

Developing infectious disease policies and protocols in an animal shelter

In order for a shelter to maximize its lifesaving capacity, it helps to have a plan, grounded in the organization's resources and philosophy, for a response to an animal with a potentially infectious disease. Use this information sheet to create or update your organization's infectious disease policies and protocols.

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Why develop written policies?

An infectious disease policy (as the term is used here) indicates what the general response will be to an animal with the disease in question, and reflects the shelter's resources and philosophy as well as the severity of the disease and how readily it can be treated and controlled. The policy establishes whether an animal with the disease will be admitted (for limited admission shelters), treated (on or off site), placed for adoption or rescue with or without treatment, or euthanized.

Predetermined policies allow all interested parties to understand and comment on the decision making process, and allow time to research options, investigate costs, find out what the policy is at other shelters, look into developing foster homes or arrangements with vets, and so on. Policies agreed upon by a group also help prevent any one individual from being the target of anger or feeling excessive personal responsibility in those cases when difficult choices must be made. Few policies must be set in stone; special cases can always be considered on an individual basis, but it is easier to have rules to bend than to write a new set of rules

every time a decision is required.

Why develop written protocols?

An infectious disease protocol details how a particular disease is handled in the shelter, and reflects the natural history of the disease: how it is recognized, transmitted, treated, controlled and prevented. The general policy to some extent determines what will be included in the protocol, and therefore policies should be established before protocols are developed.

Because most discussions of small animal infectious disease focus on recognition and treatment in the individual animal, it is helpful to develop a protocol explicitly focused on management of the disease in the shelter population. In addition, shelter staff who may not have extensive medical training are often at the front lines for disease recognition and first response, and providing these staff members with clear guidelines will help ensure that animals are handled appropriately when infection is suspected. Even if the shelter's policy does not include treatment, a protocol is needed to detail how the disease is to be recognized, any special measures required to decontaminate areas where the animal has been, and what documentation is required.

What conditions require written policies/protocols?

At minimum, brief written policies and protocols should be developed for all medical conditions commonly recognized in the shelter, whether infectious or not. This could be as simple as lists of conditions considered treatable and untreatable within the shelter, which ones are medical emergencies, and how to notify medical staff and/or when to seek outside medical care. Consistent recognition and reporting of medical conditions ensures that animals receive the care they need, and potential adopters can be advised of additional expenses or special needs they should anticipate. It is especially important to have clear policies and protocols for infectious conditions, because failure to recognize or respond appropriately puts not only the animal and perhaps adopter at risk, but may jeopardize the whole shelter population. Highest priority should be given to conditions which are common, potentially serious or fatal, and/or potentially zoonotic. In many shelters, this would include:

- Parvo
- Panleukopenia
- Kennel cough/canine upper respiratory infection

- Feline upper respiratory infection
- Ringworm (dermatophytosis)
- Canine Distemper
- FeLV
- FIV
- FIP
- Sarcoptic mange
- Many infectious diarrheal diseases, such as whipworm, hookworm, roundworm, giardia, coccidia and campylobacter.

Background information required for policy and protocol development

Before either deciding on a policy or developing a protocol, detailed information should be gathered regarding the condition. Although there's some overlap between categories, questions to be asked can be roughly grouped into disease recognition; population risk/management; and disease course/individual treatment. Much of this information is available in the Textbook "[Infectious Disease Management in Shelters](#)" (Miller and Hurley, Wiley-Blackwell 2009).

Disease recognition

Before a policy or protocol can be activated, you first have to recognize the presence of the disease. Few diseases can be easily recognized with 100% accuracy, and making an incorrect diagnosis in a shelter carries potentially serious consequences. A false positive diagnosis leads at best to unnecessary treatment, isolation, and a prolonged shelter stay, and at worst to euthanasia. On the other hand, wrongly declaring an animal free of disease when it is really infected may allow infection to spread within the shelter or lead to heartache or frustration from the unpleasantly surprised adopter. Therefore, the infectious disease protocol should clearly describe how to decide whether an animal has the disease in question, and understand the limitations of accurate diagnosis of some diseases. The shelter's policy determines whether to err on the side of diagnosing all possible cases of the disease, knowing a few false positives will be included, or to give the animal the benefit of the doubt, and allow a few truly infected animals to be miscategorized as free of the disease. Disease recognition questions include the following;

- **What are the typical signs and atypical presentations?** Some conditions can have a more severe presentation in the shelter than is typically seen in private practice. For instance, even kennel cough can look more like canine distemper in a shelter setting when

multiple factors contribute to illness. Shelter staff should be advised of both typical and atypical signs to watch for.

- **How common is inapparent infection or carrier state?** For some conditions where no carrier state is present, exclusion from the shelter most of the time through careful quarantine of exposed animals and isolation of infected individuals is a realistic possibility. Parvo and panleukopenia fall into this category, for example. For conditions such as feline herpesviral upper respiratory infection, where a carrier state is the norm rather than the exception, total exclusion is unrealistic and the focus should be on appropriate treatment and segregation of clinically affected individuals.
- **Is there a test available?** How frequent are false positives and false negatives? What factors influence the accuracy of the test? Is accuracy interfered with by vaccination? What is the cost of the test? How rapidly are results available? Some of this information is available in textbooks such as [Infectious Disease Management in Animal Shelters](#); other resources include asking the test manufacturer and even googling the accuracy of the test to review published evaluations in the scientific literature.
- **How reliably can recovery be determined?** For many conditions, the infectious threat is greatly reduced when clinical signs have fully resolved. However, for potentially serious illness or highly problematic zoonotic conditions (such as canine distemper or ringworm), going the extra mile to establish recovery can help keep everyone safe. For these conditions, determine how you can establish whether the animal is safe to mix back in with the general population or adopt out to a home, and the accuracy of the test in question.
- **What is the case definition?** This should be explicitly written out for each condition, since the policy and protocol will be applied to animals meeting the case definition. For instance, will a cat be considered to have URI and moved to isolation the first time it sneezes, only if colored discharge develops, or only when upper respiratory signs are present in conjunction with systemic signs? Will a positive parvo test in the absence of clinical signs be considered adequate to make a diagnosis of parvo? A relatively inclusive case definition will include all true and some false positives, and is generally appropriate for conditions such as parvo or panleukopenia that pose a very high population risk. A more stringent case definition is appropriate for conditions with relatively low population risk but where the consequences of a positive diagnosis are dire for the individual, such as FIP or FIV.

Managing population risk

The level of population risk posed by a disease will be an important factor in deciding on a policy, and much of the protocol will be devoted to detailing what measures are taken to reduce population risk. Questions to ask include:

- **What is the mode of transmission, and how easily is the disease spread?** Depending on the characteristics of the disease agent, the disease may be shed in virtually any body secretion, and transmission may occur by direct contact, fomite transmission, via respiratory droplets or aerosolization, by biting insects or other vectors, or transmitted from a common source such as contaminated food or water.
- **How hard is it to disinfect?** Are any special methods required, or will routine shelter cleaning protocols suffice?
- **Can the disease infect humans or other species?** The difficulty of management and adoption of affected animals is increased whenever a condition has zoonotic potential. Cross species transmission tends to be less of a problem, but should be considered when determining isolation practices if different species are ever isolated in the same room.
- **Is there a vaccine available?** How effective is it? What are the side effects, risks and costs of vaccinating?
- **How severe is the disease?** Obviously, a mild disease tends to inspire less concern than a severe or fatal condition. However, even mild disease can have severe consequences in a shelter when it spreads to affect many animals. Answers to other population risk questions may bump a normally mild disease into the category of high population risk. For example, ringworm is mild in the individual, but is contagious to humans, readily transmitted, and persistent in the environment. In a shelter, this normally mild disease may wreak considerably more havoc than a more severe but less transmissible condition such as FeLV. This is not to say a severe or highly contagious disease is unmanageable, but that more resources and attention will be required to maintain individual and population safety.

Course of disease/individual treatment

Besides population risk, the other important consideration in policy and protocol development is the course of the disease in the individual. This not only determines the availability and practicality of treatment, but establishes timelines for quarantine and reintroduction of recovered individuals into the general population. Questions to ask include:

- **What is the incubation period?** This determines the length of

quarantine, which must be greater than the expected incubation period of the disease. The quarantine must generally be restarted each time a new possible exposure occurs, unless protective vaccination has been achieved in the interval. Knowing the incubation period also helps establish whether disease was likely contracted within the shelter (in which case disease prevention protocols must be revisited) or brought in from the community by an already-infected animal.

- **What are the treatment options?** Are they effective? How much will treatment cost? Is treatment practical within the shelter – does the shelter have trained staff and equipment for such things as intravenous injections, fluids, or force feeding, etc. if needed?
- **How long do animals remain infectious after recovery?** This determines the point at which animals can be safely reintroduced to the general population or released to a home with other vulnerable pets. For diseases where prolonged shedding is possible, is there a way to be reasonably certain that particular animal is no longer an infectious threat (discussed above under [disease recognition](#))?

Policy development

Once information about the disease has been gathered, a general policy can be developed taking into consideration the potential impact of the condition on:

- **The individual animal:** Is the condition treatable with the resources available at your shelter or at available rescues or transfer facilities?
- **The shelter population:** Can spread of the illness be reasonably prevented given the nature of the disease and method of spread, the availability and efficacy of vaccines, and the isolation facilities or offsite opportunities in your shelter and community? Are the shelter's current resources sufficient to undertake treatment, either on or off site?
- **The adopter:** What are the financial and emotional risks to an adopter? Does your shelter have, or could you develop, a population of adopters willing to take on an animal with these special needs? Will the condition pose a risk for other animals in the adopter's home? Is it potentially zoonotic?

Keep in mind that answers to these questions may change over time with changing conditions at the shelter. Population risk may be more manageable at times of year when the overall shelter population is low, for instance, or development of a foster network may lead a previously unmanageable condition to be re-categorized as treatable. Policies and

protocols should be revisited periodically to be sure they are still appropriate. Policies to consider include:

- **Test and remove/exclude from shelter.** Appropriate for conditions that pose a high population or zoonotic risk and cannot be managed and/or treated effectively with the resources currently available (severe, easily spread, costly treatment, etc.). While euthanasia has historically been one means to achieve this, other options to keep the shelter population safe include transfer to an organization with the needed resources for treatment, treatment at an off site veterinary clinic, or treatment in a suitably trained and equipped foster home.
- **Isolate and treat within shelter.** Appropriate for conditions that pose moderate or manageable population risk, in a shelter with suitable isolation facilities and adequate treatment staff.
- **Treat in general population.** Appropriate for conditions that pose low population risk but are detrimental to the individual animal.
- **Don't treat, don't worry** (release for adoption or reclaim with documentation). Appropriate for conditions that do not pose an immediate threat to individual or population health, but should be brought to the attention of potential owners.

Where appropriate, the general policy should also address adoptability of animals with the disease in question. Choices may include:

- **Animal can be adopted prior to recovery:** This means the animal can actually go home while still under treatment for the condition. Advantages of this policy include that many animals recover better in the lower stress setting of a home, and when a sick animal finds a home it opens up space and resources to treat others. Clear communication and written waivers may help avoid upset adopters when costs or consequences of the condition exceed their expectations.
- **Animals are available prior to recovery.** This means potential adopters can view either the animal or a photo (at the shelter and/or online), express interest, place holds, etc. The advantage of this is that it speeds the animal's exit from the shelter once it is recovered while not burdening the adopter with the responsibility of bringing home a sick animal. As above, however, clear communication is important to prevent angst on the part of potential adopters if the animal does not recover as expected.
- **Animals are only available after full recovery.** For serious conditions where the outcome is uncertain or treatment is intensive, the shelter or qualified foster home may be the best place for an animal to complete treatment. However, for animals with mild illness, this policy may lead to longer stays with the associated

disadvantages in terms of stress and health.

Whenever animals are placed for adoption with either a current or recent serious medical condition, provide adopters with documentation of that history. Some shelters have the adopter sign a medical waiver documenting that they have been advised of the need for further medical care. A veterinary appointment may also be scheduled at the time of adoption to encourage the understanding that follow up care is required. While not a legally binding document, such waivers may help prevent misunderstandings and hard feelings. A sample medical release form is available in the related resource section.

Protocol development

Once the general policy has been determined, a specific protocol can be developed detailing how the disease will be managed in the shelter, including recognition, notification, treatment (if indicated by the policy), housing, disinfection, adoption policies and documentation. The ASPCA has developed a tool to [make your own parvo protocol](#), which also may serve as a handy basis for other protocols. As every shelter is unique, each shelter will need to tailor its policies and protocols to their own specific situation. For much more detailed info, viewers might want to check out this webinar: [Treating the Treatables: Medical Protocols and Foster Care](#).