Public Health Vet Update

Veterinary News from Public Health – Seattle & King County

Dear Veterinary Colleagues,

Spring 2016

Last year, most veterinary practices in King County (approximately 200) completed a brief phone survey regarding their contact information and preferred means of receiving information from Public Health. We created a database with the contact information we collected and use it to email and fax you twice yearly newsletters and veterinary public health alerts as needed. For example, earlier this year we sent news on canine influenza. Unfortunately, our current email and fax system is limited by Outlook email management and requires that content is able to be faxed. So, we are transitioning to something new!

By the end of 2016, the Zoonotic Disease Program will be integrating their communications with the Communicable Disease Epidemiology and Immunizations Section. We will be using a platform called MailChimp which allows individual subscribers to select preferences and accommodates limitless subscriptions from the same practice. Additionally, it lets Public Health manage the list through an automated system and provides analytics that tell us whether we are publishing articles of interest to our readership. It also provides better functionality, including enhanced viewing of newsletters on smart phones and other mobile devices. When the transition is complete, we will no longer be able to blast fax communications. We will be sending more information about how to sign up in the new system soon.

Please send any feedback on this newsletter or questions regarding zoonotic disease to Beth Lipton at 206.263.8454 or beth.lipton@kingcounty.gov. Thank you for your continued partnership and efforts in protecting the public's health.

Sincerely,
Beth Lipton, DVM MPH | Public Health Veterinarian

Canine influenza: what's the status?

No reported cases of H3N2 canine influenza have been received by Public Health other than those associated with a known outbreak in a commercial kennel/ daycare facility last December/January. We implemented voluntary case reporting among King County veterinarians in late January. We received a lot of questions regarding canine influenza in early 2016.

Although we have not heard of additional cases since the outbreak, H3N2 canine influenza infections could still occur here as people and dogs travel and move around. As of early February, positive cases had been confirmed in 30 states, including Washington. To minimize the risk of introduction and spread of canine influenza and other diseases in King County, continue to maintain proper cleaning and disinfection, screen dogs for respiratory symptoms prior to intake, ask about exposure to other dogs such as daycare, grooming, boarding and dogs parks, and follow protocols for prompt isolation of ill animals. Please call us if you notice an increase in respiratory illness among your patients.

In recent news, a group of cats with respiratory disease in an Indiana shelter were confirmed to have H3N2 canine influenza. More information about H3N2 in cats can be found at:

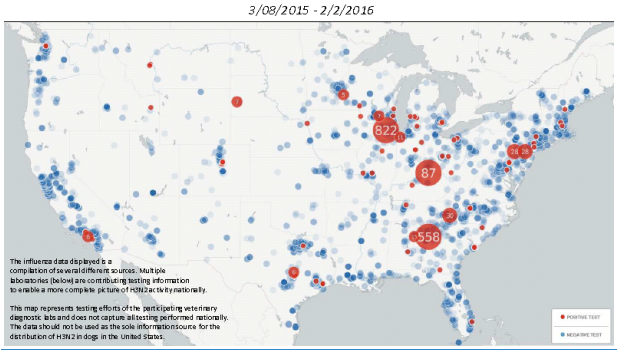
www.uwsheltermedicine.com/news/2016/3/faqs-feline-infections-with-canine-influenza-h3n2-civ.

Please continue to report suspect and confirmed cases. The Public Health canine influenza reporting form is available at:

www.kingcounty.gov/healthservices/health/ehs/~/media/health/publichealth/documents/zoonotics/Canine-Influenza-Virus-Case-Report-Form.ashx.

See the map at left and other data here: ahdc.vet.cornell.edu/news/civchicago.cfm.

Canine Influenza Virus Surveillance Network
H3N2 Testing Summary
3/08/2015 - 2/2/2016



How many cases are reported?

Selected Notifiable Conditions (# of cases reported)

	King County		WA State	
	Yearly average, 2012-14	2015	Yearly average, 2012-14	2015
Human Cases:				
Brucellosis	0.3	2	2	4
Coccidiomycosis (Valley Fever)*	2	8	13	24
Cryptococcus gattii	0.7	1	6	4
Hantavirus pulmonary syndrome	0	0	1	1
Leptospirois	0.3	0	0.7	2
Lyme disease	7	7	16	23
Plague	0	0	0	0
Psittacosis	0	0	0.3	0
Q Fever	0.3	0	2	3
Rabies suspected exposures	92	99	257	243
Tularemia	0.7	1	5	4
West Nile virus	0.3	0	6	24
Animal Surveillance:				
Positive rabies in bats tested	3	2	12	9
Positive rabies in other mammals^	0	0	0	1
Cryptococcus gattii	2	1	6	4
West Nile virus: mammals	0	0	3	36
West Nile virus: birds	0	0	0	7
West Nile virus: mosquitos	0	0	34	157

Note: 2015 counts are preliminary and may change as case information is reviewed and/or more cases are reported. *all cases travel-related except 3 cases in 2014 which were exposed in southcentral WA and 2 cases under investigation for exposure in 2015; ^a cat in Jefferson County tested positive in 2015

Rabies Compendium update: option for serologic monitoring for dogs & cats exposed to rabies that are overdue for vaccination

Rabies is a preventable, fatal viral zoonotic disease of mammals that continues to be a critical public health issue. In WA, bats are the primary source of rabies for domestic animals, and routine vaccination of cats and dogs is necessary protection against known and unknown exposures to rabies. Previously, dogs or cats exposed to rabies were required to get a booster vaccine and be quarantined for a variable period of time depending on vaccination status (45 days to 6 months).

New guidance in the 2016 Compendium of Animal Rabies Prevention and Control advises that cats and dogs overdue for rabies vaccine, and with appropriate documentation of at least one vaccine, who are exposed to rabies can receive a booster shot and be observed for 45 days, essentially treating them like vaccinated animals. Overdue cats and dogs without documentation have the option to receive a booster and be monitored by prospective serology for an anamnestic response. This new recommendation is based on studies showing that both animals overdue for and current on vaccination respond similarly with a rise in titers to a booster.

See the full article for details, but key details are summarized here for cats and dogs that are exposed to rabies:

- As before, if they are current on vaccination, they should receive veterinary care and a booster, then be kept under owner control and observed for 45 days.
- If they have never been vaccinated, and the owner is unwilling to have the animal euthanized and has the capability to do a strict quarantine, the quarantine period has been **reduced** to 4 months from 6 months.
- If they are overdue for vaccination but have documentation of prior vaccination, they should be treated as if they are current - booster and 45 day confinement and observation. If they don't have appropriate documentation of vaccination, there are two options:
  1- Provide veterinary care, give a booster vaccine, and place them in strict quarantine for 4 months, essentially treating as an unvaccinated animal.
  2- Alternatively, prior to booster vaccination, the attending veterinarian may request guidance from local public health on the possible use of prospective serologic monitoring.

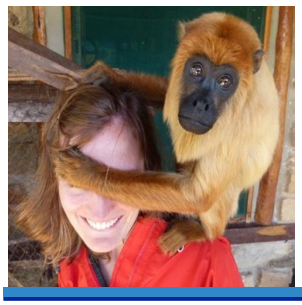
Serologic monitoring entails collecting paired blood samples to document prior vaccination by providing evidence of an anamnestic response to booster vaccination. The 1st blood sample must be collected within 96 hours of exposure and the 2nd blood sample 5-7 days later. With an adequate anamnestic response, the animal can be observed for 45 days instead of 4 months. With insufficient evidence of an anamnestic response, the animal should be treated as an unvaccinated animal. **Use of prospective serologic monitoring must be done in coordination with local public health and at owner expense.**

Routine rabies vaccination remains the most effective and least expensive preventive measure for rabies, but this new guidance offers an alternative for vaccinated animals exposed to rabies who are not current. For all exposure to rabies, the period from exposure to vaccination should not exceed 96 hours. **Please continue to report all suspected rabies exposures in animals to the Public Health Veterinarian.**

Source: blogs.hudsonvalley.com/pets-power/2014/09/27/rabies-bats-and-your-cat/

Welcome Dr. Meagan Kay!

Dr. Kay, DVM, MPVM, has been serving as the Medical Epidemiologist in the Communicable Disease Epidemiology and Immunization section (CD-Epi) since 2013. She previously worked with CD-Epi as both a CDC Epidemic Intelligence Service fellow (2009-11) and a CDC Health Systems Integration Program fellow (2011-12). Dr. Kay is very excited to start spending 25% of her time with the Zoonotic Disease (ZD) Program. She is passionate about using a One Health approach to address zoonotic disease issues and has a strong interest in strengthening the collaboration between the ZD Program and CD-Epi to better serve our resident humans and animals.



'Tis the season for bats!

Bats are becoming busy feeding on insects (mosquitoes!), and pets are sometimes eager to catch them. More than 15 species of bats live in WA. Bats are currently the only known local reservoir of rabies. Around 5- 8% of bats tested each year are positive for rabies, although probably <1% of bats in nature are infected with rabies, as healthy, non-rabid bats are less likely to be found on the ground or otherwise captured and tested. If a cat or dog has exposure to a bat, the bat should be tested for rabies if it is available. It is the responsibility of the pet owner to pay for the cost of rabies testing ($91 + shipping at OSU) if no human exposure has occurred. If a client has a cat or dog that has an encounter with a bat, instruct the client to collect the bat without touching it, keep a live bat in a container with small air holes or a deceased bat double-bagged in the refrigerator, and call the Public Health Veterinarian for consultation. We can assist the owner/veterinarian on how to package and ship the bat for rabies testing. Find more information at: www.kingcounty.gov/healthservices/health/communicable/diseases/bats.aspx and wdfw.wa.gov/living/bats.html#preventingconflicts.

Help your clients keep pets current on their rabies vaccination. It is required by law for cats, dogs and ferrets, with the 1st vaccination given by 4 months of age.