Important Message from the DEA. DEA has eliminated paper registration for renewal notifications and is moving toward an ONLINE registration and renewal process. Paper notifications will no longer be mailed. Therefore, it is imperative that DEA has the correct email address of the registrant, or their designated point of contact. Registrants without email addresses will be contacted by DEA personnel in order to update the notification database. Registrants may also directly contact Registration Support Specialists, Julie (571) 362-4890 or Connie (571) 362-4891, who handle the states of Louisiana, Arkansas, Alabama and Mississippi. Information can be found on the DEA website: www.DEAdiversion.usdoj.gov, under Registration Support. Information by Cara Tharp, Executive Director for the Arkansas Veterinary Medical Examining Board.

Wellbeing resources from the AVMA The wellbeing of veterinary professionals is one of the most important issues facing our profession, and a critical focus of the AVMA. The AVMA has many free tools and resources that empower veterinarians and all team members to prioritize self-care and make the short- and long-term investments needed for personal wellbeing. Visit AVMA's Wellbeing web page for tips and resources on how to manage stress in healthy ways, practice self-care, lend a hand to struggling peers and more. https://www.avma.org/resources-tools/wellbeing


Selected Articles
How to identify the most important tasks. Naphtali Hoff, August 12, 2020. As leaders, we are faced with many tasks to complete. If we don’t choose carefully, we will often work on the wrong tasks rather than the right ones. By “right,” I mean the tasks that will produce the optimal results and address the most critical issues they face. I also refer to the tasks that we are uniquely qualified and positioned to be working on ourselves instead of delegating to someone else.
When considering what to work on, start with the “big rocks,” the priorities and cornerstones that you first need to “place in your jar” before filling other things (the metaphorical pebbles, sand and water) around it. These could be “one-off” tasks that can be achieved in a single time block (we’ll discuss time blocking later,) or may span several days. If you don’t put the top priorities into your calendar first, all of the other demands will clutter your time and mental bandwidth.

In his "7 Habits of Highly Successful People," author Stephen R. Covey said it best: “The key is not to prioritize what’s on your schedule, but to schedule your priorities.” The “big rocks” are commonly called “MITs,” or most important tasks. Whatever term you use, it is critical to identify the tasks that will produce the most important results you’re looking to achieve. Not everything on your plate is of equal importance, so don’t treat them equally. At the beginning of every single day, create a list of two or three MITs, then focus on getting them done as quickly as possible. So as not to get distracted, keep this short list separate from your general to-do list or task-tracking system. I suggest you write them down on a sticky note or index card that you keep positioned squarely in front of you until the list is complete.

One way to start identifying your MITs is to ask yourself these questions: 1. What are the most 2-3 important things that I need to do today? Another way to ask this is: “What are the things that -- if I completed them today -- would make the biggest difference for me?” The Pareto Principle (also called the 80/20 Rule) states that 80% of our outcomes comes from 20% of our efforts. Choosing the right place to focus our efforts matters more than we oftentimes think. 2. What is the task’s value or ROI?

To be truly successful, everything that we do must have a value attached to it. While “value” is not always cut and dry, it should be fairly obvious as to which behaviors will predictably provide the biggest benefits. 3. Is it related to your goals? Goal setting is a critical element in moving the needle and getting more done. Any action that advances your primary goals should be prioritized over those that don’t, assuming that we’re not talking about anything urgent and important. 4. Is it a task that you’ve been thinking about for some time? Odds are that, the longer you’ve been thinking about something, your mind is telling you that it’s important enough to make this list. 5. Have you been putting it off for too long? Some of the MITs are the things that we push off the longest. Maybe they’re a bit challenging. Or risky. Something that will push us outside our
comfort zones. If you’ve been delaying for these reasons, it’s time to jump in. 6. Is it a task that will free you up to work on your real MITs? Perhaps the work itself is not super important but can open the way for you to do the most important work. Example: delegating a small project that will help clear your calendar for critical tasks that you couldn’t manage to get to. Keep in mind that MITs are not things that are most urgent or whatever tempts you in your inbox or chat. We will discuss how to handle those soon. Now that you have your MITs, set an artificial deadline for completing them. If you set a goal, for example, to have all of them done by 10 a.m., you’ll be more focused and complete the day’s most important tasks more quickly than you otherwise would. Then you’ll have the rest of the day to handle anything else that comes up.

Once you’ve put your plan in place, it becomes much easier to say “no” to off-task activities and disruptions, to be present for those who need your prompt input and guidance, and to roll with the punches whenever and however they come. Remember, you only have so much time and energy each day to get things done. Look through your to-do list right now, and you’ll find that some items are really important, while some aren’t. To be fully impactful, your focus needs to be on completing the tasks that will make the biggest difference first before spending time and energy on anything else.

What does the COVID-19 summer surge mean for your cats and dogs? By David Grimm, Aug. 14, 2020 This month, the first U.S. dog to definitively test positive for COVID-19 died in New York City. The canine—a German shepherd named Buddy—likely had lymphoma, but the case served as a reminder that pets, too, are at risk. Now, COVID-19 cases are surging in some areas of the United States, including in places that had largely escaped the virus in the spring, and some countries around the world are grappling with renewed outbreaks. People are also wondering and worrying about their pets. Scientists are, too. It remains unclear, for example, how often cats and dogs become infected with the virus, what their symptoms are, and how likely they are to pass it along to other animals, including us. Yet veterinarians are hard on the case, and a handful of studies are starting to provide some answers. Experts have some concrete advice based on what we know so far. We’re a much bigger risk to our pets than they are to us. Federal health agencies and veterinary experts have said since the beginning of the pandemic that pets are unlikely to pose a significant risk to people. Hard evidence from controlled studies for this assertion was lacking—and
still is—but everything scientists have seen so far suggests cats and dogs are highly unlikely to pass SARS-CoV-2 to humans. “There’s a lot greater risk of going to the grocery store than hanging out with your own animal,” says Scott Weese, a veterinarian at the University of Guelph’s Ontario Veterinary College who specializes in emerging infectious diseases and who has dissected nearly every study on COVID-19 and pets on his blog.

Indeed, pets are much more likely to get the virus from humans than the other way around. “Almost all pets that have tested positive have been in contact with infected humans,” says Jane Sykes, chief veterinary medical officer at the University of California, Davis, and a founder of the International Society for Companion Animal Infectious Diseases, which is providing COVID-19 information to both pet owners and veterinarians. A genetic study of the viral sequences in the first two dogs known to have COVID-19 indicates they caught it from their owners. Even tigers and lions infected at New York City’s Bronx Zoo in April appear to have contracted the virus from humans. But some researchers caution that this finding may be due in part to limited testing: Most of the pets that have been evaluated got the tests because they lived with humans who had already tested positive. “It’s a stacked deck,” says Shelley Rankin, a microbiologist at the University of Pennsylvania School of Veterinary Medicine, whose lab is part of the U.S. Food and Drug Administration’s Veterinary Laboratory Investigation and Response Network. Still, most researchers think pets pose little risk to people—and to other pets as well. A few studies have shown that cats can transmit SARS-CoV-2 to other cats, but all were conducted in an artificial laboratory setting. And, like many COVID-19 studies in humans, most studies are preprints that have yet to be published in peer-reviewed journals. What’s more, Sykes notes there have been multiple reports of households where one pet tested positive and others didn’t. “Everything we’ve learned so far suggests that it’s unlikely that pets are a significant source of transmission,” she says.

**COVID-19 symptoms in pets are likely mild to nonexistent.** Because pet testing remains rare, it’s unclear how many cats and dogs have been infected with SARS-CoV-2. A serological preprint published last month indicated that 3% to 4% of cats and dogs in Italy had been exposed to the virus at the height of the pandemic there—comparable to the rate among people. But even if the numbers are really that high, there hasn’t been a concomitant uptick in symptoms. The Seattle-based Trupanion, which provides health insurance for more than half a million dogs and cats in North America and Australia, says it has not seen an increase in respiratory
claims—or any other type of health claim—since the pandemic began. “No big trends are jumping out,” says Mary Rothlisberger, the company’s vice president of analytics, even when she looked at pandemic hot spots. Two recent studies have also shown that cats, at least, are unlikely to exhibit symptoms. “My gut sense is that [the disease is] much more minor than we’re seeing in people,” Sykes says. That could mean pets are silent transmitters of the virus, as some scientists have suggested, but so far there’s no direct evidence for this.

**It probably doesn’t make sense to get your pet tested.** Several pet tests are available, but they aren’t widely used because the priority has been on human testing. Agencies like the United States Department of Agriculture have cautioned against routine testing of cats and dogs. Even if your pet does test positive, Weese says, “What are you going to do with the results?” If your dog or cat has COVID-19, it’s probably because you do too, he says. “It doesn’t change anything for the pet or the family.” And because there aren’t any drugs for the disease, he says, “We wouldn’t prescribe anything” for the pet.

**Safety precautions for pets haven’t changed.** Whether it comes to taking your dog to a dog park or petting an outdoor cat, the standard advice still holds: Wear a mask, wash your hands, and social distance. “If you are not taking precautions … you are putting both yourself and your animal at risk,” Rankin says. But, she says, “If you are a responsible pet owner, then it is probably safe to say that your animal’s risk [of infection] is lower than yours.” Weese agrees that people should be more concerned about other humans than about pets. “The risk from people present at dog parks or vet clinics is much higher than the risk from dogs at those locations,” he says.

**Scientists still have more questions than answers.** Researchers are just beginning to understand how companion animals play into the pandemic. The pet studies so far “are all part of a puzzle we’re still trying to put together,” Sykes says. And they’re preliminary. “Almost every preprint I have seen is flawed in some way,” says Rankin, who dings small sample sizes, incomplete data, and a lack of vigorous testing. That doesn’t necessarily invalidate the results, but she and others would like to see more robust studies. Sykes and Weese, for example, want more research done in the home. That could give scientists a better sense of how likely pets are to transmit the virus to other pets, how long pets remain contagious, and what—if any—clinical signs of COVID-19 show up. Rankin is part of a project to do what she calls “full-on epidemiology” of the complete medical
backgrounds, including any COVID-19 cases, of 2000 pets that have been seen at her vet school for various reasons, or just for routine checkups. The hope is that such an approach will weed out some of the biases of previous studies—such as those that only looked at pets in COVID-19–positive homes—and get a better sense of the true risk factors for the disease. Sykes and Weese are involved in similar endeavors. Weese also hopes to investigate whether pets, especially feral and outdoor cats, pose a risk to wildlife. “If we want to eradicate this virus,” he says, “we need to know everywhere it might be.” Other researchers are exploring whether drugs that treat other coronaviruses in cats could also combat COVID-19 in both pets and people. “Answering these questions isn’t just important for companion animal health,” Sykes says.

**Interactive maps: COVID-19 and the veterinary profession.** The AVMA has developed a series of maps that present different lenses to view the COVID-19 outbreak and its impact on veterinary medicine and veterinary professionals. https://www.avma.org/resources-tools/animal-health-and-welfare/covid-19/interactive-maps-covid-19-and-veterinary-profession

**USDA offers RFID cattle ear tag to help with disease traceability.**

**BSE Surveillance.** Because cattle slaughter numbers within Arkansas are so low, our Bovine Spongiform Encephalopathy (BSE) surveillance numbers have historically been dependent on samples acquired from on-farm cattle that died with CNS signs and CNS cases submitted to the ALPC-AVDL (Diagnostic Lab). “On-farm dead” samples: APHIS is currently paying $100.00 per accepted (testable) sample to the accredited veterinarian, and a maximum of $100.00 in disposal fees to the producer. APHIS supplies sample shipment boxes for the accredited veterinarian; please order using the NVSL Kit Request Form and the boxes can be shipped directly to the veterinarian (see link below). Kits have pre-labeled FedEx forms with the current FedEx account code used for AR written on the form. Currently, all BSE samples from AR should be sent to the Athens, GA lab: Athens Veterinary Diagnostic Lab - College of Veterinary Medicine, UGA 501 DW Brooks Drive, Athens, GA 30602-5023. Telephone: 706-542-4979 (PLEASE PUT ON LABEL). Contact the Athens Lab to be put on their email list for results.
Copies of the USDA BSE Cattle Data Collection Form and copies of the USDA BSE Submission Form can be e-mailed. Copies of VS Form 8-18 (Statement of Services Performed) for the accredited veterinarian and copies of the Producer Invoice (veterinarian provides to the producer for collection of disposal fee) can be e-mailed. The APHIS-VS District Epidemiologist must certify that the sample was appropriate with valid test results before the veterinarian is paid; payment may take a few weeks. [https://www.aphis.usda.gov/library/forms/pdf/VS_17_146.pdf](https://www.aphis.usda.gov/library/forms/pdf/VS_17_146.pdf)

**Massive Swarms of Mosquitoes Kill Livestock After Hurricane Laura Hits.**


**Rabies Map - Arkansas Public Health Veterinarian, Dr. Laura Rothfeldt**
The Arkansas Department of Health (ADH) has reported 24 cases of rabies in animals so far this year; 10 skunks, 10 bats, and domestic species with two dogs and two cats this year. Rabies is a deadly virus that affects the brain and nerves in mammals, including humans. World Rabies Day is recognized every September 28th, and ADH is reminding Arkansans to know the signs of rabies in animals and what to do if they are bitten. **Report all animal bites or contact with wild animals to the nearest ADH Local Health Unit.** A listing of units can be found at [www.healthy.arkansas.gov](http://www.healthy.arkansas.gov). For questions about rabies or animal bites, email the ADH Zoonotic Disease Section at [adh.zoonotic@arkansas.gov](mailto:adh.zoonotic@arkansas.gov), or call 501-280-4136.
Arkansas Veterinary Diagnostic Lab (AVDL) – VIROLOGY SERVICES. (501) 823-1704, Max Ford, Ph.D. The virology section at the Arkansas Livestock and Poultry Commission (ALPC) is a high-throughput molecular diagnostic laboratory that is utilized to identify pathogens in client submitted samples with both accuracy and confidence. We currently offer polymerase chain reaction (PCR) tests for over 50 different disease-causing pathogens and are proficiency tested to conduct NALHN scope PCR tests for Avian Influenza (*i.e.*, low-pathogenic and highly-pathogenic strains), New Castle Disease (*i.e.*, virulent form), African Swine Fever, Classic Swine Fever, as well as many other disease states. Our function within the ALPC is to support and provide rapid diagnostic testing for our superb client base, comprised of both commercial and backyard poultry farmers, cattle farmers, and veterinarians throughout the state of Arkansas. Although our section is relatively
small and is, currently, only comprised of a section supervisor (Max Ford, Ph.D.) and a laboratory technician (Jami Carroll, B.S.), we function as a highly efficient unit and often work alongside our invaluable peers in the bacteriology, clinical pathology, necropsy, histopathology, toxicology, and serology sections of the ALPC.

In the virology section, we have dedicated our time and effort to improve methodologies and minimize test-result turnaround times. Currently, we are looking to expand our quantitative PCR (qPCR) capacity by optimizing and validating new qPCR tests for different disease states. Recently, our lab adopted a state-of-the-art qPCR multiplexer test that can simultaneously detect *Mycoplasma synoviae* and *Mycoplasma gallisepticum* in avian swabs, with high accuracy. We have also implemented a new Bovine Viral Diarrhea Virus (BVDV) qPCR test that will work on ear notches and serum samples. For the foreseeable future, we plan to continue this effort and expand the testing scope of our laboratory as well as improve the qPCR testing capabilities we currently utilize in our day-to-day operations.

We are dedicated to serving livestock, poultry, and veterinarians in the state of Arkansas as well as surrounding states. The ALPC Virology section works hard to provide the best diagnostic testing services possible for our clients. Our purpose is to serve our hard-working farmers and practitioners in alignment with the goal-oriented mission of the Arkansas Department of Agriculture by developing improved testing methodologies and programs to help better assess and, furthermore, mitigate disease outbreaks in the state of Arkansas. If you ever require any assistance or simply have questions for the Virology section at the ALPC, please contact us.
Continuing Education - coming Veterinary Continuing Education Opportunities

Arkansas VMA is periodically offering CE opportunities – make sure you are on their list!
In 2020 – [https://www.vetvacationce.com/](https://www.vetvacationce.com/) Various locations may be open, check website.
October 15-18, 2020 - American Board of Veterinary Practitioners in Chicago, IL
January 21-24, 2021 - Missouri VMA 129th Annual Convention in Columbia, MO
February 5-7, 2021 - Arkansas VMA 114th Annual Winter Meeting in Hot Springs, AR
April 19-20, 2021 - Austin Veterinary Conference in Austin, TX