I think a Perersen article (I have and can email to any one interested in additional (but technical) information on this topic) offers the most detailed and comprehensive up to date overview of FIP. In short....

FIP virus (FIPV) is caused by the mutated form of a feline enteric coronavirus (FECV). The development of the virulent and fatal form of FIPV from FECV is dependent on each individual cat and their immune response as mitigated by their genetics and environment.

Latest research indicates that transmission of FIPV itself is largely cell-bound via infected tissues. However, the spread of FECV is through faecal to oral transmission. So if you have cleaned and disinfected the environment, do not have old faecal matter lying around (found an article suggesting that FECV persists in dried faeces for 3-7 weeks), do not have other cats shedding FECV in the household, do not have viable FIPV infected tissue lurking around.....research suggests that it is quite safe to get another kitten (from reliable breeding stock). An overview of FIP (Feline Infectious peritonitis)

How is it contracted: A cat can catch FECV by sharing an infected littertray with another cat that has FECV. But that cat **may or may not** go on to develop the fatal form of FIP after being infected with FECV.....that outcome is multi-factorial dependent on the type of FECV contracted, the cat's individual genetics (which influences immune responses) and the environment (how stressed the cat is, is it being exposed to other infectious diseases) etc.

As FIPV is highly correlated with cats shedding high levels of FECV, multi-cat households, catteries/shelters with large numbers of kittens tend to be more at risk. This is a disease that is associated with younger cats (3-16 months) as they develop their immunity and tend not to afflict cats older than 5 years old. Advice in the article as suggested from the point of view of breeding is to:

1. Eliminate overcrowding (maintaining no more than current 6 breeding cats)2. Have a larger proportion of cats aged more than 3 years old, in the colony.
3. Manage the faecal-oral transmission of FECV by maintaining clean litter boxes. Litter dust can also contain high levels of the virus so frequent cleaning of the environment (clothing, bedding etc) is essential.
4. Selective breeding program with minimum number of litters, presumably to decrease overcrowding and infection. (there is also a section on isolation of queens pg246-247 of the Pedersen paper....but this was deemed rather impractical for most purposes)
5. Controlling genetics by not breeding from any Tom that produces kittens that eventually go on to have FIP.

Other things to consider would be to minimize other diseases such as FELV, 'cat flu' (herpes, chlamydophilia, calicivirus) mycoplasma, ringworm etc other infectious diseases or stressors in life as all of these would create added strain on the kittens' immune systems and tip them in the direction of developing FIP from FECV.

The below website is quite concise (i.e. less epic than the 34 page Pedersen paper) with its information.... you might be interested: http://www.melbourne-petminders.com.au/feline_infectious_peritonitis.htm