Infectious Disease Protocol: Canine Kennel Cough (CIRDC)

Basic Disease Information:
- Also known as Canine URI, Infectious Tracheobronchitis or Canine Infectious Respiratory Disease Complex
- **ZOONOTIC** (Most common in immune-compromised people)
- Can be caused by several viral pathogens: Parainfluenza, Adenovirus, Coronavirus, Herpesvirus or Bacterial pathogens: Bordetella, Mycoplasma, or Streptococcus zooepidemicus
- Most common bacteria associated with kennel cough is **Bordetella** and is transmissible to cats
- **Highly contagious**
- Spread mainly through direct contact, aerosolized microdroplets and by fomites
- Inactivated by routine disinfection (oxidizing agents)
- **Incubation period:** 3 – 10 days
- **Post-Recovery Shedding Period:** Bordetella up to 3 months. Other viral agents <2wks
- **Carrier state:** Yes, for Bordetella
- We vaccinate all dogs on intake against Bordetella, Parainfluenza and Adenovirus 2 with a 3-way intranasal vaccine. Parainfluenza and Adeno-2 are also in our MLV core vaccine (DA2PP).

General Policy:
Treatment of CIRDC infected animals should only be undertaken in a shelter if sufficient facilities exist to isolate the patient such that the rest of the population is not put at risk, and staffing resources (time, skill level) are adequate to ensure humane and appropriate care. These animals must be examined by a Veterinarian and have their treatment plan prescribed by the Veterinarian.

If you see or suspect the following signs:
- Coughing and/or
- Green/yellow nasal discharge and/or
- Bilateral green or yellow ocular discharge with no other obvious cause

**NOTE:** The classical presentation of kennel cough is a bright, alert, otherwise healthy acting dog with a harsh, honking cough. Any dog with the above signs, also showing signs of systemic disease (ie. Fever, loss of appetite, dehydration, vomiting, depression) should be seen by a Vet immediately, as this could indicate a more serious disease, such as distemper.

Follow these next steps:
Begin and Maintain Documentation

Don Personal Protective Equipment

Isolate Case

Appropriate Signage

Report suspicion immediately to Branch Manager in person/by phone; Branch Manager to report to Regional and Shelter Health & Wellness by email, if necessary, according to the “Disease Reporting Protocol”

Euthanize

Veterinarian Consultation

Appropriate Cleaning Protocols

Treatment

Appropriate Animal Disposal & Removal

Appropriate Cleaning

Healthy Animal

Re-Enter General Animal Population
**Diagnosis:**
When to test: Any dog showing signs of disease should be immediately looked at by a Veterinarian

**Where Housed:**
- Isolate all positive cases in a separate room used only for this purpose (ie. Not in a bathroom)
- If no isolation room is available, isolate separately at a Vet Hospital
- Quarantine exposed dogs for 14 days after treatment begins
- If neither isolation nor quarantine are an option, the only other humane alternative is euthanasia.
- Work with a Veterinarian knowledgeable in shelter medicine to develop a plan for other dogs in the facility.

**How Cleaned:**
1. Don proper PPE for ANYONE coming in contact with a suspected animal or entering isolation - Gloves, gown, booties.
2. Continue with your Branch’s cleaning protocol as approved by the Department of Shelter Health & Wellness.
3. Staff must wear full PPE (Gloves, gown, booties) in any room identified as a quarantine room.
4. **Disinfect using** (whichever is your normal disinfecting agent):
   - Oxidizing Agents: Such as Accel, Peroxigard, Trifectant or Virkon,
5. Dishwashers should be used in place of mechanical scrubbing, when at all possible.
6. **ONE FULL CLEANING (cleaned, disinfected, dried) is required before reusing the kennel between animals.**

**As a reminder where staff is responsible for cleaning multiple housing units, the sequence they should be cleaned is: From clean to dirty,**

1. Adoptable kittens/puppies
2. Adoptable adult animals
3. Stray/Quarantine kittens/puppies
4. Stray/Quarantine adult animals
5. Isolation areas

**Which animals to treat:**
- Treatment of CIRDC infected animals should only be undertaken in a shelter if sufficient facilities exist to isolate the patient such that the rest of the population is not put at risk, and staffing resources (time, skill level) are adequate to ensure humane and appropriate care. These animals must be examined by a Veterinarian and have their treatment plan prescribed by the Veterinarian.
- Other options could include off-site veterinary clinic or transfer to another shelter with sufficient facilities.
• All animals should be treated, as long as they are a good adoption candidate and as long as there is appropriate isolation (separate room isolated from different species) and adequate resources to support treatment and housing.

Treatment:
• Treatment needs to be done under Veterinary Supervision.
• Re-vaccinate all exposed dogs in the shelter population that have not been vaccinated in the last 14 days. (Eg.- all exposed dogs would include all dogs housed in the same area as the dog being treated.)
• Supportive care (including broad spectrum antibiotics for secondary infections, mild cough suppressants and fluid therapy if necessary).

Monitoring:
• ACA is responsible for daily monitoring and proper documentation.
• The Branch Manager or Senior Animal Care member is responsible for scheduling veterinary rechecks.

Recovery/Treatment Failure:
• To be determined by the supervising veterinarian.

Adoption:
• Recovered dogs will be placed back up for adoption after being successfully isolated for 2 weeks.
• Exposed dogs will be up for adoption after being successfully quarantined for 2 weeks
• Continue vaccinating puppies following the normal vaccination schedule.

Documentation:
• All branches are required to provide pertinent information as per the Ontario SPCA Adoption Sharing and Caring Policy