

# Canine Influenza Compliance

## A Commitment To Compliance Article



A campaign sponsored through the cooperative efforts of Merial, MWI and AAHA MARKETLink.

“For compliance to succeed, medical and support staff alike must understand the difference between telling and gaining agreement – and act on their understanding.”<sup>1</sup>

### The Social Dog’s Risk for Canine Flu and Kennel Cough

With the focus on less frequent vaccinations, especially for core vaccines, clients may have questions or be confused by the additional vaccination needs of social dogs. Canine kings of the castle that hold down the fort, pilot the sofa, and watch TV all day likely have very different needs when it comes to infectious disease protection than their active, social counterparts who frequent:

- Dog parks or daycare
- Dog shows or other competitive venues
- Boarding kennels

Even savvy dog-owning families might not understand the differences between vaccines for bacterial diseases and those for viral diseases. That means, in some cases, client education needs to move past the basic message that vaccines prevent disease and more into the immunological reasons one vaccine works for 3 years (or more) and another works for just 6 months.

It’s the difference between telling them a vaccination is needed and gaining both understanding and agreement on:

- Which ones are needed
- Why they’re needed
- How often they should be given

### Enter the Canine Flu

Canine influenza (canine H3N8) first emerged in racetrack greyhounds in the United States in 2004. It got a lot of press at the time because:

- Never before had there been a canine strain of true influenza.
- Infectious disease experts had the chance to investigate a viral jump to a new species.

- There were some worries about another jump to humans. (This did not happen.)

“A lot of the initial press was less because dogs were getting sick from it but because typically the flu viruses people get come from animals, mostly pigs and poultry,” says Scott Shaw, DVM, who is board certified in veterinary emergency and critical care and is an assistant professor in the Department of Clinical Sciences at the Cummings School of Veterinary Medicine at Tufts University. “And, this was a very new and novel way for researchers to study how viruses jump species, so from that point of view, it was a fascinating occurrence.”



Experts from the University of Florida and the Centers for Disease Control found that “dog flu” shared some 96% of its nucleotide sequence identity with equine influenza, “which suggests direct transmission of the entire virus from horses to dogs without reassortment with other strains.”<sup>2</sup>

Infectious disease specialists continued to monitor the spread of canine flu. Rather than individual jumps from horses to dogs in certain settings, serological tests on the spread of this canine strain of H3N8 showed it was indeed being passed from dog to dog.<sup>2,3</sup> In infected dogs, this respiratory pathogen shows these clinical signs, generally associated with an upper respiratory tract infection:

- Cough for 10-30 days
- Nasal discharge
- Low-grade fever<sup>4</sup>

With supportive care, most dogs recover. Some, however, do get very sick, even developing pneumonia. Some dogs die. CDC educational materials cite that most dogs that are exposed will become infected, with about 80% of them developing a mild form of the disease.<sup>5</sup>

There is now a vaccine for canine influenza. Depending upon the specifics in your community, recommending it as a routine vaccine may or may not make sense, or may or may not be required by local boarding kennels. Each veterinary team will need to do its own research and create appropriate protocols.

## The Ecology of Canine Flu

“There were outbreaks at racing tracks, some shelters, and a few in veterinary hospitals. This was all confined to a 24- to 36-month window,” Shaw explains. “Since then, the number of new cases has dropped significantly, nationwide. It still shows up some in the Southeastern United States, but it is much, much, much less prevalent.”

Shaw says that just like flu in people, younger and older dogs as well as those whose health is complicated by other conditions are at greater risk. “And, greyhounds,” he adds, “who have their own weird immune system. They respond to infection differently. It’s not really clear why, but their ability to fight off infection is suboptimal compared to other breeds.”

That’s something those who adopt retired racing dogs might not know, making it a prime client education and compliance topic for this subset of dog families.

Much like other influenza in people, Shaw says H3N8 in dogs follows the “natural ecology of any influenza,” where the virus crops up, makes a lot of individuals sick, kills some of them, and then sort of fizzles out as more individuals within the population are exposed and develop natural immunity to it.

## The Kennel Cough Difference

Unlike vaccines that target viral diseases, those for bacterial infections, such as kennel cough (*Bordetella bronchiseptica*), have much shorter windows of efficacy. “If you’re going to vaccinate for kennel cough, you’re probably going to have to do it twice a year,” Shaw says. “One of the things about bacterial vaccines is that they don’t last as long as viral vaccines, in terms of the immunity dogs get.”

For maximum protection, Shaw recommends clients allow at least 2 to 4 weeks between kennel cough vaccinations and dog boarding. “The dog probably has next to no protection, if you’re doing it two days before you drop him off,” Shaw says.

## Exam Room Differential

The only real way to diagnose true canine influenza is through blood tests, checking for specific antibodies. In cases of either kennel cough or canine flu, however, supportive care is your main course of action.

“If they do have pneumonia,” Shaw says, “then you treat for bacterial pneumonia, but a dog with classic kennel cough, just the cough, but no lung involvement, he does not have influenza because influenza doesn’t cause cough in the absence of changes in the lung (as confirmed by chest X-ray).”

In cases that first appear as kennel cough, but then develop into pneumonia, Shaw says the only way to know for sure whether it’s canine influenza is to do the blood tests.

## Weighing Risks & Prevention

No facility—be it a daycare, boarding facility, or veterinary hospital—wants to be the location of patient zero in an outbreak of any infectious disease in dogs. That’s why every veterinary practice must assess risks specific to the community served and develop protocols and client education action plans accordingly.

### References

<sup>1</sup>Six Steps to Higher-Quality Patient Care (AAHA, 2009), page 16.

<sup>2</sup>Crawford PC, Dubovi EJ, Castleman WL, Stephenson I, Gibbs EPJ, Chen L, et al. Transmission of equine influenza virus to dogs. *Science*. 2005; 310: 482-5. PubMed DOI.

<sup>3</sup>Yoon KJ, Cooper VL, Schwartz KJ, Harmon KM, Kim W, Janke BH, et al. Influenza virus infection in racing greyhounds. *Emerg Infect Dis*. 2005; 11:1974-5

<sup>4</sup>Influenza A Virus (H3N8) in Dogs with Respiratory Disease, Florida, Centers for Disease Control Research, Vol. 14, No. 6, June 2008

<sup>5</sup>Key Facts about Canine Influenza (Dog Flu), CDC Q&A online – [www.cdc.gov/flu/canine](http://www.cdc.gov/flu/canine)

## Take the Challenge

1. Plan and schedule a hospital-wide training session on how vaccines are developed, what happens inside the body, and how vaccines for viral diseases differ from those for bacterial diseases.

2. Assess the potential risks for canine influenza in your community and develop protocols that meet this risk and match your overall wellness philosophy.

3. Use role-playing to practice explaining your recommendations for both kennel cough and canine flu to clients whose dogs are at the highest risk.





# Canine Influenza Education Resources from AAHA MARKETLink



An on-hold script or newsletter insert can help alert your clients about what to look for in Canine Influenza. Download these information tools from [www.AAHAMARKETLink.com](http://www.AAHAMARKETLink.com) or adapt to fit your own needs.

## Compliance Resources from AAHA



### Connecting with Clients: *Practical Communication for 10 Common Situations, Second Edition*

Communication is the cornerstone of any healthy relationship, including those you build with your clients. But do you and your staff really know how to communicate well in difficult situations?

This product gives every member of the veterinary team insightful, easy-to-understand information about what to say and what to do in a variety of challenging client-relations situations, including dealing with financial constraints and indecisive clients.

Authors Dana Durrance, MA, and Laurel Lagoni, MS, provide a situation summary and assessment for each of the ten circumstances covered, as well as role play exercise ideas. Designed to be used as both a quick reference guide and team training tool, this indispensable book includes:

- Interactive online video component!
- An overview of communications skills
- A glossary of communication terms
- Advice for developing your own protocols
- An additional resources section
- A role-play feedback form

Using the training methods featured in *Connecting with Clients* will lead to better communication, result in trust-based relationships, and create a better client experience.

Members: \$39.95

Nonmembers: \$49.45



### Preferred Medical Protocols

Developing preferred protocols for a practice is valuable both for increasing communication among staff members and for introducing new staff to the practice culture. With an emphasis on quality medicine, Preferred Medical Protocols can be a tremendous aid in formulating standardized diagnostic and therapeutic protocols for the more common conditions seen in small-animal veterinary practices.

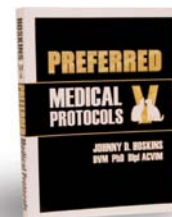
New to this revised edition:

- Complete cardiac formulary
- Current management of hyperadrenocorticism
- New drugs for use in clinical practice
- Current recommendations for management of hypertension
- Management of urinary bladder tumors
- Overall update of clinical management

This book gives all team members in the practice a basic understanding of how each type of case is handled and helps ensure that care is always at the highest level.

Members: \$134

Nonmembers: \$149



### Vaccinating Your Pet brochure (also available in Spanish)

Educate your clients about the basics of vaccinations with these handy brochures that have been reviewed by an ABVP board-certified veterinarian. These brochures come in packs of 50 and can help you improve compliance for as little as \$.17 each! Give clients the information they need in a convenient question-and-answer format. Each brochure covers core and noncore vaccines, factors that determine the recommended frequency of vaccinations and possible risks.

Members: \$9.95 each pack

Nonmembers: \$13.95 each pack



**Commitment  
To Compliance**



# Learn at Your Leisure: Putting the AAHA Nutritional Assessment Guidelines to Work

The Association recently released the AAHA Nutritional Assessment Guidelines for Dogs and Cats, and is now offering education to help practices start putting them to use. According to the 2003 AAHA compliance study, only 7% of clients with animals that could benefit from a therapeutic diet received a diet recommendation. As part of the new guidelines, AAHA encourages nutritional status be assessed with every patient in every appointment.

Proper nutrition enhances pets' quality of life and is integral to optimal animal health. The goals of the guidelines are to provide:

- Awareness of the importance of nutritional assessment of dogs and cats
- An approach to the nutritional evaluation of animals to promote optimal health and response to disease
- Evidence and tools to support recommendations

AAHA created three progressive web events, as well as regional workshops, sponsored by Hill's Pet Nutrition, to educate veterinary professionals about the Nutritional Assessment Guidelines and their usage. You can view the webconference archives at [www.aahanet.org/nutrition](http://www.aahanet.org/nutrition) through August 2011. Each program is free and provides one hour of continuing education.

## The AAHA Nutritional Assessment Guidelines – What They Mean to You

This web conference provides an overview of the guidelines and how they were developed, including:

- How the circle of nutrition applies to patient assessments
- Body Condition Scoring (BCS) and Muscle Condition Scoring (MCS)
- What's involved in a basic assessment and extended evaluation
- Nutrition action plans and monitoring plans for each patient

## Taking Action with the AAHA Nutritional Assessment Guidelines

Second in the series, this web conference will stress implementation of the AAHA Nutritional Assessment Guidelines for Dogs and Cats in private practice.

## Tough Talk: Communicating Nutrition With Difficult and Not-So-Difficult Clients

This web event will cover roles for implementation of the AAHA Nutritional Assessment Guidelines by the whole team, including communication of recommendations and follow up, strategies to handle refusal, rejection and pushback, and more. This webcast is designed as a taste of the in-person workshops. So, when you find yourself hungry for more content in this area, find the workshop near you!

## Regional Workshops

### Nutrifluent: Speak the Clients' Language

These aren't your ordinary veterinary industry, dry, day-long CE events. The AAHA Nutrifluent workshops have packed six CE hours into one interactive, educational and engaging day! Of the three factors that have the most effect on a pet's health, environment, genetics and nutrition, we have the most control over nutrition, so find the workshop in your area to:

- Learn how you and your team can implement the AAHA Nutritional Assessment Guidelines in your practice to make a positive impact on your patients
- Join Ms. "Dee Manding" (a role-play of a "demanding" client) for case-based learning to discover how to communicate the best nutritional approach for each patient
- Get practical strategies, tools and skills you can apply as soon as you return home

Workshops are scheduled in the following areas:

November 9, 2010	Vancouver, BC
November 11, 2010	Portland, Ore.
January 25, 2011	Dallas, Texas
January 27, 2011	Los Angeles, Calif.
February 15, 2011	Ft. Lauderdale, Fla.
February 17, 2011	San Antonio, Texas
March 8, 2011	Minneapolis, Minn.
March 24, 2011	Toronto, ON
April 12, 2011	Chicago, Ill.
April 14, 2011	Baltimore, Md.
May 17, 2011	Richmond, Va.
May 19, 2011	Boston, Mass.



## AAHA Introduces Member Referral Reward Program

AAHA is asking our accredited members to spread the word to other veterinary hospitals about the positive impact accreditation has had on your patients, practice and career.

Talk to your peers about the value of accreditation and encourage them to apply today by visiting [www.aahanet.org](http://www.aahanet.org) or calling the Member Service Center at 800/883-6301. When a practice signs up to become AAHA-accredited and lists your practice as the referring hospital, you will receive your choice of a \$100 AAHA credit or \$100 Home Depot gift card!

When you refer at least three practices, you'll be entered into a contest. The hospital that has the most referrals by March 31, 2010\* will receive complimentary AAHA Yearly Conference registrations for one veterinarian, one technician and one practice manager.\*\*

That's not all! When a practice you referred successfully passes their accreditation evaluation, you'll receive a second gift – our way of thanking you for referring such a top-quality practice to become part of the elite group of AAHA-accredited practices.

The more veterinary professionals that understand and believe in the value of accreditation, the higher quality of medicine pets will receive across the industry.

\*This test program is valid through March 31, 2011. Based on results, the Association may extend the offer.

\*\*Complimentary yearly conference registrations are only valid for one year after award date.



## Register by December 15 and Save on AAHA/OVMA – Toronto 2011 Registration



Official registration programs hit mailboxes in October, but all the information is posted online as well. In addition to session descriptions, speaker bios, registration information and capabilities, the site also features a planning tool called My Show Planner that you can use to create a personal conference agenda. Search the sessions you want to attend; find exhibitors by company name, booth location or product category; and design your schedule to maximize your conference experience.

Register at [www.aahanet.org/AAHAOVMAToronto2011](http://www.aahanet.org/AAHAOVMAToronto2011) today and save \$50!

## Trends online Becomes Trends Today and Is Better Than Ever

*Trends Today*, formerly known as *Trends online*, has been completely redesigned for easier navigation and enhanced usability. *Trends Today* is your portal to a broad universe

of practice and business management information from both the veterinary industry and small business outside the industry. As part of the site's makeover, it now features:

- A tip of the day
- Exclusive, original articles
- Daily updates on the latest medical and practice management news
- New "Share Your Stories" content

You can also access the digital edition of *Trends* magazine by clicking on the issue's cover in the top, right corner of the *Trends Today* homepage. *Trends* digital edition is only available to AAHA members and *Trends* magazine subscribers. Visit [trends.aahanet.org](http://trends.aahanet.org) to check it out now!

trends  
today

# 2010 Small Animal Biologicals Matrix

September 7, 2010 through December 31, 2010

Introducing **MATRIX PLUS**: Every dose of Vanguard® L4, Vanguard® Plus 5 L4, Vanguard® Plus 5 L4/CV, LymeVax®, and Leukocell® 2 will count as **TWO** doses when accumulating towards reaching the purchase level thresholds outlined below.

SKU	Eligible Small Animal Biologicals	Buy 350 Doses, Get 50 Doses Free	Buy 600 Doses, Get 100 Doses Free	Buy 800 Doses, Get 150 Doses Free	Buy 1000 Doses, Get 200 Doses Free	Buy 1300 Doses, Get 300 Doses Free
3543	Bronchicine® CAe (10-dose)	5 X 10-dose	10 X 10-dose	15 X 10-dose	20 X 10-dose	30 X 10-dose
3551	Bronchicine® CAe (1-dose)	50	100	150	200	300
<b>2030</b>	<b>LymeVax® (10-dose)</b>	<b>5 X 10-dose</b>	<b>10 X 10-dose</b>	<b>15 X 10-dose</b>	<b>20 X 10-dose</b>	<b>30 X 10-dose</b>
<b>2028</b>	<b>LymeVax® (1-dose)</b>	<b>50</b>	<b>100</b>	<b>150</b>	<b>200</b>	<b>300</b>
4275	Vanguard®-B	50	100	150	200	300
4928	Vanguard® CV	50	100	150	200	300
4945	Vanguard® DAP	50	100	150	200	300
4952	Vanguard® DAMP	50	100	150	200	300
5301	Vanguard® Plus CPV (10-dose)	5 X 10-dose	10 X 10-dose	15 X 10-dose	20 X 10-dose	30 X 10-dose
5300	Vanguard® Plus CPV (1-dose)	50	100	150	200	300
5303	Vanguard® Plus 5	50	100	150	200	300
5305	Vanguard® Plus 5/CV	50	100	150	200	300
<b>5181</b>	<b>Vanguard® L4</b>	<b>50</b>	<b>100</b>	<b>150</b>	<b>200</b>	<b>300</b>
<b>5180</b>	<b>Vanguard® Plus 5 L4</b>	<b>50</b>	<b>100</b>	<b>150</b>	<b>200</b>	<b>300</b>
<b>5179</b>	<b>Vanguard® Plus 5 L4/CV</b>	<b>50</b>	<b>100</b>	<b>150</b>	<b>200</b>	<b>300</b>
4310	Felocell® 4	50	100	150	200	300
4305	Felocell® 3	50	100	150	200	300
4350	Felocell® FVR C (IN)	50	100	150	200	300
5313	Felocell® FVR C	50	100	150	200	300
5312	Felocell® P	50	100	150	200	300
<b>4363</b>	<b>Leukocell® 2 (1-dose)</b>	<b>50</b>	<b>100</b>	<b>150</b>	<b>200</b>	<b>300</b>
4643	Felocell® FIP (IN)	50	100	150	200	300
4654	Defensor® 1 (10-dose)	5 X 10-dose	10 X 10-dose	15 X 10-dose	20 X 10-dose	30 X 10-dose
4985	Defensor® 1 (1-dose)	50	100	150	200	300
4996	Defensor® 3 (1-dose)	50	100	150	200	300
4997	Defensor® 3 (10-dose)	5 X 10-dose	10 X 10-dose	15 X 10-dose	20 X 10-dose	30 X 10-dose
4627	Defensor® 3 (CA) (1-dose)	50	100	150	200	300
4628	Defensor® 3 (CA) (10-dose)	5 X 10-dose	10 X 10-dose	15 X 10-dose	20 X 10-dose	30 X 10-dose
	<b>PLUS Free In-Clinic Premium Items:</b>					
	0205 Neogen 3CC Luer Lock					
	or					
	0204 Neogen 3CC Slip Tip	300	600	800	1000	1300
	<b>Billing Terms</b>	<b>Standard</b>	<b>Standard</b>	<b>Standard</b>	<b>Standard</b>	<b>Standard</b>

**PROGRAM TERMS:** Mix and Match, any Small Animal Biological. Free vaccine may be equal or less expensive SKU as long as it does not exceed the number of doses ordered of the more expensive SKU. Purchased Porphyromonas Denticanis-Gulae-Salivosa Bacterin will count towards reaching qualifying levels on the Bio Matrix; however Porphyromonas Denticanis-Gulae-Salivosa Bacterin is not eligible as free vaccine on the Bio Matrix.

Notice: The Porphyromonas Denticanis-Gulae-Salivosa Bacterin product license is conditional. Efficacy and/or potency of this product have not been fully demonstrated, consultation with a veterinarian is recommended.

Pfizer Animal Health reserves the right to change or discontinue this promotion at any time and for any reason.

