



Screening for vector-borne disease

SNAP® 4Dx® Plus Test clinical reference guide



Every dog, every year

The Companion Animal Parasite Council (CAPC) Guidelines recommend annual comprehensive screening for pathogens transmitted by ticks and mosquitoes.¹ Adding an annual cycle of comprehensive testing and year-round prevention to your practice benefits your patients, clients, and practice in 3 important ways:

1. React to changing prevalence

Mosquitoes and ticks are constantly on the move, and annual testing is the most reliable way to determine if new infections are threatening pets in your area. Pets move too, of course; without comprehensive testing, you sacrifice the ability to detect and treat mosquito and tick-borne infections acquired in other locations.

2. Detect and treat coinfection

Comprehensive testing lets you assess a dog's risk of having more than one infection.²

3. Measure the effectiveness of prevention protocols









Only comprehensive testing helps you know if your prevention protocols are working. Even a negative result is valuable; it's an opportunity to celebrate the pet owner's role in successfully preventing these infections and keeping their pet healthy.



Know more with every result

With the SNAP® 4Dx® Plus Test, a positive result can also be an indication of ticks and other pathogens in your area.

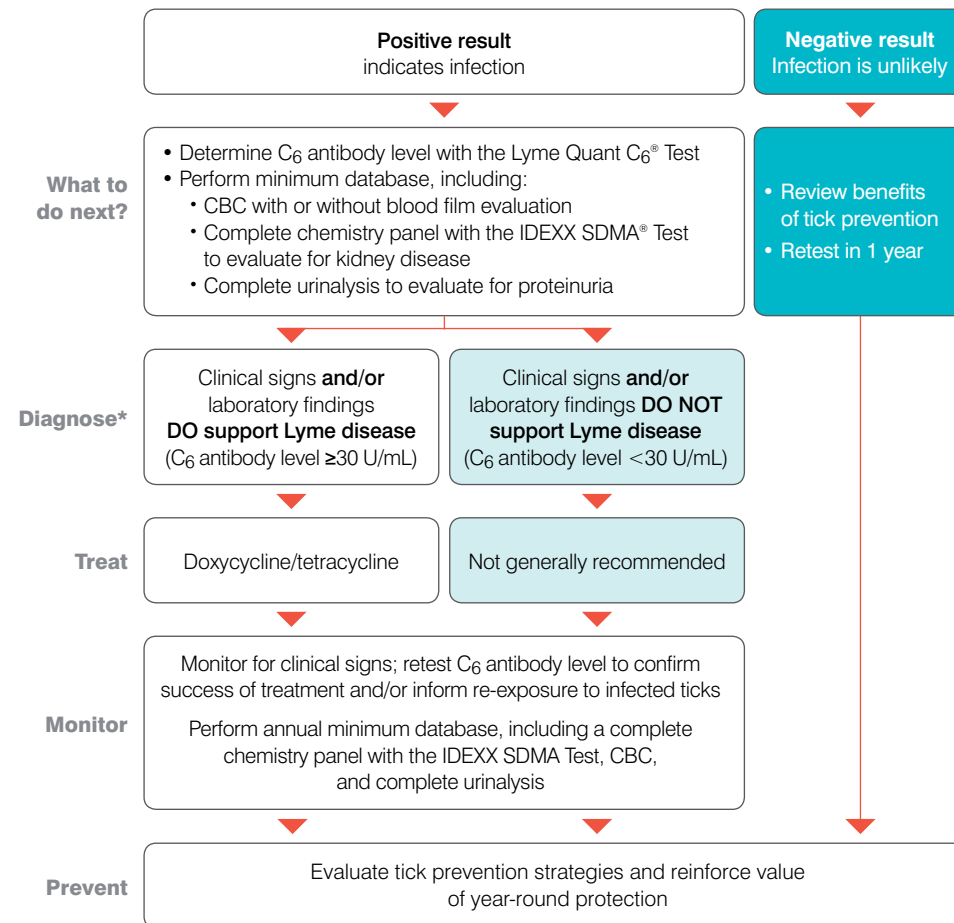
When you use the SNAP® 4Dx® Plus Test as a screening tool, you may

detect antibodies to these pathogens	carried by these ticks	that may also transmit other infections to dogs and people	Geographic tick distribution as of 2015 ³
<i>Ehrlichia ewingii</i>	 Lone star tick <i>Amblyomma americanum</i>	<i>Ehrlichia chaffeensis</i> Tularemia Rocky Mountain spotted fever STARI	
<i>Anaplasma phagocytophilum</i> <i>Borrelia burgdorferi</i> (Lyme disease)	 Deer tick or black-legged tick <i>Ixodes scapularis</i> <i>Ixodes pacificus</i>	<i>Bartonella</i> spp. <i>Babesia</i> spp.	
<i>Ehrlichia canis</i> <i>Anaplasma platys</i>	 Brown dog tick <i>Rhipicephalus sanguineus</i>	<i>Babesia</i> spp. Rocky Mountain spotted fever	
<i>Ehrlichia canis</i>	 American dog tick <i>Dermacentor variabilis</i>	Rocky Mountain spotted fever Tularemia	

Lyme disease

Transmitted by the deer tick or black-legged tick, Lyme disease is caused by the bacterium *Borrelia burgdorferi*. Clinical signs may not appear until several months after infection. Lyme disease has been found throughout North America with cases ranging from mild to severe.

What to do with your SNAP® test result



Did you know?

- Dogs testing positive for antibodies to the C₆ peptide had 43% increased risk of having chronic kidney disease compared to seronegative dogs.⁴
- The C₆ peptide used in the SNAP® 4Dx® Plus Test and Lyme Quant C₆® Test does not cross-react with the antibody response to commercially available Lyme vaccines.⁵
- Dogs with seroreactivity to both *B. burgdorferi* and *Anaplasma phagocytophilum* may have two times the risk of developing clinical illness than singularly infected dogs.²

Borrelia burgdorferi



Primary vectors

Ixodes scapularis or *Ixodes pacificus* (deer tick and black-legged tick)

Pathology

- Localizes in tissues of infected dogs
- Synovitis (may be subclinical)
- Lyme nephritis

Clinical presentation

Chronic infection with clinical signs that may present acutely:

- Fever, anorexia
- Polyarthritis, lameness
- Rapidly progressive renal failure
- Neurologic syndromes

Laboratory abnormalities

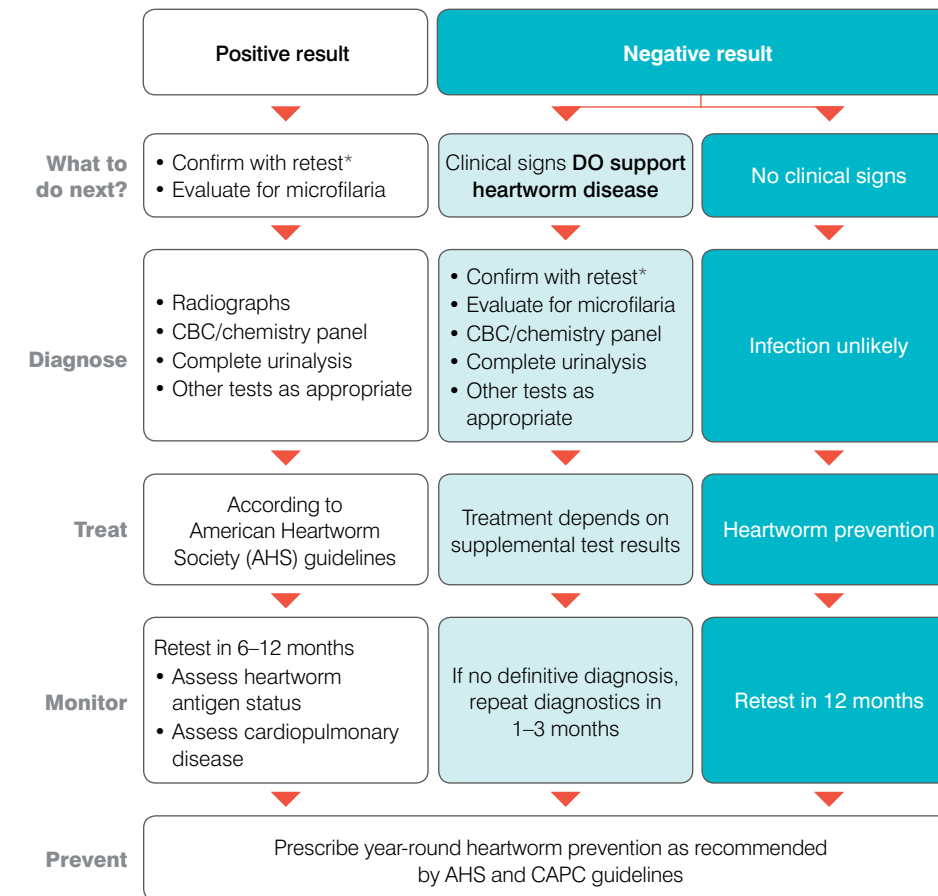
- Elevated C₆ antibody level ≥30 U/mL
- Proteinuria
- IDEXX SDMA Test > 14 µg/dL

*Serology is typically used to diagnose Lyme disease. *B. burgdorferi* localizes to the tissues and is therefore rarely detectable in the blood by PCR.⁶

Heartworm disease

Dirofilaria immitis, the causative agent of heartworm disease, is transmitted by infected mosquitoes when *D. immitis* larvae are transferred to a healthy dog. Heartworm disease has no obvious clinical signs in the early stages, making preventive measures so much more important—especially as advanced infection may result in death.

What to do with your SNAP® test result



Did you know?

- Despite availability of monthly preventives, prevalence rates of canine heartworm have remained consistent nationwide.⁷
- The American Heartworm Society (AHS) and the Companion Animal Parasite Council (CAPC) recommend testing all dogs for both antigen and microfilariae at least annually.^{7,8}
- For more information and current recommendations on treating canine heartworm disease, go to heartwormsociety.org or capcvet.org.

Dirofilaria immitis



Primary vector

Mosquito

Pathology

Infective larvae (L3) mature to adult worms in the heart and pulmonary arteries

Clinical presentation

Asymptomatic at first, later developing:

- Mild, persistent cough
- Lethargy
- Exercise intolerance
- Reduced appetite

Laboratory abnormalities

- Weight loss
- Eosinophilia
- Azotemia
- Increased liver enzymes
- Proteinuria

*A heartworm antigen test by ELISA at a reference laboratory is recommended as the confirmatory test.

Canine anaplasmosis

Canine granulocytic anaplasmosis is caused by the bacterium *Anaplasma phagocytophilum* (transmitted by the deer tick or black-legged tick). *Anaplasma platys* (transmitted by the brown dog tick) is the cause of infectious cyclic thrombocytopenia.

Did you know?

- Many mammalian species, including humans, are susceptible to *A. phagocytophilum* infection.
- Dogs coinfecting with *Anaplasma* and other bacterial pathogens may have more complex disease presentations and respond more slowly to therapy.
- *A. platys* infects canine platelets and is frequently seen as a coinfection with *Ehrlichia canis*.

Anaplasma phagocytophilum



Primary vectors

Ixodes scapularis
Ixodes pacificus
(deer tick or black-legged tick)

Anaplasma platys



Most likely *Rhipicephalus sanguineus* (brown dog tick)

Pathology

Infects neutrophils Infects platelets

Clinical presentation

Can present acutely:

- Fever
- Anorexia
- Lethargy
- Polyarthritis, lameness
- Neurologic signs

Usually minimal clinical signs, but some dogs may have:

- Fever
- Uveitis
- Petechia and ecchymoses
- Epistaxis

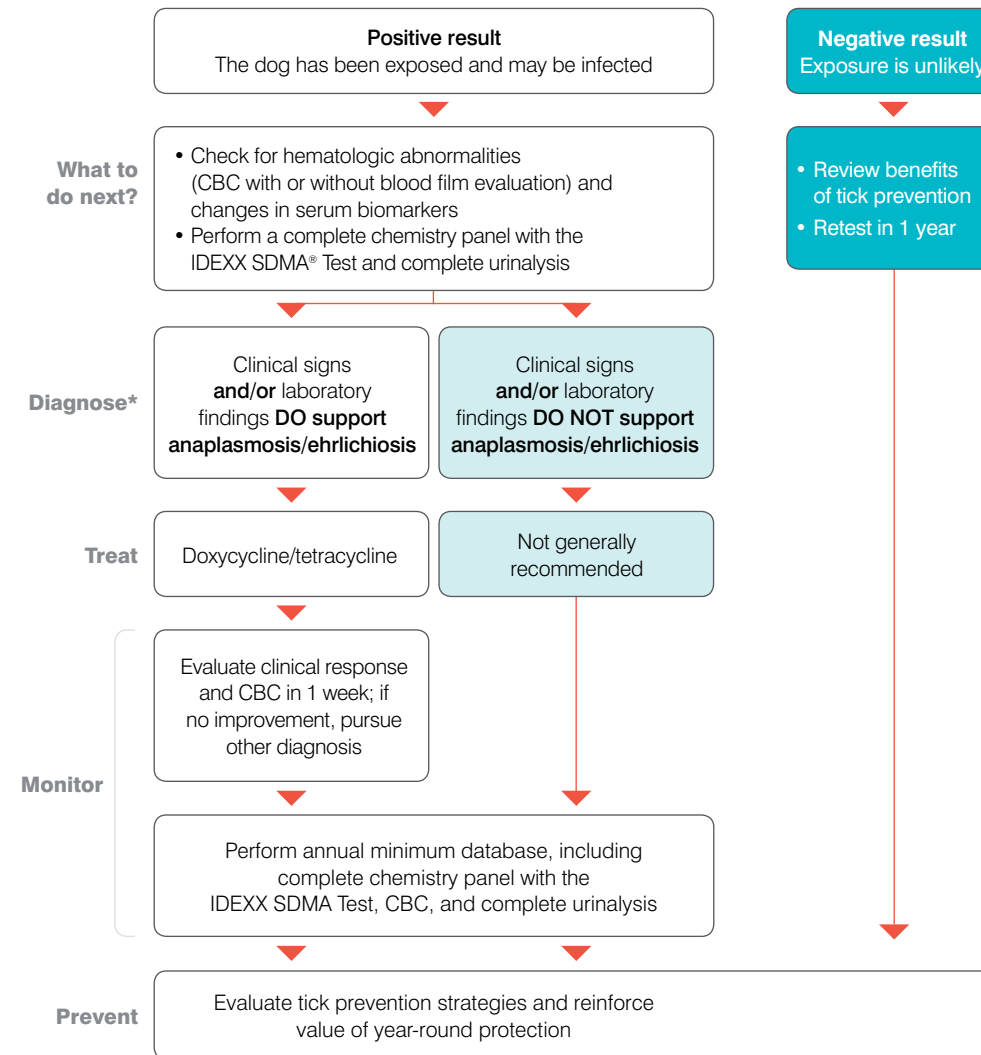
Laboratory abnormalities

- Thrombocytopenia
- Lymphopenia
- Increased liver enzymes
- Thrombocytopenia

Note

Previous infection may not prevent reinfection and persistent infections are possible.^{9,10}

What to do with your SNAP® Anaplasma and Ehrlichia test results



*Additional diagnostics may be beneficial. See the "Serology and PCR for sick patients" section of this guide for more information.

Canine ehrlichiosis

Canine ehrlichiosis is caused by the bacteria *Ehrlichia canis* (transmitted by the brown dog tick) and *Ehrlichia ewingii* (transmitted by the lone star tick). Canine *Ehrlichia* infections may progress to the subclinical phase, lasting days, months, or years.

Did you know?

- Dogs coinfecting with *E. canis* and *A. platys* were found to have more severe anemia and thrombocytopenia than dogs with either single infection.¹¹
- In a study of healthy dogs with antibodies to *E. canis*, 39% were thrombocytopenic.¹²
- Chronic *E. canis* infections, if left untreated, can lead to bone marrow dysfunction or kidney disease.
- Dogs with *Ehrlichia* antibodies in *E. canis* endemic areas had a 112% increased risk of developing chronic kidney disease (CKD).¹³

Ehrlichia canis



Primary vector

Rhipicephalus sanguineus
(brown dog tick)

Ehrlichia ewingii



Primary vector

Amblyomma americanum
(lone star tick)

Pathology

Infects monocytes Infects granulocytes

Clinical presentation

- Fever, anorexia, lethargy
- Bleeding disorders
- Polyarthritis, lameness
- Lymphadenomegaly
- Neurological signs
- Fever, anorexia, lethargy
- Polyarthritis, lameness
- Neurological signs

Laboratory abnormalities

- Anemia
- Thrombocytopenia
- Hyperglobulinemia
- Proteinuria
- IDEXX SDMA Test > 14 µg/dL
- Thrombocytopenia

Note

Previous infection may not prevent reinfection, and persistent infections are possible.^{12,14}





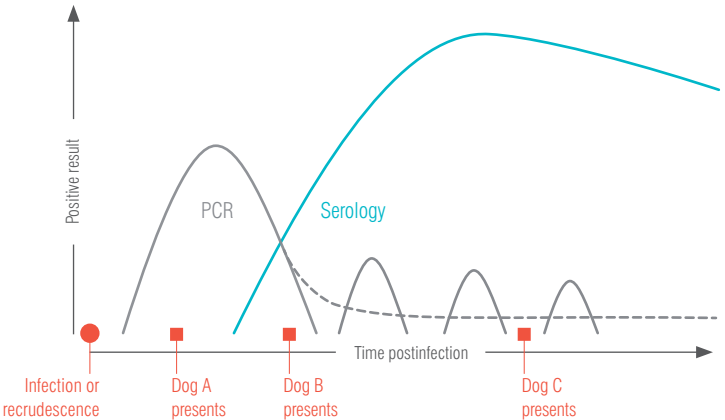
Serology and PCR for sick patients

For sick dogs presenting with clinical signs consistent with a vector-borne disease, using serology and PCR together improves your ability to make a complete and accurate diagnosis.

Benefits and limitations of each diagnostic method

	Serology	Polymerase chain reaction (PCR)
Measures	Antibody response of host	Nucleic acid (DNA) from pathogen
Benefits	Useful for screening as well as diagnosis of infection	Specifically identifies pathogens indicating active infection
Limitations	Clinical signs may precede a measurable antibody response	A negative PCR result does not necessarily rule out infection

Dogs with ehrlichiosis and anaplasmosis may present with clinical signs at different times after infection. Which sick dog are you dealing with?



When to use the IDEXX vector-borne disease RealPCR™ panels

- Sick patients with clinical signs and/or laboratory abnormalities consistent with a vector-borne illness
- Patients with subclinical infections based on history, physical examination, serology, and clinical laboratory findings
- Monitoring response to therapy—a negative PCR result indicates a reduction in pathogen load

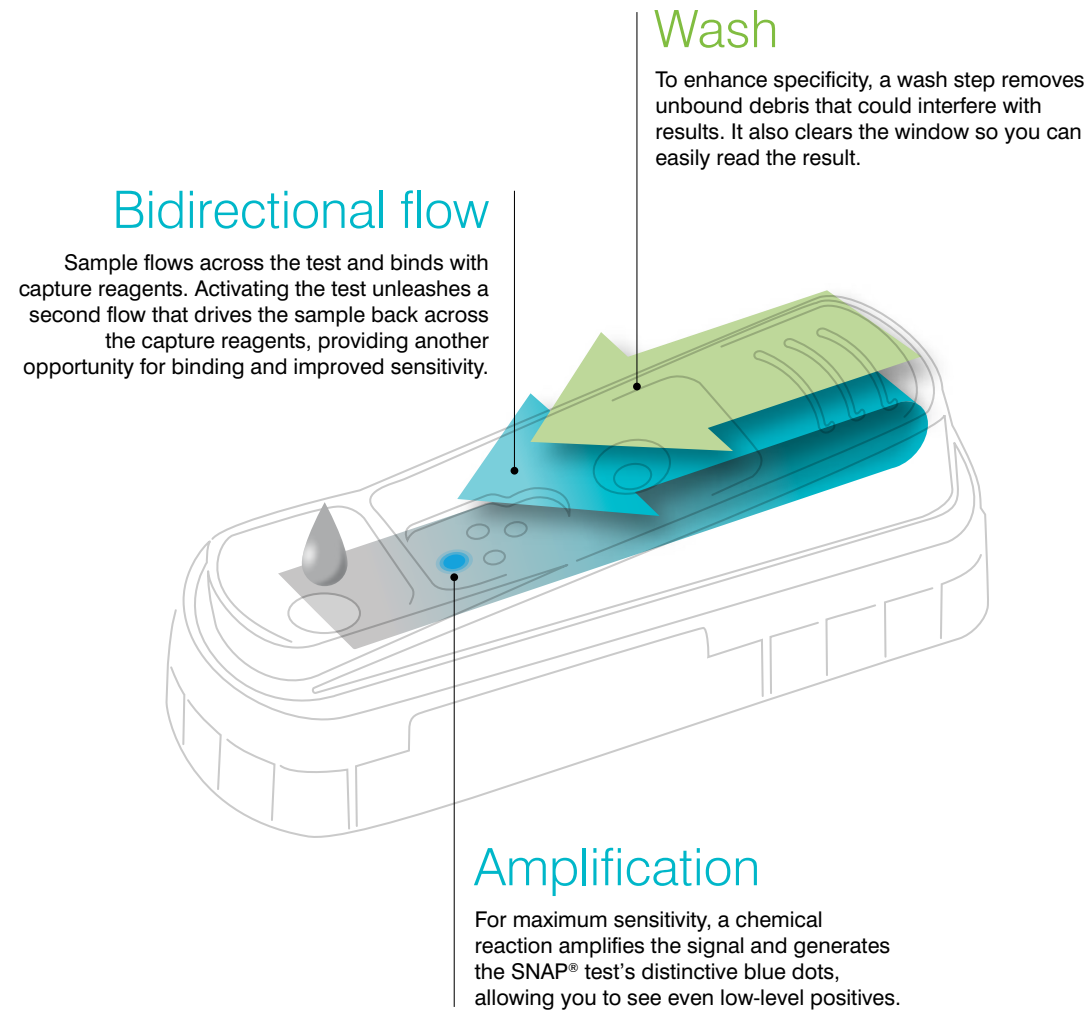
“No single test is sufficient for diagnosing an infectious disease in a sick patient.”

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*Dr. Breitschwerdt has a business relationship with IDEXX pursuant to which he receives compensation from IDEXX from time to time. The views expressed in this guide are solely those of Dr. Breitschwerdt.

Depend on the most accurate and comprehensive screen

SNAP® technology uses a proprietary three-step process to deliver dependable sensitivity and specificity.



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American dog tick (*Dermacentor variabilis*) photographer: Susan E. Ellis, USDA-APHIS-PPQ. Black-legged tick (*Ixodes scapularis*), lone star tick (*Amblyomma americanum*), and brown dog tick (*Rhipicephalus sanguineus*) photographer: James L. Occhi.

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