



Canine Influenza Update

By Pam Foster

Canine Influenza Virus (CIV) – in particular, the H3N2 strain that made national news during the 2015 Chicago outbreak – is making big news again. The

The CIV News DSRs Should be Discussing with Veterinary Practices Now

AVMA reported that, “In May 2017, canine H3N2 influenza was diagnosed in dogs in Florida, Georgia, North Carolina, South Carolina, Texas, Kentucky, Tennessee, Missouri, Louisiana, and Illinois.”

As of June 30, 2017, CIV had infected, “More than 82 dogs in Florida, killing at least four of them, and had temporarily closed both a leading Orlando shelter and an unidentified boarding facility,” according to an *Orlando Sentinel* news report.

This is no longer an isolated problem.

Do your clinics a big favor by discussing CIV during practice visits, right away.

The reason is, “Virtually all dogs exposed to CIV become infected, with approximately 80 percent developing clinical signs of disease,” as noted by the AVMA ... and, “The approximately 20 percent of infected dogs that do not exhibit clinical signs of disease can still shed the virus and spread the infection.”

There are several steps practices can take to protect their patients, and you can help make sure they’re doing just that.

Protecting patients

Eileen Ball, DVM, MPH, DACVPM, Veterinary Medical Lead, U.S. Companion Animal Veterinary Specialty Operations for Zoetis, provided *Vet-Advantage* with a canine influenza update along with several tips you can discuss during your sales calls.

***Vet Advantage:* What's the latest canine flu status that practices need to know?**

Dr. Ball: "It is critically important for practices to be aware that CIV is an ongoing and real threat for almost all dogs in the United States. The most recent U.S. outbreak is thought to have started at a dog show in Florida this May and has subsequently spread to at least 10 states. Precise information on the overall number of dogs involved in this outbreak isn't

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available. It is known that there were at least 45 dogs with positive diagnostic test results for CIV H3N2 in Florida alone.

While CIV H3N8 hasn't received much attention since the initial CIV H3N2 outbreaks, it is important to note that CIV H3N8 infections continue to be diagnosed. With this in mind, practices should consider several important points regarding CIV vaccination at both the practice and the patient levels.

- **First, a high number of dogs travel within the U.S. each day, crossing state lines.** For this reason, both practices and pet owners need to be aware that a 'wait-and-see approach' isn't a reasonable option.
- **Second, CIV is a threat to almost all dogs because there is little to no underlying immunity in the U.S. canine population.** This means that when the virus is introduced into a group of dogs, it will infect most of them, cause disease and potentially allow the virus to spread to other dogs.

- **Third, in addition to helping protect individual dogs from infection, vaccination can also help protect the population.** This is due to 'herd immunity,' which is based on the concept that when a high enough percentage of dogs in a population have protective immunity in place from the vaccines they've received, the virus will no longer be able to spread like a wildfire.

The vaccines that are currently available to help prevent CIV infection in dogs are killed virus vaccines that need to be given in a series of two injections, 2-6 weeks apart. This means it will likely take a minimum of one month for dogs to develop an optimal immune response.

When CIV has already entered an area, there isn't enough time to get a sufficient number of dogs adequately vaccinated in order to prevent the spread of the virus.

***Vet Advantage:* What's the best source of information on incidence rates?**

Dr. Ball: "Since 2015, when CIV H3N2 was initially detected in the United States, tremendous strides have been made in terms of collaborating between multiple

diagnostic labs across the country to share incidence data.

The information each lab provides is periodically compiled and released via the Cornell University website: Canine Influenza Virus Surveillance Network. While this information is a wonderful resource, it is important to recognize that respiratory diagnostics are often underutilized; therefore, the actual number of infections may actually be quite a bit higher.

The bottom line is that it isn't possible to know where CIV will appear next. For this reason, as well as the fact that CIV outbreaks continue to occur, the topic of vaccine prevention should be considered for all dogs.

***Vet Advantage:* Why do you feel clinics aren't making prevention, screening and management more of a priority?**

Dr. Ball: This is likely multifactorial.

- Veterinarians frequently consider the pros and cons of vaccination and many vaccines are necessary to help protect their canine patients. Over-vaccination is a frequently voiced concern.



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- Along these lines, many veterinarians haven't seen CIV firsthand, and it is difficult to fully appreciate the devastation and havoc that an outbreak can cause if it hasn't been experienced.
- While CIV is a new pathogen, infectious respiratory disease in dogs isn't. Over the years, many cases have been effectively managed with empirical treatment.
- In companion animals practice, as opposed to other areas of practice such as production medicine, there could be less awareness that when there is good underlying immunity to a specific pathogen in a population, outbreaks involving that pathogen are less likely to occur."

Vet Advantage: How can Distributor Sales Reps help clinics stop the spread?

Dr. Ball: They can ensure that all customers fully understand the unique aspects of CIV and encourage that dogs be vaccinated to help protect them from infection with both known strains of CIV right away.

Dogs can't be successfully vaccinated in the middle of an outbreak with the products that are currently available due to the two-injection requirement. Waiting to vaccinate

until CIV comes to your neighborhood is the antithesis of preventive medicine.

Vet Advantage: Any other tips or insights on this subject?

Dr. Ball: In addition to CIV being a risk to your canine patients, it is a risk to your practice. The hospital's reputation can be at stake; for example: boarding may be closed from days to weeks, and even in clinics that don't offer boarding, revenue losses are a real risk.

Contamination could mean closing your hospital to uninfected pets or entirely, extensive cleansing, telling healthy patients not to come in, case overload, overtime hours, and staff burnout.

Armed with this information and CIV-related products in your catalog, you can help make a difference to all the practices and pets in your area.

Also remind practice teams that CIV, "May be viable on hands and clothing for up to 24 hours after coming into contact with an infected patient," as mentioned in the AVMA Canine Influenza Virus Backgrounder – a great resource for practice education. Luckily, the AVMA also mentions that, "The virus appears to be easily killed by disinfectants" and offers a protocol for the staff to follow.

We encourage you to bring up these facts and resources

