



Topics



- Ticks on dogs in Ontario and the pathogens they transmit ?
- Should dogs be routinely screened for tick-borne pathogens ?
- How should you manage a healthy dog that tests positive for a tick-borne pathogen ?

Ticks on dogs in North America

	Common name	Scientific name
	Lone Star Tick	Amblyomma americanum
	Gulf Coast Tick	Amblyomma maculatum
	Rocky Mountain Wood Tick	Dermacentor andersoni
\rightarrow	American Dog Tick	Dermacentor variabilis
	Western Black-legged Tick	Ixodes pacificus
	Deer Tick	Ixodes scapularis
	Brown Dog Tick	Rhipicephalus sanguineus
	= most likely in Ontario	











Dermacentor variabilis "American dog tick"



(a) Rickettsia rickettsii

(Rocky mountain spotted fever - RMSF)

- (b) Francisella tularensis
- (c) Cytauxzoon felis (only southeast USA)

Transmits (rarely/never in Canada):

• causes tick paralysis (rare)

Dermacentor andersoni "Rocky Mountain wood tick"

Transmits (rarely in Canada):

(a) Rickettsia rickettsii

(b) Francisella tularensis



• causes tick paralysis (rare)





Ixodes scapularis - "deer (black-legged) tick" Ixodes pacificus – "western black-legged tick" Ixodes pacificus – "western black-legged tick" Ixodes pacificus – "western black-legged tick"

- transmit Borrelia burgdorferi (Lyme disease) (4DxPlus)
- transmit Anaplasma phagocytophilum
 - (granulocytic anaplasmosis) (4DxPlus)
- cause tick paralysis (rare)













Why is the risk of Lyme disease increasing in Ontario ?























veterinary hospitals

Rhipicephalus sanguineus

Transmits:



- (a) *Babesia canis* (canine babesiosis/piroplasmosis)
- (b) *Ehrlichia canis* (canine monocytic ehrlichiosis) (4DxPlus)
- (c) Anaplasma platys (thrombocytic anaplasmosis) (4DxPlus)









Testing of dogs with 4Dx [®] Test					
In 2007, 68,571 dogs in Ontario were tested:					
In 2008, 56,943 dogs in Ontario were tested:					
In 2013/14, 77,143 dogs in Ontario were tested:					
Proportion of dogs positive for:	<u>2007</u>	<u>2008</u>	<u>2013/2014</u>		
(a) B. burgdorferi =	0.58%	0.47%	5.1% (eastern ON)		
(b) A. phagocytophilum =	= 0.09%	0.09%			
(IDEXX Laboratories 2008; Canadian Veterin	ary Journal 2011,	52, 527-530; He	rrin et al personal communication)		

SNAP[®] 4Dx[®] Plus Test (Idexx)



<u>Detects</u> antibody to C₆ surface antigen on *B. burgdorferi*.
 Use of Lyme vaccines does not interfere with this response.

Lyme Quant $C_6^{\text{®}}$ Test (Idexx)

• Quantifies antibody to C₆ surface antigen.

Useful for monitoring response to treatment (determine titer on day of treatment and 6 months later).

 Correlation between titer and risk of disease currently unclear.



Ixodes scapularis and Borrelia burgdorferi

Important facts:

- Ticks need to be attached for a minimum of ${\geq}36$ hours before transmission occurs.
- Overall proportion of Ontario/Canada ticks infected with *B. burgdorferi* = 18.4% (2013).
- Seroconversion occurs 3-5 weeks following infection.
- Dogs become clinical 2-5 months following infection.
- ~95% infected dogs never become clinical.

Will the dog get Lyme disease ?







Options if fully engorged Ixodes scapularis

1. Evaluate dog for clinical signs consistent with Lyme disease for next 6 months (option most consistent with ACVIM consensus statement)

2. Carry out *B. burgdorferi* serology today and 2 months later - evidence of seroconversion ?

3. Submit tick for PCR evaluation of B. burgdorferi

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Borrelia burgdorferi (Lyme disease): - disease incubation = 2-5 months:

- fever, anorexia, polyarthritis



- shifting leg lameness, joint swelling Ixodes scapularis
- lymphadenomegaly





If a healthy dog tests positive for Borrelia burgdorferi, how should it be managed ?

- Monitor for clinical signs and proteinuria for 6 months -

 Pathogen
 Test

 Borrelia burgdorferi
 Urine protein (dipstick)

 (as long as clean urine sediment, i.e. no blood/inflammation)



If a dog tests positive for other tick-borne pathogens, how should it be managed ?

- If clinical signs consistent with pathogen, TREAT -

Typical clinical signs in dogs

Borrelia burgdorferi (Lyme disease):

- disease incubation = 2-5 months:
 - fever, anorexia, polyarthritis



- lymphadenomegaly

Anaplasma phagocytophilum (granulocytic anaplasmosis):

- disease incubation = 1-2 weeks:

- <u>fever</u>, <u>anorexia</u>, <u>lethargy</u>
- lameness, stiffness, joint swelling
- lameness, sumess, joint sweining
- lymphadenomegaly, splenomegaly, hepatomegaly

Typical clinical signs in dogs

Ehrlichia canis (monocytic ehrlichiosis):

- seroconversion = 7-28 days
- disease incubation = 8-20 days:
 - fever, anorexia, weight loss
 - polyarthritis
 - lymphadenomegaly, splenomegaly
 - CNS signs, dermal petechiae/ecchymoses
 - cardiac arrythmias, anterior uveitis







Ehrlichia canis: scleral bleeding



Typical clinical signs in dogs Ehrlichia canis (monocytic ehrlichiosis): - disease incubation = 8-20 days: - fever, anorexia, weight loss - polyarthritis - lymphadenomegaly, splenomegaly - CNS signs, dermal petechiae/ecchymoses - cardiac arrythmias, anterior uveitis Anaplasma platys (thrombocytic anaplasmosis): - disease incubation = 8-15 days? - mild fever, uveitis

- petechiae, ecchymoses

Typical clinical signs in dogs

Ehrlichia ewingii (granulocytic ehrlichiosis):

- disease incubation = 18-28 days:

- fever, anorexia

- stiffness, joint swelling
- CNS signs



If a healthy dog tests positive for other tick-borne pathogens, how should it be managed ?

Pathogen	Test			
Anaplasma phagocytophilum	CBC - thrombocytopenia			
Anaplasma platys	CBC – thrombocytopenia			
Ehrlichia canis	CBC – thrombocytopenia			
Ehrlichia ewingii	CBC - thrombocytopenia			
Retest 2-3 weeks later ?				

If clinical signs consistent with pathogen, or CBC abnormality, treat with: doxycycline for 1 month