



COVID-19: FAQs FOR VETERINARIANS AND VETERINARY CLINICS

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Below are answers to some questions we have received about [Coronavirus Disease 2019 \(COVID-19\)](#), which is caused by the virus SARS-CoV-2. The AVMA has additional information and resources available at avma.org/Coronavirus. This is a rapidly evolving situation and information will be updated as it becomes available.

Q: Hong Kong’s Agriculture, Fisheries, and Conservation Department (AFCD) has indicated that a pet dog whose owner had contracted COVID-19 had been tested for SARS-CoV-2 and that multiple tests over several days’ time had come back “weak positive.” Do you have more information and should we be worried for our pets or for ourselves?

A: The ACFD first collected samples from the pet dog, reportedly a 17-year-old Pomeranian, on February 26 and detected low levels of SARS-CoV-2 material in samples from its nasal and oral cavities on February 27. The ACFD repeated the test on February 28, March 2, and March 5 with continued “weak positive” results (nasal and oral sample, nasal sample, nasal sample, respectively). “Weak positive” suggests a small quantity of SARS-CoV-2 RNA in the samples. It doesn’t distinguish whether the samples contain intact viruses, which are infectious, or only fragments of the RNA.

Real time reverse transcriptase polymerase chain reaction (RT PCR) testing was conducted by the laboratories of the ACFD and the School of Public Health of the University of Hong Kong. The latter is an accredited reference laboratory for the WHO for the testing of SARS-CoV-2. The RT PCR test is sensitive, specific, and does not cross-react with other coronaviruses of dogs or cats. Testing from both laboratories yielded the same results.

Experts from the School of Public Health of the University of Hong Kong, the College of Veterinary Medicine and Life Sciences of the City University of Hong Kong, and the World Organization for Animal Health (OIE) believe the consistency and persistence of the results suggest the pet dog may have a low-level of infection with the virus. While officials have said this may be a case of human-to-animal transmission, this is still speculative and further testing is being conducted.

This pet dog is one of two pet dogs currently under quarantine in separate rooms in a facility at the Hong Kong Port of Hong Kong-Zhuhai-Macao Bridge; the second pet dog has had negative results of tests for the virus.

The pet dogs are being cared for and neither has shown any signs of being ill with COVID-19. Furthermore, infectious disease experts and multiple international and domestic human and animal health organizations agree there is no evidence at this point to indicate that pets can spread COVID-19 to other animals, including people.

Q: Can SARS-CoV-2 infect pets?

A: We do not have a clear answer to this at this time. Currently, there is no evidence that pets can become sick. Infectious disease experts, as well as the CDC, OIE, and WHO indicate there is no evidence to suggest that pet dogs or cats can be a source of infection with SARS-CoV-2, including spreading COVID-19 to people. More investigation is underway and as we learn more, we will update you.

However, because animals can spread other diseases to people and people can also spread diseases to animals, it’s a good idea to always [wash your hands](#) before and after interacting with animals.

Q: How do I best protect myself and my veterinary team from infection with COVID-19?

A: Stay informed about the local COVID-19 situation. Know where to turn for reliable, up-to-date information in your local community. Monitor the [CDC's COVID-19 website](#) and your [state and local health department websites](#).

Because there is currently no vaccine available to prevent COVID-19, the best way to prevent illness is to avoid exposure to the virus. Taking typical [preventive action](#) is key: team members should avoid close contact with other people who are ill; avoid touching their eyes, nose, and mouth; cover their coughs or sneezes with a tissue, then throw the tissue in the trash; wash their hands often with soap and water for at least 20 seconds, especially after blowing their nose, coughing, or sneezing, going to the bathroom, and before eating (if soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol); and stay at home when they are sick.

Surfaces in the veterinary clinic/hospital that are touched frequently, such as workstations, keyboards, doorknobs, countertops, and stethoscopes, should be cleaned often and wiped down by employees with disposable wipes between cleanings. Provide no-touch disposal receptacles. Place hand sanitizers in multiple locations, including in exam rooms, offices, and conference rooms to encourage hand hygiene.

Veterinary healthcare team members who have symptoms of acute respiratory illness should stay at home and should not return to work until they are free of fever (100.4 F or lower, using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours without the use of fever-reducing or other symptom-altering medicine (e.g., cough suppressants). Communicate about COVID-19 with your team. Flexible sick leave policies are important and team members should be made aware of these policies. Team members who appear to have symptoms of acute respiratory illness upon arrival at work or who become sick during the day should be separated from other team members and sent home immediately.

If a team member is confirmed to have COVID-19, the veterinary practice owner should inform other team members of their possible exposure to COVID-19, but maintain confidentiality as required by law. Team members who are exposed to another employee with confirmed COVID-19 should contact their physician or local health department to determine how best to proceed.

Q: The animal of a client who is ill with COVID-19 needs to be seen urgently, how do I proceed?

A: No one with active COVID-19 infection should be visiting your practice because doing so may expose the members of your veterinary healthcare team, as well as other clients, to the disease. When a veterinarian or public health professional is notified that a pet, or other animal, resides in the home of a person with COVID-19 and needs care, they should notify the [state public health veterinarian](#) or another designated animal health official for direction as to how to proceed.

State public health veterinarians who have been contacted about pets or other animals potentially exposed to COVID-19 can consult with the CDC One Health Team 24/7 by calling CDC's Emergency Operations Center at 770-488-7100.

Although there is currently no evidence that animals other than the potential bat source of SARS-CoV-2 play a role in the epidemiology of COVID-19, good disease prevention protocols should be maintained by the entire veterinary team during patient interactions, including [strict hand-washing](#).

COVID-19 aside, it is always a good idea to take steps to prevent the spread of disease in your clinic/hospital by following the guidance provided in the National Association of State Public Health Veterinarians' [Compendium of Veterinary Standard Precautions for Zoonotic Disease Prevention in Veterinary Personnel](#).

Q: Is there a test I can use to check my patients for SARS-CoV-2?

A: No clinical testing is available as of today (3/11/2020) in the United States, but tests and testing capacity are being developed. It is possible that authorization may need to be obtained from a public health or state veterinarian prior to submission of samples. More information on test availability and requirements for submission is expected to be available shortly.

It's important to remember that, while SARS-CoV-2 is suspected to have emerged from bats, there is currently limited evidence that other animals, including pets, can be infected with SARS-CoV-2. There is no evidence to suggest that pets can spread COVID-19 to other people or other pets.