PREVENTION AND CONTROL OF CANINE PARVOVIRUS

To limit environmental contamination and spread to other susceptible animals, dogs with confirmed or suspected CPV enteritis must be handled with strict isolation procedures (eg, isolation housing, gowning and gloving of personnel, frequent and thorough cleaning, etc). All surfaces should be cleaned with a solution of dilute bleach (1:30), peroxygen, or an accelerated hydrogen peroxide disinfectant. The same solutions may be used as footbaths to disinfect footwear.

To prevent and control CPV, vaccination with a modified live vaccine is recommended at 6–8, 10–12, and 14–16 wk of age, followed by a booster administered 1 yr later and then every 3 yr. Because of potential damage by CPV to myocardial or cerebellar cells, inactivated rather than modified live vaccines are indicated in pregnant dogs or colostrum-deprived puppies vaccinated before 6–8 wk of age. The presence of maternally acquired CPV antibodies may interfere with the effectiveness of vaccination in puppies <8–10 wk old. Current modified live CPV vaccines are sufficiently immunogenic to protect puppies from infection in the presence of low levels of interfering maternal antibody.

A new puppy should be introduced into the home of a dog recently diagnosed with CPV enteritis no sooner than 1 mo after clinical signs have resolved. Only fully vaccinated puppies (6, 8, and 12 wk vaccines) should be considered. Introduction of an incompletely vaccinated adult dog should be handled similarly. Booster vaccination of in-contact healthy dogs that are up-to-date on parvovirus vaccination is reasonable but potentially unnecessary given the extended duration of immunity to CPV.