Austin Pets Alive:
Distemper prevention
& protocols

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Canine Kennel Cough Information for Foster Homes

Keys to preventing the spread of infection

1. Always remember that vaccines do not completely protect a dog that is exposed to kennel cough although even a recent vaccine will provide some immunity. For maximum protection of your own dogs, they should receive the canine kennel cough vaccine at least 1 week and not more than 1 year before bringing in foster dogs into your home.
2. Keep dogs isolated. Some URI pathogens can spread even to otherwise healthy, vaccinated pet dogs (e.g. canine influenza). Medication and other treatments should be given to dogs with kennel cough after other dogs in the home have been handled.
3. Refrain from bringing your foster dog to pet stores, dog parks, obedience training, or other places young puppies may visit as long as the dog is showing any symptoms of illness. Remember some dogs infected with serious illness such as canine distemper may be infectious to others while showing only mild signs themselves.
4. Before an animal returns to the shelter or goes to a new home, it should be free of all signs of illness for at least 14 days

A few things to consider when fostering an animal with kennel cough

1. Many dogs in shelters are euthanized because of respiratory disease. If dogs with respiratory disease are placed up for adoption, veterinarians and citizens in the community may lose faith in the shelter, resulting in fewer adoptions and yet more dog euthanasia.
2. Do not overburden yourself and your home. If you have too many animals, you increase the risk of disease and spread in your home and you exhaust yourself. Burned out rescuers provide no benefit to animals. If you need a break, take it.
3. Lots of dogs with respiratory disease get well if given a low-density, clean supportive environment. If you can provide this and keep numbers of dogs down, you can make a real difference.

Canine Distemper Virus

- Symptoms – nasal discharge, lethargy, anorexia, tremors, seizures, diarrhea, death
- Airborne Transmission - coughing near each other, sharing water bowls (much like the spread of the human cold) can all cause disease spread.
- Diagnosis – no good, inexpensive test available. Diagnose based on symptoms.
- Prevention – timely vaccination before exposure to the virus is the only way to prevent
- Treatment – strong antibiotics, supportive care, pain medication, time to let virus pass (can take weeks to months)
*There is no cure for distemper*

Distemper Control Protocol

Step One: Make sure 100% of shelter population is vaccinated now. If not, do it today. Have staff affix Vaccinated stickers to animals that are current on vaccines so you can see at a glance on a walk through the shelter if they are in compliance.

Step two: Implement Vaccination protocol for incoming animals ASAP

Step three: Remove all puppies and small breed dogs who are exhibiting signs of illness to foster (don’t euthanize). Have them return in 14-21 days for spay/neuter and adoption if healthy for at least 10 days before
surgery. Isolate all larger breed dogs that cannot find foster from others if they are exhibiting signs of lethargy, inappetance, and URI. Isolation can occur in one building. Does not have to be strict isolation- just can’t allow them to breathe on other dogs within 10 feet. Do not euthanize for illness. If moving them is impossible, leave them where they are and focus on vaccinations.

**Step four:** Do not do surgery on animals who are sick with URI or who were not vaccinated at intake. Surgery will push them over the edge and cause full blown symptoms. Send new owners with pets unfixed but take deposit and set appt time for 2 weeks from now. Send home with medications to treat URI.

**Distemper Advisory (sent out with adopted dogs during Distemper outbreak at shelter):**

Recently there has been a nasty virus, Distemper, found in our community. This virus is very easy to prevent with a simple vaccination (the DHLPP).

We have given all of our dogs the appropriate vaccinations and they should not be harboring this virus.

However, Distemper can mimic kennel cough. At this point, we believe that any dog in our care with signs of kennel cough, actually only has kennel cough. This letter is just a precaution so we can ensure swift treatment should other symptoms besides a cough arise.

Please contact our medical team immediately if you see any of the following symptoms:

1. A lack of interest in food.
2. Extreme lethargy (it is ok to sleep and take naps but not be lethargic all day long)
3. Severe nasal discharge
4. Severe coughing especially if it is accompanied by heavy breathing
5. Tremors of muscles (not regular old shivering but spasms) or seizures
6. Eye problems such as not wanting to open them

We will be in touch with you as fast as we can should you see these symptoms.

Again, 99% of our dogs are just experiencing kennel cough so please do not let this stop you from adopting or fostering a great shelter dog who really needs a home.

We just want to be proactive about getting you the information you need so you can watch for further symptoms and be in touch.

Other dogs in your household, as long as they have been vaccinated, should be immune from this disease. We do advise any home with puppies under 4 months who haven’t received at least 3 vaccinations or older immunocompromised dogs, only adopt or foster dogs with no signs of kennel cough.

Thank you for making room in your family for a dog on death row!

**Pneumonia in Dogs**

**The most common causes or types of pneumonia:**

Viral Pneumonia (usually the result of canine distemper virus infection or a complicated upper respiratory infection).
Bacterial Pneumonia (often secondary to severe kennel cough or other upper respiratory infection, aspiration, or secondary to either of the above causes.)

In most cases of pneumonia there is a bacterial component. This means that no matter what started the pneumonia, bacteria have joined in adding their own special pus, fever, and potential for disaster; in most cases, management of the bacteria is vital.

**Symptoms of pneumonia**
Symptoms may include coughing (may sound wet or crackly), nasal discharge, fever, loss of appetite, lethargy, difficulty/labored breathing. Some or all of these symptoms may be present.

Coughing is a hallmark symptom.

Treatment will always include antibiotics, sometimes multiple types of antibiotics.

Nebulization is similar to vaporization and involves a piece of equipment called a nebulizer. The nebulizer creates a mist of fine fluid droplets which can be combined with antibiotics or airway dilators. Unlike vaporized droplets, though, these droplets are small enough to penetrate down into the lung. (Vaporizers make larger droplets which mostly penetrate to the sinuses only. They are used to moisten upper airway secretions while nebulizers moisten lower airway secretions). Nebulized saline or water may carry antibiotics with it thus providing an additional source of moisture and antibiotic for the sick lung thus deeply treating the infection.

**Prevention of URI in dogs (specifically the deadly Distemper)**
Vaccinations immediately upon intake into any shelter (before an animal enters the main shelter areas) are the single most important ingredient to eliminating death of shelter animals from URI. By the time animals reach APA they have already been exposed to deadly viruses at the City shelter.

It was left up to APA to fix the vaccination protocols at the City shelter. You need to know your stuff!

**Malpractice as it applies to vaccine decision making:**
- Distemper (and any other Upper Respiratory) epidemics in a shelter are the product of negligence because all are preventable with simple vaccinations
- With regard to malpractice involving vaccination, the scenarios that could give rise to a lawsuit are as varied as the imagination allows. For example, a practitioner who chooses not to vaccinate an animal could potentially be sued for negligence if the animal contracts the disease for which vaccination was foregone.
- There is no excuse for not vaccinating appropriately upon animal intake
  - It is considered malpractice and can be punishable
- 100% of the animals have to be vaccinated prior to shelter intake to prevent an epidemic
- A shelter is only a safe haven if the animals that enter can survive their stay

**General/Standard Vaccine Guidelines for Shelters:** It is the opinion of the Vaccination Task Force that all vaccines categorized in Table 3 as recommended be administered at time of admission on all dogs older than 6 weeks (4 weeks in cases of disease outbreaks). It is strongly recommended that immediate vaccination on entry be made a priority in all shelters. Delaying vaccination, even by a few hours, may increase the risk of infection subsequent to exposure. Failing to immediately vaccinate an animal on entry could compromise an
effective disease prevention program and possibly lead to sustained, shelter-wide outbreaks of an infectious disease.

**Ideal Shelter Vaccination Protocol**

ALL animals are vaccinated and possibly treated for fleas/ticks before taken into the shelter housing areas (including vet services)

- No exceptions even if animal is dying or very sick. There is no veterinary discretion on choosing to vaccinate. This is a shelter protocol applicable to ALL animals entering shelter. Vaccines must be given to 100% of the animals upon arrival.
- DHLPP, Bordetella, and Frontline for dogs
- FVRCP, CVR, and Frontline for cats
- Vaccines must be stored properly and not mixed more than 30 minutes prior to administration.
- For litters that all look alike, vaccinator should have paint pen to mark puppies as they are vaccinated to avoid missing one or duplicating vaccinations in one puppy.

**Animals coming into the shelter “over the counter”:**

- Place animals in hold kennels (near intake area) upon intake.
  - Place any animal with known symptoms of diarrhea, lethargy, or URI in a more isolated area using a crate if needed
  - Front staff places kennel card on each animal’s hold cage
- Front staff calls for vaccinator as soon as animal(s) are put into cages.
- Vaccinator vaccinates in holding areas and places “Vaccinated” sticker on each kennel after vaccines are administered.
- Transporter does not move animals to shelter cages unless kennel card has bright “Vaccinated” sticker on it.

**Animals picked up by Animal Control in the field:**

- Take animals out of trucks and place in holding kennels in truckport.
  - Place any animal with known symptoms of diarrhea, lethargy, or URI (Upper Respiratory Infection) in a more isolated area using a crate if needed
  - Animal Control Staff places kennel card/animal info card on each hold cage
- Animal Control staff calls for vaccinator as soon as animal(s) are put in hold cages and truck is empty
- Vaccinator vaccinates in holding areas and places “Vaccinated” sticker on each kennel after vaccines are administered.
- Transporter does not move animals to shelter cages unless kennel card has bright “Vaccinated” sticker on it.

I would strongly recommend that any staff that fails to comply (intake staff that fails to call for vaccinator, vaccinator that places stickers falsely, or transporters that remove animals with no sticker), is treated with pretty severe consequences. Failure to vaccinate an animal endangers a life, makes the shelter look really bad, and costs everyone a lot of money.