

Responsible risk-based parasiticide use for cats and dogs



In the UK veterinary industry there is renewed focus on the use of a more risk based approach for prescribing parasiticides for companion animals.

Krka recommends that vets discuss together with pet owners the most suitable prevention or treatment regimes for the client's specific pet and lifestyle set of circumstances.

We have produced this practical guide, in conjunction with Ian Wright, to help vets navigate this topic in an informed and effective way.



REVIEWING BEST PRACTICE



RISK ASSESSMENT GUIDELINES



OWNER COMPLIANCE FACTORS



GOOD HYGIENE HABITS

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Ian has over 125 published peer reviewed articles and papers and is an editorial board member for the Companion Animal Journal. He continues to carry out research in practice, including work on intestinal nematodes and ticks.

Reviewing best practice approach

Year-round treatment with broad spectrum parasiticides would of course reduce parasite exposure, clinical disease and zoonotic risk. However “blanket treatment” of this nature can lead to a number of potential unintended consequences.

- **Unnecessary medication for pets**
- **Unnecessary expense for owners**
- **Reduced compliance by owners who do not see the value / relevance for their pet**
- **Potential longer term risk of environmental contamination from pet parasiticides which is currently being researched**

Prescribing parasite treatment on the basis of a risk analysis and as part of overall treatment advice helps to avoid these pitfalls. A quick annual review with clients can drive more tailored programs of prevention and treatment based around the specific lifestyle factors of pet and owner. You can speed up the client review process with a pre-appointment questionnaire or other risk checking tool via webpage, email or in reception as client waits for their appointment.

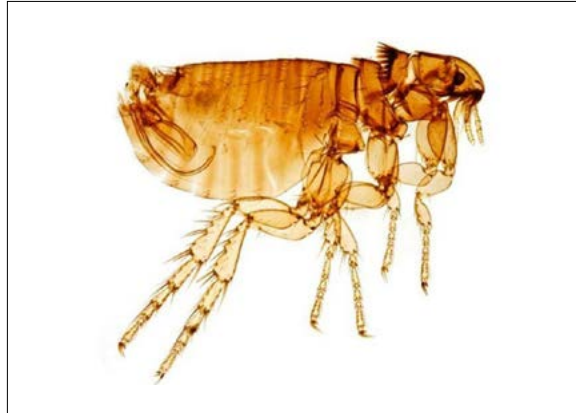


Risk Assessment

Some parasites with disease and zoonotic potential are widespread and exposure risks should be taken seriously. For UK cats and dogs this is true of *Toxocara* (fig 1.) and cat fleas (fig 2).



Toxocara (fig 1)



Cat fleas (fig 2)

The need for monthly treatment for fleas, *Toxocara* and preventative treatment for ticks, lungworm and tapeworm can be assessed using the following key questions.

Assess requirement for routine flea treatment



While UK flea infestations are thought to peak in summer and autumn, studies have shown that flea infestation can occur throughout the year. Fleas can carry zoonotic diseases that are a risk to human health and ESCCAP recommends year round treatment for pets at risk from flea infestation based on the following risk factors:

1. The household has multiple dogs, cats (including house cats) and/or other pet animals present in the household
2. Pet(s) have free access to a place where existing flea infestations or early flea lifecycle stages may be present e.g. wildlife, mixing with other pets, other households with risk of flea infestations
3. The pet is at risk of, or suffers from, Flea Allergy Dermatitis (FAD)
4. When re-infestation with fleas is more likely, such as warm conditions (including central heating) and multiple animal households.

Assess requirement for routine tick treatment



1. Does the pet live in a known endemic focus for tick-borne pathogens such as *Borrelia*, *Babesia canis* or tick-borne encephalitis virus?
2. Does the pet visit pasture shared by deer or domestic ruminants, bracken, tall grass/undergrowth or animal burrows?
3. Does the pet have a history of tick exposure?

Assess requirement for routine *Toxocara* treatment



The minimum recommended treatment cycle is 4 times a year (with the exception of completely indoor cats where exposure is likely to be limited).

Routine faecal testing for *Toxocara* can be used annually alongside treatment to monitor efficacy, or quarterly/monthly as an alternative to treatment. If the latter is used, owners must be made aware that zoonotic shedding of *Toxocara* eggs may still occur in-between treatments.

Assess the need for monthly treatment based on:

1. Is the pet less than 6 months old?
2. Does the pet hunt or scavenge?
3. Does the pet eat unprocessed raw food or have access to carcasses?
4. Are children or immune suppressed individuals in the household?

Assess requirement for routine lungworm treatment



1. Have lungworm (*Angiostrongylus vasorum*) cases been detected locally?
2. Does the pet deliberately consume slugs or snails?
3. Does the pet have a history of previous lungworm infection?
4. Is the pet a serial grass consumer, coprophagic or drink from outdoor water bowls?

Assess requirement for routine tapeworm treatment



1. Does the pet hunt?
2. Does the pet eat unprocessed raw food or have access to carcasses?
3. Does the pet have unmonitored off lead access to pasture?
4. Does the pet live in an *Echinococcus granulosus* endemic area?



OWNER COMPLIANCE FACTORS

Asking questions surrounding lifestyle and owner preference will also help to maximise compliance, and therefore the effectiveness of any recommended treatment.

Two important compliance and efficacy factors are:

1

Does the owner shampoo the pet or does the pet frequently swim?

This factor affects the duration of action and efficacy of some products that are not systemically absorbed. It also makes practical sense not to bath the pet soon after application (i.e. within 48 hours) as this will result in a wasted treatment / purchase and compound the risk of product being rinsed off into local environmental systems.

2

Does the owner prefer a tablet, spot-on preparation or collar?

Pet owners may feel more able to apply some forms of medication than others. Selecting a form of medication owners feel confident using with their pet is likely to improve compliance and reduce the risk of product wastage and/or under-dosing.



Compliance can also be increased through use of:

- Reminder systems
- Practice plans which can be used to support more tailored approaches and not simply reinforce blanket treatment.

OTHER COMPONENTS OF PARASITE CONTROL

In addition to specific advice regarding treatments for pets, wider advice regarding parasite control should be used as part of an overall plan. No single strategy for parasite control should be relied upon solely as owner compliance for any advice or treatment is rarely 100%.

ACTION	BENEFIT
Picking up of dog faeces	will reduce potential contamination of the environment from both parasite eggs and parasiticides.
Covering of sandpits and home grown fruit and vegetables	to reduce faecal contamination from cats, roaming dogs and foxes.
Washing of fresh fruit and vegetables	to remove parasitic egg contamination.
Daily monitoring for ticks	removal of ticks with a tick hook within 24 hours of attachment reduces the risk of tick-borne disease transmission.
Good hand hygiene	helps to reduce parasites transmitted by the faecal-oral route. Some infections such as <i>Giardia spp.</i> and <i>T.gondii</i> spread this way have no effective preventative treatment.
Bring in pet waterbowls and toys at night	to prevent contamination with slugs, snails or <i>Toxocara</i> eggs.
Regular vacuuming of household especially areas that pets utilise	regular cleaning can help reduce wider flea life-cycle infestation in the household environment.

REFERENCES AND RESOURCES

FECVA posters and guidelines - www.esccapuk.org.uk

BVA take action - <https://www.bva.co.uk/take-action/our-policies/responsible-use-of-parasiticides-for-cats-and-dogs/>

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