STATEMENT (CONCLUSIONS)

Worsening of clinical signs is commonly reported in dogs treated for *A. vasorum* infection, regardless of whether single or combination anthelmintic protocols are used.

Although we cannot establish cause based upon this data, this is hypothesized to be attributable to parasite death.

Prevalence of transfusion transmissible vector-borne pathogens in UK/Eire canine blood donors

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OBJECTIVES

Pet Blood Bank canine donors are selected and screened to minimise transmission of vector-borne pathogens (VBPs). Recent relaxations in pet travel scheme rules and reports of VBPs in non-travelled UK dogs suggest that the prevalence of VBPs in blood donors could increase. Our aim was to assess the current VBP prevalence in donors to inform whether the current testing protocol (1% of donor units) is appropriate.

METHODS

Surplus EDTA-blood samples from all blood units collected over a one-month period from Pet Blood Bank canine donors were tested for VBPs. Samples underwent DNA extraction and subsequent PCR for *Babesia* spp., *Ehrlichia/Anaplasma* spp., *Leishmania* spp., canine haemoplasmas ('*Candidatus* *Mycoplasma haematoparvum*' and *Mycoplasma haemocanis*), and glyceraldehyde-3-phosphate dehydrogenase as an internal amplification control (IAC). Information on history, signalment, location, PCV/total solids, temperature, travel history and flea/tick preventative treatment was recorded. Signed owner consent had been obtained.

RESULTS

In total 290 blood samples from 290 dogs were tested. No VBP DNA was detected in any sample; the IAC was appropriately positive in all samples. No dogs had a history of travel outside of the UK/Eire. For the 287 dogs for which this information was available, 269 (93.7%) were not in contact with imported/recently travelled dogs and 243 (84.7%) were receiving flea/tick preventative treatment.

STATEMENT (CONCLUSIONS)

No VBP DNA was found in the 290 canine blood donors sampled. Current selection and screening protocols in UK/Eire canine blood donors appear to be appropriate for the minimal risk of VBP transmission.

Preliminary findings of a survey of UK small animal general practitioners to describe antibiotic use

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OBJECTIVES

To describe antibiotic prescribing in 15 common first opinion clinical presentations of cats and dogs and compare the findings against current published guidelines.

METHODS

A questionnaire was distributed to primary care veterinarians attending CPD events. 42 vets completed the questionnaire. Vets were asked if their practice has an antimicrobial prescribing policy and were asked questions relating to their empirical antibiotic choices in 15 common clinical presentations covering the integumentary, urinary, gastrointestinal and respiratory systems. Questions included: if antibiotics would be prescribed, the antibiotic chosen, and course length prescribed. Data was analysed using excel to determine counts and proportions of responses with respect to each clinical scenario and to calculate modal responses.

RESULTS

Preliminary findings show that empirical antibiotics were chosen in 22% of instances for clinical presentations in which they are not indicated according to

Oral presentations

published guidelines. In those presentations where empirical antibiotics are indicated, 78% of vets made appropriate antibiotic choices. There was considerable variation in course length prescribed across all conditions, but was particularly marked for presentations involving the skin and respiratory system. Amoxicillin-clavulanate was by far the most commonly chosen antibiotic across all conditions, accounting for 45% of all choices. Practice prescribing policies were available in 30% of practices. BSAVA PROTECT guidelines were

the most commonly named resource for compiling practice policies.

STATEMENT (CONCLUSIONS)

Responsible antibiotic use is of paramount importance with current concerns surrounding antibiotic resistance. Increasing the size of the preliminary study to assess how responses vary with demographics could help to target educational material to improve awareness.

Prevalence of feline retroviruses and haemoplasmas in cats in Austria and first detection of *Hepatozoon felis* infection

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OBJECTIVES

To determine the prevalence of retroviruses and haemoplasmas, and haemoplasma risk factors, in cats in Austria.

METHODS

DNA extracted from blood samples of 940 cats underwent quantitative PCRs (qPCRs) for *Mycoplasma haemofelis*, '*Candidatus* Mycoplasma haemominutum', '*Candidatus* Mycoplasma turicensis' and feline leukaemia virus (FeLV). Three samples were excluded after failing an internal control qPCR. Feline immunodeficiency virus (FIV) antibodies and FeLV p27 antigen were analysed in 647 of the cats. The FIV seropositive cats underwent FIV qPCR screening and 94 of the cats underwent *Hepatozoon* spp. PCR. Multivariable analysis was used to identify risk factors for haemoplasma infection.

RESULTS

Haemoplasmas were detected in 111/937 cats (11.8%); 11 (1.2%) cats with *M. haemofelis*, 104 (11.1%) with '*Ca. M. haemominutum*' and three (0.3%) with '*Ca. M. turicensis*'; six cats were infected with multiple species. Of the 937 cats, 29 (3.1%) were FeLV provirus positive. Of the 647 cats, four (0.6%) were FeLV seropositive and 28 (4.3%) FIV seropositive. Clade B FIV was amplified by qPCR in 5/28 FIV seropositive cats. *Hepatozoon felis* was found in one of the 94 screened cats. Outdoor access ($p<0.001$), FIV seropositivity ($p=0.007$) and male gender ($p=0.039$) were associated with haemoplasma infection.

STATEMENT (CONCLUSIONS)

This represents the first report of *H. felis* infection in Austria and concurs with previous reported risk factors for haemoplasma infection. FeLV seroprevalence was low. Only five of the FIV seropositive results were confirmed by qPCR, highlighting ongoing diagnostic challenges.