



Leptospirosis: Protecting Your Staff & Patients

Leptospirosis, a major waterborne zoonotic disease, is an important cause of acute renal failure in dogs that also is a potential source of infectious exposure for other animals and people.

Definitive diagnosis requires identification of the organism on histologic examination or by culture. However, because either method can be slow and, therefore, impractical to conduct, suspected cases should be considered at risk for zoonotic disease until at least 48 to 72 hours after initiation of antibiotic treatment. Treatment of other pets in the client's household is recommended.

Steps to take for dogs with suspected or confirmed leptospirosis:

- Housing isolation is not required, but movement of dogs should be minimized.
- Patients should be placed in floor-level cages if possible and housed away from high-traffic areas.
- Cages should be clearly marked with warning labels.
- Pregnant or immunocompromised individuals should avoid contact with these patients.
- Staff should avoid needle sticks and other contact with blood.
- Urine spills should be cleaned immediately and the area disinfected.
 - Disinfectants should include a 3% to 10% (1:30 to 1:10 dilution) of bleach solution, iodine-based disinfectants, accelerated hydrogen peroxide, or quaternary ammonium solutions.
- Gloves, disposable gowns, and protective eyewear or facemask should be worn when there is risk for aerosolization of urine, including:
 - When manipulating urinary catheters or collection systems
 - When cleaning areas where urine has been spilled
- Dogs should be allowed to urinate in a restricted area with hard, nonpermeable surfaces that are free of organic material.
- Avoid pressure-washing runs and other areas where the dog has been.
- Hands should be washed after handling the dog or anything that may have been contaminated by the dog.
- All blood, urine, and tissue from the dog should be treated as medical waste.

Source: 2010 ACVIM small animal consensus statement on leptospirosis: Diagnosis, epidemiology, treatment, and prevention. Sykes JE, Hartmann K, Lunn KF, et al. *J Vet Intern Med* 25:1-13, 2011.