

Feline parvovirus guidance

CAT PROTECTION



Feline parvovirus (FPV), also known as panleukopenia, is a highly contagious and potentially devastating disease in shelter environments. It can cause rapid outbreaks with high mortality, particularly among kittens.

FPV presents a significant challenge in shelters because:

- it is very persistent in the environment, and can survive for up to one year
- it primarily affects kittens and unvaccinated cats
- it can spread rapidly via fomites in a high-density cat population

Cat care information

Clinical signs

The incubation period of parvovirus is up to 14 days, and the virus is shed primarily in faeces. The onset of clinical signs can be very rapid, and in kittens, sudden death may be the first or only sign. FPV should be suspected with any of the following clinical signs:

- sudden kitten death
- severe vomiting, diarrhoea or anorexia
- kittens generally appearing unwell, hunched up and lethargic

Initial steps

If FPV is suspected, we should exercise caution; it is safer to assume FPV is present and initiate control measures immediately rather than wait for confirmatory results

The following actions should be carried out immediately:

- arrange an urgent vet check for the suspected case, informing the vets that parvovirus is a possibility and requesting a point-of-care parvovirus test (see below)
- in case of death or euthanasia: arrange for post-mortem intestinal samples to be taken by your vet
- inform your Community Regional Vet (CRVS), RCOM or BDM, and Cat Welfare Advisor (CWA) as soon as possible
- move any in-contact cats to isolation, or institute barrier nursing in situ if this is not possible. Continue this until advised otherwise by your CRVS. In-contact cats include any related cats (queen or littermates) or unrelated cats from the same household
- cease movement of cats within the centre or branch and discuss pausing admissions and rehoming with your CRVS, RCOM or BDM, and CWA
- fully vaccinated cats already reserved may be rehomed on a case-by-case basis, following discussion with the CRVS

Biosecurity and outbreak management

Rigorous biosecurity is essential to prevent spread of FPV to other cats. Detailed information on cleaning and disinfection, PPE and isolation procedures are available in the Cleaning Guidelines on the Cat Information Hub. All locations (vet room, vans etc) and equipment infected cats may have come in to contact with should be cleaned according to these guidelines.

Details of outbreak management and auditing are available in discussion with your CRVS.

Alongside the initial steps described above, the following actions should be carried out with any confirmed parvovirus case (see below for case definition).

- Any recovering confirmed cases, or in-contact cats should be isolated for three weeks and should receive their primary vaccination course during this time.
- Pause homing and admissions for 14 days from the last confirmed or suspected case being removed from the general population, unless advised otherwise by your CRVS
- The centre or branch multi-pen site (MPS) should remain closed to the public until advised otherwise
- Assess whether in-contact cats have been taken into care elsewhere, at other Cats Protection sites or other shelters, – if so, contact the relevant parties
- Inform BSU, other relevant stakeholders and update website information as needed. Please speak with your operations team for wording

- If no additional cases occur within 14 days, rehoming and admissions can resume after discussion with your CRVS and BDM or RCOM

- If additional cases (horizontal transmission) occur within the centre, this would be classified as an outbreak. Please follow the Infectious Disease Management guidance provided by your CRVS, and the situation will be monitored and plan reviewed regularly with your veterinary and ops support team until such a time that the control measures can be lifted

- As above recovered cases or in-contacts should be isolated for three weeks. Confirmed case kittens should be bathed to mechanically remove any faeces from their coats, using a cat-safe shampoo on their back ends and paws (following label instructions). This should be done twice – once when they have had 3 days of normal faeces and once before removing them from isolation

- Cats who have recovered from FPV or in-contact cats should have this declared on their Medical Summary form

Cerebellar hypoplasia

Kittens infected with FPV in utero can develop cerebellar hypoplasia. The clinical signs typically include ataxia (a wobbly, wide based gait) and an intention tremor or head bobbing, particularly when feeding. These signs are typically seen after kittens become mobile and should be non-progressive. Kittens with signs of cerebellar hypoplasia should be assessed for severity. Kittens who are able to carry out normal behaviours, access resources and have a good quality of life can be rehomed, typically to an indoor home, however kittens who are severely impaired should be euthanised.

Veterinary information

Diagnostics

Only cats with clinical signs compatible with FPV should be tested; routine screening of healthy cats or those with mild diarrhoea is not recommended. A flowchart is available for additional guidance at the end of this document.

- Post-mortem sampling of the small intestine should be performed on any kitten found dead or euthanised with suspected FPV, submitting three small intestinal biopsy samples, plus a mesenteric lymph node, for urgent histopathology. An additional biopsy sample of small intestine should be submitted as fresh tissue (in saline) in case PCR is required.

- **Point-of-care (POC) testing.** The interpretation guidance here is for the IDEXX SNAP Parvo test only. Other POC tests will have different sensitivity and specificity and levels of vaccine interference. Please contact the veterinary team on veterinary@cats.org.uk to discuss if another POC test is used.

  - Useful as a rapid rule-in test

  - FPV must not be ruled out based on a negative result, false negatives are possible

  - Although not licensed for cats, evidence supports the usefulness of this test in feline cases. A positive POC test in a kitten with compatible clinical signs is highly likely to be a true case.

- **Additional testing:**
  - Faecal PCRs should be submitted to the external laboratory for confirmatory testing after a negative POC test
  - Haematology showing panleukopenia can support a diagnosis
  - Serological testing is not recommended
  - Testing of additional suspected cases should be discussed with your community regional veterinary surgeon.

Recent vaccination may complicate result interpretation:

- Vaccination is **unlikely** to cause false-positive POC tests
- Up to 20% of cats may have a positive faecal PCR following vaccination, typically with a lower viral load than clinical infection

Results should always be interpreted in conjunction with clinical signs and exposure risk.

A **confirmed case** can be defined, in discussion with your CRVS, as:

- A positive POC test OR
- A positive faecal PCR* OR
- Characteristic findings on histopathology

*consider recent vaccination when interpreting these results

Vaccination

Vaccination is central to FPV prevention, and Cats Protection vaccination procedures reflect current shelter- medicine evidence.

- All pregnant cats entering a centre or multi-pen site should be vaccinated prior to, or as soon as possible after, intake
- Early vaccination of kittens (from four weeks) may be implemented in high-risk situations (for example, high stocking density or known local disease prevalence), following discussion with the CRVS
- All cats entering a shelter should be vaccinated as soon as possible, including those that are mildly unwell or receiving medication including corticosteroids



With a confirmed FPV case:

- All kittens > four weeks old should be vaccinated immediately with a modified live **RCP vaccine (not FeLV)** once a case is confirmed. This vaccine should be repeated every two weeks if there are ongoing cases, until the kittens are old enough to start their primary vaccine course. An additional vaccine should be given at 16 and 20 weeks if kittens are still in care
- Vaccination of younger kittens may be considered in consultation with the CRVS
- Any remaining unvaccinated cats in the centre should be vaccinated without delay

Treatment of clinical cases

Appropriate supportive treatment should be carried out, however any cats failing to respond to treatment or with a poor prognosis should be euthanised, and post-mortem samples submitted if appropriate. When treating kittens with parvovirus, it is important to consider that kittens may require higher drug doses based on body surface area and, as paediatric patients are prone to dehydration and hypoglycaemia, are likely to need higher fluid rates and nutritional support. Consideration of the impact of any proposed treatment or isolation period on the kitten is also essential; kittens should be assessed for their level of sociability and euthanasia should be considered in cases where the proposed treatment is unlikely to be well tolerated. Please contact your CRVS for support with treatment of individual cases if needed. Treatment with canine parvovirus monoclonal antibody, plasma transfusion or anti-viral medications is outside the scope of service.

For veterinary support please contact: veterinary@cats.org.uk

For behaviour support please contact: behaviour@cats.org.uk

FPV actions checklist

Immediate steps:

- [ ] Organise urgent vet check or post-mortem intestinal sampling
- [ ] Inform CRVS, BDM/RCOM and CWA
- [ ] Move cases and in-contact cats to isolation
- [ ] Cease movements of cats in centre or MPS
- [ ] Pause homing and admissions
- [ ] Share update with all employees and volunteers
- [ ] Follow FPV specific cleaning guidelines
- [ ] Ensure vans and other equipment are cleaned according to guidance

Testing:

- [ ] POC test
- [ ] Faecal PCR
- [ ] Post-mortem

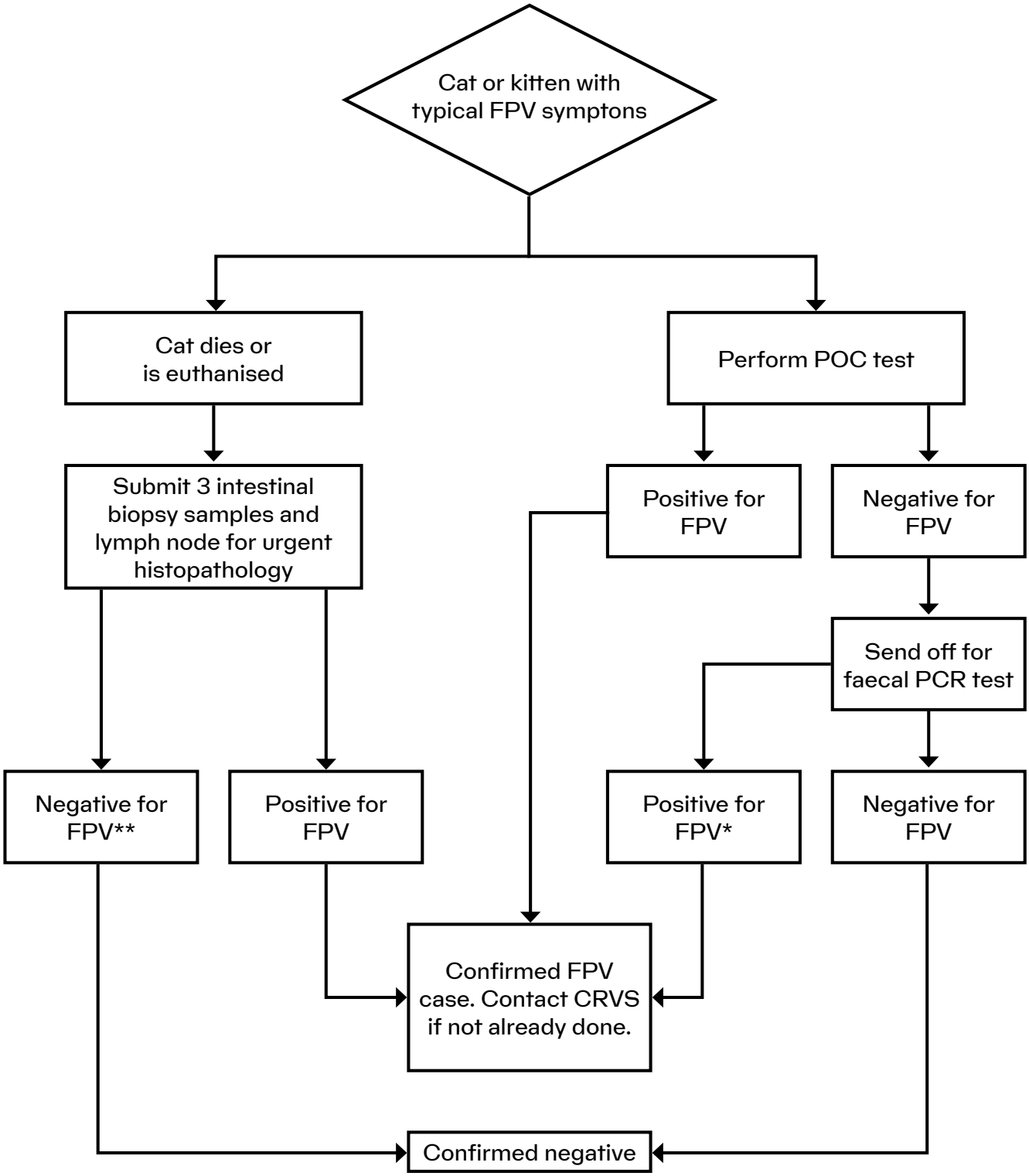
Vaccination:

- [ ] All kittens > four weeks (younger if appropriate)
- [ ] Any unvaccinated cats

Other:

- [ ] Inform other sites if in-contact cats are in care elsewhere
- [ ] Inform BSU and other stakeholders
- [ ] Initiate communications plan
- [ ] Plan regular reviews with ops and veterinary support team
- [ ] Post outbreak review

Feline parvovirus flowchart



*consider recent vaccination when interpreting

**if equivocal results, please consider PCR in discussion with CRVS

References

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