, with the exception of rabies, there is no requirement that feline infectious diseases be reported to any agency, so it is unlikely that optimal revaccination intervals in cats will ever be determined in a similar manner. The duration of protection induced by feline vaccines must therefore be determined by other means. The panel encourages investigation of the actual duration of immunity induced by feline vaccines and provision of that information on vaccine labels.

Administration of rabies virus vaccines to cats is subject to inconsistent state and local statutes. In some cases, the requirements fail to consider the duration of protection such vaccines induce; annual administration of rabies virus vaccines approved for triennial administration is required in many locales. Veterinary organizations should continue to work with state and local governing bodies to ensure that rabies virus vaccine regulations are consistent with the known duration of immunity of available vaccines.