



Dear Doctor



News, updates, and practice tips for today's veterinarian.

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A Closer Look

Update on feline calicivirus

AWARENESS AND PREVENTION ARE KEY TO PROTECTING CATS FROM THIS HIGHLY VIRULENT STRAIN.

It's most veterinarians' worst nightmare—a perfectly healthy animal dies within hours of first exhibiting signs of trouble. But with a new strain of calicivirus attacking a handful of clinics across the country, this nightmare has become a reality for some practitioners.

Signs and incidence

Virulent systemic feline calicivirus (VS-FCV) infection has a mortality rate of more than 40%—even among vaccinated cats.¹ Clinical signs usually include high fever; facial and limb swelling; ulceration and hair loss on the face, feet, and ears; and ocular and nasal discharge. The virus affects adult cats more seriously than kit-

tens, and an otherwise healthy animal can die within 24 hours of displaying signs.¹

Outbreaks of VS-FCV infection can be devastating. According to a study published in the Jan. 15, 2004, issue of *JAVMA*, a 2002 outbreak in Los Angeles began when four shelter cats introduced an especially virulent strain of calicivirus into a hospital. The virus spread to two clinics and a rescue organization via infected surfaces, cat-to-cat contact, and human-to-cat contact by direct contact and fomites—objects such as clothing that transmit disease. Out of 54 suspected cases, 59% of adult cats and 14% of kittens younger than 1 year old died.¹ Reasons for this high mortality rate are unknown.

Similar outbreaks have been documented in Pennsylvania, Massachusetts, Tennessee, and Nevada,¹ and a similar disease syndrome has been recreated in laboratory cats.² No vaccination exists for VS-FCV, and it would pose a considerable risk if it were to spread widely among vaccinated or unvaccinated cats.

Differences from respiratory calicivirus

In contrast to VS-FCV, the field strain of feline calicivirus (FCV) is usually not fatal by itself. About 50% of cats—but more in



shelters—test positive for the presence of FCV, whether they develop the clinical disease or not.

In high-density populations like shelters, FCV is nearly endemic, says Janet Foley, DVM, PhD, MS, assistant professor of medicine and epidemiology at the University of California-Davis. Dr. Foley and her UC-Davis colleagues have been investigating VS-FCV since its discovery in the late 1990s.

The prevalence of FCV isn't news to most practitioners. However, what many don't realize is that the virus causes more upper respiratory problems than

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Feline calicivirus (*continued*)

is commonly thought. "Calicivirus is an important immunosuppressive virus in respiratory disease, occurring concurrently and predisposing cats to other diseases," Dr. Foley says. "Almost every cat we've seen with a *Bordetella* infection also has calicivirus."

Dr. Foley says veterinarians should always test for FCV in respiratory disease cases. "Part of the reason we don't test for FCV is that we don't have treatment options other than supportive care," she says. "But it makes a difference in your strategy when you know exactly what you're looking at." For example, veterinarians can administer antibiotics if secondary bacteria are present.

Kittens are much more susceptible to FCV than adult cats. "When I adopted my kittens from a shelter a couple years ago,

they developed an upper respiratory infection within days," Dr. Foley says.

Risk factors and transmission

The most important risk factor for FCV is exposure to other cats, especially in shelters. Kittens, unvaccinated cats, and stressed or sick cats are also at high risk. The main difference in risk between FCV and VS-FCV, Dr. Foley says, is that kittens are not as likely as adult cats to develop the virulent form of the disease. "Because it's partly an immune-mediated disease, a cat's immune system tries to eliminate the virus but actually causes damage at the same time," she says.

Both virulent and field strains of feline calicivirus are primarily transmitted through respiratory secretions. If an infected cat sneezes or coughs, it can spew virus-harboring droplets for more than two meters, according to the UC-Davis Web site.³ A small amount of the virus is pres-

ent in feces, and FCV can also be transmitted indirectly through contaminated surfaces. "If a cat sneezes on your lab coat and you pick up another cat, it may become infected," Dr. Foley says.

Even asymptomatic or mildly affected cats can transmit the fatal disease, shedding the virus for years. The UC-Davis Web site states that FCV can be carried "between clinics and homes via contaminated fomites (clothing, hands, etc.), resulting in infection of cats never directly exposed to a sick cat."³

What you can do

Dr. Foley says that practitioners need to be aware of the signs of VS-FCV infection and take immediate preventive action if a case is suspected (see *Halting the spread of virulent calicivirus*). "If you deal with it immediately—quarantine sick and exposed animals and follow sanitation protocols—you can stop the virus in its tracks," she says. "A few practices have closed down completely while dealing with this virus. It's a lot of work, but if you weigh the deaths of perfectly healthy cats with the nuisance of using bleach, there is no contest."

Dr. Foley also recommends that you educate your clients about vaccination and what strains it will—and will not—protect against. The vaccines don't protect against the virulent FCV strain, but investigations are under way. "As we learn more about these new calicivirus strains," says Dr. Foley, "vaccine research will be one of the most important factors."

Halting the spread of virulent calicivirus

The UC-Davis Web site states that clinics with the following VS-FCV protocols have seen no further spread of the disease.³ The recommendations include:

- **Clean contaminated exam rooms.** Wash surfaces in the room thoroughly with detergent and disinfect with bleach (use fresh 5% solution diluted with water at 1:32). Keep the room empty for 48 hours, and clean it again before reuse.
- **Clean every surface.** In the rest of the clinic (or in sick or exposed cats' homes), disinfect all surfaces, including those in offices, dog runs, etc. Pay particular attention to phones, keyboards, doorknobs, and other frequently touched objects.
- **Close down if necessary.** If you can't effectively clean all surfaces or if the disease spreads despite appropriate measures, clean the facility as thoroughly as possible and quarantine the area for at least two weeks.
- **Treat bedding and clothing.** Throw away contaminated bedding, or wash it thoroughly in hot water, detergent, and bleach. Individuals who handle sick or exposed cats should wear protective garments and change clothes before touching healthy cats and at the end of a shift.
- **Isolate sick and exposed cats.** Cats with at least one sign of VS-FCV infection should be limited to one exam room. Use separate equipment, gowns, gloves, caps, and footwear for all suspect cases, and isolate asymptomatic exposed cats separately from sick cats. Limit contact to one or a few staff members designated to assist with the situation.
- **Test for shedding.** Multiple negative viral cultures obtained one to two weeks apart confirm that an animal is no longer shedding the virus.

References

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3. University of California-Davis Center for Companion Animal Health. Focal outbreak of an unusually virulent strain of feline calicivirus (VS-FCV). Available at: <http://www.vetmed.ucdavis.edu/CCA/Prog-ShelterMed/vsfcv.htm>. Accessed Feb. 15, 2005.

Building efficient teams

READY TO GROW? CREATE TEAMS TO SHARE THE WORKLOAD AND BOOST PRODUCTIVITY.

By Thomas E. Catanzaro, DVM, MHA, FACHE, DACHE

Many of you are used to shouldering the burden of client and patient care alone. To prepare your practice for growth, however, you need to work more efficiently. The key is to leverage your team.

During my annual physical, I was struck by how effectively healthcare teams can work together. A medical assistant called me from the waiting area and checked my weight and height, then asked me to provide a urine sample. In the consultation room, the medical assistant checked my blood pressure, pulmonary function, and seven-lead ECG, then called for the doctor—just what we expect an outpatient veterinary nurse to do (except for determining pulmonary function). The doctor examined me, prescribed my medications, then released me to the medical assistant for two vaccinations and to a laboratory technician for the blood sample—what we expect an outpatient veterinarian to do. Why was I so impressed at the end of the visit? Because the doctor expertly leveraged his staff members to offer the care I needed. We can use a similar approach to help the doctor spend less time in the exam room while offering veterinary clients and patients high-quality care and enhancing profitability.

Get in the zone

First, let's set the scene. Some of you are starting with one- or two-doctor practices

with only a few exam rooms. If you own a two-doctor practice, you probably enjoy a little more time off than solo practitioners. You may have divided your longer shift into two, but you and your partner or associate probably still serve one client at a time.

Here's where the problem comes in. You're growing. You're ready to move beyond two doctors and 1,000 transactions a month. First, you definitely need more exam rooms. Staff members will fill the exam rooms and educate clients while you move from one exam room to another. The benefit: You spend more time practicing better medicine and see more patients in less time.

Next, group tasks, such as answering the phone and discharging patients, into areas called zones. (See the *Sample Clinic Zones* list.) Remember the example I gave about my experience at the doctor's office? My doctor delegated the tasks that didn't require his medical degree to other staff members. The zones he established made my visit flow more smoothly.

Sample clinic zones

Here are some of the zones I recommend and the tasks the zone's coordinator will take on or delegate to staff members:

Client relations

- managing patient check-ins
- handling phone calls
- discharging patients
- performing veterinary software operations
- editing and sending the practice's newsletter, health alerts, and reminders
- booking appointments for pets overdue for services

Outpatient

- managing outpatient traffic flow
- educating clients
- offering behavior counseling and services
- providing nutrition counseling
- offering routine dental hygiene
- following up with clients

How do you make zones work? First, recognize you must change your practice style. You and your partner or associate can't work two or three consultation rooms while moving erratically from front to back when your practice doubles in size. Specialized zones allow you to focus on patients' and clients' needs.

Next, you need to delegate tasks that don't require your veterinary degree to staff members. For example, staff members might take on nutrition counseling, dental hygiene, and parasite prevention and control education. You'll also select zone coordinators to train capable staff members and build a productive schedule for each zone. Zone coordinators are your anchors—they should demonstrate your core values and patient care standards.

Common sense dictates the more clients you see, the more profitable your practice. More important, sharing the workload with team members as part of a zone-based system allows you to efficiently offer the best health care—and everyone benefits.

- cleaning and maintaining outpatient areas
- supervising the technical assistant pharmacy staff member

Inpatient

- supervising the technical assistant staff member
- checking the wards and performing rounds (8 a.m. and 1 p.m.)
- supervising treatment room care, including imaging, dentistry, and surgery
- updating the inpatient chalk board
- monitoring controlled substances and drugs (Title 21, CFR [controlled substances] and Title 16, CFR [drugs])

Boarding and pet resort

- bathing and grooming pets
- caring for boarded animals
- cleaning and maintaining the boarding area
- enforcing animal welfare regulations (Chapter 1, Subchapter A, Title 9, CFR)

Supporting a special partnership

FORT DODGE OFFERS IAADP SUPPORT TO PROVIDE SERVICES FOR PEOPLE PARTNERED WITH ASSISTANCE DOGS.

Dogs are said to be man's and woman's best friend. Perhaps no group knows this better than the people partnered with assistance dogs. Day after day, these dogs provide vital services that help their human housemates lead safe, independent lives despite a loss of vision, hearing, or full physical movement. Naturally, assistance dog owners develop a deep bond with the canine teammates that faithfully watch over them.

While people partnered with assistance dogs share a human-animal bond unlike any other, they must deal with issues that arise from the partnership itself, including dog training, air travel, workplace access, and veterinary medical care. Support arrived in 1993 when six assistance dog owners founded the International Association of Assistance Dog Partners (IAADP) (www.iaadp.org).

"We knew if we created a worldwide forum where assistance dog partners and others in the field could communicate, we could work together on issues of mutual concern," says Toni Eames, co-founder and treasurer of IAADP.

Another challenge assistance dog partners face is paying for the cost of medical care—especially emergencies. IAADP

estimates about 20,000 individuals in the United States are partnered with assistance dogs. These people know proper veterinary healthcare is essential for keeping their companions in top condition. However, covering the cost of this care can be difficult for those on already-tight budgets.

To help decrease the financial burden of these veterinary costs, Fort Dodge Animal Health joined IAADP's Veterinary Care Partnership program.

The company provides monetary support for the organization's emergency fund and initiated a discount program for IAADP members to use toward Fort Dodge Animal Health's vaccines.

"This support allows the assistance dog to get the best possible care without owners worrying how they're going to cover the bills," says Ed Eames, co-founder and president of IAADP.

Spreading the word

Fort Dodge also assists IAADP with another one of its primary goals—promoting public and veterinary-industry awareness through education. The company is publishing a pamphlet that teaches veterinarians about the best treatment protocols for assistance dogs. Some medications, for example, can impair the dogs' performance, which increases the risk of accidents for owners. In addition, Fort Dodge helps cover the publishing costs of IAADP's newsletter, *Partners' Forum*, which is distributed to



Ed Eames, IAADP co-founder and president, and Toni Eames, co-founder and treasurer, with their two guide dogs, Latrell (left) and Keebler (right).

members, U.S. veterinary schools, and more than 175 assistance dog training programs on five continents.

To keep its members up-to-date, IAADP holds an annual meeting to address relevant legislation, access cases, training tips, and other healthcare issues. Fort Dodge helped reduce members' attendance costs by serving as a sponsor for the 2004 and 2005 meetings.

Since its inception in 1993, IAADP membership has grown to more than 2,000—a testament to the organization's value. Its efforts, combined with support from companies like Fort Dodge Animal Health, will help sustain these one-of-a-kind partnerships for years to come.

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For more information

To learn more about the International Association of Assistance Dog Partners, its legal resources, advocacy efforts, Veterinary Care Partnership Program, and more, visit www.iaadp.org or call (586) 826-3938.

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