

# Animal Services' Role in COVID-19 Support

Animal services are essential, but we can't conduct business as usual. What must shelters do - and not do - right now? Note: This has been a dynamic situation and this page will be updated as new information is available. Last updated 11:15 am CT 05/05/2022.

This entire document and some individual chapters are available for download as PDFs. See the bottom of this information sheet for individual chapters.

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## Coronaviruses and pets

Coronaviruses are a family of enveloped RNA viruses. Because of the envelope, these viruses are readily inactivated by nearly all commonly found disinfectants. No special disinfection chemical or process is required. As always, mechanical cleaning is an important first step in sanitation to remove pathogens from the environment.

According to the [World Organisation for Animal Health](#) (OIE) some strains of coronaviruses are zoonotic, but many are not. Canine and feline coronaviruses currently in circulation are well described and are not zoonotic.

COVID-19 infection results from human to human transmission with a coronavirus known as SARS CoV-2. While three recent reports from Belgium and Hong Kong (1 cat and 2 dogs respectively) describe transmission from humans to their pets, at this point there is no evidence that companion animals can be a source of infection to humans or animals. For more details on pets that have tested positive please visit the "[SARS-CoV-2 and domestic animals, including pets](#)" section of the [COVID-19](#) page on the AVMA's website. For up to date information please see [CDC COVID-19 and animals](#), [AVMA COVID-19 FAQs for veterinarians and veterinary clinics](#) and [COVID-19 FAQs for pet owners](#).

The [CDC](#) states that transmission is thought to be primarily between people in close contact through respiratory droplets (coughing, sneezing). Transmission of the virus from a contaminated surface is possible but not thought to be the primary way the virus is spread.

The WHO, OIE, and CDC continue to recommend that pets stay with their people and that people who are sick or infected limit contact with their pets. People who are sick or under medical attention for COVID-19 should avoid close contact with their pets and have another member of their household care for their animals. If they must look after their pet, they should maintain good hygiene practices and wear a face mask if possible.

According to OIE, "it is important that COVID-19 does not lead to inappropriate measures

being taken against domestic or wild animals which might compromise their welfare and health or have a negative impact on biodiversity.”

### **Community cats and COVID-19**

As for pet cats and dogs, there is no indication that community cats play a role in the spread of this human disease. Community cat caregivers should exercise the same precautions as are recommended for the care of pets:

- Follow all safety and social distancing guidelines in the course of caring for cats as in all activities.
- Practice hand hygiene before and after caring for cats.
- Follow recommendations for wearing masks when in public places.
- Persons who are sick or under medical care or quarantine for COVID-19 should stay at home and avoid close contact with cats; if possible, another caregiver should provide care for cats until recovered.
- TNR practices should follow social distancing guidelines (within clinic, during transport, and during collection and release).
- Community cats should remain in their community and not be relocated or intermixed with new groups at this time except as necessary for animal or public safety (e.g., a cat has been admitted to a shelter and cannot be returned to the location of origin due to an exigent risk).
- When seeking medical care, all precautions should be made as for pet animals. For example, if cats are displaying signs of respiratory illness (nasal discharge, sneezing, ocular discharge, etc.) or are known to have been exposed to a COVID-19 positive caregiver within the last 14 days, the veterinary clinic should be called and informed prior to arrival.

### **Primary learning points**

- The primary risk of transmission to humans remains other humans.
- Evidence suggests some companion animals can be infected from close contact with humans sick with COVID-19.
- There is no current evidence to suggest that pets play a role in the spread of this human disease.
- The WHO, OIE, and CDC continue to recommend that pets stay with their people and that people who are sick or infected limit contact with their pets.

This information highlights the need for more information that could be gathered from testing and suggests the importance of good intake, husbandry, and separation practices for shelters admitting animals who have had close contact with humans who have been infected. The decision to test will be made collaboratively between local, state, and federal animal and public health officials

**Please contact UW Shelter Medicine at [uwsheltermedicine@vetmed.wisc.edu](mailto:uwsheltermedicine@vetmed.wisc.edu) if you are a shelter admitting animals that have had close, known exposure to people with confirmed infections. Limited diagnostic testing may be available.**

## **Testing of Companion Animals**

Neither the CDC, USDA nor AVMA recommends that companion animals be routinely tested for SARS-CoV-2 at this time. Public and animal health officials may [decide to test certain animals](#) that are showing signs of illness and that are known to have been exposed to the virus. Several research studies are also underway to gather more information about the likelihood of transmission from humans to animals living in their homes and characteristics of infection in animals if they do become infected.

Some state laboratories are working with state public health officials and researchers,

including the UW Shelter Medicine Program, to learn more about SARS CoV-2. In our study, in collaboration with Washington Animal Disease Diagnostic Laboratory (WADDL), all testing is approved by the state public health veterinarian and/or the state department of agriculture. Results of testing are being reported on [WADDL's website](#). State laboratories will not test for SARS CoV-2 without approval and a specific request. Working with state public health officials to determine candidates for testing is recommended.

Please contact UW Shelter Medicine at [uwsheltermedicine@vetmed.wisc.edu](mailto:uwsheltermedicine@vetmed.wisc.edu) if you are a shelter admitting animals that have had close, known exposure to people with confirmed infections. Limited diagnostic testing may be available through our study.

From the testing perspective, the SARS-CoV-2 test WADDL is using was developed “in-house” and does not use test kits used for human testing. Also, the individual reagents (RNA extraction kits, PCR master mix) in the WADDL test are not the same as components in the CDC kits so we are not competing for the same reagents. This animal testing is not taking testing ability away from human testing.

Testing is now commercially available. Some commercial labs are adding on surveillance testing for SARS CoV-2 to samples submitted for canine and feline respiratory or GI PCR. Veterinarians should be aware that any non-negative result for SARS CoV-2 must be sent for confirmation to NVSL. If confirmed, a positive result would be reportable to the [state veterinarian](#) and the [World Organisation for Animal Health](#) (OIE). Shelter veterinarians should make every effort to clarify with state public health veterinarians what the response to a positive test might be, for the animal and the shelter, before submitting any test samples. Likewise, veterinarians should confirm when submitting any PCR tests for respiratory or GI disease if a laboratory may be planning to add on SARS CoV-2 testing even if not specifically requested.

## **Animal Services and COVID-19**

In preparation for an increase in COVID-19 cases and the hospitalization of people with severe disease, animal service agencies are collaborating with public health departments to support the animals of persons who require hospitalization. For people that do not have family or friends that can care for their pets during their hospitalization, animal service support may include temporary sheltering of their pets. For people who may need to self-isolate or are quarantined after exposure to an infected individual, animal service agencies are working to support the co-housing of people with their pets in their homes or in temporary emergency housing.

Co-housing people with their pets whenever possible has a three-fold impact. First, previous disasters demonstrated that pets are integral family members and people will place themselves at significant risk rather than be separated from their animals. Compliance with important recommendations, including disclosure of symptoms or exposure to an infected person, may be compromised if people believe they may be separated from their pets when isolated or quarantined.

Second, pets have a beneficial impact on human health, providing companionship and reducing anxiety. Isolation and quarantine are extremely stressful with uncertainty, fear and anger that may be exacerbated by social isolation. Reducing stress by keeping families together, including a family's pets, is important to maintaining the health of both the people and their animals.

Third, animal shelters could quickly become overwhelmed unless they limit their services to those who truly cannot care for their pets. Bringing in large numbers of animals would stretch capacity and resources to the point where adequate care could no longer be ensured. The possibility of a crisis in the human health care system because of a rapid influx of patients beyond the capacity to provide care is very real at this time. Avoiding a parallel crisis in animal welfare is essential to protect community health and is in the best interest of all the individuals,

humans and animals, involved.

The World Small Animal Veterinary Association, WSAVA, has compiled information from global authorities on the current understanding of the role of companion animals and COVID-19. There is no current evidence that companion animals are a source of infection to people.

For more information visit WSAVA's information page:

<https://wsava.org/news/highlighted-news/the-new-coronavirus-and-companion-animals-advice-for-wsava-members/>

Current recommendations from the CDC include washing hands before and after interacting with pets if ill. <https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html>

## **NACA recommended Animal Services functions and practices during COVID-19 pandemic**

University of Wisconsin-Madison Shelter Medicine Program and the signed organizations wholeheartedly support and recommend animal control agencies and animal shelters follow the recommendations found in the [recently released statements from the National Animal Care & Control Association \(NACA\)](#) during the COVID-19 pandemic. COVID-19 carries the possibility of creating a significant animal welfare crisis in shelters experiencing reduced capacity for care due to staffing shortages, the need for social distancing, and reduced outcome opportunities via adoption, foster or rescue.

In an effort to mitigate the short and long-term effects of this pandemic, we encourage animal control agencies and shelters to implement the NACA recommendations beginning immediately.

NACA's statements incorporate the following key recommendations:

- Animal control agencies should take active measures to eliminate non-essential shelter intake.
- Discontinue low priority/non-emergency activity (non-aggressive stray animal pick-up, nuisance complaints, etc.).
- At this time, continue to respond to emergency and high priority calls (law enforcement assistance, injured or sick stray animals, bite and dangerous dog complaints, etc.).
- To preserve critical medical supplies and minimize the potential for human contact exposure, shelters and spay-neuter clinics should limit surgeries to emergency cases only.

Importantly, NACA notes that “shelters should continue providing live outcomes for sheltered cats and dogs. The lack of immediately available spay and neuter services should not be a reason for shelter euthanasia. Further, anticipated personnel and supply resource depletion in shelters dictate that essential services and lifesaving capacity be preserved by reducing the number of animals in custody as quickly as possible. This should be done by expediting the movement of animals to adoptive or foster homes and not extending the stay of animals in the shelter for spay or neuter surgery.”

[Download Endorsement of NACA Recommendations](#) (PDF)

## **Recommendations for kitten intake during COVID-19 pandemic**

**In order to support human and animal health in the midst of the current pandemic, healthy kittens of any age should not be admitted to animal shelters; intake is only appropriate for kittens that are sick, injured, or are in immediate danger.**

Kitten season is approaching and, in many places, has arrived – and this year we have additional challenges in terms of intake, care and outcomes – everything that we do in response to helping these little ones.

This year more than ever we must acknowledge that:

1. Healthy, unweaned kittens do not fall into the category of sick or injured.
2. Healthy, unweaned kittens are unlikely to be orphaned – and only become so when they are removed from where their mother is likely nearby.
3. Kittens are healthiest, short and long term, when raised by their mother.
4. Healthy cats/kittens of any age found/seen outside are not an emergency for shelter intake; intake is only appropriate for cats that are sick, injured, dangerous, or are in immediate danger, as in the case of cats that are victims of neglect or cruelty.

As we make decisions and write protocols for this kitten season there are many additional factors that we have to keep in mind so that we balance human and animal health and safety:

1. COVID-19 risk for staff coming to the shelter to intake and care for animals, especially kittens because juveniles require greater intensity of care in shelters:
  - Close contact and/or prolonged exposure (> 10 minutes) to people shedding virus, even if not apparently sick, are the biggest risk factors for spread leading to infection with COVID-19.
  - People can shed virus, although lower amounts compared to when sick, up to three days before being symptomatic.
  - Care of kittens in a shelter setting will be difficult if not impossible to perform with appropriate social distancing (>6 feet) between caregivers and sufficiently frequent hygiene (hand washing, hand sanitizer application, avoiding touching one's face).
  - Infection control between litters of kittens is also critical to prevent spread of infections such as panleukopenia. Meeting these needs often requires use of scarce PPE resources. Compromises in infection control due to limited staffing or supplies will place kittens at increased risk.
  - The more kittens are in care, the more difficult it will be to meet the requirements for human and animal safety. Any available shelter capacity should be reserved for sick and injured kittens and other animals as described above.
2. One of the needs of juveniles is a prompt positive outcome. In addition to the risks to staff described above from providing care, facilitating adoptions and/or foster care increases contact and thus exposure between people.

## **Guidelines on Essential Medical and Surgical Care for Shelters & Spay/Neuter Clinics**

The COVID-19 pandemic and the need for social distancing has necessitated a change in the normal practice of veterinary care in shelter and surgery settings. Veterinarians should seek alternatives to traditional in-person care when appropriate for treatment and postpone surgeries and procedures that are non-urgent. This document is intended to be a tool that can guide decision-making surrounding the timing of services and the form of delivery (e.g. telemedicine might be appropriate).

The use of these guidelines relies on veterinary judgement based on the clinical picture and an assessment of both benefits and risks. For example, routine spay/neuter should be postponed; however, if the animal needs to be anesthetized for treatment of another condition that meets the criteria of an essential procedure, then spaying at that time (provided this is not contraindicated by the animal's health status) likely presents no additional risk with respect to

## COVID-19.

Here are some guiding questions to assist in making decisions (shared from the NJVMA):

- Is this procedure necessary to save the animal's life?
- Is this procedure, exam, test etc. necessary to alleviate pain or suffering?
- Does this prevent zoonotic disease?
- Can this case be managed in a way that mitigates the human health risks of COVID-19 transmission between the veterinary staff, caregiver, and their respective families and communities?
- Would this procedure require the use of scarce personal protective equipment resources needed for critical human medical care?
- Can this patient safely wait until resources are less scarce and human health risks are lower?

If telemedicine is described as an option in the table below, ensure you are aware of the current regulations regarding telemedicine practice and the requirements for VCPR in your state. In the midst of this emergency some states- not all- have temporarily made changes to permit the expanded use of telemedicine.

Support for medical or behavioral concerns should be provided to fosters and adopters caring for pets who are not sterilized. This could be done using handouts or more in-depth consultation when needed.

There are some shelter processes that are still essential, but their application may be different during this time. For example, a basic health check by a trained person and core (DHPP, FVRCP) vaccinations, dewormer and flea/tick medication should still be done promptly at first presentation of the animal. This may even be done via quick stop by the shelter or a partner veterinary clinic on the way to a foster home.

During this public health crisis, re-vaccination of juveniles can be considered non-essential in a safe foster home environment – for example, a first time foster with only one animal or litter, and all other animals in home are adults and vaccinated. One exception to this are puppies who go outside to a shared/public place. Evaluation of the risks would determine the need for re-vaccination. The timing of re-vaccination(s) will also depend on risk in foster home – every 2-4+ weeks depending on level of risk until 5 months of age.

Factors that could increase risk include:

- History of fostering numerous animals
- History of or currently fostering multiple litters/unrelated juveniles
- Any history of panleukopenia or parvo in previous fosters in same home
- Currently working or volunteering at a shelter or rescue facility
- Puppies – outdoor areas frequented by other dogs or wildlife

If re-vaccinations are deemed necessary based on risk or if the animal(s) went to a foster home prior to receiving a vaccination, options to administer include:

- Training of foster parents to give vaccines to juveniles. Send everything home with the animal in the first place to save time and reduce risk of getting vaccines to foster home. Be sure fosters know to handle vaccines including need for refrigeration. ASPCA has videos on how to give vaccines that could be shared with foster homes.  
<https://www.aspcapro.org/resource/preventive-health-care-vaccinations>
- Drive through/curbside vaccines

Re-vaccination and deworming are not the only essential components of pediatric rechecks. Foster supplies should include scales to monitor weight, especially for kittens and small breed puppies. Send home monitoring sheets with fosters to help facilitate check-ins. Telemedicine, phone call, or email check-ins with fosters should be done on a regular basis to ensure prompt

response to any concerns.

Service

Advice

### **Spay/Neuter**

Dog spay/neuter, including pregnant dogs

Postpone-- separate intact males and females over 6 mo. of age.  
Lack of S/N should not prevent adoption or foster of an animal.

Cat spay, including pregnant cats

Postpone-- separate intact males and females over 4 mo. of age.  
Lack of S/N should not prevent adoption or foster of an animal.

Cat neuter

Proceed-- as long as social distancing between staff can be maintained for the procedure.

Spay for dystocia

Proceed

Spay for pyometra or vaginal/uterine prolapse

Proceed

Neuter for painful prostatic or testicular condition

Proceed

*Examples: severe benign prostatic hypertrophy, bacterial prostatitis*

Rabbit/small mammal spay/neuter

Postpone-- separate intact males and females over the age of sexual maturity.

Trap-Neuter-Return

Postpone-- discontinue all trapping.

Spay/neuter prior to Return-To-Field

Postpone-- healthy cats and kittens should be left in place in their community

### **Examination / treatment/ other surgeries/procedures**

Condition is a threat to the patient's life if the exam, surgery or procedure is not performed

Proceed

*Examples: Gastric Dilatation-Volvulus, GI foreign body obstruction, urethral obstruction, shock*

Condition causes pain that cannot be medically managed or presents a threat of permanent dysfunction to an extremity or organ system if the exam, surgery or procedure is not performed

Proceed

*Examples: proptosed eye, long bone fracture, rectal prolapse, mass(es) that appear highly suspect of neoplasia and/or are necrotic/ulcerated*

Surgical or dental procedures for painful disorders that can be medically managed

Postpone if patient comfort can be maintained with medical management, e.g. analgesics and/or antibiotics, with a low risk of negative consequences.

*Examples: CCL, dental fracture, abscess*

Non-urgent exams, surgeries or procedures

Postpone-- use telemedicine for supportive care when possible.

*Examples: routine dentistry, cherry eye repair*

Management of other medical conditions

Manage by telemedicine or written protocol whenever doing so is not likely to lead to a negative patient outcome.

*Examples: Uncomplicated URI*

Reserve in-person for cases with a more severe presentation, are not responding to prior medical interventions, or cannot be sufficiently managed via telemedicine.

*Examples: URI with anorexia, lethargy, increased respiratory effort, or corneal ulceration.*

Adulticide treatment for heartworm positive dogs

Postpone melarsomine injections if no clinical signs. [A review of prevention and non-arsenical treatment of heartworm disease is found here courtesy of OSMA.](#)

[American Heartworm Society](#) has also released guidance not specific to shelter practice.

Heartworm testing/prescription of preventive for dogs

-Proceed with testing at intake if can be performed while maintaining social distance between people, then proceed.

-If testing is indicated, but not possible to perform and maintain social distance, administer heartworm preventive starting at intake and continue until situation changes (see above link to OSMA document)

Continue preventive for dogs via mailed prescription, medication drop off or curbside pick-up if VCPR has been or can be established (telemedicine may be an option depending on state).

Behavioral complaints/conditions

Telemedicine consultation and assess need for behavioral pharmaceuticals and/or other intervention.

### **Intake Exam and Treatments**

Vaccinations (DHPP, FVRCP- injectable MLV)

Vaccinate immediately upon intake

Flea/tick treatment

Give on intake; dispense to fosters to maintain coverage\*

Dewormer

Give on intake; dispense to fosters to maintain coverage\*

Heartworm preventative

Give on intake; dispense to fosters to maintain coverage\*  
(see above for testing)



## **Follow Up/ Preventive Care**

Intranasal Bordetella/parainfluenza

Give if dog will be staying in shelter longer than a day.

Rabies (age appropriate)

Continue rabies vaccination as required by law. Questions regarding delaying vaccines for rabies should be addressed with local authorities.

Ideally, vaccinate on intake or prior to release to foster or adopter to eliminate the need for return or a trip to an outside clinic. *The lack of immediately available rabies vaccination should not prevent release to foster or adoption and should not be a reason for shelter euthanasia.*

Non-core vaccinations  
(lepto, lyme, FeLV)

Postpone

Re-vaccination (DHPP/FVRCP) in juveniles < 5 months of age

In shelter: continue every 2 weeks until 5 months of age

In foster: continue every 2-4 weeks depending on level of risk until 5 months of age

Foster exams

Postpone in person, provide instructions for home.

Telemedicine check ins with fosters every 1-3 months.

Pediatric check-ups

Telemedicine check ins with fosters every 2 weeks until 10 weeks, longer if concerns with development. Fosters weighing regularly on home scale.

## **Diagnostics**

Testing necessary to diagnose life-threatening illness or injury

Proceed

Testing for infectious disease

Proceed if result will significantly alter management plan

*Example: parvo antigen test, canine distemper PCR, fungal culture*

Routine diagnostic screening

Postpone

*Example: fecals, FeLV/FIV, CBC/Chemistry/T4, urinalysis, lyme/ehrlichia/anaplasma*

Radiographs

Postpone-- unless required to address life or limb-threatening condition. Use sedation to limit handling for restraint.

## **Other Services**

Humane euthanasia to relieve suffering

Proceed

Medication refills

Continue by appointment with curbside pickup, delivery, or via use of online pharmacy

Grooming, nail trims

Postpone, unless necessary to relieve discomfort (severe matting or nail overgrowth)

\*Use curbside pickup or delivery to maintain social distancing.

Adapted from [Ontario Veterinary Medical Association \(PDF\)](#) and [Colorado Executive Order](#)

## **Limiting non-essential surgeries in shelter and spay-neuter clinics**

### **Background:**

A recommendation to limit “non-essential” or “elective” surgical procedures has been made by the U.S. Surgeon General. While the American Hospital Association has responded to this recommendation by noting it is important for doctors and hospitals to be able to make decisions about prioritized care independently, many hospitals including some hospitals for children have already announced their intention to comply. All health care professionals need to adopt strategies that will allow them to conserve PPE as much as possible, including veterinarians. Veterinary medicine is part of the overall health care umbrella we have in the United States. The AVMA recently stated that veterinary practices can and should defer elective procedures to preserve medical supplies when circumstances call for that but also must be able to provide medically necessary care.

For the purpose of these recommendations a non-emergency (“elective” or “non-essential”) surgical procedure is one that is not urgently required in order to maintain the health of the patient. Most spays and neuters, even pre-adoption, are non-emergency procedures.

Conservation of PPE is not the only reason to defer non-emergency surgeries. Either currently or in the next several weeks it is expected that shelters will experience:

- Reduced staffing in shelters as staff and volunteers become ill or need to quarantine. If the number of animals in shelters does not also decrease dramatically a crisis of care may develop with insufficient capacity and supplies to care for the animals in the shelter.
- Continued need for veterinary care for animals with reduced veterinary capacity
- Scarcity of medical equipment and supplies
- Need to limit contact between people in an effort to reduce human exposure

### **Recommendations:**

Given the current pandemic, in an effort to reduce resource use, workload, and the potential for human exposure, shelters and spay-neuter clinics should make decisions about which spay-neuter surgeries and other procedures are non-emergency procedures and discontinue those that could be deferred. The simplest pathway to continuing adoptions and other placements while deferring those surgeries may vary by organization. Adopting with vouchers to return for surgery when the pandemic has resolved or utilizing foster to adoption programs where laws require surgery prior to adoption, will help to avert adding animal welfare crises to the current human crisis by keeping animals moving through the shelter. Euthanasia should not be utilized as an alternative to releasing animals to adopters/foster unsterilized. For some animals, spay or neuter surgery prior to adoption or foster may be deemed essential either to encourage placement, support the human-animal bond, or be in the best interest of the animal

(e.g., pyometra).

Please watch [this short interview](#) with Dr. Sandra Newbury and Dr. Julie Levy to hear directly from the experts on this issue.

## **Transport and movement of animals during the COVID-19 pandemic**

The University of Wisconsin-Madison Shelter Medicine Program, University of Florida Maddie's Shelter Medicine Program, University of California- Davis Koret Shelter Medicine Program, Cornell Maddie's Shelter Medicine Program, Humane Canada, The Association for Advancement of Animal Welfare, Association of Shelter Veterinarians, Ontario Shelter Medicine Association and the Association Vétérinaire Québécoise de Médecine de Refuge endorse the following statement and recommendations for animal movement by shelters, agencies, and rescues during the COVID-19 pandemic.

### **Every exception to social distancing decreases its efficacy.**

Social distancing is the current strategy our nations have chosen to combat COVID 19. The hope is that by implementing social distancing we can avoid the collapse of our health care system in the short run by slowing the spread of disease and decreasing the rate of human patients in need of hospitalization and critical care. Our health care workers are putting themselves at great risk trying to care for the thousands of infected individuals presenting to hospitals each day. Social distancing puts our nations at substantial economic risk but has the intention of saving perhaps millions of human lives. Decreasing the efficacy of social distancing puts us all at risk of failing with our intervention to control disease while also jeopardizing our economy. The more stringent we are in our efforts at social distancing, the more likely the constraints on our activities will be released quickly and the fewer human and animal lives are likely to be lost.

While we have all invested our lives in preventing the loss of animal lives, we are called now to protect human life as well as animal lives, which means finding new ways to prevent euthanasia and promote care for animals in need. The key request coming from our governments and health advisors is for people to stay at home and limit travel, with exceptions made only for the minimum needed to carry out essential functions.

Travel includes the transport of animals from one community to another. While this type of animal movement has been an important approach to lifesaving for many organizations, continuing to transport animals increases the risk to human lives.

Just as non-emergency intake should be suspended to limit numerous risks within every community, travel for routine transport outside the immediate community of each shelter should also be discontinued. Transport should not be utilized as a means to continue non-emergency shelter intake. Instead, transport source shelters should be supported in implementing the recommendations to limit intake to only emergency situations (e.g. sick, injured, dangerous, or endangered). Transport may be considered when a source shelter lacks the capacity to provide appropriate care for an animal admitted appropriately on an emergency basis. For example, some shelters may lack the medical capacity to provide necessary care for a sick or injured animal. Even in such cases, opportunities for care within the community should be sought prior to transport (such as at another shelter or private veterinary clinic). Where local options have been exhausted, transport partners should observe the same precautions for maintaining social distancing and limiting personnel exposure as have been developed for the release of animals to adoption, foster, etc. We must acknowledge that each exception carries risks for humans. Transports should not travel to areas that do not yet have significant numbers of COVID19 cases or to states or communities that have asked for specific travel restrictions.

As an alternative, transfer between shelters in the same community and delivery for foster care

or adoption is encouraged because it promotes live releases while maintaining recommended social distancing guidelines.

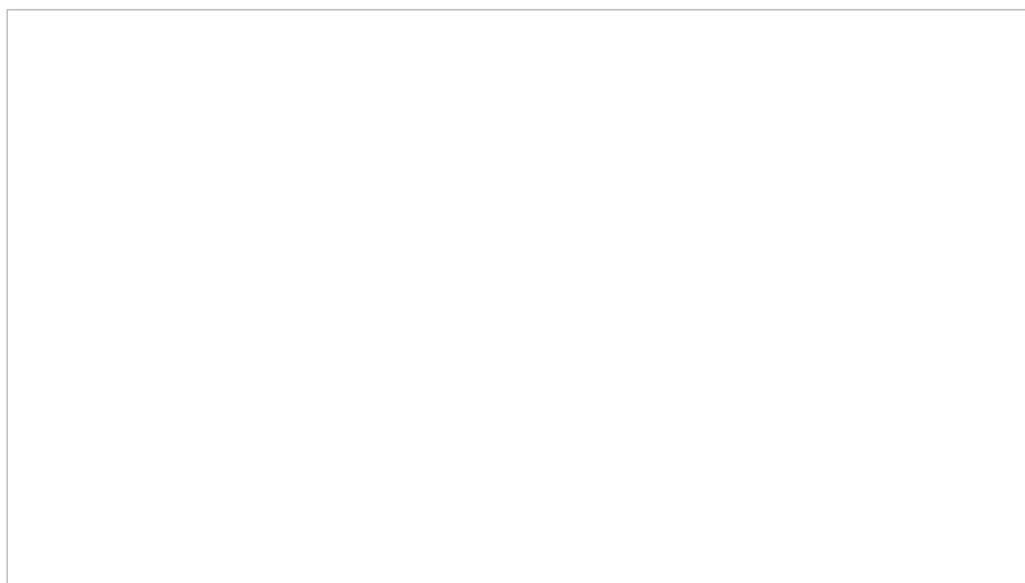
Be respectful of #safeathome orders in each state and municipality. While shelters and clinics have been identified as essential organizations, not every service or function of a shelter is essential. It is our obligation to reduce our activities.

When intake is decreased to emergencies only, the capacity to find a lifesaving outcome within the community is increased. This is why it is so essential to follow NACA guidelines for intake reduction and call response.

[Download Transport Statement and Recommendations](#)

## **Updated quarantine guidelines for the intake and sheltering of dogs and cats exposed to SARS-CoV-2**

The Shelter Medicine Academic Consortium (SMAC) recommends elimination of quarantine periods for dogs and cats from COVID-19-exposed households. There is no evidence that companion animals play a significant role in spreading COVID-19. Transmission risk remains overwhelmingly human-to-human. As many shelters have returned to standard operations without quarantines and animal intake numbers returned toward pre-pandemic levels, there have been no reported adverse impacts on shelter population health or human health related to exposed cats or dogs. Accordingly, shelters should intake, manage, and outcome all cats and dogs per standard operating protocols (e.g., healthy animals should be handled per usual protocol, animals with clinical signs of respiratory disease should be handled per usual protocol, etc). These guidelines represent the current state of knowledge around SARS-CoV-2 and dogs and cats and are subject to review and modification.



The Shelter Medicine Academic Consortium (SMAC) is a group of shelter medicine experts created to develop and disseminate evidence-based recommendations grounded in practical shelter management considerations.

### **Additional Resources**

General information relevant to COVID-19 and companion animals is provided at the following links:

- Centers for Disease Control and Prevention (CDC) COVID-19 Response: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC Animals and COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/animals.html>
- American Veterinary Medical Association (AVMA): <https://www.avma.org/coronavirus>
- World Small Animal Veterinary Association (WSAVA): <https://wsava.org/news/highlighted-news/the-new-coronavirus-and-companion-animals-advice-for-wsava-members/>
- National Association of State Public Health Veterinarians (NASPHV) Compendium of Veterinary Standard Precautions for Zoonotic Disease Prevention in Veterinary Personnel: <http://www.nasphv.org/documentsCompendiaVet.html>
- United States Department of Agriculture (USDA): <https://www.usda.gov/coronavirus>
- World Organisation for Animal Health (OIE) Questions and Answers on COVID-19: <https://www.oie.int/en/scientific-expertise/specific-information-and-recommendations/questions-and-answers-on-2019novel-coronavirus/>