

**For Immediate Release**

**April 8, 1999**

## **CANINE HEALTH ADVISORY**

### **CANINE STREPTOCOCCAL TOXIC SHOCK SYNDROME (Canine STSS)**

The purpose of this communication is to report on a disease that has been confused with recent outbreaks of "kennel cough." Canine Streptococcal Toxic Shock Syndrome (STSS) has been reported in racing Greyhounds. Persons who have many dogs in close quarters or bring dogs to competitions where many dogs gather should be aware of the symptoms of both of these diseases and take appropriate steps to seek care for their dogs. While this condition is currently uncommon if your dog has symptoms of STSS you must seek immediate veterinary care with the first symptoms of lethargy and high fever. Dogs that are not treated immediately may die within hours of the onset of initial symptoms.

Dogs that develop STSS are reported to be healthy prior to being found very sick only a few hours later. Typically, the dogs are found in lateral recumbence, either being too weak to move or experiencing rigidity or mild convulsions. Rapid, uncontrolled muscle fasciculation's are often noted. A consistent and important finding is a very high temperature (105 degrees F). As the disease progresses a deep, non-productive cough typical of pulmonary edema develops. Rapidly, spontaneous hemorrhaging typical of disseminated intravascular coagulation develops which is associated with coughing up blood, bleeding from the nose, severe bruising of the skin, and in some cases bloody diarrhea. Shock therapy alone is not enough to save these dogs. Dogs treated in the beginning stages of the condition with injectable antibiotics (clindamycin or penicillin G) are more likely to recover.

**It is important to distinguish the disease from Kennel Cough which also causes coughing but which only rarely causes high fevers and severe systemic illness. Prompt evaluation by a veterinarian is required to make a timely diagnosis.**

For additional information on Canine Streptococcal Toxic Shock Syndrome or Kennel Cough contact your veterinarian, or either Dr. Fenwick at [fenwick@vet.ksu.edu](mailto:fenwick@vet.ksu.edu) or Dr. Keil at [dkeil@vet.ksu.edu](mailto:dkeil@vet.ksu.edu) Department of Diagnostic Medicine / Pathobiology, College of Veterinary Medicine, Kansas State University, 1800 Denison Avenue Manhattan, KS 66506-5606 or contact the AKC Canine Health Foundation web site at [akcchf.org](http://akcchf.org).

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### **CANINE HEALTH ADVISORY**

#### **KENNEL COUGH “CANINE INFECTIOUS TRACHEOBRONCHITIS”**

Over the past several months there has been a notable increase in the occurrence of a kennel cough in some groups of dogs (sporting events, shows, shelters). The purpose of this communication is to provide some basic information about this disease as well as to address confusion with other respiratory diseases in dogs, in particular Canine Streptococcal Toxic Shock Syndrome.

Kennel cough (also known as canine infectious tracheobronchitis) is a highly contagious respiratory tract disease of dogs. Several infectious agents (*Bordatella bronchiseptica*, canine parainfluenza virus and adenovirus type-2) can cause kennel cough either alone or in combination. Research data demonstrates that only *Bordetella bronchiseptica* is able to reliably induce the disease in healthy dogs. It is also clear that there are various strains of *Bordetella bronchiseptica* which may explain why the occurrence and severity of the disease can vary and also be the basis for why current vaccines do not reliably provide protection.

Kennel cough in dogs is very similar to whooping cough in humans. Dogs with kennel cough suffer from continuous episodes of coughing that may result in gagging or retching. The cough can be mistaken for choking because of its sudden onset, self-perpetuating nature, and severity. Typically, these dogs have had recent contact with an infected dog or group of dogs. Exposure can occur through direct contact with infected dogs (i.e. pet stores, boarding and training kennels, dog shows, veterinary hospitals, etc.) or through contact with contaminated objects, (i.e. water bowls, food bowl, etc.). A diagnosis of kennel cough cannot be excluded because the dog has been vaccinated.

Dogs with kennel cough should be examined by a veterinarian to confirm the diagnosis and for specific treatment recommendations. Fortunately, most cases of kennel cough are self-limiting and will resolve without needing extraordinary medical therapy. At a minimum, dogs with kennel cough should be isolated for 10-14 days to prevent transmission of the organism to healthy dogs, and activities that may trigger coughing episodes (i.e. exercise, barking, etc.) should be avoided. In some cases antibiotic and/or antitussive therapy will be required. ***Dogs exhibiting fever, weight loss, loss of appetite, vomiting or diarrhea, have a more serious disease and should be immediately evaluated by a veterinarian.***

For additional information on Kennel Cough contact your veterinarian, or either Dr. Fenwick at [fenwick@vet.ksu.edu](mailto:fenwick@vet.ksu.edu) or Dr. Keil at [dkeil@vet.ksu.edu](mailto:dkeil@vet.ksu.edu) Department of Diagnostic Medicine / Pathobiology, College of Veterinary Medicine, Kansas State University, 1800 Denison Avenue Manhattan, KS 66506-5606 or contact the AKC Canine Health Foundation web site at [akcchf.org](http://akcchf.org).

