FLASH VetID™ CDV

A simple swab, right in the window when it counts most



Fast test for the qualitative detection of RNA of Canine distemper virus (CDV) in conjunctival, nasal, and oropharyngeal swabs of the dog.

35 minutes	Detects viral RNA	Room temperature	12 months
TOTAL ASSAY TIME	TEST	STORAGE	SHELF LIFE (FROM MFG)

Sample: Conjunctival and nasal swabs (essential); add an oropharyngeal swab if secretions are present
Nucleic acid testing is more sensitive than antigen tests

Clinical suspicion:

- Biphasic fever, depression, and reduced appetite with ocular or nasal discharge
- Coughing or pneumonia together with vomiting and diarrhea
- Hyperkeratosis of the nasal planum or footpads ("hard pad")
- Myoclonus, seizure-like episodes, vestibular or cerebellar signs, or paresis – particularly 1-3 weeks after systemic illness
- Young, incompletely vaccinated dogs, or dogs recently imported, rescued, or introduced into a shelter or kennel

Screening / prevention programs:

- Shelter intake screening and outbreak investigation before mixing dogs
- Screening of imported or rescued dogs before introduction to a household, kennel or shelter population
- Work-up of a young or incompletely vaccinated dog presenting with vague systemic signs
- Differentiating CDV from other causes when neurologic signs follow a recent systemic illness



FLASH DIAGNOSTICS

FLASH VetID™ CDV

The Pathogen and Transmission

Canine distemper virus (CDV, current taxonomic name Canine morbillivirus) is an enveloped, single-stranded RNA virus with an unusually broad host range spanning several carnivore families. Transmission occurs mainly through direct contact with respiratory secretions and airborne droplets, though urine, saliva, and contaminated surfaces can also contribute. The virus is shed for several days before clinical signs appear, and low temperatures prolong environmental survival.

Species-Specific Manifestations

Roughly half of infections may be subclinical or cause only mild respiratory disease. Once systemic dissemination occurs, the classic course includes biphasic fever, respiratory and gastrointestinal signs, and – in a subset of dogs – neurologic disease developing 1–3 weeks after the acute illness, including myoclonus, seizures, vestibular or cerebellar signs, and paresis. Survivors may develop hyperkeratosis of the nasal planum and footpads. Once neurologic signs are established, prognosis worsens substantially.

The Diagnostic Value Proposition

PCR is the diagnostic backbone for CDV, and nasal, oropharyngeal and conjunctival swabs generally show good detection rates during the acute systemic phase – conjunctival swabs in particular have performed strongly against PCR in comparative studies. As with other modified-live core vaccines, transient RNA positivity is possible for a few weeks after CDV vaccination; a positive result in a recently vaccinated puppy should be interpreted alongside clinical signs and vaccination history, with retesting after the interference window (1-3 weeks) if needed.

+ Positive Result

Confirms CDV RNA at the sampled site and, with compatible signs, supports a diagnosis of canine distemper. Isolate immediately from puppies, incompletely vaccinated dogs and ferrets, and begin supportive care.

– Negative Result

Most reliable during the acute systemic phase.
In a dog with isolated neurologic signs well after systemic illness has resolved, a negative mucosal swab result does not rule out CDV. CSF via a reference laboratory offers better sensitivity in this scenario.

Gold-standard confirmation

For complicated, relapsing or discordant cases, or to monitor treatment response, confirm with laboratory quantitative PCR.

Differential diagnostics

For the systemic prodrome, consider infectious canine hepatitis, leptospirosis (FLASH VetID™ Lepto), and other causes of pneumonia or gastroenteritis. For neurologic signs, consider rabies (with appropriate public-health precautions), granulomatous meningoencephalitis, and other CNS causes.

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