Therapy Dog Manual

6. KEEPING A "HEALTHY" PROGRAM

It is acceptable, at the wish of a Therapy Dog Unit at any level, to approach a veterinarian to act as an advisor or speaker on animal health issues. Provincial/ Territorial coordination of this activity is recommended.

This chapter is provided only as an information guideline for members.

At the beginning of the Therapy Dog Program in 1992, barriers regarding hygiene, liability insurance, dog behaviour and the acceptance by residents had to be overcome. Many hospitals were hesitant to be involved. Facilities are now happy to accept our devoted volunteers and, in some places, demand exceeds the number of volunteers and dogs available.

It is imperative, however, that the high standards achieved be maintained. This relates not only to the evaluation of a dog's suitability for the program, but also to the ongoing health of the dog.

A. Human Allergies

Many people have allergies to animals. If an establishment requests a "non-allergic" dog for visitation, it is recommended that airedales or poodles are most suitable.

B. Infectious Diseases

[1] Establishment/Facility

Any infectious diseases present in an establishment or facility visited by a Therapy Dog team must be reported to the Therapy Dog Coordinator as quickly as possible to:

(a) prevent the spread of the disease both to the member and the dog;
(b) take steps to establish medical checks for the member and the dog;
(c) place the applicable establishment under quarantine (for the Therapy Dog Program) until released by the appropriate medical authority.

[2] Dog and Handler

It is essential that any infectious disease present in an animal be instantly reported to the establishment/facility being visited. Steps must also be taken to eradicate the problem.

The animal in question will be quarantined until officially released by both medical authorities and the local veterinarian. This release must be in writing, and a copy forwarded

to the local Therapy Dog Coordinator as well as the Volunteer Director of the establishment or facility for visitation to begin once again. Failure to comply may result in termination of membership for both the member and the dog.

C. Canine Vaccination

The following is an excerpt from a reprint by Claire Duder, BA, BSc, DVM, Centennial Animal Hospital, April 1998

Note: **annual veterinarian-signed verification must be provided for all dogs, for rabies certification, and current vaccination for distemper, hepatitis, parainfluenza and parvovirus, as required by local Public Health Departments.**

It is intended for educational purposes only.

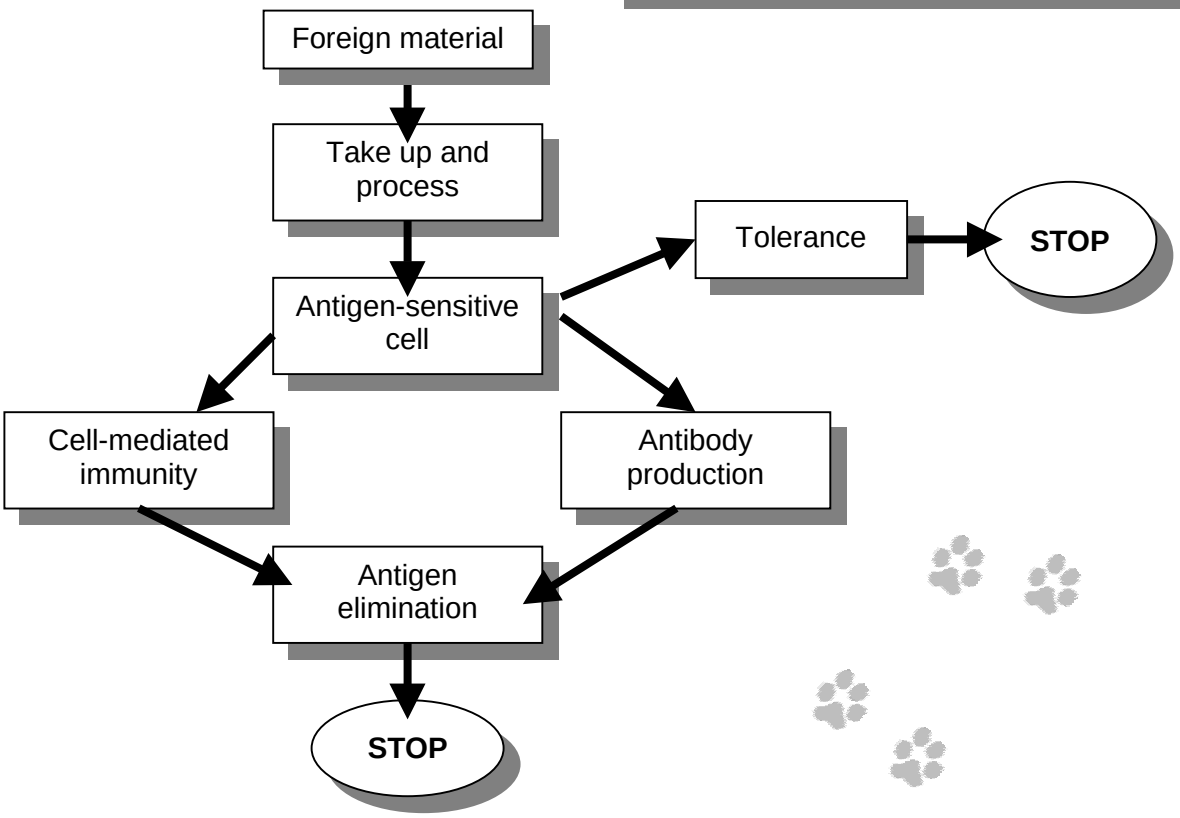
Vaccination is defined as "the administration of an antigen (vaccine) to stimulate a protective immune response against an infectious agent". Despite some recent controversy concerning the possible side effects, a sound vaccination program is still an important part of every dog's health care plan.

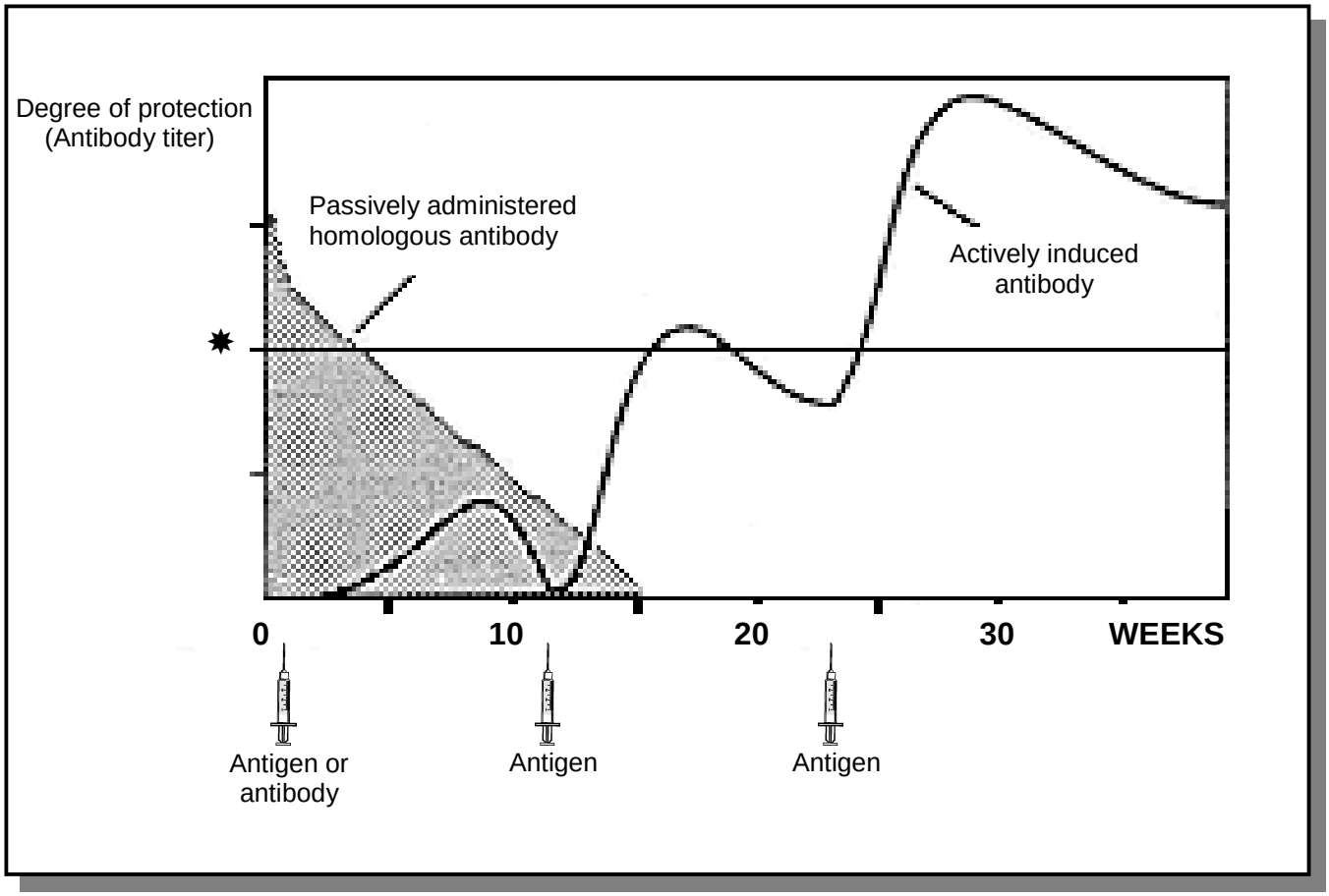
Preventing Infectious Disease
Many of the infectious diseases that plague man and beast cannot be immunized against. Thankfully, there are many other ways that we can prevent infections:

- control or eliminate exposure
- optimize health status
- optimize nutrition
- minimize stress
- practice good hygiene
- avoid overcrowding
- select genetically resistant breeding stock

How Do Vaccines Work?
When we vaccinate an animal, we inject a small amount of a disease-causing agent (antigen), usually modified from its natural state, in order to selectively stimulate cells of the immune system. When all goes as it should, vaccines provide effective protection against infectious disease by preparing the animal's immune system to destroy the infectious agent faster than the infectious agent can multiply and kill or damage the animal.

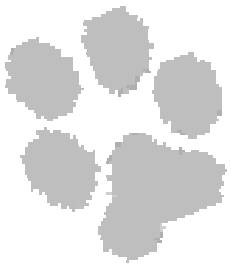
How Vaccines Work





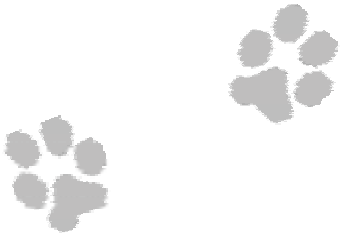
What Diseases Should We Vaccinate Against?
Numerous vaccines have been developed for controlling infectious agents that cause disease in animals. Currently, vaccines are available for the following canine diseases:

- Rabies**
- Parvovirus
- Distemper
- Infectious canine hepatitis
- Parainfluenza
- Bordatella bronchiseptica
- Borellia Burgdorferi
- Leptospirosis
- Tetanus



Types of Antigens
In order for a vaccine to stimulate a protective immune response without endangering the animal, the antigens it contains are usually altered in some way as to render them less pathogenic. Vaccines can therefore be:

- **Modified Live Virus (MLV)**
  - Advantages:
    - lasting immunity
    - more complete immunity
    - no adjuvant required
    - fewer boosters needed
    - acute allergic reactions less common
  - Disadvantages:
    - reversion to virulence possible
    - shedding of virus possible
    - may be more immunosuppressive



- **Killed Virus**
  - Advantages:
    - no virulence
    - no shedding of virus
    - may be less immunosuppressive
  - Disadvantages:
    - shorter lasting immunity
    - less complete immunity
    - adjuvant required
    - more boosters needed
    - acute allergic reactions more common

- **Bacterin**
  - chemically altered bacterial product

- **Toxoid**
  - chemically altered bacterial toxin

What's in a Vaccine?
In addition to one or more antigens, vaccines contain other ingredients designed to facilitate the immunization process.

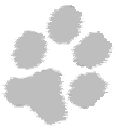
These non-antigen ingredients may be responsible for many of the allergic reactions caused by vaccines.

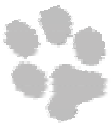
These include:

- preservatives (e.g. antibiotics)
- adjuvant (e.g. aluminium salts, bacterial fractions)
- sterile diluent
- and a bunch of other "stuff"

How Do We Give Vaccines?
Vaccines can be administered by a variety of methods:

- subcutaneous
- intranasal
- intramuscular
- intradermal
- oral





Most vaccines are designed to be given subcutaneously. An exception would be the kennel cough/bordatella vaccine, which is given intranasally. This route of administration preferentially stimulates immunity at the mucosal surfaces of the respiratory tract. This makes sense for a disease that is transmitted via inhalation. Manufacturers' recommendations should always be followed when administering vaccines.

Vaccination Failure
Rarely, a dog may develop a disease against which it has been vaccinated.
This may occur due to:

- ineffective vaccine
- dog already infected
- breed differences (e.g. Rotties and parvovirus)
- concurrent illness/stress/drugs
- immunodeficiency
- interference of maternal antibodies (puppies up to 10 to 16 weeks may have sufficient maternally-derived antibody to inactivate a vaccine)

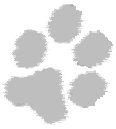
Adverse Reactions to Vaccination
Occasionally, vaccines may trigger an allergic reaction in a susceptible individual. These reactions may be acute (minutes to hours) or chronic (days to weeks).

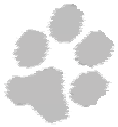
Acute

- most common
- "fat-face", hives
- vomiting, lethargy
- fever
- most are mild and self-limiting
- may be treated with steroids, antihistamines

Chronic

- lump at site of injection
- "blue eye"
- "not-self"





A dog experiencing an allergic reaction or even a suspected reaction should have its vaccination protocol reassessed. Many dogs experiencing mild reactions can be revaccinated safely using pre-treatment with antihistamines, or a different brand of vaccines, or separating out vaccines over several visits. Whether this is desirable or necessary will depend on the individual.

"Vaccinosis"

"Vaccinosis" is the name given to a variety of chronic diseases and immune-mediated problems thought to be associated with or triggered by "over-vaccination". These may include:

- immuno suppression
- auto-immune hemolytic anemia
- thrombocytopenia
- polyarthritis
- thyroid disease
- bloat, etc.

There is lots of uncertainty about the exact mechanisms underlying vaccinosis, and whether it is a true phenomenon, but most cases are in purebreds, therefore underlying genetic susceptibility is likely. A dog suffering from any "severe" immune mediated problem within one month of vaccination would be considered suspect.

Alternatives to Vaccination

- Don't vaccinate
- Regular titres
- Homeopathic Nosodes

Getting The Most From Your Vaccines

- vaccinate only healthy animals
- vaccinate against "serious" disease only
- make sure to complete the "puppy" series
- record brand, serial number of vaccine used
- report any reactions (veterinarian, breeder)
- modify vaccination program as warranted
- introduce new vaccines at a separate visit
- separate vaccines by at least two weeks
- if purebred, ask breeder about family history of vaccine reactions, if any.

D. Zoonoses

The following is a reprint by Mary DeCarie, DVM, Centennial Animal Hospital, May 1998.
It is intended for educational purposes only.

Definition of Zoonosis:
a disease of animals shared by man (plural: zoonoses)

Of all the household pets, dogs often share the strongest emotional bond with their owners. As a result, they come into close contact with the family. Most of the infections we will go on to discuss are much more likely to be transmitted from person to person than to or from dogs.

Nevertheless, certain infections in dogs required public health awareness. In some cases dogs act as sentinels for human infection. Knowledge about zoonotic diseases is important to us for a number of reasons.

As St. John Ambulance Therapy Dog Participants, our dogs are in contact with people who may be very prone to infectious disease. They may have weakened immune systems due to age or disease. Therefore, it is our responsibility to ensure that our dogs are disease free. Conversely, we do not want to place our dogs at risk of contracting any disease from those they visit. Cleanliness may be an issue due to impaired judgement or abilities.

Practically, what does the knowledge of zoonotic disease mean in our daily life with our dogs? It means that St. John Ambulance Therapy Dogs need to be seen by your veterinarian at the first sign of any problem and if they are actively participating in visitation, perhaps sooner than you would normally seeks veterinary care or advice.

Visitation dogs need regular examinations for external parasites, regular fecal samples, careful work-up of any gastrointestinal problems and possibly monitoring versus treatment if antibiotic therapy could create a carrier state. Skin disorders also require careful attention. You need to have a close working relationship with your veterinarian and their understanding of the risks to your dogs and to those you visit if zoonotic conditions are not detected. You need a close working relationship with the place of visitation so your dog is not put at undue risk (ie awareness of which patients may be ill or immune, compromised or of any disease outbreaks among the patients).

If your dog has undiagnosed skin lesions or active bacterial infections, any internal or external parasites, fungal infections, diarrhea, general malaise or lethargy, fever, or has been diagnosed with any infectious disease, your dog should not be visiting – perhaps temporarily, or in some cases, permanently.

By following these simple guidelines, we can ensure healthy visitation for all concerned – the dogs, handlers and patients.

ZOONOSIS	SOURCE	AFFECTED VERTEBRATES	CLINICAL SIGNS
Viral Diseases			
Rabies	animal bite, inhalation	humans, dogs – all mammals	progressive neurol disease and death
Bacterial Diseases			
Brucellosis	aborted canine fetuses, vaginal discharge, urine	humans, dogs	human – fever & malaise dog – abortion, reproductive problems
Leptospirosis	direct contact with urine, or urine contamination of water, bite, ingestion	humans, dogs – most mammals	humans & dogs – malaise, fever, liver & kidney disease, multiple organ systems dysfunction
Pasteurella	bite	humans & dogs – most mammals	humans & dogs – deep skin infections, ulcers
Strep A	direct contact	humans, dogs & cats	humans – strep throat dogs – asymptomatic
Tuberculosis	inhalation	humans, dogs, cats, ruminants, rodents, primates	humans & dogs – systemic disease
Yersinia	ingestion, contact, fecal contamination	humans, dogs, cats, primates, pigs, poultry, beavers	humans – lymphadenopathy, septicemia, gastroenteritis dogs – asymptomatic to mild diarrhea

ZOONOSIS	SOURCE	AFFECTED VERTEBRATES	CLINICAL SIGNS
Bacterial G.I. Diseases			
Salmonella, E. Coli, Campylobacter, Helicobacter felis	fecal contamination	humans & dogs	diarrhea, septicemia, ulceration
Fungal Diseases			
Dermatophytosis (ringworm)	direct contact	humans, dogs, cats – many mammals	skin lesions
Sporotrichosis	bites	humans, dogs, cats, rodents, ruminants, primates	skin lesions, can spread internally in lymphatics
Parasitic Diseases			
Amebiasis, Balantidiasis, Cryptosporidiasis, Giardiasis	fecal contamination	humans, dogs, cats, many mammals, birds	humans & dogs – asymptomatic up to severe gastroenteritis, chronic gastroenteritis, bowel problems, diarrhea, malabsorption, death if immunocompromised
Toxoplasmosis	fecal contamination	humans, dogs, cats, many mammals	humans & dogs – asymptomatic or abortion, congenital defects, systemic disease
Hydatid Cyst Disease (tapeworm)	ingestion	herbivores are intermediate hosts	humans – severe systemic illness dogs – diarrhea
Visceral Larval Migrans (roundworms)	soil contaminated by feces from infected dogs	humans, dogs, cats	humans – affect many organs – lung, brain, eye, etc. dogs – unthriftiness, intestinal upset
Cutaneous Larval Migrans (hookworms)	soil contaminated by feces from infected dogs	humans, dogs, cats	humans – cutaneous eruptions dogs – weakness, anemia, gastroenteric signs
Sarcoptes (mange), Notoedres, Cheyletiella, Pelodera	direct contact	humans, dogs	humans – dermatitis, transient itch dogs – severe chronic dermatitis