



## So what is the fuss all about?

- Skin diseases are common in shelters....
  - No evidence that the primary pathogen of importance (Microsporum canis) alters its pathogenicity unlike other infectious agents (e.g. viral infections)
  - Contagious and easily transmitted
  - BUT is non-life threatening
  - Skin lesions almost never cause any long term damage
  - Treatable and curable
  - Good prognosis
  - Has features similar to many other skin diseases such as Cheyletiella, Sarcoptes, Otodectes, fleas, and ticks

## Again, Why SO Important?

- The primary reason dermatophytosis is of importance in shelters is that it is a disease of <u>public</u> <u>health concern</u>
- Routine intake procedures (e.g. vaccination, application of flea control) do not protect the population from disease, unless a screening protocol is in place
   Affects the most adoptable
- population in a shelter (i.e. kittens and puppies)
- This is a highly charged topic with respect to management
- (And a possible PR nightmare)



## How common is it really?

- Microsporum canis is the primary pathogen of concern in shelters
- Highly variable: geographic region, population density, husbandry practices, intake procedures,
- Reports of 4 to 100% but numbers can be misleading depending upon whether the study reports prevalence based solely upon positive culture status or makes correlates cats that are truly infected (lesions, Wood's lamp positive, culture positive)
- "Culture positive" simply means infective spores were found on the hair coat, it does not necessarily mean the cat is infected



## **How Lesions Develop**

- Cat to cat transmission is the most common mode
- Spores must make contact with the skin
- Spores must adhere to the skin and defeat skin/cat defense mechanisms
- Successful infection also requires micro trauma that compromises the epidermal skin barrier
- Incubation from contact and germination to obvious clinical lesions is approximately 14 to 21 days
- Can only in skin



## Field Study On Risk Factors

- 8256 fungal culture from various shelter cats
  - 628 were culture positive
- Looked at age, sex, hair length, presence of lesions, source (surrender vs. stray)
- What was SIGNIFICANT for culture positive status?
  - Age (1.3 x more likely in kitten/juvenile vs. adult)
  - Hair length (1.3 x more likely in medium and long haired cats compared to short hair)
  - Lesions(2.4 x more likely to be culture positive than non lesional cats)

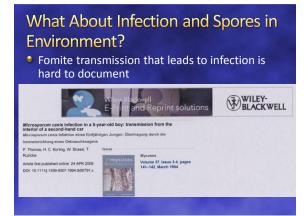
# What Aides Transmission, Adherence and Ultimately Infection?

- Cats that cannot groom for any reason
- Skin trauma from bites, scratches, ectoparasites
- Matted hair coats
- Maceration of skin from high humidity from dampness post cleaning
- Cats in poor body condition from debilitating and/or concurrent diseases
- Age extremes-the very young, the very old
- STRESS



















## #2: Sweep and Wash, and WASH AGAIN

- There is no "magic" disinfectant (including bleach!)
- Any cat safe disinfectant fails if the area is not properly prepared
- Spores are protected from contact with disinfectants by dirt, debris and the hair shaft
- AGGRESSIVE good old fashioned cleaning and washing with a detergent is the most valuable step in decontamination
- Must rinse the area with clean water and allow it to dry BEFORE applying a disinfectant



## #3: Apply A Disinfectant

- Carefully read the label and look for products tested against Trichophyton mentagrophytes
  - In vitro studies found many over the counter products for controlling this pathogen killed M. canis when used properly
  - In vivo field studies still need to be performed
- Snuck in the label of "one step "products are comments to "grossly remove debris before use"...
- Thoroughly soak area and keep it wet for the time on the label (5-10 min)

## Clinical Signs

- Skin lesions tend to start on thinly haired areas where spores can contact skin
- Skin lesions are often found in areas where there has been micro trauma
- Clinical signs directly reflect how the disease is transmitted and the normal pathogenesis





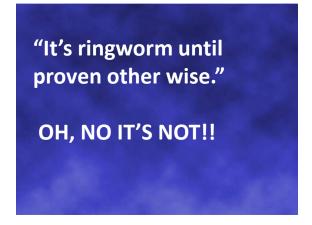












## Real World Field Study

- Open admission shelter with screening program on intake:
  - Culture data from 5644 cats over 24 months
    - 584 culture positive cats (10.3%)
    - 381 of 5644 cats had skin lesions (6.75%)
    - Only 94 of 5644 cats were both lesional and culture positive and found to be infected (1.6%)
    - 490 cultures positive cats were found to be fomite carriers
- Note: Only 1 in 4 cats with skin lesions had dermatophytosis
- And only 1.6% of cats had ringworm, not 10.3%

# Beating Ringworm: You need to screen. Why is screening so important?

- Public safety
- Outbreak prevention
- Foster homes
- Life and death decisions
- Because there is no other way to know



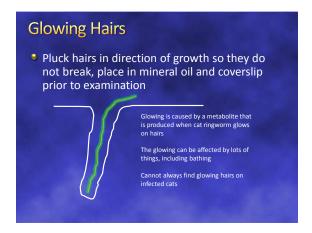
## **Diagnostic Tools**

- Physical Examination\*\*
  - Skin lesions may be felt before seen
  - Examine in good lighting
  - Consider using a flashlight as a strong beam may identify lesions otherwise missed
- Wood's lamp\*\*
- Direct Examination of Hairs\*\*
- Fungal Culture

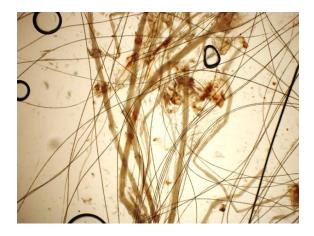
\*\*On site, cost effective, time effective screening tools

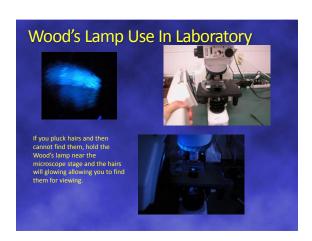
# Wood's Lamps-Eating Crow? Comment that 50% of clinical specimens glow has been repeated over and over in the literature Comment appears to stem from human medicine where human hygiene practices greatly influence Wood's lamp examinations Experience from shelter cats (Another Field Study!) Fomite carrier cats do not glow Infected untreated cats with true ringworm lesionsvery very commonly GLOW

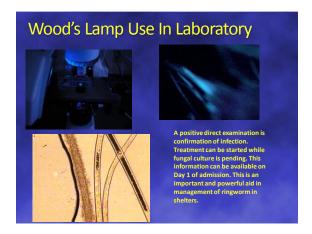


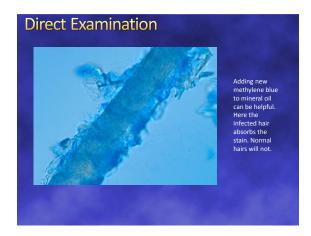




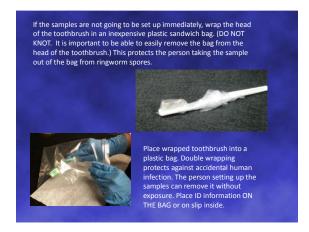


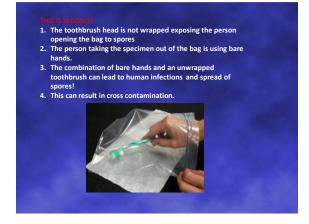




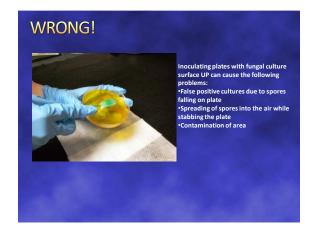


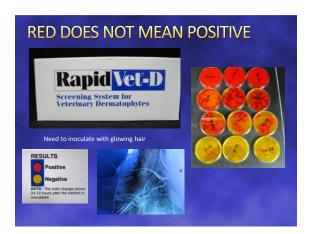






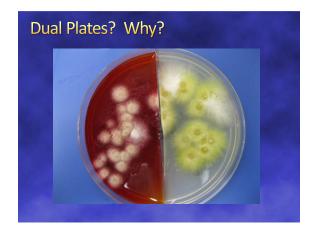






# Look for pale or white colony with a red ring of color developing around it as it grows Ignore any colony with NO red ring of color developing it as it grows Ignore ANY COLONY that is heavily pigmented YES IT IS THAT SIMPLE TO IDENTIFY THE COLONIES THAT MUST BE SAMPLED Where is the suspect pathogen?



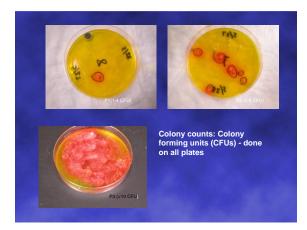




## What is the "P" Scoring System?

- Simply getting a "positive" or "negative" for Microsporum canis is not satisfactory for making informed decisions in shelters
- "P" score or "Pathogen score" refers to the number of colony forming units growing on a plate and is used in decision making for treatment and for monitoring response to treatment.\*
- This is a useful tool to communicate accurately fungal culture results to staff involved care of ringworm cats.
- It can also be used to help monitor environmental decontamination

\*This is explained in detail in chapter on Dermatophytosis in Infectious Diseases of the Dag and Cat (Greene CE, 2012) and in the Dermatophytosis chapter in Infectious Disease Management in Animal Shelters (Miller L, Hurley I



## **Examples**

- P1 or P2 cat
  - No lesions on repeat examination and Wood's lamp examination-fomite carrier, prophylactic topical treatment and "go"
  - Lesions on repeat examination and Wood's lamp examination-truly infected, culture was obtained early in the infection: TREAT CAT
- P3 Cat
  - >10 colonies often too many to count
  - Could be truly infected or fomite carrier exposed to contaminated environment, TREAT CAT

Summary of General Clinical
Presentations
Simple infected group
<ul> <li>Otherwise healthy cats or kittens with confirmed lesions, lesions limited in extent, if otherwise healthy these cats will respond well to therapy</li> </ul>
Complicated infection group
<ul> <li>Widespread lesions, inflammatory lesions, long hair/matted hair other illnesses (ie. URI), history of prior treatment, surrendered for resistant "ringworm", semi-feral/feral cats. These cats are complicated to treat because antifungal therapy must be coordinated with treatment for other pre- existing diseases</li> </ul>
Lesion free but culture positive
Consists of cats that may be mechanically carrying spores on the hair coat (dust mops) or cats with early lesions that are not seen but mature enough to be spreading spores. Colony forming units on culture, examination and Wood's lamp examination will help differentiate fomite carriers from early infection

# Shelter Treatments Effective topical applied twice weekly Lime sulfur Enilconazole Systemic Antifungal Itraconazole 21 day course Daily course Week on/Week off Terbinafine (recommendation based upon field study) 21 day course











### **Treatment Failures**

- Improper mixing of topical antifungal rinse, shake bottle before using!
- Wetting cats prior to applying rinse, makes it harder for liquid to "cling" to hair coat
- Matted hair coat that must be clipped
- Poor application technique-often face is missed
- Using compounded itraconazole
- Cat has underlying medical problem
- Environmental contamination causing false positives
- In group housing, unrecognized infected cat

## **Treatment Monitoring**

- Cats will clinically cure before they are fungal culture negative
- Two negative cultures at weekly intervals
- Weekly fungal cultures ARE less expensive
  - Cost per fungal culture is less than or equal to one animal care day
  - Weekly cultures will identify cats faster, often 2-4 weeks sooner than by starting cultures at 4 weeks
  - Weekly fungal cultures will decrease the time cats are in confinement, decrease the number of dips they need to receive, and decrease personnel costs.
  - Will identify cats that are fomite carriers as they will rapidly become culture negative
  - Will identify cats that are not curing due to some treatment complication

## And then one day, someone yells "OUTBREAK OF RINGWORM"

- #1: Do not start moving cats around
- #2: Start AGGRESSIVE CLEANING
  - Mechanical removal of debris
  - Scrub, scrub, scrub, scrub...... and then Rinse...
  - Apply disinfectant at USUAL dilution
  - Do daily until a decision has been made
- #3: Collect information for the veterinary visit and assessment

## IS IT AN OUTBREAK?

- What clinical signs were noted and when?
- Is it limited to a group of animals?, litter of kittens?
- Do staff have lesions?
- What diagnostics have been done? Wood's lamp? Direct examination?
- How was it confirmed? Fungal culture? What medium? Was it confirmed via color change or mycological exam? Collect plates if possible.
- What have you done so far?

## **SUMMARY**

- Assess what your shelter can do
- Cleaning and decontamination (and clutter busting) recommendations for ringworm are a benefit for all infectious diseases
- Become competent with a Wood's lamp and direct examinations-litter of infected kittens is a good place to start
  - Confirms infection and treatment decisions can be made
  - Will help contain an possible outbreak

Disc	losures
	Moriello has received research funding* and restricted gifts** for research from:
9	Winn Foundation for Feline Research*
9	Companion Animal Grant, University of Wisconsin*
9	Maddie's Fund**
9	DVM Pharmaceuticals**
9	Novaritis Animal Health, Alpharma, Pfizer Limited**
9	AND too many to count unrestricted gifts from private individuals whose generosity has allowed my laboratory to do research on questions of importance to our community and to help people and cats in need during outbreaks