Transmission of rabies to a dog through the semen

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Abstract

A female Alsatian of 16 months with no history of anti rabies vaccination was presented for mating on her second heat with a male Alsatian of 3 years with a history of routine vaccination with local anti rabies containing live attenuated virus of rabies. The dog was presented with complaint of loss of appetite, non response when called and was withdrawn from people. On close examination, rabies was suspected in the female dog which later died and the severed and sent to the laboratory which confirmed rabies infection in the female dog. It is advised that all dogs up 3 months should be vaccinated against rabies, preferably using killed viruses as this does not revert its virulence.

Keywords: Four to eight keywords come here. Divide the keywords by semicolon.

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1. Introduction

Rabies is an acute encephalomyelitis and a natural disease of dogs, cat, bats and wild carnivores. All warm blooded animals are susceptible. The disease is cosmopolitan except for some countries that have eradicated it or have remained free of rabies due to the natural protection as islands or enforcing rigorous quarantine regulation (Fraser et al., 1986).

Transmission of the disease is mainly by dog bite where the viruses are found in the CNS and the salivary glands as well as most tissues of the affected animals. It is transmitted from animals to animals by means of a bite that introduces the viruses bearing saliva. It is rare for rabies to be transmitted by a viral bearing contamination of flesh (Fraser et al., 1986) and already existing wounds.

2. Materials and methods

A female Alsatian of 16 months was presented for mating on her second heat with a male Alsatian of 3 years with a history of routine vaccination with local antirabies containing live attenuated virus of rabies. It was reported that after mating the female Alsatian became withdrawn, hostile, on approach, does not respond to when called and was not eating well again.

Later on she started salivating profusely and was brought to the Veterinary Doctor for diagnosis and treatment when she started biting the other dog in the house and could not be controlled and was not eating.

On clinical examination the temperature was normal but the dog had emaciated because of inappetence, and salivation was noted. The eyes were hyperemic and the forehead squeezed and was gazing into space as of looking at something but probably looking at nothing. The dog died the next day at the Veterinary Kernel.

Rabies was seriously suspected and the head was cut off/severed and sent for further post mortem and diagnosis in the laboratory to confirm rabies that was suspected. At the laboratory, Antigen-Antibody technique was used to confirm the diagnosis or rabies.

3. Result and discussion

For the clinical signs observed from the day the patient was presented it was possible to diagnose rabies but there was need to send samples to the laboratory for confirmatory diagnosis. On observation with X 100 (oil immersion) objectives. The seller stained tissues revealed eosinophilic (pinkish) intercytoplasmic inclusion bodies (negri bodies) Jambalong et al., 2006). A suspected case of rabies in the Alsatian female which was said not to have been vaccinated with antirabies from birth was confirmed. This case reveals that the female Alsatian had no immunity at the age either natural or artificial since there was no vaccination and she had lost her maternal immunity at puppy hood (Merk’s Veterinary Journal) and therefore was susceptible to the live attenuated vaccines which perhaps had reverted its virulence.
This case is one of the disadvantages of the use of live attenuated vaccines as against the killed viruses even though they protect the recipient stronger than the killed vaccine, they care for the status of a healthy carrier on the recipient and can lead to the spread of the disease to other dogs or animal that is not protected. Therefore it is advisable to always use the killed vaccines regularly to protect the animals since it is an endemic disease in Nigeria (Owolodun, 1969).

References

