

Canine infectious respiratory disease complex (CIRDC)

Clinical indicators: Always present → Acute onset of cough with or without sneezing. Sometimes present → Nasal and ocular discharge. Rarely present → Fever, lethargy, inappetence.

Aetiology: There are multiple potential aetiological agents and often coinfection. Canine Parainfluenza virus is the most commonly isolated cause of CIRDC.

THE USUAL SUSPECTS

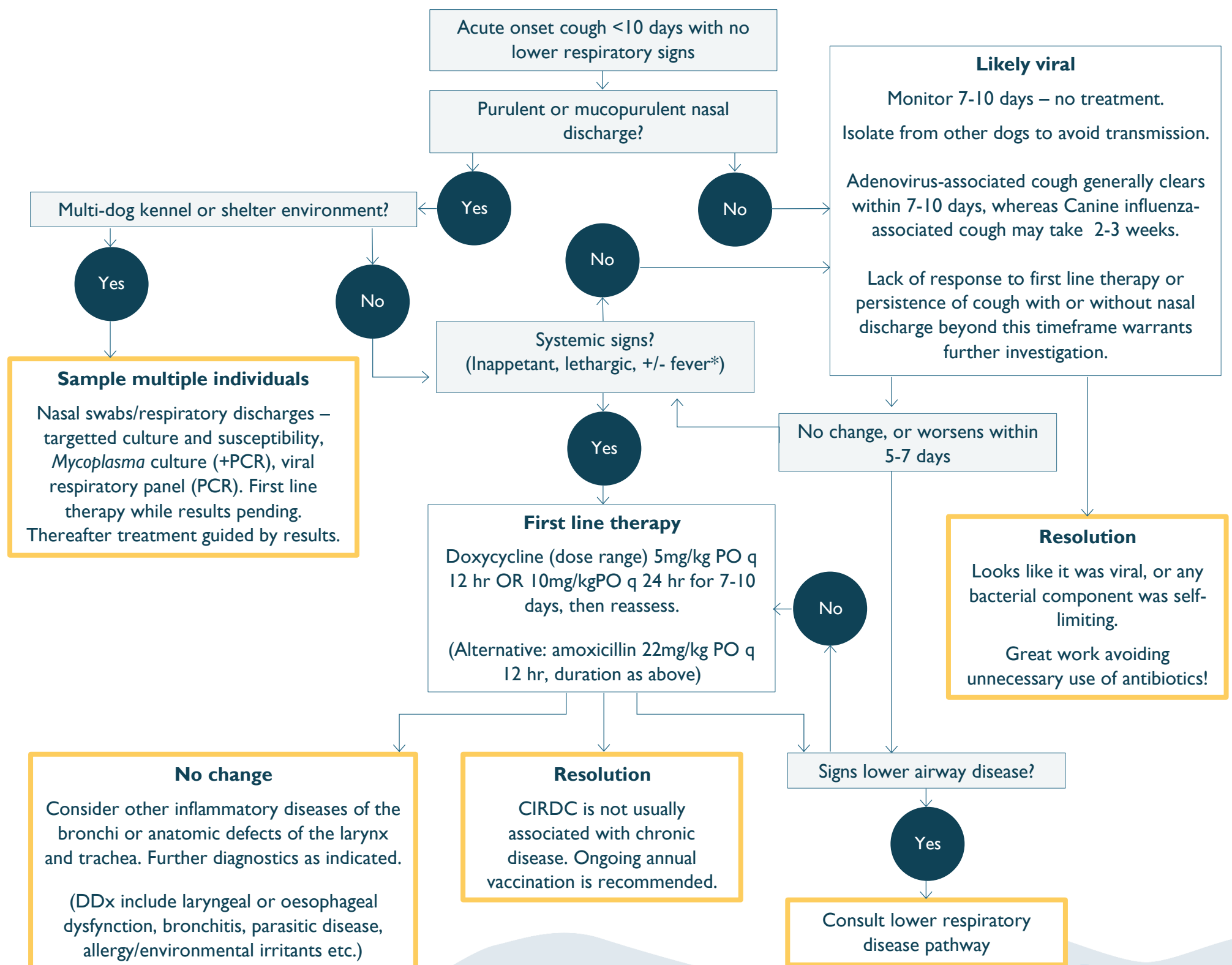
Viral: Canine parainfluenza Virus, Canine adenovirus 2, Canine respiratory coronavirus, Canine influenza viruses (not Aust/NZ). (Less often, Canine distemper virus, Canine herpesvirus, Canine pneumovirus)

Bacterial: *Mycoplasma* spp., *Bordetella bronchiseptica* (more common in warmer weather), *Pasteurella* spp. and *Streptococcus equi* subspecies *zooepidemicus* (rare).

Fungal: *Aspergillus* spp. *Cryptococcus* spp.

TAKE HOME MESSAGES

- Diagnostic sampling is less rewarding in individual cases as many potential causative organisms are also present in healthy dogs or part of the normal flora. Sampling of multiple individuals in a multidog kennel or shelter outbreak may be useful.
- If there are no systemic signs (fever, lethargy, inappetence), current advice is not to treat. Watch and wait for 7-10 days even if mucopurulent or purulent nasal discharge are present.
- Systemic signs in the presence of mucopurulent or purulent nasal discharge are the trigger for first line antibiotic therapy (doxycycline).
- Disease is most often self-limiting and cases that do require therapy should be quick to resolve. Further diagnostics are indicated in patients with signs of lower respiratory disease or poor response to first line therapy.



*If ocular and nasal discharge, diarrhoea, and unvaccinated, consider ruling out Distemper.