

**H3N2 Conference in association with
The Canine Ranch,
Cobb and Cherokee Emergency Veterinary Clinics
and
Ball Ground Animal Hospital**

Dogs are normally isolated in their family unit. They do not have exposure to lots of viruses every day. This is called exposure to "street viruses" and it builds overall immunity to many infectious agents. It's like the nursery school teacher that never gets sick while those around have colds all year. She is constantly contracting the street viruses from the children and has great immunity overall.

Our pets have reduced "street" exposure and are very vulnerable to the respiratory pathogens of Canine Infectious Respiratory Disease (CIRD) aka "Kennel Cough." Anywhere a group of dogs is held in close quarters, the potential to share pathogens is there. Dogs carry these germs without showing clinical symptoms, so most cases are discovered too late to find alternate boarding solutions...

Vaccines for respiratory diseases are very important, but only cover a few of the KNOWN pathogens.

Distemper and Parainfluenza viruses (DHPP) are absolutely necessary. Bordetella is a bacteria that can both cause respiratory disease and is the secondary invader causing pneumonia. So called "kennel cough" vaccine has Bordetella in it and is ABSOLUTELY helpful.

The Influenza vaccines may help with the H3N8 flu but do not seem to help with the current H3N2 strain.

Points to consider in strategic planning...

Always try to leave the same dog in the same kennel for the length of the stay. This reduces the labor of totally disinfecting the kennel daily.

Be careful of sprayed and strong cleaners/disinfectants/deodorizers and insecticides. Chemicals that are irritating to the respiratory tract cause irritation and make dogs more susceptible to respiratory infections. Most CIRDC (Kennel Cough) infections are begun by a virus. Secondary bacterial invasion causes a much more severe disease or pneumonia.

This virus is easily killed, so some of the stronger products available may be overkill, and unnecessary. We recommend having several layers of products: 1 for daily cleaning, 1 for cleaning after a dog checks out, and bleach or a stronger product bi-monthly (please ask if you would like to know which products others recommend - happy to share our best picks).

The key to control is to minimize sharing

Wash EVERYTHING thoroughly using hot water (bowls, towels, leashes, etc.).

When a leash touches a dog, the next step is to drop that leash in the wash room, laundry bin, etc. and pick up a new leash...no sharing of leashes, including "staff leashes".

Wash hands or sanitize multiple times daily if no illness, but if illness present - wash wash wash repeatedly all day long...best case scenario is to wash hands after touching ANY dog...

Change the air as often as possible. Be sure the aerosolized viruses are flushed out of the facility as much as possible...consider opening the windows and exhausting the facility early AM before heat and humidity become oppressive.

Consider modifying your HVAC system to improve air exchange.

Change filters more frequently than recommended (by manufacturer) and even more frequently during an outbreak.

Research has shown that while washing clothes reduces the infectious agents, the magic "germ" killer is to DRY them thoroughly with heat.

Foot baths can reduce tracking the germs from one area to another (use Chlorhexadine or quaternary agent).

Bleach is difficult to use because it ruins your clothes, and is not effective after 24 hours of being diluted in water...also loses its function if there is debris in the foot bath...Quaternary disinfectants are a better choice.

Wash dishes in hot, hot water and be sure they are thoroughly clean. Do not let dirty dishes sit near clean dishes. Follow one bowl through your morning feedings and see if you spot a "leak" in your practice where that bowl touches any other bowl after the dog eats, but before it arrives in the sink...

Keep a bottle of spray disinfectant solution available many places throughout hospital, grooming, boarding, etc. If it's handy, it will be used more readily than if staff have to go find it.

During an outbreak time, ask staff to change clothes before leaving facility. Wash and dry clothes on site, or bag them and take home to wash. Try to reduce exposure to and from home pets. Remember, this virus can live on clothes and shoes for up to 24 hours (see Tours note below).

Set up a protocol that works for your facility to handle...

- Coughing dogs

- Diarrhea dogs (should be similar to coughing dog protocol)

- Old, young or fragile dogs

- Owners that will be completely unavailable

- Reducing or restricting tours

- Lysol public places multiple times per day

In an outbreak...

Set up a quarantine area as far from incoming traffic as possible (stop the people from spreading it).

Create a "bubble" around the area with a physical barrier (close the room) or a space barrier (leave kennel on each side and back empty). The bubble area becomes "locked down".

Change your air filters.

Vent the area as much as possible.

It is probably advisable that the pets in the adjacent rooms and playmates in the same area stay in same area so that if they are already exposed you don't continue to widen "the bubble".

When a lock down (or bubble) is in place, No new pets into lock down area until all dismissed (may be a corner, building, line of runs, etc - it depends on layout of facility).

All personnel in and out must wear a jacket or cover while handling pet (this is washed separately).

Foot bath using Chlorhexadine or quaternary agent.

Dishes and bowls stay with the pet.

Pet leash walked individually in private area (last dog let out each day, no play sessions in group area).

Stool disposed of in plastic bag separately.

Hands washed when leaving bubble zone--EVERY time.