

Deworming Frequency Advice

Toxocara spp.

All cats and dogs should be routinely treated due to risk of infecting humans, with puppies and kittens providing the largest source of potential infection:

- Treatment of puppies should start at two weeks of age, repeated at 2 weekly intervals until two weeks post weaning, then monthly until 6 months old. This is to eliminate *Toxocara canis* egg shedding from trans-placental and trans-mammary infection and prevent significant populations establishing in the intestine.
- Kittens should be treated in the same way as puppies, but the first treatment can be given at three weeks old as there is no trans-placental transmission.
- Autoinfection can occur in the bitch and queen during lactation and so they should be treated at the same time as the puppies and kittens.

Minimum recommendations in cats and dogs:

- It has been demonstrated that use of an effective anthelmintic every three months significantly reduces *Toxocara* spp. ova shedding in cats and dogs and there is no evidence that less frequent deworming frequencies will have any effect on egg output.
- Three monthly *Toxocara* spp. worming frequency should be a minimum recommendation in dogs and cats.
- Even indoor pets may have reactivation of arrested larval stages from puppy and kitten hood and should therefore be treated at least four times a year.

Monthly treatment:

- Use of a monthly anthelmintic will reduce egg output by over 90% and whether this is necessary will depend on the pet's lifestyle. Those pets hunting, in regular contact with young children/immunocompromised individuals or being fed offal or an unprocessed raw diet should be dewormed monthly.

For Cats and dogs living in the UK



Lungworm (*Angiostrongylus vasorum*)

Lungworm is easily prevented and all dogs should be treated preventatively for lungworm.

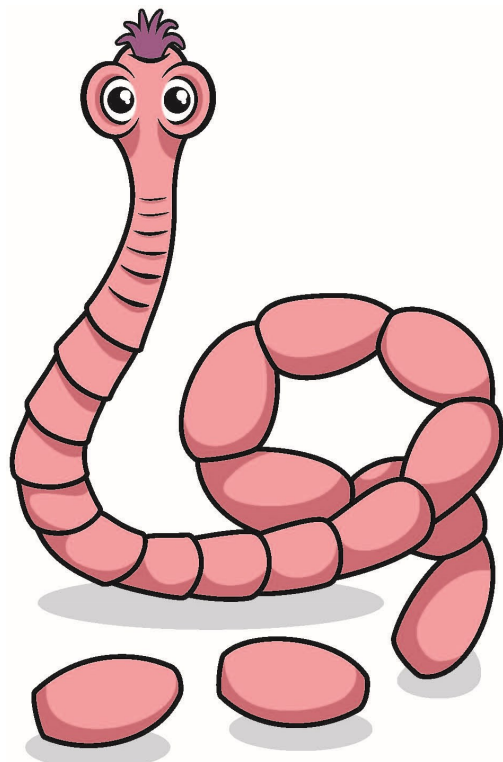
- *Angiostrongylus vasorum* is now thought to be endemic throughout the UK but distribution is not uniform with some areas still remaining free of infection.
- Knowledge of local cases, use of case distribution maps and screening of suspected cases will help to build up a picture of whether *Angiostrongylus vasorum* is prevalent in a particular location.

Monthly treatment:

- Due to the potentially severe impact of infection in dogs and increased risk of bleeding during surgery, monthly use of a product effective against *Angiostrongylus vasorum* should be employed for dogs at high risk in the absence of other strategies to effectively reduce transmission due to the ubiquitous nature of the mollusc intermediate host.

Risk assessment:

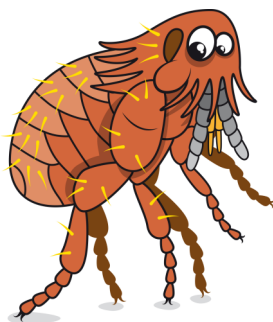
- Dogs present in known endemic high prevalence foci are at high risk.
- Dogs living in areas where cases have been reported and those that deliberately eat slugs and snails or serially eat grass which may contain small slugs are at high risk.
- Dogs that have previously been infected should also be routinely treated monthly as there is no lasting protective immunity to lungworm and lifestyle is likely to lead to re-exposure.



Dipylidium caninum

Also known as the flea tapeworm, *Dipylidium caninum* is transmitted to cats and dogs through the ingestion of infected fleas or chewing lice.

- Control of *Dipylidium caninum* is dependent on effective flea and chewing louse control.
- Treatment is recommended if a cat or dog has had a recent flea or chewing louse infestation.
- Infection with *Dipylidium caninum* rarely has clinical signs, but infected cats and dogs are also likely to shed



Tapeworm

(*Taenia* spp. and *Echinococcus granulosus*)

Control of canine tapeworm infection is vital to reduce economic impact through meat and offal condemnation from *Taenia ovis* and *Taenia hydatigena*, as well as reducing the severe and potentially increasing zoonotic risk of *Echinococcus granulosus*.

Echinococcus granulosus

Echinococcus granulosus is a significant zoonosis, causing hydatid disease in humans, as well as a source of cattle and sheep offal condemnation. Traditional *Echinococcus granulosus* endemic areas are mid Wales, the Welsh border, Herefordshire and the Western Isles of Scotland. Dogs living in, or frequently visiting, these areas are at high risk if they have any potential exposure to ruminant carcasses, are fed offal or are on unprocessed raw diets. Even outside of these endemic areas there may still be the potential for exposure, as *Echinococcus granulosus* cysts have been found in carcasses distributed from Wales to abattoirs around Britain.

Treatment frequency:

- High risk dogs living in *Echinococcus granulosus* endemic areas should be dewormed with a product containing praziquantel at least every six weeks.
- There are examples of population groups in Wales and Asia where treatment of dogs for *Echinococcus granulosus* tapeworm every three months has reduced human hydatid disease over time. Therefore, treatment every three months should be a minimum recommendation for dogs living outside of endemic areas whose lifestyles put them at risk.

Taenia spp. infection in dogs

Taenia hydatigena and *Taenia ovis* infections are spread to sheep by infected dogs fouling in grazing areas. Although clinical infection is not serious for sheep, infection causes considerable economic loss from sheep liver and carcass condemnations.

Monthly treatment:

- Due to their high risk of contributing to meat condemnation, dogs with access to ruminant carcasses, fed offal or on unprocessed raw diets that also have access to livestock pasture or have a history of producing tapeworm segments should be treated for tapeworm monthly. This will also eliminate proglottid shedding thus increasing the human-animal bond.

Taenia spp. infection in cats

Monthly treatment:

Although cat *Taenia* spp. have no zoonotic potential and rarely cause adverse clinical signs in cats, hunting cats will develop large burdens that may have adverse effects. They are also likely to shed proglottids which can severely erode the human animal bond, especially as cats often spend a lot of time on the furniture. Therefore, actively hunting cats should be treated monthly for tapeworm with a product containing praziquantel.

Lower risk groups:

- Lower risk cats with outdoor access who do not frequently hunt should still be treated for tapeworms with a product containing praziquantel every three months to avoid any potential proglottid shedding.
- Indoor cats do not require any routine tapeworm treatment.

