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Dog Flu in the Bay Area

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protective from one year to the next.

Nowadays, some dogs travel to a variety of geographic locations - whether it's from relocation after natural disasters (think of wildfires and hurricanes, during which pets get lost and then picked up by rescue organizations); or from traveling across county or state lines for vacation or dog shows. There is no question that the potential for spreading disease increases with travel movement, and in my opinion, this is the most likely manner that these virus strains enter local areas.

Dog in "same air space contact" as other dogs are at risk for spreading and getting CIV, as well as other respiratory infections. I use this phrase to identify situations in which one dog might cough, sneeze or have contact with another through saliva or eye discharge. My specific categories include kennel or boarding facilities, grooming parlors, doggy day care, dog parks, agility or other dog group activities (including parades), dog shows, and dog walkers who take multiple dogs. There is a growing trend for individuals to offer dog boarding in their private homes - I counsel my clients to realize that this is a type of "kennel" or boarding facility in that multiple dogs are together in the same room or backyard. Indirect contact can occur if your dog is in contact with a friend's dog that goes to the kennel, grooming parlor, etc., even if your dog doesn't.

Like most human flu cases, most canine cases will be mild to moderate in severity. However, comparable to human flu, there will be some dogs who will develop high fevers, pneumonia, and may die. Incubation period is two to four days between exposure and developing clinical signs. Symptoms include cough, sneeze, eye or nose discharge, lethargy, fever, not eating, and possibly vomiting. Diagnosis is made with specific laboratory tests acquired from oral and conjunctival swabs. Treatment is supportive care, based on the level of symptoms. Isolation from other dogs is necessary for up to three weeks after signs resolve, in order to prevent further spread.

For this disease, prevention is key, through proper vaccination of dogs at risk. In my opinion, it's best to vaccinate for both strains of CIV - and most veterinarians carry (or can order) the "bivalent" vaccine that has both strains in it. Initially, the dog should receive two vaccines at two to four weeks apart, and then be maintained with an annual booster. The vaccine has minimal negative side effects, and is considered highly protective. If your dog is at risk as described above, ask your veterinarian about vaccination.

Further information can be found at the following websites: cvma.net, dogflu.com, and veterinarypartner.com.

Just a few months ago, Canine Influenza Virus hit Northern California with intensity, causing 413 positive cases to be identified before Valentine's Day, ranging from the San Francisco Bay Area to Reno, Nevada. This created a flurry of activity among veterinarians, pet owners, kennel/boarding facilities and groomers - all seeking more information and quick vaccinations for susceptible dogs. This virus is most likely here to stay, and those with dogs in "air space contact" with other dogs should seek vaccination.

There are two strains of CIV: H3N2 is the strain in California, and the other is H3N8. Strain H3N2 originated as an avian flu virus, first detected in South Korea in 2007. It was identified in Chicago in April 2015, and it is unknown how it was introduced into the U.S. While this has been reported to infect cats, it is a dog-only flu disease. The other strain, H3N8, originated in horses, and was identified in 2004 in Florida greyhounds. This is also considered a dog-specific virus - meaning that it does not infect other species.

According to Merck Animal Health, as of 2018, only two states in the continental U.S. have not reported CIV, along with Alaska and Hawaii. Compare this to 2013, when 15 states total did not have any reports, and to 2008 when 35 states had not reported its prevalence. In 2007, only Florida and Tennessee had reports of CIV present.

It appears that there are some significant differences between CIV and human H3N2 flu viruses. The two biggest differences is that CIV does not appear to be a seasonal problem, and that CIV mutation doesn't appear to be at a rapid rate, so the CIV vaccine is stable and

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