1. Followed with appropriate supportive therapy. Initial antidote of epinephrine is recommended and should be administered as soon as possible following an anaphylactic reaction. As with many vaccines, anaphylaxis may occur after use.

2. Contains gentamicin as preservative. Burn containers and all unused contents. Use entire contents when first opened. Do not freeze. Store at 2°–7°C. Prolonged exposure to higher temperatures may cause inactivation of the vaccine.

3. This product has been shown to be efficacious in healthy animals. A protective immune response may not be elicited if animals are infected with an infectious disease, are malnourished or anemic, are stressed due to shipment or environmental conditions, are otherwise compromised, or the vaccine is not administered in accordance with label directions.

Additional Info: Colors: C. T eachout C. Andrews

FIP (IN)®

**PRODUCT DESCRIPTION:** Felocell FIP (IN) is for intranasal (IN) vaccination of healthy cats 16 weeks of age or older as an aid in preventing feline infectious peritonitis caused by feline infectious peritonitis virus (FIPV). Felocell FIP (IN) contains an attenuated, temperature-sensitive (TS) strain of FIP virus propagated on an established feline cell line. The vaccine is freeze-dried to preserve stability. Cats vaccinated IN with Felocell FIP (IN) develop a protective immune response and do not become hyperimmunized. This practical benefit may be attributed to the temperature-sensitive Felocell FIP (IN) vaccine strain, which replicates in the upper respiratory tract, but does not spread systemically at 39°C, the cat’s body temperature.

**Feline Infectious Peritonitis Vaccine**

**SAFETY AND Efficacy:** Comprehensive tests were conducted to demonstrate the safety of Felocell FIP (IN). In these tests, Felocell FIP (IN) did not cause illness in cats when administered intranasally. It did not cause illness in cats infected with feline leukemia, in cats exposed to feline enteric coronavirus, in dosed methotrexate-immunosuppressed cats, in nonvaccinated cats that survived FIPV challenge, or in kittens.

**Disease Description:** FIP is a complex disease of cats caused by FIPV, a coronavirus related to transmissible gastroenteritis virus (TGEV) of pigs, enteric coronavirus of dogs, and respiratory coronavirus of humans. Although scientists do not completely understand its pathogenesis, they believe that FIPV is an immune-mediated disease. FIPV first multiplies in epithelial cells of the upper respiratory tract and intestine. Clinically apparent FIP occurs after the virus crosses the mucosal barrier and spreads to other sites. Secondary FIP may develop following primary infection with FIPV. Both forms may appear together.

**Additional Info:** Colors: feline leukemia virus, feline rhinotracheitis virus, feline calicivirus, feline panleukopenia virus, and Chlamydia psittaci. Conversely, none of these vaccine antigens interfered with the immunogenicity of Felocell FIP (IN).


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DISEASE DESCRIPTION: FIP is a complex disease of cats caused by FIPV, a coronavirus related to transmissible gastroenteritis virus (TGEV) of pigs, enteric coronavirus of dogs, and respiratory corona-virus of horses.1 Although scientists do not completely understand its pathogenesis, they believe that FIP is an immune-mediated disease. FIPV first multiplies in epithelial cells of the upper respiratory tract and intestine.2 Clinically apparent FIP occurs after the virus crosses the mucosal barrier and spreads throughout the cat in infected macrophages and monocytes.3 Primary FIP may be mild, consisting of fever and a slight lymphocytosis, or it may progress to severe clinical disease with circulating FIPV antigen and a severe inflammatory response. Secondary FIP may develop following primary infection and appears in 2 forms: (1) Effusive or wet form, characterized by pleuritis and pleural effusion, and (2) Noneffusive or dry form, characterized by granulomatous inflammation of various organs and little or no exudate.4 Both forms may appear together. Once clinical symptoms occur, FIP usually takes a fatal course. The most commonly diagnosed clinical manifestation is accumulation of fluid within the peritoneal cavity with fibrinous, painless enlargement of the abdomen. Infected animals also may experience difficulty breathing, have an elevated temperature, appear dehydrated, and lose weight. Other clinical symptoms, such as ocular involvement, diarrhea, and respiratory distress, are observed occasionally. Viremia obtained from body cavities by paracentesis appears pale yellow or golden in color and is relatively clear. Hemaglutination of cats with FIP typically indicates a stress response. There may be a mild to moderate anemia and leukocytosis attributed to an increased percentage of neutrophils. FIP most frequently occurs in young cats between the ages of 6 months and 2 years of age. Incidence of disease is also higher in older cats, between 11 and 15 years of age.

SAFETY AND EFFICACY: Comprehensive tests were conducted to demonstrate the safety and efficacy of Felocell FIP (IN). In these tests, Felocell FIP (IN) did not cause illness in cats when administered intranasally. It did not cause FIPV infection in healthy cats. Felocell FIP (IN) did not interfere with the development of an antibody response to any of the following feline vaccine antigens: feline leukemia virus, feline rhinotracheitis virus, feline calici virus, feline panleukopenia virus, and Chlamydia psittaci. Conversely, none of these vaccine antigens interfered with the immunogenicity of Felocell FIP (IN). Efficacy of Felocell FIP (IN) also was demonstrated in a series of tests. In the first of 2 immunogenicity studies, 20 seronegative cats were vaccinated with a 2-dose primary regimen (given 3 weeks apart). All vaccinated cats developed FIPV antibodies, and 17 of the 20 (85%) survived an FIPV challenge that caused FIP in 12 of 12 (100%) nonvaccinated controls. Ten of the 12 controls died. Instead of the 17 (94%) vaccinated cats that survived the first challenge a second challenge, which caused FIP in 4 of 6 nonvaccinated controls. In the second immunogenicity study, 20 of 20 seronegative cats developed FIPV antibodies following primary vaccination with 2 doses given 3 weeks apart. Fifteen of 20 (75%) vaccinated cats were protected against a challenge of immunity in which 7 of 10 (70%) nonvaccinated control cats died of FIP. All but 1 of the surviving vaccinated cats from the first challenge survived a second challenge, which killed 6 of 8 nonvaccinated controls.

In addition to protecting against homologous challenge, Felocell FIP (IN) also protected cats against a heterologous challenge strain (WSU-1146). Clinical FIP symptoms of vaccinated cats were significantly lower (P<0.05) than symptoms of control cats following WSU-1146 challenge. Eight of 10 (80%) vaccinated cats survived a challenge of immunity with the WSU-1146 strain of FIP in which 3 of 5 (60%) nonvaccinated controls died of FIP.

DIRECTIONS: 1. General Directions: Vaccination of healthy cats is recom- mended. Administer Felocell FIP (IN) with a dose of 2 ml by intranasal administration. Use dropper to inculcate entire volume into nasal passages (1/2 volume into each nasal passage). Cats may sneeze or shake their heads at the time of administration.

2. Primary Vaccination: Healthy cats 16 weeks of age or older should receive 2 ml doses administered 3–4 weeks apart. 3. Revaccination: Annual revaccination with a single dose is recommended.