



# Canine Companions Rescue Center

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## Kennel Cough

One of the ongoing risks for our dogs is exposure to kennel cough, otherwise known as "infectious tracheobronchitis". This exposure is in part due to the fact that frequently when we train or trial our dogs they are exposed to a number of other dogs. This exposure greatly enhances the opportunity for transmission of this respiratory disease.

Kennel Cough can be caused by a number of viruses as well as bacteria. Frequently the disease is in fact caused by a combination of these two types of organisms. Primary among the viruses are Canine adenovirus type 1 and 2 as well as Canine parainfluenza virus. Probably the single most important organism in causing kennel cough is a bacteria called *Bordetella bronchiseptica*.

A dog that has contracted one or more of these organisms will develop a very significant infection and inflammation of the trachea and the bronchi. The onset of symptoms can be in as little as four to five days or as long as two weeks after exposure, however, the broad majority of dogs will become symptomatic in seven to ten days post exposure. The most common symptom is typically a deep honking type cough that develops abruptly. In many cases the cough is non-productive and it will appear that the dog is retching. These dogs will usually have paroxysms of coughing followed by intervals of minimal coughing. The coughing can be exacerbated by drinking water, activity increases, or when exposed to temperature differentials (e.g. going from a warm environment into a cool or cold environment or vice versa). Most dogs with kennel cough will act normally (except for the coughing) and will have a normal appetite. Occasionally a mild to moderate temperature elevation will occur (up to 105 degrees F) and there may be a nasal discharge as well as a decrease in appetite.

Treatment in most dogs is not necessary as the infection will subside on its own within seven to ten days. However, some dogs continue coughing for up to two to three weeks. If symptoms are severe it is appropriate to medicate. If the cough is productive and not interfering with the dogs ability to rest the cough should be allowed to continue as it helps rid the airways of inflammatory and infective debris. If the cough is productive but so persistent that the dog cannot get comfortable, or if it is non-productive, the use of cough suppressants is indicated. The use of some honey on a piece of bread or using a human over the counter cough suppressant syrup may sometimes be enough to quiet the coughing down to an acceptable level. If further suppression is required your veterinarian should be able to provide you with an appropriate medication.

Antibiotics are appropriate if the symptoms are severe, and particularly if the temperature is elevated for more than two or three days. Bear in mind that the antibiotics will only be effective against any bacterial causative agents. The viruses will have to be taken care of by the body's normal defense mechanisms just as in you or I.

If medications do not help within several days, or if the symptoms worsen or reoccur, then reevaluation of the diagnosis is certainly warranted. The type of cough seen with kennel cough can also be present in some severe respiratory diseases that will require a more in depth diagnostic plan and therapeutic regimen.

Preventing other dogs from contracting this disease once it is present requires isolating the affected dog stringently. The organisms that are responsible are spread primarily on small water droplets in the air, but direct contact between dogs and with areas that are contaminated by sputum can also serve as a source of contagion. I usually recommend to owners that an affected dog not be allowed to contact other dogs until there has been no coughing for at least seven to ten days. To prevent transmission in kennel settings at home you should isolate the affected dog and increase the ventilation within the kennel to the point that you are exchanging the air twelve to fifteen times per hour. You should try to keep the humidity to less than fifty percent if possible. Kennels, crates and dishes should be cleaned vigorously with disinfectants and allowed to dry thoroughly before their next use. In short, increasing airflow and dryness will help a great deal with this problem.

Vaccines will help prevent kennel cough. There are currently vaccines available for Adenovirus type 1 and 2 as well as Parainfluenza and Bordetella bronchiseptica. Some of these vaccines can be administered by injection and some can be given in the form of nasal drops. The nasal vaccines do appear to create a higher level of protection. While no vaccine is perfect, these vaccines do seem to be very effective at minimizing kennel cough.

While kennel cough, in most cases, is a relatively minimal problem for our dogs, it has the potential to become chronic, adversely affecting our training programs; and has the capacity to spread very quickly in group training situations. All of us with working dogs need to be conscious of how to prevent this disease and how to limit its transmission if we are to be fair to our own dogs as well as the other dogs and handlers that we come in contact with.

Following his 1973 graduation from Cornell University, Dr. Henry De Boer established Pioneer Valley Veterinary Hospital, based in western Massachusetts, in 1975. His involvement with working dogs dates to the mid 1960's when he began training and handling hunting dogs. In 1984 he became involved with the sport of Schutzhund and has gradually risen to the level of national competitor. Through the years he has worked both in a training and veterinary capacity with a wide variety of working dogs. His knowledge and enthusiasm for working dogs led to the establishment of Working K-9 Veterinary Consultation Services. This service provides veterinary consultations for working canines and is available by phone, fax, or email.

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