

Canine Parvovirus Outpatient/Foster Protocol

The shelter's policy is that treatment will be provided in an isolation ward or parvovirus-specific and trained foster home when a puppy positive and clinical for parvovirus is not already in critical condition (advanced shock suggesting sepsis). With treatment, 80% of puppies will recover, but if they present already in an advanced state of dehydration, hypothermia, and metabolic compromise, their chances of recovery are lower. Such cases require hospitalization for humane, appropriate care.

Recognition and diagnosis

Parvovirus is a highly contagious viral disease that infects unvaccinated puppies and dogs. Virus is spread via fecal-oral route. A puppy with parvovirus must be kept isolated from other animals in the facility, and requires specific care staff in isolation, or a well-trained foster home dedicated to providing care for parvovirus-infected puppies.

Physical exam findings can include lethargy, dehydration, pale mucous membranes, fluid filled intestines, vocalization/ vomiting/retching during abdominal palpation, palpable intussusception, evidence of diarrhea, tachycardia, and fever. Infected puppies may be presented in hypovolemic shock with hyper – or hypothermia and an altered mentation, due to hypoglycemia or septic shock.

Any puppy with diarrhea should be tested via a Fecal ELISA snap test for parvovirus by the shelter medical staff; if they are being surrendered with such a complaint, they should be tested prior to entering the shelter building. Weak positive results are very rare but possible due to recent vaccination, but all positive test results should be taken seriously. False negatives can occur if the fecal sample is taken when the patient is not shedding, when profusely hemorrhagic diarrhea dilutes the sample or late in the disease course if virus is bound by antibodies. A clinically ill puppy who tests negative should still be considered suspect for parvovirus and isolated.

Notification

When a puppy tests positive for parvovirus, the medical staff must be notified immediately, as well as shelter administration responsible for medical decisions. The shelter veterinarian should be consulted regarding the animal's initial assessment and prognosis based on severity of signs.

Treatment in foster care/ outpatient

Treating a foster puppy with parvovirus requires special housing, advanced training in administering subcutaneous fluids, and great attention to biohazard management. Foster parents are given supplies, including dry and canned food and/or formula; de-wormers; sterile fluids and syringes; a rectal thermometer; puppy pads; towels; a crate; and appropriate disinfectants. Only pre-approved foster homes trained in parvo management may be considered for these cases.

1. Medications, based on the CSU Outpatient Protocol
 1. At shelter
 - Cefovecin (Convenia) 8 mg/kg SQ once at shelter
 - Maropitant (Cerenia) 1 mg/kg SQ SID at shelter
 2. Daily

Panacur 50mg/kg PO SID for 5 days once not vomiting
LRS: 50 mls/kg SQ BID. Alternatively, staff member can administer fluids daily at foster home, or in parking lot of the shelter.
Pain medication if provided by the veterinarian

2. If the puppy's status deteriorates, alert the shelter medical staff immediately or the after-hours emergency line.

Documentation

Foster parents should complete daily monitoring logs that include information on weight, stool consistency (see Purina fecal scoring chart), signs of illness, and other issues. Please note details for medical staff.

Medical staff members are responsible for entering all medical information into the shelter's software record system. This includes documentation of phone conversations with foster parents, which may include referral for after-hours emergency care.

Housing and decontamination

Parvovirus is extremely stable in the environment, can persist in organic material for over a year and is resistant to many routine disinfectants. Infected puppies and dogs must be housed in an easily cleaned area separate from all other dogs for a minimum of 10 days. Gloves and protective outer garments must be worn when entering the room where the puppy is housed, and removed after handling the puppy or any items in the room. Laundry should be disposed of in the garbage rather than washing.

Once organic matter has been successfully removed via cleaning with a detergent, effective disinfectants include: 5% sodium hypochlorite (household bleach) at 1:32 dilution (1/2 cup bleach/1 gallon water) with 10 minutes contact time, 1% potassium peroxymonosulfate (Trifectant), accelerated hydrogen peroxide (Accel) and calcium hypochlorite (Wysiwash). One of these will be provided by the shelter for cleaning of the foster area.

Outcome decisions

The majority of puppies will demonstrate improvement within 5 days. Puppies will be isolated for a minimum of 10 days in isolation or foster care. After the resolution of clinical signs, puppies testing negative on a snap test may be bathed, and put up for adoption.

If the puppy deteriorates in foster care, the shelter medical staff or the emergency contact must be consulted. Humane euthanasia will be considered for those cases refractory to treatment.

Adoption Counseling

Puppies that recover do not require a medical memo once they are cleared from isolation and can be moved forward to adoption. Infection is thought to provide life-long immunity, but puppies will be vaccinated and spayed and neutered in accordance with the shelter's standard protocols for preventive care.