Interferon in FCGS

A number of veterinary surgeons report using Interferon and some studies are now appearing to indicate that it exceeds the potential of other treatments for this condition.

A consensus statement by a group of European specialists in late 2010 indicated feline recombinant interferon omega is most effectively used in the group of cats which are FCV positive and are long term non-responders to extraction. A study will be published in the Journal of Feline |Medicine and Surgery in late 2011 which indicates oral administration appears to be the best mode of use.

Hennet P, Camy G, Privat V, McGahie D. Comparative efficacy of a feline recombinant interferon omega in refractory cases of calici positive cats with caudal stomatitis: a randomised, multicentric controlled double blind study of 39 cats. J Feline Med Surg accepted for publication 2011

Our own studies over three years indicate that , not only is interferon very helpful in reducing inflammation and improving comfort levels, it also allows practices to drop other treatments likely to have significant side-effects. Our protocol is described below.

Oral use: Interferon given per os is believed to work by initiating a cytokine cascade when it comes into contact with cells to provide an immunomodulatory effect over a long period of time. The cascade then has distant effects.

A 10MU vial is initially injected into a 100ml bag of sterile saline and ten fractions of 10ml created, which are then frozen. When frozen they have a reported shelf life of one year. The first 10ml fraction is used to give a dose of 1ml per os per cat per day resulting in a daily dose of 100,000 units of interferon. This fraction can be refrigerated normally and will have a shelf life of three weeks.

The owner continues to give 1ml per day until all the fractions are used. Ideally, treatment lasts for 100 days but longer may be required. After three months, the progress should be reassessed using our Stomatitis Disease Activity Index (SDAI) scoring system. Cats can be rechecked for calici virus carriage in the oropharynx at this time.

Initial intralesional use: The consensus statement (October 2010) by a group of European specialists indicated ***that intralesional treatment is not probably necessary to initiate therapy.***

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In some very sever cases an initial treatment total dose of 5 MU injected locally into multiple sites at the junction between healthy gum and a diseased tissue can provide an initial boost to a treatment course. Using a 10MU vial, enough saline or sterile water is drawn into the syringe to provide a reasonable volume for use - normally 1-2ml depending on area to be injected. The contents are administered in fractions of 0.1 - 0.2ml over the areas inflamed. For severe cases we make 5 injections in each side of 0.2ml each. In less severe cases we concentrate higher volumes into a smaller area.

Monitoring the cat's weight, along with a number of other indices as per our standard evaluation forms (SDAI), is a useful objective way of assessing response to treatment. We can supply you with an initial assessment form and one for ongoing evaluation.

Note that feline interferon omega should always be stored in the fridge and will remain viable once reconstituted for up to 21 days at 4°C. when used for low dose oral administration – not for injection.

Norman Johnston BVM&S FAVD DipAVDC DipEVDC MRCVS
DentalVets
North Berwick, UK.

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