



intercom

a publication of the San Diego County Veterinary Medical Association

March 2020



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Jennifer Aniya
DVM, DACVD
Board Certified
Dermatologist



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Our dermatologist Dr. Jennifer Aniya obtained her veterinary degree from Colorado State University in 2003. After completing a small animal rotating internship in Northern California she moved to San Diego to complete her residency training in dermatology. Jennifer became board-certified in dermatology in 2010 and her special interests include management of allergies and ear disease. In addition to lecturing nationally and internationally she is an active member of the American College of Veterinary Dermatology. Dr. Aniya is committed to working with you and your clients to provide the best options for long term management of skin and ear disease.

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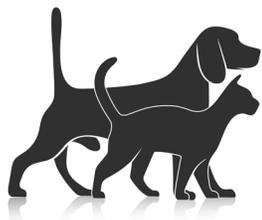
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SDCVMA SPRING VETERINARY CONFERENCE

Endocrinology for the General Practitioner

Veterinary Support Staff Welcome



April 25 & 26, 2020

Held at:

Handlery Hotel San Diego

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SPEAKERS

Patty Lathan, VMD, MS, DACVIM

Associate professor of small animal internal medicine at Mississippi State University.

Renee Rucinsky, DVM, DABVP (Feline)

Owner and feline specialist at Mid Atlantic Cat Hospital in Queenstown, Maryland.

Complete biographies available online on conference pages

Conference Registration Includes:

- Classroom style table and chair seating for your day-long comfort
- Printed syllabus of material from speakers
- Breakfast during registration both days
- Group seated luncheon on Saturday & Sunday
- Refreshments served during scheduled breaks
- 12 Continuing Education hours (6 each day)
- Daily door prize drawings

REGISTRATION

Preferred:

Please go to our website:

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Click on the 2020 Spring Conference
Then click on "Register"

You will need to create an account if you don't have one. You can print a receipt and you will receive registration confirmation via email.

Alternative:

Request a registration form from the SDCVMA office and you can return it via fax, email or mail service.

Please pre-register as space may be limited.



Caroline Seitz, DVM,
Program Chair, President

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**Complete Conference Details Online:
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PROGRAM

Saturday, April 25, 2020

7:30 - 8:30am — Registration & Breakfast

Session I — 8:30 am - 4:30 pm

Not So Sweet - Feline Diabetes Mellitus: Treatment and Monitoring (Rucinsky)

Making the diagnosis of diabetes in cats can be relatively straightforward. I'll help you navigate the speed bumps of appropriate treatment and monitoring for your various cat patients.

Not So Sweet - Feline Diabetes Mellitus: Treatment with Concurrent Disease (Rucinsky)

Did you make that cat diabetic? We'll discuss ways to manage inflammatory bowel disease, allergies, and other ailments along with diabetes.

Canine Diabetes Mellitus-Dogs are Not Big Cats (Lathan)

We'll review insulin and dietary therapy in dogs during this lecture. We'll also focus on diabetic monitoring, including clinical signs and continuous glucose monitoring.

Diabetic Ketoacidosis: How to Stop the Ketones (Lathan)

In this session, we will study the diagnosis of DKA and also cover the most commonly used treatment protocols, and some newer protocols that also enlist the use of subcutaneous insulin.

When Your Diabetic Cat Patient Isn't Just Diabetic - Acromegaly and Hyperosmolar Hyperglycemic Syndrome (Rucinsky)

Sometimes you do everything correctly and the cat still isn't regulating. Or the cat seems to be plugging right along and then crashes. We'll discuss some possible issues that you may run into with your diabetic patients.

Canine Hypothyroidism (Lathan)

During this talk, we'll review diagnostics involved with hypothyroidism, and how to adjust medication. We'll also examine some of the less common findings associated with hypothyroidism.

Sunday, April 26, 2020

7:30 - 8:30am — Registration & Breakfast

Session II — 8:30 am - 4:30 pm

But My Cat Feels Great! Current Thoughts on Feline Hyperthyroidism (Rucinsky)

When the disease seems to (initially!) improve your geriatric patient's quality of life, sometimes it's hard to convince your client there's a problem. We'll talk about early detection, pitfalls in testing, and various treatment options for hyperthyroid cats.

Canine Addison's Disease-A Case Based Update (Lathan)

Cases will be used to illustrate how to treat Addisonian dogs with steroids, and also different presentations of Addison's disease. Dogs with both typical and atypical hypoadrenocorticism will be covered.

Canine Cushing's Disease-A Case Based Update (Lathan)

This lecture will use cases to illustrate practical aspects of the diagnosis and treatment of hyperadrenocorticism. We'll focus on treatment using trilostane, including the use of the pre-pill cortisol for monitoring.

Under Pressure - Feline Hypertensive Disease and Hyperaldosteronism (Rucinsky)

Hypertension is an underrealized problem in our feline patients. This segment will explain primary feline hypertension as well as the increasingly recognized disease, hyperaldosteronism - how to diagnose and manage both issues.

Nightmare on Your Street - Feline Pancreatitis (Rucinsky)

Pancreatitis in felines has become practically epidemic. We will cover diagnosis and treatment challenges, chronic versus acute pancreatitis, and long-term management of this

Technician Seminar • 6 CEU Endocrinology for the Veterinary Technician

Speaker: Dennis Spann, DVM, DACVIM

Causes of Polyuria/Polydipsia • Diabetes Mellitus • Hypoadrenocorticism • Disorders of Calcium Metabolism • Miscellaneous Feline Endocrinopathies

Sunday, April 26, 2020 • 9:00am - 4:30pm

Members register online by 3/27/20: \$80

Non-members register online by 3/27/20: \$120

Support Staff Welcome

Details & registration online: www.SDCVMA.org

Link to Technician Seminar on home page

Breakfast & Lunch Included

Veterinary Conference Schedule

Both Days:

7:30am-8:30am Registration & Breakfast

8:30am-4:30pm CE Sessions

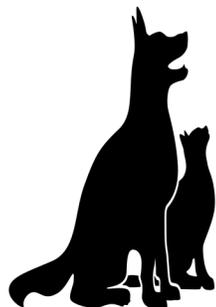
10:00am Refreshment Break

12:00-1:00pm Luncheon

2:30pm Refreshment Break

5:00pm *Happy Hour on*

Saturday ONLY



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Welcome

BRITTANI A. JONES, DVM (Practice Limited to Surgery)



Dr. Brittani Jones graduated from The Ohio State University, College of Veterinary Medicine in May 2015. She then completed a general medicine and surgery rotating internship at the Animal Medical Center in New York in July 2016. Following this, Dr. Jones completed a Small Animal Surgery Residency in July 2019 at Michigan State University in Lansing, Michigan. Dr. Jones plans on completing her American College of Veterinary Surgery Board examination in February 2020.

We are delighted to welcome Dr. Brittani Jones to San Diego and are excited to have her join our Surgery team in September 2019.

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FDA Takes Significant Step in Coronavirus Response Efforts, Issues Emergency Use Authorization for the First 2019 Novel Coronavirus Diagnostic

Critical Milestone Reached in Response to this Outbreak

February 04, 2020

Today, the U.S Food and Drug Administration issued an [emergency use authorization \(EUA\)](#) to enable emergency use of the Centers for Disease Control and Prevention's (CDC) 2019-nCoV Real-Time RT-PCR Diagnostic Panel. To date, this test has been limited to use at CDC laboratories; today's authorization allows the use of the test at any CDC-qualified lab across the country.

"Since this outbreak first emerged, we've been working closely with our partners across the U.S government and around the globe to expedite the development and availability of critical medical products to help end this outbreak as quickly as possible. This continues to be an evolving situation and the ability to distribute this diagnostic test to qualified labs is a critical step forward in protecting the public health," said FDA Commissioner Stephen M. Hahn, M.D. "Our collaboration with the CDC has been vital to rapidly developing and facilitating access to this diagnostic test. The FDA remains deeply committed to utilizing our regulatory tools and leveraging our technical and scientific expertise to advance the availability of critical medical products to respond to this outbreak in the most expeditious, safe and effective manner possible."

The 2019-novel coronavirus (2019-nCoV), identified in Wuhan, China in December 2019, is a new type of coronavirus that can cause severe respiratory illness in humans. Most patients with confirmed 2019-nCoV infection have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). However, limited information is currently available to characterize the full spectrum of clinical illness associated with 2019-nCoV infection. To date most reported cases of 2019-nCoV infection outside of China have been linked to residence in or travel to Wuhan, China. At this time, federal health officials continue to believe that the threat to the general American population from this virus is relatively low.

Under this EUA, the use of 2019-nCoV Real-Time RT-PCR Diagnostic Panel is authorized for patients who meet the CDC criteria for 2019-nCoV testing. Testing is limited to qualified laboratories designated by the CDC and, in the U.S., those certified to perform high complexity tests. The diagnostic is a reverse transcriptase polymerase chain reaction (PCR) test that provides presumptive detection of 2019-nCoV from respiratory secretions, such as nasal or oral swabs. A positive test result indicates likely infection with 2019-nCoV and infected patients should work with

their health care provider to manage their symptoms and determine how to best protect the people around them. Negative results do not preclude 2019-nCoV infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history and epidemiological information.

The FDA can issue an EUA to permit the use, based on scientific data, of certain medical products that may be effective in diagnosing, treating or preventing such disease or condition when there is a determination, by the Secretary of Health and Human Services (HHS), that there is a public health emergency or a significant potential for a public health emergency that has a significant potential to affect national security or the health and security of U.S. citizens, and a declaration that circumstances exist justifying the medical products' emergency use.

On Jan. 31, HHS Secretary Alex Azar declared a public health emergency recognizing the potential threat that 2019-nCoV poses and reiterating the government's dedication to leveraging all available resources to help prevent, mitigate and respond to this threat. As there are no commercially available diagnostic tests cleared or approved by the FDA for the detection of 2019-nCoV it was determined that an EUA is crucial to ensure timely access to diagnostics. The HHS Secretary accordingly today made the necessary EUA determination and declaration and the FDA issued this EUA in response to a request from the CDC. This action is the result of the close collaboration between the FDA, the CDC and the Centers for Medicare and Medicaid Services, which provides oversight for U.S. laboratories, to prioritize the efficient development and implementation of critical medical products in response to emerging infectious disease outbreaks, such as novel coronavirus.

The FDA [outlined its approach](#) to expediting the development and availability of critical medical products to prevent, diagnose and treat 2019-nCoV using all applicable regulatory authorities to respond to this outbreak on Jan. 27. The agency remains committed to working with developers, international partners and the U.S. government to help support this public health response. The FDA is dedicated to actively working with other 2019-nCoV diagnostic developers to help accelerate development programs and requests for EUAs, in fact several have already requested and received the EUA template for this outbreak. The FDA, among other steps, is providing its highest level of attention to helping expedite the development and review of a variety of medical products being developed to diagnose, treat and prevent the spread of this outbreak.

The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, and security of

human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products. 🐾

AVMA: What Do You Need To Know About Coronavirus?

February 18, 2020

Health officials across the country are on high alert due to a new human coronavirus that originated in China. Infection with the virus causes flu-like symptoms in people, including mild to severe respiratory illness with fever, cough, and difficulty breathing.

The disease caused by the virus has been dubbed **COVID-19** and is believed to affect only people, not animals. Here's what veterinary professionals need to know about it:

- The outbreak began in Wuhan City, Hubei province, China.
- Initial reports implicated a seafood and animal market in Wuhan City. However, a growing number of patients reportedly have not had exposure to animal markets, indicating person-to-person spread.
- Right now, the primary concern is for human health.
- There is no antiviral agent proven to be effective against this disease, and there is no immunization available.

- At this time, experts have **not** expressed concern about transmission to or from animals. Multiple international health organizations have indicated that **pets and other domestic animals are not considered at risk for contracting COVID-19** or transmitting the virus that causes the disease.
- The immediate health risk to the general public in the U.S. is considered low at this time, although the U.S. Centers for Disease Control and Prevention (CDC) considers the virus a very serious public health threat.
- The coronavirus responsible for COVID-19 has been designated 2019-nCoV. A coronavirus group from the International Committee on Taxonomy of Viruses, which is responsible for naming new viruses, has proposed calling it SARS-CoV-2.
- As veterinary professionals, we might get questions about the outbreak. As always, careful handwashing and other infection control practices can greatly reduce the chance of spreading disease.

Worldwide, there had been more than 73,330 reported cases of COVID-19 as of Tuesday, February 18. In the U.S., 15 cases had been confirmed in seven states: Arizona, California, Illinois, Massachusetts, Texas, Washington, and Wisconsin. These did not include several people who were among 300 Americans evacuated from a cruise ship where they had been quarantined for nearly two weeks.

The U.S. State Department has issued a [travel advisory](#) warning Americans not to travel to China.

Looking for more information? <https://www.avma.org/blog/what-do-you-need-know-about-coronavirus> 🐾



Image courtesy of the U.S. Centers for Disease



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NEWStat: How Much Is That Doggy In The Window . . . Worth?

February 20, 2020
Tony McReynolds



Because what he costs is one thing. What he's worth is quite another. And according to a new paper, he's worth around \$10,000. Depending . . .

In "[Monetizing Bowser: A Contingent Valuation of the Statistical Value of a Dog Life](#)," published last November in the *Journal of Benefit-Cost Analysis*, economists set themselves the goal of coming up with something called the value of statistical dog life (VSDL).

To put it in human terms, the value of statistical life (VSL) is an estimate of the mean dollar value people place on their own lives when making decisions that involve mortality risk. Current estimates of the VSL for the US general population is approximately \$10 million per person, according to the authors.

Until this paper, no one had ever bothered trying to determine VSDL.

To do it, the researchers ran this scenario by 4,682 dog owners: imagine there was an outbreak of a canine influenza that kills 12% of all dogs who get it. Now say there's a vaccine that reduces the risk of your dog dying from 12% to only 2%. How much would you be willing to pay—up to \$3,000—for that vaccine?

The catch: the vaccine would only be effective for one year.

Based on respondents' answers, the researchers came up with a range of \$5,000 to \$9,000, which didn't factor in the emotional value the family placed on the dog. To correct that, the researchers gathered information on whether the dog was seen as a valued companion. That information raised the value of a dog's life by around \$1,000, putting the top limit of the monetary value of a dog at around \$10,000.

If that figure seems like it was pulled out of a hat, compare it to what a dog would cost an owner over the course of the dog's lifetime—a figure that some estimates put at around [\\$15,000](#), depending on the size, breed, and services required (and that's on the [low end](#)).

NEWStat contacted corresponding author Hank Jenkins-Smith, MA, PhD, director of the National Institute for Risk and Resilience at the University of Oklahoma, to find out why knowing the VSDL is important.

"Practically speaking, having an estimate of the value of a dog's life can inform decisions about the value of regulatory decisions," Smith said. For example, it can help determine the net benefit in enforcing stricter rules in pet food manufacturing when enforcement costs money and would improve dogs' health. And it would be useful in court decisions when calculating compensation for the loss of a dog in, say, a car accident.

Smith stresses that the \$10,000 figure is an average value: "The value of any individual dog will of course vary around that amount." The loss of a prize-winning show dog, for example, or a social media influencer who earns his owner a six-figure income would likely command greater compensation.

As to those who say it's impossible to put a price on the value of a beloved pet, Smith would heartily agree: "This estimate is not a value for a particular dog to a particular person." Smith posits his own dog, Chuco, a "high-energy" cattle dog rescue mix, as an example. To Smith, Chuco's value is "infinite."

"Except when he's being a pest," Smith adds. "At which time I would happily rent him out at a very low rate." Smith knows that VSDL is a hot-button question. He acknowledges that issues involving valuation of life, whether in people, dogs, or any other species, often generate intense reactions: "in some cases for philosophical reasons, in others for personal ones." Smith thinks that's a good thing. "It makes people think about not only what they value, but why."

That's a large part of the motivation behind writing the paper, says Smith: "to provide a basis for making some kinds of decisions in ways that better reflect societal values."

"We, obviously, think dogs are worth a lot," Smith adds. "And we want that reflected in societal decisions." 🐾

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VETERINARY MEDICAL BOARD

Clarifications Regarding Fingerprint Requirements



The Veterinary Medical Board has received numerous questions and concerns regarding the Board's "new" fingerprint requirement. The requirement for all Board license applicants to submit a full set of fingerprints for purposes of conducting a criminal history record check was enacted in 1997 in Business and Professions Code section 144. Fingerprints are also required for license renewal pursuant to California Code of Regulations (CCR) [section 2010.05](#), which states, in part, the following:

As a condition of renewal of a license, a veterinarian who was initially licensed prior to January 1, 1960, a registered veterinary technician who was initially licensed prior to January 1, 2004, or any licensee for whom an electronic record of the submission of fingerprints no longer exists or was never created, shall furnish to the Department of Justice a full set of fingerprints for the purpose of conducting a criminal history record check and to undergo a state and federal level criminal offender record information search conducted through the Department of Justice.

This regulation took effect in 2012. Unfortunately, the Board's electronic licensing system was not designed to check for or hold renewals in the absence of fingerprint results at that time.

The Department of Consumer Affairs (DCA) recently implemented BreEZe, the online licensing and enforcement system that allows licensees and license applicants to do business with DCA electronically. All Board license renewals are processed through the BreEZe system. BreEZe was recently designed to check for and receive Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) fingerprint results. If fingerprint results are missing from a licensee's electronic file, licensees are notified on their renewal notices that fingerprints must be submitted to the DOJ, and license renewals are held until fingerprint results are received by the Board. If a licensee previously submitted fingerprints to the DOJ but the BreEZe system indicates the need for fingerprint results, *an electronic record of the submission of fingerprints no longer exists or was never created.*

Licensees are encouraged to read their renewal notice carefully. If the notice indicates the need to be fingerprinted, please do so as soon as possible. Do not

wait until right before the license expires. Fingerprint results typically take 48 hours to be sent from the DOJ and FBI to BreEZe, but it could take up to two weeks depending on the quality of the fingerprints.

TO OBTAIN AND SUBMIT ELECTRONIC FINGERPRINTS, YOU MUST DO THE FOLLOWING:

- 1) Download and complete the [Board's Request for Live Scan Service form](#). (If you are renewing from out-of-state, [special conditions](#) may apply.)
- 2) Go to an [authorized Live Scan provider](#) with the completed form, driver's license or other valid form of identification, such as a passport or state DVM I.D., and DOJ processing fee payment.
- 3) Ensure that the Live Scan technician enters your name in the system exactly as it is on file with the Board (including any hyphens).
- 4) If you have a social security number, ensure that the Live Scan technician correctly enters your social security number in the system. The Board has received reports of Live Scan technicians telling individuals that social security numbers are not necessary to submit fingerprints to the DOJ. This is incorrect. If you have a social security number, you must enter it on the form, and the Live Scan technician must enter your social security number into the Live Scan system.
- 5) Once the form is complete, make a copy and email it to VMB@dca.ca.gov with the subject line of "Live Scan, [license type] [license #]" e.g., "Live Scan, Veterinarian License #123456."



Live Scan will transmit your fingerprints electronically. If this is successful, your license should renew in BreEZe within a few business days.

If you choose not to get fingerprinted and the Board does not have fingerprint results in your electronic licensing file, your renewal application will show “pending” in your “Quick Start Menu.” Your license will not be renewed until you have completed steps 1-5 above.

If, after completing the above steps, you experience issues with renewing a license online, contact the Board at (916) 515-5220.



FREQUENTLY ASKED QUESTIONS

Why did the Board implement this new fingerprinting requirement?

The requirement to be fingerprinted for license renewal is not a new requirement. Rather, CCR section [2010.05](#) took effect in 2012. Unfortunately, the Board's electronic licensing system was not designed to check for or hold renewals in the absence of fingerprint results at that time. The Board is now using the BreEZe system for electronic license renewals. The BreEZe system was recently designed to check for and receive DOJ and FBI fingerprint results. If fingerprint results are missing from the licensee's electronic license file, licensees are notified on their renewal notices that fingerprints must be submitted to the DOJ, and the renewals are held until fingerprint results are received by the Board.

How do I know if I need to be fingerprinted?

Your license renewal notice is sent out 90 days prior to your license expiration. The notice will clearly indicate whether you need to be fingerprinted. If you know you were fingerprinted prior to 2012 or do not recall ever being fingerprinted for the Board, you are encouraged to be fingerprinted again to avoid any license renewal delays.

Do I need to wait until I receive my renewal notice to be fingerprinted?

No. If you know you have not been fingerprinted since 2012, there is no need to wait. You can submit fingerprints at any time. The Board encourages you to submit fingerprints as soon as possible to avoid any delays in renewing your license.

I renewed my license online and paid the fee, but my application status shows “pending.” Why did I not get renewed?

If you were able to complete payment online and your license was not renewed, check your renewal notice or contact the Board to see if you must submit fingerprints to successfully complete your renewal. If you were initially fingerprinted for the Board prior to 2012 and have not been fingerprinted since, you will need to be fingerprinted again.

I recently got fingerprinted, but my license is not renewed. Why not?

If your fingerprint results are not properly applied to your electronic license file in BreEZe, the license will not be renewed. The DOJ, FBI, and the Board match fingerprint

results based on four data sets: first name, last name, date of birth, and social security number. If the information entered by the Live Scan operator does not match the Board's license information in the BreEZe system, the fingerprint results will not be properly applied to your electronic licensing file. A common problem is the Live Scan operator may transpose or incorrectly enter the numbers for your date of birth or social security number. Another common problem is if you legally changed your name but did not provide notice to the Board of your name change.

Fingerprint results typically take 48 to 72 hours to enter the BreEZe system. If your license has not been renewed after 72 hours from the time your fingerprints are submitted through Live Scan, you may contact the Board for further assistance. Your results may be unmatched in the BreEZe system and require manual intervention.

I have already been fingerprinted for another agency. Can I use those to fulfill the fingerprint requirement?

No. Fingerprint results are only sent to the agency you indicated on your Live Scan application and cannot be transferred. Agencies cannot share fingerprint results with any other agency. In addition, different agencies have authority from the DOJ and FBI to see more information than others. If you were previously fingerprinted and sent your results to another agency, you must be fingerprinted again and have those results sent to the Board.

I was informed my fingerprints were rejected. Why was that?

Poor quality fingerprints will be rejected by the DOJ/FBI. Poor quality fingerprints are often caused by dry fingertips. If you typically have dry skin, be sure to apply some lotion to your fingertips prior to submitting your fingerprints.





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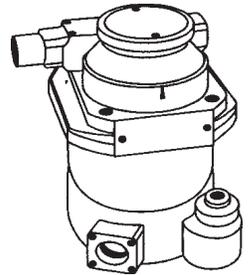
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VIN News: How Are Antimicrobial Medicines Used In Dogs And Cats?

Pets: A New Focus of FDA Campaign to Slow Drug Resistance

February 14, 2020
Edie Lau

Up to now, efforts in the veterinary sector by the U.S. Food and Drug Administration to curb pathogens' development of resistance to drugs have been directed toward animals raised for food.

Now it's Fido's and Tabby's turn.

The use of antimicrobial drugs in dogs and cats is coming under scrutiny in a new phase of a decades-long campaign by the federal agency to promote the judicious use of antimicrobial drugs in veterinary medicine.

"We've been trying to look at this [issue] through a One Health lens, so we recognize the need to look at the uses in all animals," said Dr. Bill Flynn, deputy director of science policy in the FDA's Center for Veterinary Medicine. "That includes needing to pay attention to what's going on in the companion animal sector."

One Health is the concept that the health and well-being of people, other animals and the environment are inextricably linked.

Antimicrobial resistance, also called antibiotic resistance, occurs when microbes such as bacteria and fungi evolve to withstand drugs designed to kill them. Overusing and misusing such drugs hastens the development of resistance, making the medications less effective or not effective at all.

The problem isn't theoretical. Antibiotic-resistant bacteria and fungi are responsible for at least 35,900 deaths in the country each year, according to an estimate in the U.S. Centers for Disease Control and Prevention report "[Antibiotic Resistance Threats in the United States 2019](#)."

The report lists the most urgent threats as carbapenem-resistant *Acinetobacter*; *Candida auris*; *Clostridioides difficile*; carbapenem-resistant *Enterobacteriaceae*; and drug-resistant *Neisseria gonorrhoeae*. Thirteen more pathogens are listed as serious or concerning threats.

The first step toward examining the role of companion animal medicine in antimicrobial resistance is to get a handle on how the drugs are used in dogs and cats. The FDA [announced](#) this week that it will be accepting applications for funding to collect data on the question. Up to \$400,000 is available for the work this fiscal year (limited to \$200,000 per individual award), with the potential for four more years of funding to continue the work.

It is too early to know how and exactly what data will be collected, and who in the veterinary community will be involved. And officials do not expect the data to provide an immediate picture of antimicrobial drug practices in dogs and cats overall.

"We're not necessarily going into this with the idea that the project [findings] will, in fact, be nationally representative," Flynn said in a telephone interview. "... What we're looking for here is a pilot project; a proof of concept that may not give us nationally representative data but will give us a sort of sampling, or testing out, of methodology that could in the future be expanded in scope."

Flynn observed that while companion animal medicine is similar in many ways to human medicine — with individual pet patients visiting clinics, and doctors dispensing or prescribing drugs directly to the owners — the system is significantly different when it comes to capturing trends.

"There's limited infrastructure in the whole veterinary sector for collecting this information in comparison to the human-health sector ... just by nature of the third-party payment system that exists," Flynn said. "[There are] pharmacies, HMOs and other infrastructure that can be tapped to sort of mine the information. Much of that doesn't exist on the veterinary side. It's sort of starting from a blank sheet."

Between people and pets, a likely mode of transmission of microbes — whether drug-resistant pathogens or benign microbes — is through close physical contact. An ecosystem of microbes present among those who live and work closely together encompasses other species and the environment.

"The bacteria that are swirling around in the human population and the bacteria that are swirling around in the animal population and the bacteria swirling around in the environment that humans and animals live in, [they're] getting shared," Flynn said.

While examining antimicrobial drug use in household pets is new for the U.S., it's already being done in other countries, the United Kingdom among them.

In its most recent update on the issue, the U.K. Veterinary Medicines Directorate [reported](#) in October that sales of veterinary antibiotics for companion animals in Britain decreased by 25% between 2018 and 2017; and by 50% since 2014.

The FDA CVM, in a plan titled "[Supporting Antimicrobial Stewardship in Veterinary Settings](#)," lays out its goals for the fiscal years 2019-23. The goals include more work on the food-animal side, as well as developing and implementing strategies involving companion animals.

Part of the agency's plan is to solicit public input on antimicrobial-use practices in companion animals and their impact on the development of resistance. When that will happen and in what format has not yet been determined.

Shifting Attitudes

The FDA began in [2012](#) taking steps to restrict the use of medically important antimicrobial drugs in food animals. Whereas livestock producers used to be allowed to feed antibiotics to animals to help them grow faster, today that's not permitted. Moreover, such drugs no longer are available over the counter; their use must be authorized by a veterinarian.

Ten years ago, the concept that veterinarians should oversee all uses of antimicrobial drugs in animals was [controversial](#) in the U.S., even within the profession. In 2009, Flynn appeared before the American Veterinary Medical Association House of Delegates to advocate for a resolution that veterinarians should be involved whenever antimicrobial drugs were used in animals. But the House opted not to vote on the resolution, instead asking that a task force study the issue.

Today, the AVMA agrees with the FDA: "Veterinary oversight is and should be required whenever medically important antibiotics are administered to animals, including via feed or water," the organization [states](#) on its website.

The association supports the agency's efforts to characterize how antimicrobial drugs are used in pets, as well. "Gathering data on the use of antimicrobial drugs in companion animals is an important step in the FDA's 5-year plan to address concerns around antimicrobial resistance in both animals and people," said AVMA spokesperson Michael San Filippo by email. "The AVMA appreciates the value of science-based decision-making and recognizes that learning more about why, what, when and how we use therapeutic agents is important to making sure we all use [them] as judiciously as possible."

As an FDA official for 26 years, working in some capacity on antimicrobial drug resistance during all that time, Flynn said, "I have seen a pretty significant shift in tone around the issue. ... In decades past, a lot of energy [was] in debating the significance of the issue, or how much any given sector was really contributing to the problem, and until we all resolve how much the contribution is, we're not going to make steps to change."

Those arguments and positions appear to be in the past, he said: "I think putting it in the context of One Health, that all uses of antibiotics are contributing [to resistance] ... has been a positive, in terms of acknowledging that and saying that it needs to be addressed."

But much work lies ahead in ensuring that effective drugs remain available, he said, adding that the prospect that new drugs will come along to serve in their stead is not assured.

He noted that when "the message is, 'you have to use these drugs judiciously, in a sparing way,' it's not a particularly strong incentive for companies to develop new products."

According to the [Antibiotic Resistance Project](#) of the Pew Charitable Trusts, "Today there are not enough drugs in development to meet current and anticipated patient needs, with many major pharmaceutical companies limiting or stopping their investments in antibiotic innovation."

Pew's [tracking of drugs in the pipeline](#) shows 42 new antibiotics in development as of June 2019. "These drugs would potentially address many, but not all, resistant bacteria," Pew says. "However, given the inevitability that some of these antibiotics will fail to win approval, and that resistance will eventually develop to those that are approved, it is clear that there are too few drugs in development ..."

URL: [//news.vin.com/doc/?id=9510589](https://news.vin.com/doc/?id=9510589) 🐾

For links to FDA 2.10.2020 announcement of their 5 year plan for supporting antimicrobial stewardship in Veterinary Settings, see Notices on page 20 of this Intercom issue.

Board Meeting Highlights

January 8, 2020

9 Board members present



Association Office/Director's Report: • Gala photos available on the website for the first time. Attendees can download photos. Ballroom at Coasterra getting full. Considering alternative venues for 2020. • VHMA approved our Practice Managers' program for CVPM CE credits. • Practice Managers' and Specialists' Update promotional mailings went out 12.10.19 • 2020 Spring conference has a few remaining exhibitor spots available. Promotional brochure mailed on 1.17.2020 to all CA and AZ Vets • 2020 Fall conference has one speaker confirmed. Still searching for 2nd speaker and RVT Seminar speaker • Top 5 requests from 2019 Fall conference evaluations are: Ophthalmology, Dermatology, Surgery, Dentistry and Cardiology • Intercom Survey Results: overall a highly valued member benefit and we will focus on refreshing and modernizing it. Most common requests were variety in graphics, dispersing the paid ads throughout and keeping articles relevant to San Diego County • Edumed.org reached out to SDCVMA to post free on-line tools & financial aid information for various medical professions, including veterinary technician, on our website. It has been added as a student tab under resources.

Committees created for 2020: Community Service, Membership Outreach, Mentorship, Social Media, Vet Support Staff & Website • **MSP:** Reach out to membership for volunteers.

Board Meeting Dates and Frequency: Board meetings have returned to a monthly schedule.

Discussions: Mesa College RVT Scholarship will have defined criteria; SDCVMA board will have more involvement in selecting recipients of our two annual awards.

Welcome New Members

Veterinarians:

Rebecca Black, DVM (WES07)
Oren Drelich, DVM (CAL)
Carrie Gubser, DVM
Stefanie Young, DVM (MO10)

Affiliates:

Liana Davis, RVT
Jennifer Weeks
Stacy Werner, RVT
Janine Youngblood, CVPM



Life Members:

Roseanne Brown, DVM
Deborah Harvazinski, DVM
Kevin Scoggin, DVM
Peter Slusser, DVM
James Valentine, DVM



Notices & Announcements

Continuing Education Requirement: Use of Medically Important Antimicrobial Drug

Three sources for the CE renewal requirement on the judicious use of medically important antimicrobial drugs (1 CEU every four years) are listed here:

Module 23 of the APHIS USDA National Accreditation Program: Use of Antibiotics in Animals (60 minutes)
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For more information as well as continuing education offered through the California Department of Food and Agriculture, please visit the California Department of Food and Agriculture's Animal Health webpage.
https://www.cdffa.ca.gov/AHFSS/Animal_Health/



FDA Announces FY 2020 Funding Opportunity for Collection of Antimicrobial Use Data in Dogs and Cats

February 10, 2020

The U.S. Food and Drug Administration's Center for Veterinary Medicine (CVM) is announcing a new Fiscal Year 2020 funding opportunity and Request for Applications to support the collection of data on antimicrobial use in dogs and cats. CVM has funded several ongoing studies to collect use data in food-producing animals and believes it is also important to collect data about the use of antimicrobial drugs in dogs and cats and how these use practices might contribute to the development of antimicrobial resistant bacteria.

As part of the agency's [5-year plan for Supporting Antimicrobial Stewardship in Veterinary Settings](#), CVM will engage with stakeholders to develop and implement a strategy to promote the judicious use of medically important antimicrobials in

companion animals. The data generated from this data collection effort will help inform this strategy.

Beginning on March 2, 2020, CVM will accept applications for the [Fiscal Year \(FY\) 2020 Cooperative Agreement for Data Collection on Antimicrobial Use in Dogs and Cats](#). CVM intends to fund up to \$400,000 for FY 2020 in support of this program with an individual award maximum of \$200,000. Up to four additional years of funding may be awarded based on available resources and satisfactory awardee performance.

Data collected through this cooperative agreement will support efforts to assess potential associations between antimicrobial use practices in dogs and cats and antimicrobial resistance. The data collected are also expected to provide information on data collection methodologies to help optimize long-term strategies for collection and reporting of antimicrobial use in dogs and cats.

Additional Information

- [Funding Opportunity Announcement: Cooperative Agreement for Data Collection on Antimicrobial Use in Dogs and Cats](#)
- [Supporting Antimicrobial Stewardship in Veterinary Settings: Goals for Fiscal Years 2019-2023](#)
- [Judicious Use of Antimicrobials](#)



Attention Members Science Fair Volunteers Needed



The 2020 Greater San Diego Science & Engineering Fair Judging Day will be **Wed., March 11, 2020**. Professional Society Judging begins **12:15pm - 4:00pm**, with a student-free preview. This event is at the Balboa Park Activity Center, at 2145 Park Boulevard, 92101.

Advance information about projects will be available before judging day. We choose one Junior and one Senior Division winner each year in support of this community effort to recognize and encourage scientific pursuits. Our winners will each receive a plaque, along with an acknowledgement letter from the SDCVMA President, accompanied with a check for \$100. "Professional" judging is in addition to the local and state division winners selected by the Fair Sponsors.

If you would like to join 3-5 team member colleagues who will represent the SDCVMA for this fun judging event, email Michelle at:
sdcvmaMichelle@aol.com by ~~Tues., February 18, 2020.~~
Thur., March 6, 2020



Meetings • Seminars • Events

March	6 & 18	VCA EAH & Referral Center Radiology Seminar, Dr. Craychee, 1-2pm
April	10 & 22	VCA EAH & Referral Center Radiology Seminar, Dr. Craychee, 1-2pm
	25-26	SDCVMA Spring Veterinary Conference, Endocrinology for the General Practitioner 12 CEUs, Handlery Hotel San Diego
	26	SDCVMA Technician Seminar, Endocrinology for the RVT 6 CEUs, Handlery Hotel, San Diego
June	11-13	ACVIM Annual Forum, Baltimore, MD, www.acvim.org
	18-21	CVMA Pacific Veterinary Conference, San Francisco, CA, www.cvma.net
July	31-August 4	AVMA Annual Meeting, San Diego, CA , www.avma.org
September	12-13	SDCVMA Fall Veterinary Conference, Dermatology for the General Practitioner 12 CEUs, Handlery Hotel San Diego
	13	SDCVMA Technician Seminar, Topic TBA
	30- October 4	AAHA Annual Meeting, Denver, CO, www.aaha.org
October	9-11	CVMA Fall Conference, Renaissance, Palm Springs, www.cvma.net



🐾 **LatinAmerican VMA:** Meets last Saturday of each month, Dr. Al Guajardo 619-582-2560

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CAMARILLO: Great Community! Price reduction, PX offered at less than a start-up. Located in an upscale community w/ excellent amenities, desirable demographics & highly rated schools. Attractive & modern, ~1,800 sq. ft leased facility is strategically located in popular shopping center. Under utilized practice with limited DVM hours. 2018 Gross ~\$407,000. **Motivated Seller. NEW REDUCED PRACTICE PRICE: \$225,000.**

VENTURA COUNTY: A thriving community located just nine miles from the Pacific Ocean. This city offers an appealing mixture of rural & suburban lifestyles. Excellent demographics, award winning schools & desirable amenities. Efficient, leasehold facility consists of ~1,200 sq. ft & 2 exam rooms. Full-service PX is moderately equipped w/ Digital X-Ray and Antech lab. 2018 Gross ~\$804,000. **PRACTICE PRICE ONLY: \$555,000.**

GREATER SAN DIEGO: Wonderful community known for its high quality suburban lifestyle. Easy access to retail, commercial areas, beach cities & outdoor activities. Outstanding school district. Leased facility ~ 2,000 sq. ft. w/ 3 exam rooms, digital X-RAY, digital dental X-RAY & complete in-house lab. 2019 Gross ~\$607,000 produced with limited DVM hours. **MOTIVATED SELLER. PRACTICE PRICE ONLY: \$350,000.**

MENDOCINO COUNTY: Just 2 hours north of the San Francisco Bay Area & west of Sacramento. This area boasts spectacular scenery & distinctive wineries. Hundreds of miles of hiking trails, verdant hills & secluded lakes residents can easily find solitude & beauty. 1 PT DVM PX. ~1,500 sqft leasehold facility located in a small strip-center. 2019 Gross ~ \$396,000 produced with very limited hours. **PX PRICE ONLY: \$120,000.**

ORANGE COUNTY, NORTH: The city is located within easy driving distance of beaches, theme parks & mountains and all of SoCal's attractions. Well-established PX located along a major thoroughfare and surrounded by housing communities. Roomy leasehold facility ~ 3,200 sq. ft. w/ 3 exam rooms, 35+ cages & 10+ runs. 2019 Projected Gross ~\$700K produced w/ limited DVM hours. Growth potential. **NEW LISTING! PX PRICE: \$550,000.**

WEST LOS ANGELES: ~2,100 sq. ft. leased facility, newly remodeled. Well-equipped PX includes IDEXX lab, digital X-Ray & digital dental X-Ray. Exceptionally profitable, large grossing PX. 2018 Gross ~\$1.9 Million **PRACTICE PRICE: \$1.9 Million.**

SAN BERNARDINO COUNTY, NORTH Spectacular, like new leasehold hospital includes approximate 4,400 sq. ft with 5 exam rooms and 20+ cages. 2018 gross ~\$1,480,000 produced w/ limited DVM hours. **CALL FOR PRACTICE PRICE.**

LANCASTER: Free-standing, newly constructed, attractive hospital includes over 5,100 sq. ft with 6 exam rooms. Well-equipped, computerized, full-service small animal practice with outstanding, seasoned staff. 2018 Gross ~\$2 Million in 2018. **PX PRICE: \$1,550,000. REAL ESTATE PRICE: \$1.1 Million.**

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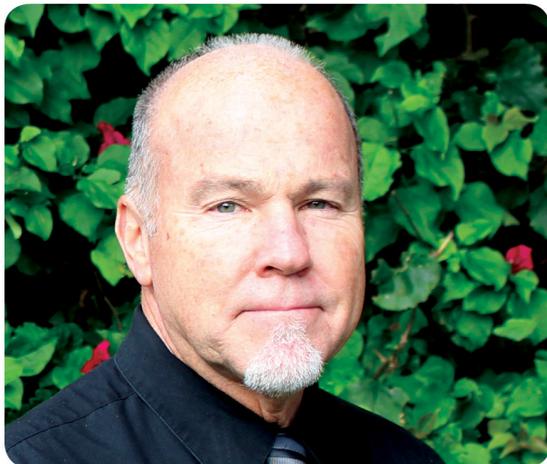


Internal Medicine Services Offered Monday - Saturday

We are pleased to introduce Suzanne Benedict, DVM, Practice Limited to Internal Medicine

Dr. Benedict will be joining Dr. Maher to expand our internal medicine specialty services to **Monday through Saturday from 8:00 am – 6:00 pm.**

Dr. Suzanne Benedict graduated from Western University of Health Sciences School Of Veterinary Medicine and completed a 1-year rotating internship in the San Diego area. After her internship, she practiced both general practice as well as emergency medicine in the Southern California area and ultimately chose to follow her heart and pursue a career in Internal Medicine. Dr. Benedict completed a 3-year Residency in Small Animal Internal Medicine at Tufts University in Massachusetts and decided to come back home to Southern California. She loves all aspects of her career and receives great joy from helping to strengthen the human-animal bond through caring for and managing beloved pets' ailments. She has a special interest in endocrinology and hematologic disorders. In her free time, she enjoys spending time with her friends and family (and most importantly her fur baby, Dori), taking trips to the beach, running, practicing yoga and traveling.



Edward Maher, DVM, DABVP, DACVIM is board certified in veterinary internal medicine (small animal internal medicine) and is a board-certified practitioner (canine-feline). He enjoys all aspects of internal medicine but has special interests in endocrinology, gastroenterology, and cardiology.

He has extensive experience performing a variety of endoscopic and laparoscopic procedures (bullet point each of following)upper/ lower GI endoscopy, rhinoscopy, bronchoscopy, urethroscopy/ cystoscopy and laparoscopy for minimally invasive organ biopsy). He has completed extensive training in abdominal/thoracic ultrasonography and echocardiography and has over 20 years of experience in performing these imaging procedures.

+
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VCA Emergency Animal Hospital & Referral Center

SURGERY AVAILABLE 6 DAYS A WEEK!

Dr. Mullen and Dr. Sartor are available Monday through Saturday for X-ray consultations.



Holly Mullen, DMV, DACVS has been a board certified surgeon since 1990. She is a strong advocate of operative pain management and compassionate care for both patients and their owners. Dr. Mullen and her experienced surgery technical staff provide up to date, compassionate care and offer surgical services in a wide range of soft tissue, orthopedic and neurosurgical services.



Angela Sartor, DMV, DACVS received her veterinary degree from University of California Davis in 2008. She then completed a 1 year rotating internship with Veterinary Medical and Surgical Group followed by a 1 year surgical Internship with Animal Surgical and Emergency Center. Dr. Sartor joined VCA Emergency Animal Hospital & Referral center after completing her 3 year surgical residency with Sage Centers for Veterinary Specialty and Emergency Care in Northern California. She has a special interest in minimally invasive surgeries and hopes to expand the services offered by our hospital.

Our doctors believe in giving back to the community through local lectures and working closely with local animal control and humane society groups to provide surgical services to homeless animals. They are innovative and skilled surgeons, and welcome your consultation calls and referrals.

COMPLETE SURGICAL SERVICES INCLUDING:

- Orthopedic consultation and surgery
- Fracture Repair
- Cardiovascular and Thoracic Surgery
- Vascular Shunts
- Exotic Animal Surgery
- Reconstructive and Plastic Surgery
- Neurosurgery
- Oncologic Surgery
- Genitourinary Surgery
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Ask for our Referral Coordinator, Rhonda Nevins,
to help facilitate your referral appointments.

