Once again, media coverage of multiple cases of canine influenza in other states is driving concern among Hoosiers about the presence of the disease in Indiana.

While this canine influenza is not officially reportable to the Indiana State Board of Animal Health (BOAH), the agency has received a number of anecdotal reports about dogs from the Chicago area that are being diagnosed in Hoosier clinics. Media interest is also running high.

Currently, reports indicate the greatest number of cases in the Chicago area, with some spill-over into Michigan. The last significant canine flu event was in spring 2014; prior to that was the discovery of the virus in 2005 in several states, particularly those associated with greyhound race tracks.

Clinically, canine influenza presents similarly to “kennel cough,” or Bordetella, as it starts with coughing up to 3 weeks. The major differences are that nearly every dog exposed becomes infected, as most canines are naïve to this new virus. Sickened animals may develop a fever as high as 107 degrees F. In its milder form, this flu causes a low-grade fever along with coughing and a runny nose. Antibiotic treatments can help resolve the runny nose, suggesting a secondary bacterial infection contributes to clinical signs.

More severe cases can result in pneumonia that may lead to death. Mortality is believed to be low, approximately 1 percent to 5 percent, but may reach as high as 10 percent in immuno-suppressed and very young or old dogs. Supportive care for those that have developed pneumonia (including antibiotics and fluids) has been successful.

A vaccine is available, but is not effective is the animal is already infected.

The disease is highly contagious, and infected animals should be isolated. Disease incubation time is only 2 days to 5 days.

Special attention to thorough cleaning and disinfection of facilities should be given at clinics, kennels and other sites where positive dogs have visited.

Testing is available at the Animal Disease Diagnostic Laboratory (ADDL) at Purdue University. Laboratory staff will run a PCR, then virus isolation, from a nasal or pharyngeal swab on a Dacron swab placed in media
or saline in a tube. Sample should be sent overnight to laboratory (12 to 24 hours). The PCR provides quick results, but may miss a few positive cases. Virus isolation will grow out quickly if the PCR is positive.

Dog owners should be advised not to panic, but be aware of clinical signs that indicate a pet needs to see a veterinarian. Normal, healthy dogs, if exposed, will likely become ill but recover. Very old, very young and immuno-suppressed pets are at highest risk, should they be exposed. The risk of exposure is quite low for most dogs under average circumstances. Owners who travel frequently with their pets to infected regions of the country, particularly where many canines gather, such as dog shows and kennel areas, should vaccinate their pets. They should watch their animals closely for any signs of illness after a trip.

This virus is not known to have any human health effects, and should NOT be confused with strains known to infect people.

Practitioners who diagnose canine flu are encouraged to report the case to BOAH via the new Animal Health Reporting System, online at:  http://www.in.gov/boah/2703.htm. This new reporting system will allow BOAH to assess status and movement of the virus within the state.