

Canine Respiratory Infections in Animal Shelters

Overview

Contagious respiratory infections are the most common cause of illness in dogs in shelters. These infections represent a significant and frequent drain on shelter resources, including treatment costs, staff time, and staff morale. Holding dogs for treatment and recovery adds to the number of animal care days until adoption, which in turn impacts the holding capacity for the shelter and contributes to potential for crowding. Many shelters do not have adequate isolation areas to house dogs with contagious respiratory infections, so they are frequently kept in the general population, assuring the transmission and perpetuation of the pathogen so that it becomes an accepted “endemic” problem. In other words, respiratory infections are mostly accepted as a “fact of life” in shelters. However, some respiratory pathogens such as canine distemper virus and canine influenza virus, have resulted in temporary closure of numerous shelters and depopulation due to severity of disease or numbers of affected dogs. These situations not only impact animal health and welfare, but also attract unfavorable scrutiny by the media and community.

This document provides a basic overview of: 1) common canine respiratory pathogens in shelters, including emerging pathogens such as canine influenza viruses, canine respiratory coronavirus, canine pneumovirus, and *Streptococcus zooepidemicus*; 2) incubation times, clinical disease, duration of pathogen shedding, modes of transmission; 3) diagnosis; and 4) strategies for management and prevention in shelters.

CIRD

Canine infectious respiratory disease (CIRD) is complex because the same clinical syndrome commonly referred to as “kennel cough” can be caused by many different pathogens, including the following:

- Parainfluenza virus (CPiV)
- Adenovirus type 2 (CAV2)
- Distemper virus (CDV)
- Herpes virus (CHV)
- Influenza virus H3N8 (H3N8 CIV)
- Influenza virus H3N2 (H3N2 CIV)
- Respiratory coronavirus (CRCoV)
- Pneumovirus (CnPnV)
- *Bordetella bronchiseptica* bacteria (Bordetella)
- *Streptococcus zooepidemicus* bacteria (Strep zoo)
- *Mycoplasma cynos* bacteria (Mycoplasma)

While most of these pathogens can cause a primary infection, most dogs frequently have mixed viral and bacterial co-infections. Recent studies in the U.S. and Europe have provided evidence that **viral pathogens are the more common primary cause of respiratory infections in dogs in shelters and co-infections with multiple viruses occur frequently**. Viral replication damages the respiratory epithelium and mucociliary apparatus, providing opportunity for secondary infections by commensal bacteria, such as *Mycoplasma* spp, *Pasteurella multocida*, *Klebsiella pneumoniae*, *E. coli*, *Staphylococcus* spp, and *Streptococcus* spp. that exacerbate the severity and duration of disease. Conversely, primary infection by bacteria such as *Bordetella* or *Mycoplasma*, both of which destroy ciliated epithelial cells, can predispose to viral infections.

This is not an exhaustive list of respiratory pathogens. There are still plenty of respiratory disease outbreaks in shelters where the causative pathogen is never identified despite extensive diagnostic efforts. The emergence of H3N8 and H3N2 CIV, CRCoV, CnPnV, and *Strep zoo* as significant causes of CIRP illustrates the potential for discovery of new respiratory pathogens in the future.

Risk factors for CIRP

CIRP is also complex because the intricate interplay between host, pathogen, and husbandry factors determines risk for infection.

Host factors	Pathogen factors	Husbandry factors
Age (puppy vs. adult)	Virulence	Crowding
Immune status	Incubation period	Random co-mingling
Debilitation	Shedding period	Sanitation
Stress	Subclinical infection	Ventilation
	Carrier state (persistent infection)	Chronic moisture
	Transmission routes	Stress
	Incomplete protection by vaccines	Untrained staff
	No vaccines for new pathogens	Improper vaccination strategies

In general, puppies are more susceptible to infections than adult dogs because of their lack of protective immunity from maternally derived antibodies or from ineffective responses to vaccination. They typically enter shelters at an age when maternal immunity has waned to a level that does not protect against infection, but still interferes with responses to vaccination. Unvaccinated adult dogs are also at greater risk for infection. Housing of puppies with adult dogs increases the risk for respiratory infections in the puppies since some pathogens result in unapparent disease in adults, but the infected adults are contagious. Puppies and adults that are debilitated by poor nutritional status, parasitism, infections with other pathogens, and stress from entering the shelter environment are more at risk for acquiring respiratory infections.

Inherent properties of pathogens also affect the risk for infection. Virulence, length of incubation period, preclinical shedding, duration of shedding, routes of transmission, and persistence in the environment significantly influence infection risk. The ability to establish subclinical infection or persistent infection increases the infectious dose of the pathogen in the environment. Respiratory pathogens are notorious for spread by aerosol which increases the difficulty in stopping rapid transmission throughout the kennel. Available vaccines for most of the respiratory pathogens provide only partial protection in that the

vaccine-induced antibodies do not prevent infection, but do ameliorate the severity of clinical disease. In addition, there are no vaccines for some of the newly emerging pathogens such as CRCoV, CnPnV, H3N2 CIV, and *Strep zoo*.

Most husbandry issues stem from ineffective population management and random co-mingling of unrelated dogs, resulting in exceeding the housing capacity of the facility, crowding of numerous and sometimes incompatible dogs into each kennel, longer resident time in the shelter, and increased stress for the animals and staff. Crowding hampers effective cleaning and disinfection procedures, which increases the infectious dose of pathogens in the environment. Because of multiple dogs per run and no empty runs to facilitate cleaning/disinfection, cleaning may consist only of spraying kennel floors (and dogs) with water to remove feces and urine, or tethering of dogs to adjoining occupied runs or housing in a common run while cleaning. Crowding also decreases ventilation and air quality which contributes to irritated airways, predisposing to colonization by pathogens. The risk for acquiring respiratory infections also increases with every day of residence in the shelter. Lastly, staff members that are not trained to recognize respiratory infections and follow a plan for prompt removal of dogs from the general population contribute to increased pathogen transmission and infectious dose in the environment.

Clinical and epidemiological features

All of the known canine viral and bacterial respiratory pathogens cause similar clinical signs: acute onset of cough, sneezing, nasal and ocular discharge ("kennel cough"). All of the pathogens also have the propensity to colonize the lower respiratory tract to cause pneumonia.

Bordetella, CAV2, and CPiV cause transient infections in most dogs. However, Bordetella can cause severe life-threatening pneumonia in puppies if not recognized and treated with appropriate antibiotics. In fact, Bordetella establishes chronic infection in untreated dogs resulting in intermittent relapses and bacterial shedding for up to 3 months.

CRCoV is usually associated with mild transient disease and is a frequent co-pathogen in dogs with kennel cough. Most dogs are susceptible to infection but a large number have subclinical infection. CRCoV is endemic in many high density/high turnover shelters.

H3N8 CIV, H3N2 CIV, and CnPnV cause an explosive increase in number of coughing dogs in a short period of time. Since most dogs are susceptible to infection, these viruses can cause epidemics in shelters. In addition, dogs infected with any of these viruses can develop high fever and pneumonia requiring advanced care in hospital settings. Compared to dogs in all settings, shelter dogs are the highest risk group for exposure to the influenza viruses and CnPnV. H3N8 CIV is endemic in some shelters in the Northeast and CnPnV is endemic in some Southeast shelters. Since discovery in March 2015, H3N2 CIV has rapidly spread to 30 states, infecting thousands of dogs, including those in shelters. As of July 2016, H3N2 CIV was actively circulating in some Midwestern states, notably Illinois.

Unlike the other respiratory pathogens, CDV infects multiple organ systems - respiratory tract, gastrointestinal tract, urogenital tract, ocular tract, nervous system, and skin. Infection of multiple systems confounds recognition and causes frequent misdiagnosis. The initial clinical signs are typical for kennel cough, but most infected dogs progress to pneumonia and a wasting syndrome. Other clinical signs include vomiting and diarrhea similar to parvovirus, dry eye, photophobia, pustular skin rashes, or

development of seizures and myoclonus within 1-3 months. Some dogs develop hyperkeratosis of the nasal planum and footpads (“hardpad”).

Strep zoo is a Lancefield group C bacterium that has recently been identified in shelter dogs. The clinical disease starts with cough and nasal discharge, rapidly progresses to respiratory distress and bleeding from the respiratory tract, followed by death within hours. In many cases, the initial respiratory signs are so subtle that they are not noticed by staff and the infected dog is discovered dead in the run with blood oozing from the mouth and nose. Death is to fulminant hemorrhagic pneumonia and hemothorax. The possibility of *Strep zoo* transmission in a shelter must be recognized quickly as survival depends upon prompt antibiotic therapy. *Strep zoo* has also been documented as a co-pathogen in dogs infected with H3N8 CIV or CDV – these dogs usually have very severe and life-threatening pneumonia.

The ability of *Mycoplasma cynos* to initiate primary respiratory infection is unclear but this bacterium is a frequent co-infection in dogs with respiratory infections initiated by other pathogens. Lung tissue damage from viral infections promotes colonization by *Mycoplasma*. *Mycoplasma* co-infections can contribute to disease severity and duration, particularly if it colonizes the lower respiratory tract; however, *Mycoplasma cynos* has been identified in the upper respiratory tract of dogs without clinical disease.

All of the respiratory pathogens are highly contagious in a high density/high turnover kennel setting. Factors that promote transmission include the immune status of the dogs, length of incubation period, preclinical shedding, subclinical shedding, duration of shedding, and aerosol and fomite transmission. These same factors also affect diagnosis and management and prevention strategies.

Except for CDV, the incubation period for all of the bacterial and viral respiratory pathogens is < 1 week, typically 2-5 days. The short incubation period contributes to a rapid increase in number of dogs with kennel cough within a short period of time. The short incubation period also contributes to the feasibility of holding exposed dogs in quarantine for 1 week to determine their infection status. In contrast, the incubation period for CDV is variable from 1 to 4 weeks, but typically is about 2 weeks in a population setting with many susceptible dogs without protective immunity. This longer incubation period causes delays in recognizing affected dogs and contributes to a slow insidious increase in number of dogs with kennel cough and progressive disease. The longer incubation time also makes it difficult if not impossible for shelters to hold exposed dogs in quarantine for 2 weeks or more.

Preclinical shedding occurs for all of the respiratory pathogens, meaning infected dogs are contagious **before** appearance of clinical signs. Virus shedding during the longer incubation period for CDV results in exposure of many more dogs before a problem is recognized and the adoption of apparently healthy dogs that subsequently become ill after transfer to adoption groups and new owners.

Most of the viral pathogens are shed in respiratory secretions for <10 days. After shedding ceases, the dog is no longer contagious to other dogs even though clinical signs may persist. The short shedding period contributes to feasibility of isolating affected dogs for 2 weeks before safely releasing to adoption groups or new owners. The important exceptions to a short contagious period are CDV, H3N2 CIV, *Bordetella*, *Mycoplasma*, and *Strep zoo*. CDV is usually shed for weeks to months, even after clinical recovery. New evidence suggests that H3N2 CIV is shed for 3-4 weeks. Chronic shedding of *Bordetella*, *Mycoplasma*, and *Strep zoo* can occur if they are not eliminated by appropriate antibiotic therapy.

Most of the viral and bacterial respiratory pathogens cause subclinical infections in a proportion of

exposed dogs. Subclinically infected dogs shed the pathogen in oronasal and ocular secretions, but the amount of shed pathogen is typically much smaller and shedding may be more transient. However, the inability to identify subclinically infected dogs ensures that more dogs are exposed by direct contact.

All of the viral and bacterial respiratory pathogens are spread by contact with oronasal and ocular secretions from shedding dogs, contact with fomites (environmental and shelter staff), and contact with large droplets and aerosols from the respiratory tract generated by coughing and sneezing. Large droplets of respiratory secretions are sprayed in a 5-foot diameter zone around the infected dog. Aerosols, which are mists of very small respiratory droplets, can travel 20 feet or more and are a major source of respiratory pathogen spread in a kennel. This is the primary reason why clinically ill dogs should be removed promptly from the population in order to decrease aerosol spread of infectious doses in the environment. Remaining dogs in the same room must be considered exposed and potentially infected. Since CDV is multi-organ infection, virus is not only present in oronasal and ocular secretions, but also vomit, feces, and urine.

Most of the respiratory pathogens have low mortality rates and the majority of dogs recover in 1-2 weeks without complications. *Bordetella* infection in puppies, the H3N8/H3N2 CIVs, and CnPnV can cause high fever and pneumonia that is life-threatening if not treated appropriately. CDV and *Strep zoo* infections have high mortality rates, especially since many dogs are euthanized because of rapidly progressive disease.

	CAV2	CPiV	CDV	H3N8 CIV	H3N2 CIV	CRCoV	CnPnV	CHV
Incubation period	<1 wk	<1 wk	1-2 wks	<1 wk	<1 wk	<1 wk	<1 wk	<1 wk
Shedding period	<10 d	<10 d	wks-mos	<10 d	3-4 wks	<10 d	<10 d	<10 d

	Bordetella	Mycoplasma	Strep zoo
Incubation period	<1 wk	<1 wk	<1 wk
Shedding period (w/o antibiotics)	≤3 mo	weeks	weeks

Diagnosis

Since all the respiratory bacterial and viral pathogens cause kennel cough, at least during the first week of illness, ***the pathogen causing the infection cannot be diagnosed based on clinical signs!*** Most shelters assume that kennel cough is due to *Bordetella* bacterial infection and treat for several days with doxycycline antibiotic. Accumulating evidence from diagnostic testing indicates that ***most respiratory infections in shelter dogs are viral and typically involve more than one virus.*** Dogs infected with CPiV, CAV2, H3N8/H3N2 CIVs, CRCoV, and CnPnV may appear to respond to antibiotic treatment, but in reality, these viruses have “run their course” in a time frame that coincides with duration of antibiotic therapy. The exception once again is CDV – antibiotic treatment with doxycycline and other antibiotics does not typically alter the disease severity or duration or progression to pneumonia and other complications.

Shelters should invest in diagnostic testing when the numbers of affected dogs increase above a typical baseline for the shelter, there is explosive spread throughout the population over a period of 2 weeks or so, dogs progress to more severe disease or die, the duration of illness is more prolonged, and there is an increased frequency of complaints from adopters, rescue groups, and community veterinarians about sick dogs coming from the shelter. ***Timely diagnosis substantially impacts how many dogs remain healthy and adoptable. No diagnosis or late diagnosis increases the number of sick and exposed dogs and the number of dogs euthanized.***

Diagnostic testing to identify the respiratory pathogen(s) provides for:

1. Proper patient management, including treatment options and costs, prognosis for recovery, and average time to recovery;
2. Proper management of the at-risk population
3. Isolation time (shedding period)
4. Quarantine time (incubation period)

The best diagnostic test for acute respiratory infections is performance of PCR for pathogen nucleic acid on conjunctival, nasal, and pharyngeal swabs. PCR is very sensitive and specific, and the turnaround time for results is usually 3 business days which allows for timely patient and population management. Several diagnostic laboratories offer CIRDC PCR panels that test for multiple viral and bacterial respiratory pathogens in a single sample. Test costs range from \$82-115 per sample. IDEXX offers a substantial discount on their CIRDC PCR panel for shelters.

	Canine Respiratory Disease RealPCR Panel (IDEXX)	Fast Panel PCR Canine Respiratory Disease Profile (Antech)	Canine Respiratory PCR Panel (Cornell Animal Health Diag Cntr)	Canine Respiratory PCR Panel (Zoologix)	Canine Respiratory PCR Panel (Abaxis)
CPiV	✓	✓	✓	✓	✓
CAV2	✓	✓	✓	✓	✓
CDV	✓	✓	✓	✓	✓
H3N8 CIV	✓	✓	✓	✓	✓
H3N2 CIV	✓		✓		
CRCoV	✓	✓	✓		✓
CnPnV	✓		✓		
CHV	✓	✓		✓	✓
Bordetella	✓	✓	✓	✓	✓
Strep zoo	✓	✓			
Mycoplasma	✓	✓	✓		

CIRD PCR Panels	Test Code	Website	Comments
IDEXX	2524	https://www.idexx.com/small-animal-health/products-and-services/reference-laboratories/realpcr-tests.html	Local courier service; shelter discount
Antech	T995	http://www.antechdiagnostics.com/Main/TestGuide/Fastpanel-PCR-Canine-Respiratory-Panel-297.aspx	Local courier service
Cornell Animal Health Diagnostic Center	CRPNL	https://ahdc.vet.cornell.edu/test/list.aspx?Species=5&Test_Name=respiratory&TstTyp=Y&WebDisc=8	Ship to the lab
Zoologix	P0019	http://www.zoologix.com/dogcat/Datasheets/CanineRespiratoryPanel.htm	Ship to the lab
Abaxis	PCR10741	http://www.abaxislabs.com/Menu-Search/PanelDetail/Canine-Respiratory-PCR-Panel	Ship to the lab

Timing of swab collection is critical for diagnostic accuracy – most viruses are shed for <10 days and peak shedding occurs during the 2- to 5-day pre-clinical incubation period. To increase diagnostic accuracy and identify a pattern, swabs should be collected from at least 5 dogs with clinical signs for <4 days and from 5 asymptomatic dogs in close contact with sick dogs. The more dogs that are tested, the more confident you can be in the diagnostic test results, especially if there is a consistent pattern of results for all tested dogs.

Sites to swab include the conjunctiva, nasal cavity, and deep pharyngeal area beyond the tongue. The best sites for the H3N8/H3N2 CIVs are the nasal cavity and pharyngeal area. These sites should be rubbed with the swab tip to collect infected epithelial cells. At least 2 swabs from different sites should be collected from each dog and pooled together to maximize the probability of pathogen detection.

Although the multi-pathogen PCR panels are very sensitive and specific, PCR cannot differentiate between modified-live vaccine strains and pathogenic wild type strains for *Bordetella*, CPiV, CAV2, and CDV. Studies have shown that the modified-live *Bordetella*, CAV2, and CPiV strains in the intranasal kennel cough vaccine can persist in the nasal cavity for up to 6 weeks postvaccination, causing difficulty in interpretation of positive PCR test results. Studies have also determined that the modified-live CDV vaccine strains given parenterally may be detected by PCR in <20% of dogs vaccinated within 2 weeks of testing, yielding potentially false positive results. The infection status may be clarified by the dog's clinical picture, known exposure to dogs with laboratory confirmed infections, and patterns identified through testing of multiple dogs as denoted above.

Necropsy of dogs that die or are euthanized during respiratory disease problems is a valuable diagnostic tool. Tissues submitted for histopathology as well as diagnostic testing can help identify the pathogens and determine pathogenesis. Tissues should be fixed in large amounts of buffered formalin (9:1 ratio of formalin to tissue) for histology. Fresh unfixed tissues can be submitted for the IDEXX CIRDC PCR panel and for bacterial culture. Necropsy is especially valuable since the pathogen may not be recognized or included in PCR panels.

Disease Management

Prompt removal of clinically affected dogs is the single most effective strategy for controlling spread of respiratory infections. This reduces the infectious dose in the environment and threat of infection spillover to more susceptible dogs. These animals should be housed in a physically enclosed isolation room pending diagnostic testing. Diagnosis will direct treatment and isolation time. Most dogs recover from bacterial and viral pathogens that cause CIRDC (except CDV). If shelters have enough space and staff, dogs can be held in isolation for 2 weeks for recovery and cessation of pathogen shedding. Dogs with H3N2 must be isolated for at least 3 weeks. Infected dogs in isolation should be cared for by staff wearing full PPE (hair cover, gown, gloves, boots) and using supplies dedicated to isolation. If the staff is responsible for care of other dogs, they should care for healthy dogs before working in the isolation area.

Since sick animals shed infectious respiratory pathogens before onset of clinical disease, all dogs exposed to sick animals either by direct contact or fomite contact should be consolidated into one housing area and quarantined for a time equal to the pathogen's incubation period. The incubation period for most respiratory pathogens is up to 1 week, so quarantine is a feasible option for most shelters. The infection status of exposed dogs is unknown and no dogs should leave quarantine until expiration of the quarantine time or diagnostic testing determines they are free from infection. If clinical signs occur, the dog should be immediately removed to the isolation area and the quarantine clock restarted for the remaining dogs. Another option to waiting out the quarantine clock is to determine the infection status of asymptomatic exposed dogs by conducting PCR testing on swabs. Staff caring for the quarantined population should wear full PPE and use supplies dedicated to quarantine. If the staff is responsible for care of other dogs, they should care for healthy unexposed or infected dogs first, followed by quarantine, then isolation.

Compared to the other respiratory pathogens, management of CDV within a shelter is difficult due to the long incubation and shedding times. CDV is not considered a treatable disease in most shelter environments, so most CDV-infected dogs are usually euthanized to protect the population. However, many CDV-infected dogs have a good prognosis for recovery if off-site housing can be identified and proper supportive care provided without risking spread of infection to other susceptible dogs.

The cornerstone for intervention and prevention of further spread of infection is creation of a clean break. This is defined as separation of unexposed dogs and new arrivals from exposed or infected dogs. Ideally, admission of new dogs is stopped or diverted until infected dogs have been isolated and exposed dogs consolidated into a quarantine room. A clean housing area must be secured for unexposed dogs and new admissions that completely protect them from exposed or infected dogs. Staff should care for the population in the clean area using dedicated supplies before moving to dogs in quarantine and isolation.

Cleaning and disinfection

The viral and bacterial respiratory pathogens are easily inactivated by quaternary ammonium products, household bleach (½ cup per gallon water), Wysiwash, Trifectant, and Accel. Environmental surfaces contaminated with feces, urine, vomit, blood, and nasal discharge must first be cleaned with a detergent before applying the disinfectant product. The minimum contact time for all of these disinfectants is 10 minutes except for the 1:16 dilution of Accel (5 minutes). Air drying is preferred if possible, but if the animal needs to be returned to the same run or cage, the area should be rinsed and dried using a squeegee or towel. Moisture favors the survival of respiratory pathogens.

Daily cleaning and disinfection should include food and water bowls, animal transport vehicles, and hallways to reduce the risk for environmental transmission of any infectious disease. Food/water bowls should be made of stainless steel instead of plastic because scratched plastic is difficult to fully disinfect.

Mop buckets should not be used for cleaning and disinfection of kennel runs. High pressure hoses and power washers should also not be used in kennels unless all dogs are removed, because the force sprays feces on all surfaces and can even aerosolize fecal matter. Cleaning and disinfection supplies should be dedicated to each room and not removed for use in other areas in order to minimize cross contamination.

Prevention

Vaccination of all dogs on intake is the cornerstone for prevention of transmission of several respiratory pathogens (Bordetella, CPiV, CAV-2, CDV) in shelters. All dogs 4 weeks of age and older should receive a vaccine containing modified-live *Bordetella*, CPiV, CAV-2, and the modified-live or recombinant DAPP vaccine on intake, regardless of intake status (stray, owner surrender, rabies quarantine, cruelty case, pregnant, lactating, injured, ill). A delay of even a day can significantly increase the risk for infection. All dogs should be re-vaccinated with the DAPP combination 2 weeks after the intake vaccination. Puppies should be re-vaccinated with the DAPP combination vaccine every 2 weeks while in the shelter until they are at least 5 months old. Restricting vaccinations to adoptable dogs only creates a large pool of susceptible animals that can make respiratory infections an endemic problem.

Many respiratory pathogens do not have a vaccine, including CRCoV, CnPnV, H3N2 CIV, *Strep zoo*, and *Mycoplasma*. The H3N8 CIV vaccine containing inactivated virus is not feasible for use in high turnover shelters because it takes about 5 weeks to mount an effective immune response to the 2 required doses of vaccine.

In addition to vaccination, another strategy to reduce risk for respiratory infection is to move puppies from the shelter into foster care or adoption/rescue groups as soon as possible after intake.

Finally, all efforts to reduce stress should be pursued. The most effective way to reduce stress on animals and staff in the shelter is to prevent crowding by practicing sound population management strategies that decrease each animal's length of stay in the shelter.

Revised July 2016
Cynda Crawford, DVM, PhD