



**FEMA**

**FOR:** Dave Webb, Acting Branch Chief  
US&R branch

**FROM:** Tim Gallagher  
Operations Group Chair

**SUBJECT:** Operations Group Recommendation # K-9 08-01

**DATE:** July 23, 2008

The following recommendation was brought to the Operations Group for approval. The Operations Group voted unanimously to approve the recommendation and move it forward for approval and implementation.

### **ISSUE STATEMENT**

- There are no system guidelines for regular canine medical examinations

### **GENERAL BACKGROUND**

- Currently, system canines are not required to have annual medical examinations
- There is a mechanism for post-mission veterinary checks, but nothing to ensure the maintenance of the canine's physical condition.

### **RECOMMENDATION**

- The CSG, through the Search Work Group, recommends the adoption of specific guidelines for annual medical examinations for certified system canines.

### **ATTACHMENTS**

- Appendix A – (deleted annual here) Medical Recommendations for the Urban Search and Rescue Canine

**PROGRAM IMPACTS / DOCUMENTATION CHANGES**

- Ensures that the health status of our canine resource is monitored and maintained.

**FINANCIAL IMPACT TO TASK FORCES**

- Approximately \$400/yr per canine

**ALLIED WORK GROUP COORDINATION REQUIRED**

- Search Work Group

**TIMETABLE FOR IMPLEMENTATION**

- Immediately

## Appendix A

### **(deleted annual here) Medical Recommendations for the Urban Search and Rescue Canine**

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#### **1. Complete Physical Examination - Annual**

- Based on the American Animal Hospital Association (AAHA) recommendations, this includes a patient's history, temperature, attitude, hydration, mucous membrane color, capillary refill time, eyes (including pupils and retinas), ears, nose, mouth/throat, peripheral lymph nodes, heart, pulses, lungs/respiration, abdomen, urogenital system, skin, perineal and rectal exam, musculoskeletal system, and neurologic system.

#### **2. Blood Work - Annual**

- CBC, biochemical profile, heartworm test

#### **3. Additional Testing – Annual**

- Urinalysis, fecal exam

#### **4. Preventive Medications – Annual**

- Heartworm Preventative
- Flea and Tick Control

#### **5. Vaccinations – Guidelines as per AAHA**

##### **• Core Vaccines - Required**

- Canine Parvovirus (CPV-2, MLV)
- Canine Distemper Virus (CDV, MLV) or recombinant rCanine Distemper Virus (rCDV)
- Canine Adenovirus-2 (CAV-2, MLV parenteral)
- Rabies 1-year (killed) or 3-year (killed) as per state legislation

##### **• Non-Core Vaccines – Based on Individual Considerations and Recommendations from Local Veterinarian**

- Parainfluenza Virus (CPIV, MLV-parenteral)
- Bordetella bronchiseptica (killed bacterin or cell wall antigen extract, parenteral)
- Borrelia burgdorferi (Lyme borreliosis killed whole bacterin or rLyme borreliosis[OspA])
- Leptospirosis (killed bacterin) - serovar specific for endemic types:
- Leptospira interrogans with canicola and icterohaemorrhagiae
- Also available with serovars grippityphosa and Pomona

**EXAM INCLUDES ANY FURTHER TESTING BASED ON ANY ABNORMALITIES FOUND IN THE PHYSICAL EXAMINATION**

## Vaccine Schedules as Recommended by AAHA

<b>Vaccine</b>	<b>Initial Puppy Vaccination (&lt;16 weeks old)</b>	<b>Initial Adult Vaccination (&gt;16 weeks old)</b>	<b>Revaccination Booster</b>
Canine Parvovirus (CPV-2, MLV)	Give at 6-8 weeks old then every 3-4 weeks until 12-14 weeks old	2 doses, 3-4 weeks apart	Booster at 1 year then every 3 years unless label says otherwise
Canine Distemper Virus (CDV, MLV) or rCanine Distemper Virus (rCDV)	Give at 6-8 weeks old then every 3-4 weeks until 12-14 weeks old	2 doses, 3-4 weeks apart	Booster at 1 year then every 3 yrs unless label says otherwise
Canine Adenovirus-2 (CAV-2, MLV parenteral)	Give at 6-8 weeks old then every 3-4 weeks until 12-14 weeks old	2 doses, 3-4 weeks apart	Booster at 1 year then every 3 yrs unless label says otherwise
Rabies 3-year (killed)	Give one dose as early as 3 months	Administer as a single dose	2 <sup>nd</sup> rabies 1 year after initial dose, then every 3 yrs per the area law
Parainfluenza Virus (CPIV, MLV-parenteral)	Give at 6-8 weeks old then every 3-4 weeks until 12-14 weeks old	Administer as a single dose	Booster at 1 year then every 3 yrs unless label says otherwise
Bordetella bronchiseptica (killed bacterin) parenteral	Give one dose at 6-8 weeks old, one dose at 10-12 weeks old	Two doses, 2-4 weeks apart	Annual booster or more often in high-risk animals
Bordetella bronchiseptica (cell wall antigen) Parenteral	Give one dose at 8 weeks old and one dose at 12 weeks old	Two doses, 4 weeks apart	Annual booster or up to every 6 months in high-risk environments
Borrelia burgdorferi (Lyme borreliosis killed whole bacterin or rLyme borreliosis[OspA])	Initial dose at 9 or 12 weeks old (per manufacturer) then 2 <sup>nd</sup> dose 2-4 weeks later	Two doses, 2-4 weeks apart	Annual booster; revaccinate prior to start of region tick season
Leptospirosis (killed bacterin) serovar specific for endemic types	Give one dose at 12 weeks and another at 14-16 weeks. For best response do not give to dogs less than 12 weeks old	Two doses, 2-4 weeks apart	Annual booster, not for toy breeds restricted to areas of high risk

## US&R OPERATIONS GROUP VOTE

<b>VOTE TAKING DATE(s)</b>	June 25, 2008		
<b>ISSUE</b>	Operations Group Recommendation # K-9 08-01		
<b>Work Group Chair Vote</b>	<b>Y/N</b>	<b>Work Group Chair Vote</b>	<b>Y/N</b>
C&GS	Y	Training	Y
Communications	Y	WMD	Y
IST	Y	Technical S/G	
Legal Issues	Y	Canine S/G	
Logistics	Y	TFL Rep	
Medical	Y	East TFL Rep	Y
Public Affairs	Y	Central TFL Rep	Y
Rescue	Y	West TFL Rep	
Search	Y	Operations	Y
Grants	Y		