SUDDEN DEATHS IN GREYHOUNDS DUE TO CANINE HAEMORRHAGIC PNEUMONIA

The Disease Surveillance and Monitoring Program operated by the Greyhound Board of Great Britain occasionally identifies cases of canine haemorrhagic pneumonia at residential kennels.

We wish to draw fellow practitioners’ attention to this uncommon disease. In about 50% of cases *Streptococcus equi zooepidemicus* can be isolated. The infection is characterized by a sudden onset lethargy, pyrexia (above 39.5 °C / 103.1 °F), and tachypnoea. Coughing is not a consistent sign and its absence should not prevent the consideration of pulmonary disease, since CHP is a pneumonia, not a bronchopneumonia. A haemorrhagic oro-nasal discharge is seen as a terminal event.

The progress of the disease is extremely rapid, with death occurring within 6-10 hours of the first appearance of lethargy.

The diagnosis of suspicious cases should be done on clinical signs alone, and treatment must be vigorous, viz: intravenous fluids and intravenous antibiotics. The choice of antibiotics licenced for intravenous use in dogs is limited, but should be directed at Streptococci. NSAIDs may be used to reduce the fever, but are not necessary. Any delays in treatment, or failure to use intravenous therapy, will worsen the prognosis.

Following timely aggressive therapy most cases will fully recover from the acute episode, and will then need 10-15 days of oral antibiosis.

The usual principles of isolation, hygiene and staff awareness apply. Transmission is thought to be by close contact, whilst tonsillar carriers may explain persistence of *Str. equi zooepidemicus* in the greyhound population.

Colleagues are encouraged to report any cases to the GBGB via the Helpline on 0207 421 3779.

Specific veterinary advice sheets are available on the GBGB website at [www.gbgb.org.uk](http://www.gbgb.org.uk).
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