

Dog Flu

News from the Illinois Department of Agriculture

A newly emerging respiratory pathogen in dogs has been identified as a virus belonging to the influenza A family. These viruses can infect humans, domestic animals, (pigs, horses, chickens, ducks), and some wild birds. The University of Florida College of Veterinary Medicine has isolated and identified H3N8 influenza virus as the cause of a serious respiratory disease in dogs in shelters, humane societies, boarding facilities and veterinary hospitals in Florida. Cases have been predominantly in Dade, Palm Beach and Duval counties. Racing greyhounds in Florida have also been affected. There are confirmed cases in New York State. This particular strain is not known to affect humans or poultry and appears to be a mutated form of the equine influenza virus.

Influenza viruses are defined by membrane proteins that are distinguished by their genetic structures. These proteins are referred to as H and N. The H protein has 15 genetic subtypes and the N protein has 9 genetic subtypes. Very few of the subtypes have consistently circulated among people, (predominantly H1N1, H1N2, H2N2, H3N2), or domestic animals. Virtually all of the possible influenza subtypes exist among wild waterfowl. In birds the virus lives and is shed predominantly through fecal contamination. It is highly contagious among birds; waterfowl are usually asymptomatic but it can be deadly to domesticated birds, such as chickens. Reassortment of the virus commonly occurs when 2 different subtypes are present in the same animal. Influenza virus has the ability to change its molecular antigenic structure making previously immune animals susceptible.

This disease in dogs can mimic the kennel cough syndrome caused by *Bordetella bronchieptical/parainfluenza virus* complex. Since it is a newly emerging disease virtually 100% of exposed dogs will become infected. Dogs may remain asymptomatic, exhibit mild illness, or present with severe pneumonia. Approximately 20% of the dogs will be asymptomatic. The remaining 80% will develop clinical illness with the majority showing a mild syndrome that presents as a cough with or without a low grade fever. The cough does not respond to antibiotics or cough suppressants and generally lasts 10 to 21 days. The cough may be soft and moist or dry. A purulent nasal discharge may develop which is generally caused by secondary bacterial infection and is responsive to antibiotics. This presentation is difficult to differentiate from kennel cough syndrome. Standard treatments for upper respiratory infections should be instituted regardless of the cause.

The severe pneumonic syndrome presents as clinical pneumonia with high fevers (104 - 106), increased respiratory rate and difficulty breathing. Thoracic radiographs show generalized pneumonia with consolidation of the lung lobes. These dogs should be treated symptomatically with broad-spectrum antibiotics for secondary bacterial infections, hydration therapy, and other supportive care as needed. Mortality in these dogs is 1 - 5%.

No vaccine for canine influenza is currently available. The use of flu vaccines approved for other species is not recommended because of the potential for adverse and possibly fatal reactions.

Influenza virus is transmitted by aerosolized respiratory secretions, contaminated inanimate objects (food bowls, dog crates), and people moving from infected dogs to uninfected dogs. The virus is easily killed with any disinfectant that will kill parvovirus. The incubation period is 2 - 5 days and dogs can shed the virus for up to 10 days after the onset of symptoms. All dogs with symptoms of kennel cough or pneumonia should be isolated from other dogs for a minimum of 10 days after onset of symptoms to prevent spread.

There is no rapid test for canine influenza virus. Serology is available but antibodies do not develop until 7 or more days after the onset of symptoms. Convalescent samples 2 or more weeks after the onset of symptoms aid in the diagnosis. Positive serology testing only indicates that the dog was infected sometime previously, however a positive test gives veterinarians an indication that the influenza virus is in their community, so precautions can be taken with dogs presenting with "kennel cough". Early detection of virus in your community is important so that preventive measures may be instituted by careful handling of dogs with upper respiratory disease. Serum samples can be submitted to Cornell University Diagnostic Laboratory for testing for canine influenza virus. The cost is \$20.00 per test and further information and submission forms may be found at:

<http://www.diaglab.vet.cornell.edu/news.asp>

Although canine influenza is not reportable in Illinois, the Illinois Department of Agriculture appreciates the voluntary reporting of **laboratory confirmed** cases of canine influenza in the state. This information will be shared with veterinary professionals in Illinois to alert them to the presence of the virus in the state. To-date there are no known reported cases of canine influenza in Illinois. Please contact the office of the State Veterinarian at 217-782-4944 to

report cases. THE information requested includes the name of the veterinarian or clinic, city, county, the number of dogs affected, date of testing and test results.



Convention Hotel Rooms

Several members have contacted the Crowne Plaza Springfield (217) 529-7777 to make room reservations for the ISVMA Convention and were informed that there were only smoking rooms available. If you received that information, it is incorrect. If you wish to change your reservation to a non-smoking room or if you are told when making your reservation that there are no non-smoking rooms available, please call the ISVMA at (217) 523-8387 for assistance. We will work through the hotel to ensure that you get your desired accommodations.

The hotel is experiencing computer problems with central reservations and the room block is not updating properly. We were assured by the hotel yesterday that **there are plenty of non-smoking rooms available.**

DEADLINE REMINDER:

Remember that the ISVMA Block Discount rate expires on October 13, 2005. Make sure to contact the Crowne Plaza prior to that date to make your room reservations. Call (217) 529-7777 and as for reservations and require the ISVMA Block Discount.



Job Fair

Space is limited so reserve your table early!

The Job Fair (Linking Employees and Employers at the ISVMA Convention) has expanded this year! The Job Fair will now be open throughout convention.

The Job Fair allows prospective employees at every level of veterinary care to visit your table and pass along a resume to you. Private interview space has been set up away from the crowd if you want to find out more about a candidate right onsite.

Get more details and reserve a table at the Job Fair by contacting dana@isvma.org.



AVMA Sets Up In-Hospital Donation Program

In response to requests from a number of AVMA members who want to do something in their practices to benefit animal victims of the hurricane, a simple in-hospital donation program has been created by AVMA on behalf of the AVMF. We have designed a voluntary donation program that is easily implemented by those veterinarians interested in giving their clients an opportunity to support the work of the AVMA Veterinary Medical Assistance Teams (VMATs) in hurricane stricken areas.

To view the donation materials, go to the following link:

http://www.avma.org/aa/hurricane/donation_kit.asp.

Here veterinarians can download a can-wrapper, poster, and several different size newspaper ads that encourage donations to the AVMF. In order to depict the images on the poster and can-wrapper in the best possible way, it might be helpful to print both of them on a color printer or have them printed in color at a local quick print shop. Any donations received by the AVMF as a result of this in-hospital program will be added to the AVMF's Animal **Disaster Relief and Response Fund**.



About the Photo in This Issue...

Tropicbirds, the smallest of the pelecaniformes belong to the family Phaethontidae which contains one genus, *Phaethon*, and three species. They derive their other common name, the "bosun bird", from their characteristic "t'weee-eee" call which is reminiscent of a boatswain's whistle. The Galapagos species, the red-billed tropicbird (*P. aethereus*) is also found in the tropical latitudes of the eastern Pacific, the Caribbean, and in the Indian Ocean. In Galapagos it is not uncommon to see them soaring along the cliffs where they make their nests, on islands such as South Plaza, Espanola, Genovesa, and N. Seymour.

Tropicbirds are striking birds, with a vivid, white body, black wing edges and eye stripe, red bill, and two long, streaming tail feathers. Like some of the other pelecaniformes, tropicbirds are plunge-divers, feeding on squid and fish, well out at sea. After a dive, they bob back up to the surface, sitting momentarily, with their two tail feathers cocked in an upright position.

When seen on the ocean, the Red-billed Tropicbird is typically flying very fast and is extraordinarily difficult to photograph. This bird was photographed on September 10, 2005 far off the coast of Los Angeles, CA. The boat was enduring 15-foot swells during the trip so I was very pleased with this picture.



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