West Coast Transplant ID: Crossing Species

Hannah Nam MD MSCI University of California – Irvine HPI: presented with fatigue and progressive non-productive cough and dyspnea. At admission, was also diagnosed with AML in blast crises.

notes progressively worsening fatigue for 6 months, followed by cough and dyspnea on exertion for 4 months. Also, fevers, chills, and weight loss for the past few weeks.

No known sick contacts. No recent travel.

PMH: None Meds: None

SH: Born in Illinois, now living in Southern California for several years. Exposed to tuberculosis as a child but was never treated for active or latent TB. Lives with daughter and young grandchildren with a cat and a new 6-month-old dog that was adopted 4 months ago. Dog has had frequent vet visits for "worms." The dog is up to date on its vaccinations.

PE: T: 97.5°F, BP: 137/62, HR: 75, RR: 13, O2 saturation: 100% on 3L.
Frail appearing female in no acute distress.
HEENT: Thrush.
Chest: Bibasilar crackles.
Remainder of exam normal.

Studies: WBC 61K (Blasts 65%, Mono 17%, Lymph 13%, Neutrophils 3%), Hb 7.6. Platelets 195.

LDH: 566

Expectorated sputum culture: WBC's seen. Normal upper respiratory flora

AFB smear induced sputum: negative, TB NAAT: negative

(1,3)-Beta-D-glucan: negative

Aspergillus galactomannan sputum: negative

Coccidioides IgM/IgG: negative

Histoplasma antigen: negative

HIV antibody/antigen screen: negative

Quantiferon: negative

Blood cultures: negative

Respiratory pathogen multiplex PCR: negative



Chest imaging

- Bilateral multifocal patchy groundglass and consolidative opacities in all lobes
- Bilateral moderate pleural effusions with associated lung atelectasis

Diagnostic testing

Bronchoscopy with BAL and transbronchial biopsy was performed. Pathology performed with only necrotic debris and multiple bacterial colonies.



(From Left)

- 1. Gram stain with carbol fuchsin counter staining showing small gram-negative rod-shaped bacteria pathology from transbronchial biopsy.
- 2. H&E stain of alveoli
- 3. Necrosis with bacteria

Diagnosis and Follow-up

- Culture from both BAL and transbronchial biopsy were identified on MALDI-TOF as Bordetella bronchiseptica.
- Patient was treated with levofloxacin with initial improvement in her cough and oxygenation.



Figure 5 – culture of isolate

Poll Question

• What advice do you give to immunocompromised (or to be immunocompromised) patients with pets?

Pets	Keep It	Be Careful	Rehome It	
Dogs				
Cats				
Birds				
Reptiles/Lizards				
Turtles				
Hamsters				
Rabbits				
Fish				
Horse				

Bordetella bronchiseptica Microbiology

- Small, gram-negative coccobacillus with motility due to peritrichous flagella
- Closely related to *Bordetella pertussis* but can grow readily in culture media while *B. pertussis* is nutritionally fastidious and requires specialized media (Bordet-Gengou solid medium, Charcoal blood agar, etc.).
- Incubation of 3-4 days, but animals can shed for up to 3-4 months after recovery

Figure 6 - Courtesy of CDC/Dr. William

Bordetella bronchiseptica Overview in Animals

- Typically seen in dogs as tracheobronchitis ("kennel cough") but can also infect other animals (rabbits, pigs, cats, horses, and seals etc)
 - ~5% presumed asymptomatic carriage rate in dogs
 - Rabbits Otitis media, tracheobronchitis
 - Swine Turbinate atrophy
- Rarely infects humans (usually immunocompromised HIV/AIDS, transplants, solid and hematologic malignancies)

Bordetella bronchiseptica Transmission

- Droplet or Contact
- Capable of colonizing human respiratory tract by adhering to respiratory epithelial cells
- Nosocomial transmission from human to human has been reported in stem cell units and pulmonary wards [Huebner et al (2006). J Clin Microbiol 44(7): 2581-2583, Stevens-Krebberts et al (1999). J. Hosp. Infect 43: 323-324]
- Surge of cases reported in dogs in late 2022, together with H3N2 strain of canine influenza [https://www.kttc.com/2023/05/04/veterinarians-raisered-flags-over-highly-contagious-canine-flu/]

Bordetella bronchiseptica: Clinical Manifestations in Humans

- Usually immunocompromised host, but also reports in immunocompetent hosts with high inoculum exposures as well (i.e. breeders, farmers, etc)
- Typically reported as causing pneumonia or bronchitis
- Case reports of sinusitis, whooping cough, meningitis, endocarditis, peritonitis, bacteremia, and pancreatic abscess have been described

Bordetella bronchiseptica: Diagnosis

- Bacterial culture
- PCR test (in animals)
- Cell-free DNA testing
- Broad range PCR



Figure 7 – culture from biopsy

Bordetella bronchiseptica: Treatment

- In limited studies, susceptible to anti-pseudomonal penicillins, carbapenem, fluoroquinolones, aminoglycosides, but usually not macrolides
- Doxycycline frequently used in dogs but no CLSI interpretation
- Potent β-lactamase producer: may show initial response to βlactam antibiotic, followed by deterioration in clinical status.
- Organism anchors to epithelial surface of the airway and may require prolonged antimicrobial administration for complete resolution of disease (range 2-6 weeks).



Figure 8- doxycycline zone size 27mm

Pet Ownership in the US

- As of 2023, 63% of homes own a pet.
- This number keeps increasing as 78% of adults surveyed by Forbes acquired pets during the COVID-19 pandemic.
- Significant increase of life satisfaction among pet owners without obvious increase in hospitalizations
 - 96% are obtained pre-transplant

Pet Ownership by Generation and Pet Type



Poll Question Answer

 What advice do you give to immunocompromised (or to be immunocompromised) patients with pets?

Pets	Keep It	Be Careful	Rehome It	
Dogs	x	x		
Cats	x	x		
Birds	x	x		
Reptiles/Lizards		x	x	
Turtles		x		
Hamsters		?		
Rabbits		?		
Fish		x		
Horse		?		

AST Guidelines 2019 on Pet Ownership

- Those who work with animals (vets, pet shop employees, farmers, slaughterhouse, or lab workers) should avoid working during periods of maximal immunosuppression.
- Do not acquire a new pet immediately post-transplant.
- Pet health maintenance is important.
- Avoid contact with animals that have diarrhea.
- Avoid contact with bird cages, feeders, litter boxes, or feces. Use disposable gloves and surgical masks.
- Avoid contact with nonhuman primates.
- Avoid lizards (snakes, iguanas, turtles, etc), chicks/ducklings, stray animals (bites/scratches), racoons, exotic pets.
- Wear gloves for aquariums.



"When there is a cat in the history, it is always to blame"

CLASSIC CAT-ASSOCIATED INFECTIONS

•* My cat loves PPeanut BBuTTTer

PP = Plague (Yersinia pestis), Pasteurella
B = Bartonella, Bordetella bronchiseptica
TTT = Tularemia (Francisella tularensis), Toxoplasma,
Toxocara cati

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Dog Associated Infections

TABLE 1. Selected Diseases Transmitted by Dogs Stratified by Transmission Route

Transmission Route	Selected Diseases				
Direct contact (bites)	Rabies (rabies virus)				
	Capnocytophaga canimorsus infection				
	Pasteurellosis (Pasteurella spp.)				
	Staphylococcus aureus, including methicillin-resistant strains				
	Streptococcus spp. Infection				
Direct or indirect contact	Flea bites, mites				
	Fungal infection (Malassezia pachydermatis, Microsporum canis, Trichophyton mentagrophytes)				
	Staphylococcus aureus infection				
	Mites (<i>Cheyletiellidae</i> , <i>Sarcoptidae</i>)				
Fecal-oral	Campylobacteriosis (Campylobacter spp.)	Ø DPDx			
	Paratyphoid (Salmonella spp.)				
	Giardiasis (Giardia duodenalis)	Minrate to head			
	Salmonellosis (Salmonella enterica subsp enterica serotypes)	and mosquito's proboscis			
Droplet	Chlamydophila psittaci				
Vector-borne	Ticks (dogs passively carry ticks to humans; disease not transmitted directly from dog to h	u 🧼			
	 Rocky Mountain spotted fever (<i>Rickettsia ricksettsii</i>) 	2 L3 larvae			
	 Ehrlichiosis (<i>Ehrlichia</i> spp.) 				
	Fleas	6 L1 larvae			
	 Dipylidium caninum 	X			
	 Bartonella henselae 	5 Microfilariae pentrate			
		and migrate to Malpighian tubules.			





Zoonotic Infections

Rabbits	Cheyletiellosis Ectoparasites Pasteurellosis Ringworm Salmonellosis Tularemia Yersiniosis	Ferrets	Campylobacto Ectoparasites: Influenza Rabies Ringworm Roundworms Salmonellosis Tuberculosis	eriosis fleas	Wice and Rats	Leptospirosis Lymphocytic choriomeningitis Pasteurellosis Rat bite fever Ringworm Salmonellosis Yersiniosis	
Pocket Pets	<u>Gerbils</u> Ectoparasites Leptospirosis Salmonellosis Tularemia	Guinea Pigs Campylobacterios Chlamydiosis Ectoparasites Lymphocytic choriomeningitis Pasteurellosis Ringworm Salmonellosis Sarcoptic mange Tularemia	sis	Hamsters Campylobacte Ectoparasites Leptospirosis Lymphocytic choriomenin Mites/mange Pasteurellosis Ringworm Salmonellosis Tularemia_	eriosis gitis	Hedgehogs Lymphocytic choriomeningitis Ringworm Salmonellosis Yersiniosis	
Pet Birds	Campylobacteriosis Cryptococcosis Newcastle disease Pasteurellosis Psittacosis Salmonellosis Tuberculosis	Reptiles and Amphibians	Camplyol Mycobac Salmonel	bacteriosis teriosis <mark>losis</mark>	Aquariur Fish	Chlamydiosis Cryptosporidiosis Erysipeloid Mycobacteriosis Melioidosis Salmonellosis	

Pet Vaccines

 What specific guidance do you provide to your transplant patients regarding vaccinations for their pets?

Mode of Transmission in our Case???

- Vet waiting room exposure
- Asymptomatic carriage in patient's dog and/or cats
- Canine *Bordetella* live vaccine exposure

Report of infection from the live canine vaccine exposure in a solid organ transplant recipients [Kraai et al (2023). OFID 10(8):ofad421]

Live Vaccine Zoonosis

- Bordetella is the most common live vaccine given routinely to dogs and cats with possible zoonosis
 - 14yo M with history of being "sprayed" in the face with vaccine w/ Pertussis-like symptoms for 3-4 months
 - 43yo F with spondyloarthritis (on TNF-alpha inhibitor) with proven Bordetella transmission from vaccine strain [Kraai et al (2023). OFID 10(8):ofad421]
- AST IDCOP specifies to avoid holding the animals for *Bordetella* vaccination and to avoid contact with the dog's nose or face after vaccines.
 - Shedding period is up to 7 weeks though?
 - Consider requesting Bordetella as injection (non-live vaccine)?

Live Vaccine Zoonosis

- Brucella abortus vaccine RB51, S19 (cattle), B melitensis Rev-1 (sheep, goats) from needlestick injury, lab exposure, eye and wound splashes, prolonged skin exposure, and stillborn calf exposure
 - Some vaccine types (*B melitensis* in Israel) persist in animal milk
 - PEP/PrEP with Doxycycline or TMP-SMX for 21 days
 - Regular symptom checks up to 24 weeks
 after exposure
- Rabies oral baits: Some live recombinant vaccinia vector vaccines, given in up to 16 states for raccoons and gray fox/coyotes
 - Sachet coated with fishmeal coating
 - Potential transmission noted, no cases reported including immunocompromised [MMWR 62(14): 267-269]





Pet Therapy Question

 Do you allow pet therapy or animal assisted visits on your BMT/hematologic malignancy unit and/or in the rooms of your SOT recipients? INFECTION CONTROL & HOSPITAL EPIDEMIOLOGY MAY 2015, VOL. 36, NO. 5

SHEA EXPERT GUIDANCE

Animals in Healthcare Facilities: Recommendations to Minimize Potential Risks

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TABLE 5. Summary of Policy Requirements for Personal Pet Visitation

Situation	Institutions (N = 23), No. (%)
Did not allow personal pets	4/23 (17)
No response or did not submit policy and procedure	6/23 (26)
Allowed personal pets	13/23 (54)
Allowed only dogs and cats	6/13 (46)
Allowed dogs only	2/13 (15)
Specified age $(>1-2 \text{ y/o})$ and duration of ownership $(>6-12 \text{ mo})$	5/13 (38)
Did not specify type of pets	5/13 (38)
Excluded many types of animals	3/13 (23)
Visitation prohibited for patients in isolation, ICU, or immunocompromised	6/13 (46)
Case-by-case determination	8/13 (44)
Allowed pets for extenuating circumstances	6/13 (46)
Specified duration of visitation (1–2 hr)	5/13 (38)
Required certification of pet's immunization status and good health	5/13 (38)

TABLE 7. Areas of Healthcare Facility In Which Animals Were Prohibited (Responses = 315)

Area in Healthcare Facility	Percent of Facilities Prohibiting Animals from Respective Areas, No. (%)
Intensive care unit	230 (73)
Operating room	293 (93)
Kitchen	211 (67)
Pharmacy	280 (89)
Step-down units	123 (39)
Recovery room	271 (86)
Central processing	290 (92)



NOTE. ICU, intensive care unit.

SHEA Guidance continued (2015)

- All visiting animals should be restricted from entering the following clinical area at all times,
 - Intensive care units
 - Isolation rooms
 - Neonatal and newborn nurseries
 - Areas of patient treatment where the nature of treatment (eg resulting in pain for the patient) can cause the animal distress
 - Other areas identified by the healthcare facility (eg. Rooms of immunocomporomised patients)



Thank you! Comments/questions?