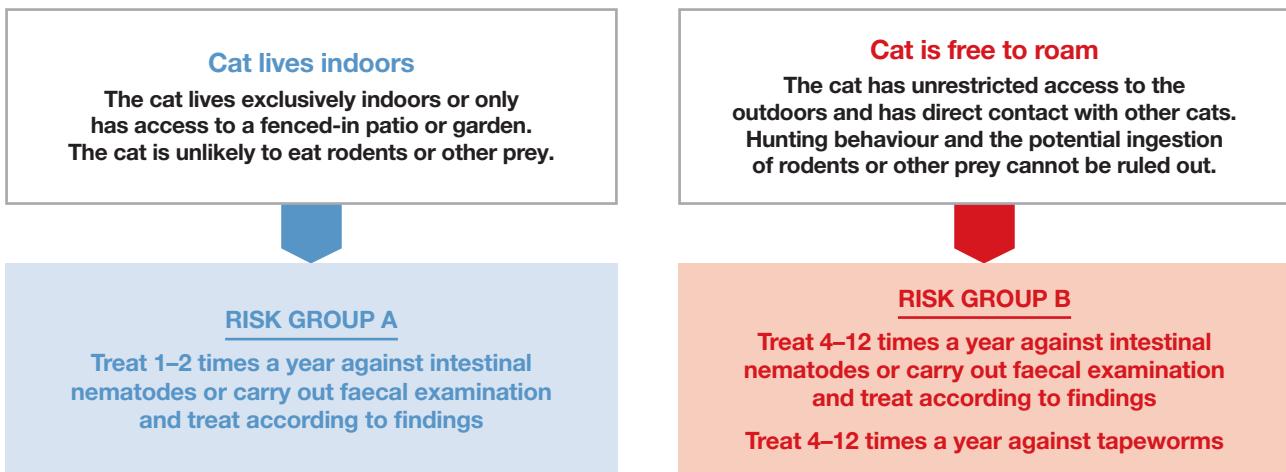


ADDITIONAL TREATMENTS FOR DOGS	
Roundworms	
Puppies	For the first time on the 14th day after birth, then every 2 weeks until 2 weeks after weaning. If there is an ongoing increased risk of infection (e.g. puppy playgroups), monthly treatments up to six months of age.
Pregnant bitches	To reduce transmission to the puppies, pregnant females can be given macrocyclic lactones around the 40th and 55th day of pregnancy or fenbendazole daily from the 40th day of pregnancy until the 2nd day after delivery.
Lactating bitches	Deworm at the first treatment of puppies (2 weeks after delivery).
Dogs with increased risk of infection i.e. those used in sport, competitions, shows or those kept in kennels etc.	Two treatments: a maximum of 2 weeks before and 2 weeks after the event. For kennels: use planned deworming once a month or examine faecal samples every four weeks and treat according to findings.
Professional dogs i.e. therapy, rescue or police dogs	Depending on the risk assessment, use planned deworming once a month or, when exposure to <i>Echinococcus</i> infection is low, examine faecal samples once a month and treat according to findings.
Dogs sharing homes with small children (below 5-6 years), immunocompromised or elderly individuals	Depending on the risk assessment, use planned deworming once a month or examine faecal samples once a month and treat according to findings.
Lungworms/French heartworm	
Dog has a tendency to eat slugs and/or snails or has contact with them, eats grass	Depending on an individual risk assessment e.g. based on the intensity of slug/snail uptake and the epidemiological situation, monthly preventive treatment may be required.
Tapeworms	
Travel or importation into/from areas endemic for <i>Echinococcus</i> spp.	Deworm dogs with a high risk of infection 4 weeks after start of travelling and then every 4 weeks, with the last deworming no later than 4 weeks after return. Immediate deworming after importation.
Eats raw meat and/or offal, eats prey	Dogs that are fed raw meat that has not been sufficiently heated (10 minutes, core temperature 65°C) or frozen (one week, -17 to -20°C) should be treated for tapeworms every 4 weeks.
Flea or chewing lice infestation (as a vector for <i>Dipylidium</i>)	Once when the infestation is established.
Heartworm (<i>Dirofilaria immitis</i>)¹	
Dogs living in areas endemic for heartworm (see Figure 18)	Treatment against transmitted third-stage larvae with macrocyclic lactones at monthly intervals (or according to the corresponding package insert) during the mosquito season and for a 30-day period after the end of the mosquito season.
Travelling to areas endemic for heartworm	During the mosquito season, prophylactic treatment against transmitted third-stage larvae with macrocyclic lactones within 30 days of arrival into the endemic area, followed by further treatments at monthly intervals until 30 days after return.
Importation from areas endemic for heartworm	Immediately after importation, one-off prophylactic treatment against third-stage larvae and microfilariae with macrocyclic lactones. Preliminary examination for any existing infection at time of importation and retest earliest 6 months later.

- Deworming practices should always be on the advice of a veterinary professional. For intestinal nematodes and lungworms, regular coprological examination of faeces (eventually with subsequent deworming) can be an alternative to standard deworming advice if performed at the same frequency as the suggested treatments.
- If an animal's individual risk of infection with intestinal nematodes cannot be clearly assessed, the dog should be dewormed or faeces examined at least 4 times a year. The same applies in principle to tapeworm infection, although the reliability of detecting tapeworm infections using faecal sample tests is low (with the exception of *Dipylidium*, for which a coproantigen test allows detection with high sensitivity). Therefore, the recommendation is to treat against tapeworms at least 4 times a year. Studies have shown that 1-3 annual dewormings do not provide sufficient protection.
- In areas endemic for heartworm, dogs that live indoors but are taken for walks may be exposed to mosquitoes, therefore *Dirofilaria* prevention should be considered. Detailed information about heartworm infection in dogs and cats can be found in [ESCCAP Guideline 5: Control of Vector-Borne Diseases in Dogs and Cats](#)

Figure 1: Scheme for individual worm management in dogs



ADDITIONAL TREATMENTS FOR CATS	
Roundworms	
Kittens	For the first time at 3 weeks of age, then every 2 weeks after weaning. If there is an ongoing increased risk of infection (e.g. free roam): monthly treatments up to 6 months of age.
Pregnant queens	A single treatment with emodepside spot-on approximately seven days before expected parturition prevents lactogenic transmission of <i>Toxocara cati</i> larvae to the kittens.
Lactating queens	Deworm at the first treatment of kittens (3 weeks after delivery).
Cats with increased risk of infection i.e. those used in competitions, shows or those kept in catteries etc.	Two treatments: 2 weeks before and 2–4 weeks after the event. For catteries: use planned deworming once a month or examine faecal samples every four weeks and treat according to findings.
Cats sharing homes with small children (below 5–6 years), immunocompromised or elderly individuals	Depending on the risk assessment, use planned deworming once a month or examine faecal samples once a month and treat according to findings.
Tapeworms	
Eats raw meat and/or offal, eats prey or goes hunting	Cats should be tested at least 4 times a year by faecal examination and treated according to findings, or dewormed at least 4 times a year. Infections with <i>Hydatigera taeniaeformis</i> (formerly <i>Taenia taeniaeformis</i>) predominate among tapeworm infections in cats. In areas endemic for <i>Echinococcus multilocularis</i> (the fox tapeworm), rodent-eating cats may shed infective eggs posing a risk to humans. However, compared to dogs, the risk of egg excretion is significantly lower. To shift the residual risk towards zero, higher treatment frequencies can be implemented. Monthly treatments (12 times a year) prevent egg excretion.
Flea infestation (as a vector for <i>Dipylidium</i>)	Once when the infestation is established.
Lungworms (<i>Aelurostrongylus abstrusus</i>, <i>Troglotyngylus</i> spp.)	
In highly endemic areas, cats with outdoor access that may eat slugs and snails or hunt paratenic hosts such as birds, reptiles or mice	Treat preventively against lungworms at monthly intervals all year round.
Heartworm (<i>Dirofilaria immitis</i>)**	
Cats living in areas endemic for heartworm (see Figure 18)	Treatment against transmitted third-stage larvae with macrocyclic lactones at monthly intervals during the mosquito season and for a 30-day period after the end of the mosquito season.
Travelling to areas endemic for heartworm	During the mosquito season, prophylactic treatment against transmitted third-stage larvae with macrocyclic lactones within 30 days of arrival into the endemic area, followed by further treatments at monthly intervals until 30 days after return.
Importation from areas endemic for heartworm	Immediately after importation, one-off prophylactic treatment against third-stage larvae and microfilariae with macrocyclic lactones. Preliminary examination for any existing infection at the time of importation and retest earliest 6 months later.

- Deworming practices should always be on the advice of a veterinary professional. Regular coprological examination of faeces (eventually with subsequent deworming), as suggested in Groups A and B can be a good alternative to standard deworming advice, if performed in the same frequency as the suggested treatments.
- If an animal's individual risk of infection with intestinal nematodes cannot be clearly assessed, the cat should be dewormed or faeces examined at least 4 times a year. The same applies in principle to tapeworm infections, although the reliability of detecting tapeworm infections using faecal sample tests is low (with the exception of *Dipylidium*, for which a coproantigen test allows detection with high sensitivity). Therefore, the recommendation in this case is to treat against tapeworms at least 4 times a year. Studies have shown that 1–3 annual dewormings do not provide sufficient protection. Deworming every 3 months does not necessarily prevent patent infections.

** Detailed information about heartworm infection in dogs and cats can be found in ESCCAP Guideline 5: Control of Vector-Borne Diseases in [ESCCAP Guideline 5: Control of Vector-Borne Diseases in Dogs and Cats](#)

Figure 2: Scheme for individual worm management in cats