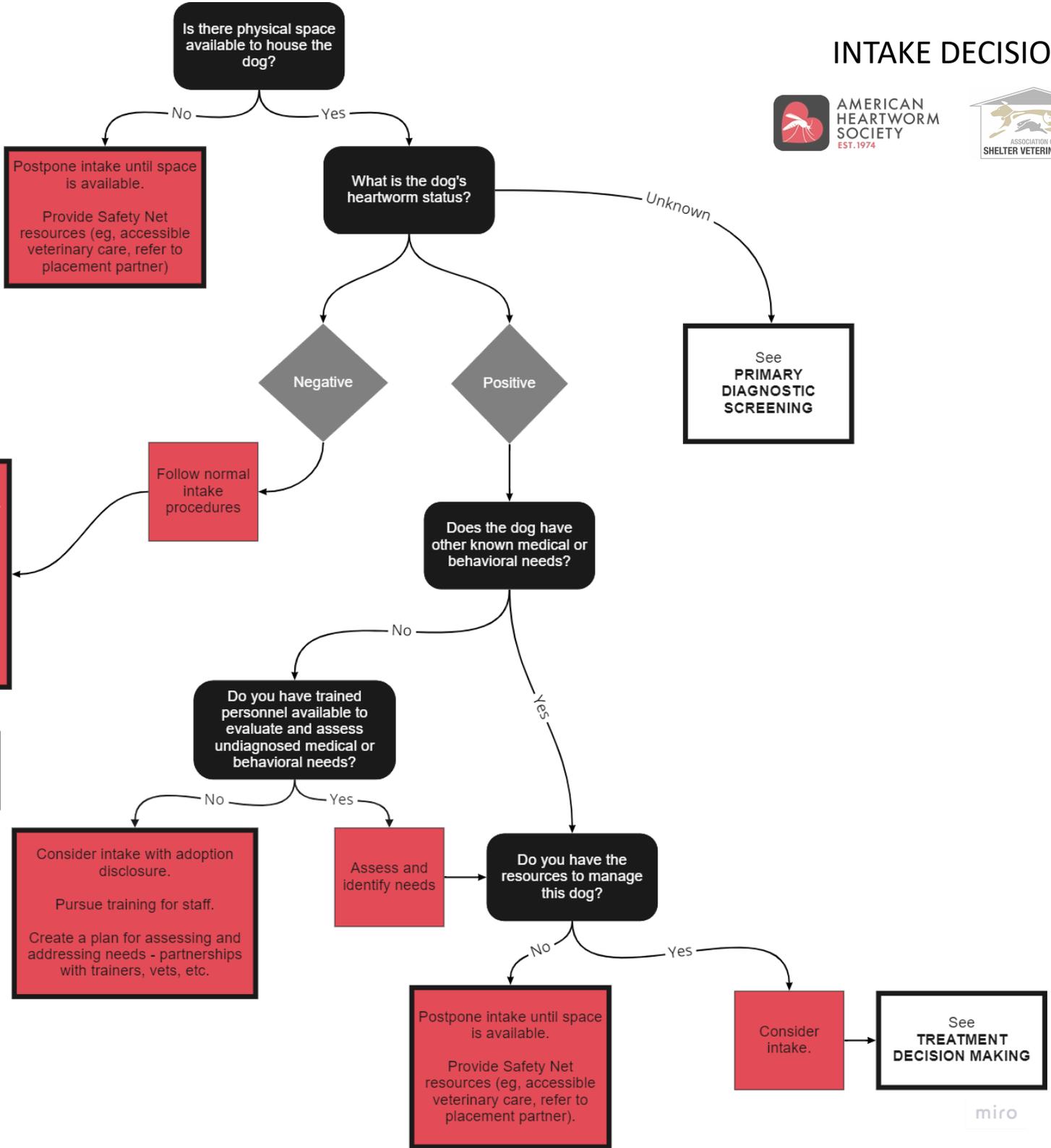
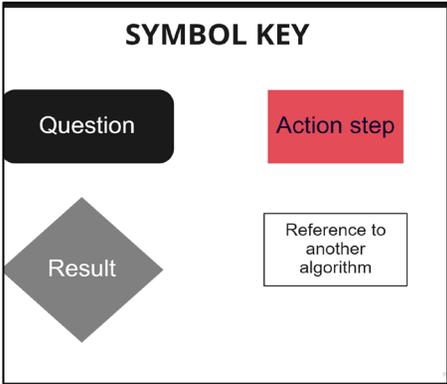


INTAKE DECISIONS



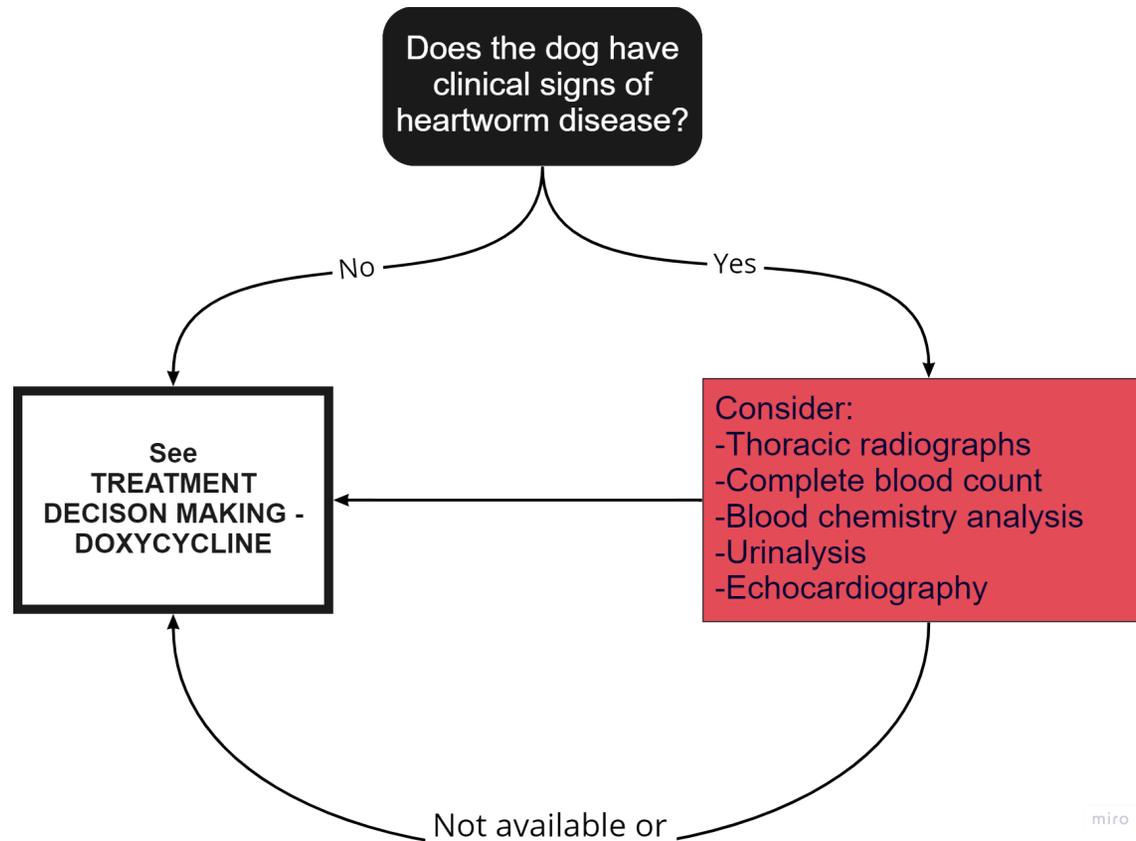
PRE-TREATMENT EVALUATION



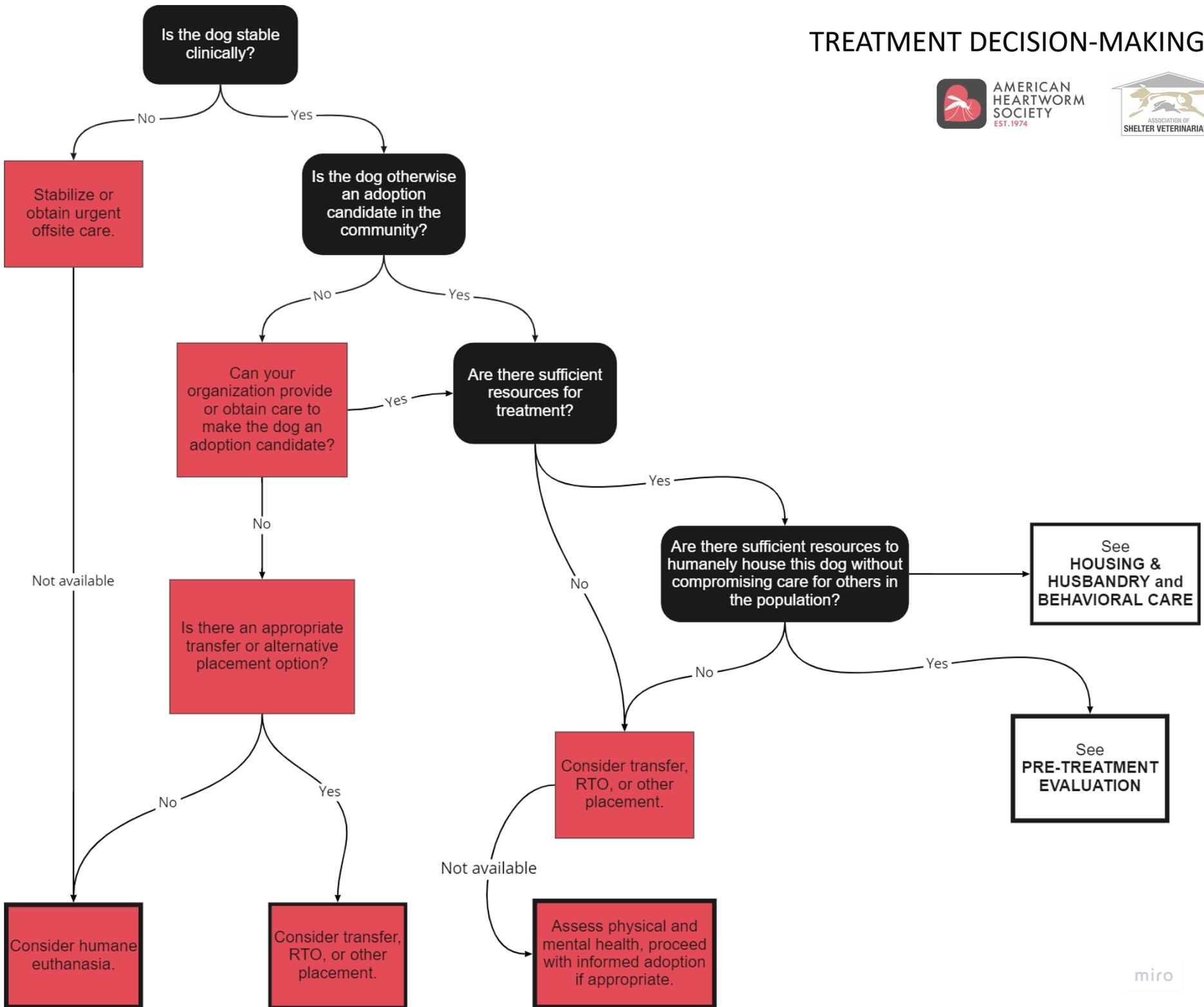
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TREATMENT DECISION-MAKING



TREATMENT - DOXYCYCLINE



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Can you provide 28 days of doxycycline at 10mg/kg q12h prior to melarsomine injection?

Yes

Begin doxycycline treatment.
See TREATMENT - ADULTICIDAL THERAPY

No...

We cannot provide daily medication

See TREATMENT - ADULTICIDAL THERAPY

No...

Doxycycline is unavailable, but can provide twice daily medication for 28 days.

Administer a course of minocycline 10mg/kg q12h for 28 days.

No...

We cannot wait 28 days

Start a course of doxycycline 10mg/kg q12h.*

No...

We cannot provide twice daily medication, but can provide once daily medication for 28 days

Administer a course of doxycycline 10mg/kg q24h for 28 days.

See TREATMENT - ADULTICIDAL THERAPY

If the patient experiencing significant side effects attributed to doxycycline/minocycline administration

Give antibiotic with food, then consider:

1. Switching from doxycycline to minocycline.
2. Reducing the dose to 10 mg/kg q24h.
3. Reducing the dose to 5mg/kg q12h.
4. Adding an anti-emetic.
5. Discontinuing antibiotic treatment after 14 days.

*There are no reports in the literature on the effect of a shorter duration of doxycycline prior to melarsomine or concurrent melarsomine and doxycycline administration.

One can assume, though, that any duration of doxycycline prior to melarsomine injection may be of some benefit vs. none.

Doxycycline additionally has microfilaricidal properties that will help to prevent transmission.

TREATMENT – ADULTICIDAL THERAPY



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Can you administer one injection of melarsomine followed in 30 days by two additional injections 24 hours apart?

Yes

No...

We can access melarsomine, but cannot administer 3 injections or wait 30 days.

No...

We are unable to access melarsomine.

Can you administer two melarsomine injections 24 hours apart?

No

See ALTERNATIVE THERAPIES.
AND
See ADJUNCTIVE THERAPIES.

See BEHAVIORAL CARE DURING HEARTWORM TREATMENT.

Yes

Perform spay-neuter if cardiovascularly stable.

Begin [treatment course](#).

See ADJUNCTIVE THERAPIES.

See BEHAVIORAL CARE DURING HEARTWORM TREATMENT.

Perform spay-neuter if cardiovascularly stable.

Begin [treatment course](#).

See ADJUNCTIVE THERAPIES.

See BEHAVIORAL CARE DURING HEARTWORM TREATMENT.

Evaluate dogs for pain management needs (e.g. cold compress, anti-inflammatories, gabapentin, opioid medications) along with melarsomine injections .

Antigen testing should be repeated 9 months after last melarsomine injection.

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TREATMENT – ADJUNCTIVE THERAPY



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Does the dog have a cough, respiratory effort, or other clinical signs of disease?

Is the dog demonstrating adverse effects of treatment?

Is the dog at increased risk of developing pulmonary complications?

No

Yes

Monitor throughout treatment, re-evaluate, and treat as indicated by clinical signs.

Prescribe prednisone 0.5 mg/kg q12h first week, 0.5 mg/kg q24h second week, 0.5 mg/kg every other day for the third and fourth weeks.

TREATMENT – NON-ARSENICAL THERAPIES



Consider a non-arsenical treatment protocol in the absence of melarsomine.

See MOSQUITO CONTROL

Option 1

Option 2

Option 3

Topical Moxidectin +
Doxycycline

Reports demonstrate adulticidal efficacy of 98-100% after 18 months.

Sustained-release Injectable
Moxidectin + Doxycycline

Reports demonstrate adulticidal efficacy of 90% after 12 months.

Ivermectin* + Doxycycline

Adulticidal efficacy of ivermectin and doxycycline combination therapy ranges from 73-78%

See [Efficacy of Non-arsenical Adulticide Protocols](#) for more details.

*Other macrocyclic lactones may be substituted for ivermectin, however, efficacy data is not available.

See [Table 1. Adulticidal Protocol Comparison](#) for more details.

Repeat antigen testing after 1 year of therapy.

MOSQUITO CONTROL



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Limit exposure to mosquitoes by limiting time outdoors during peak mosquito feeding times.

Reduce exposure to mosquitoes while animals are outside by providing mechanical disruptions to normal mosquito feeding activity (fans, sprays, etc.).

Eliminate sources of standing water from environment.

Consider treating dogs and cats with repellants, insecticides, and/or isoxazolines labeled for such use.

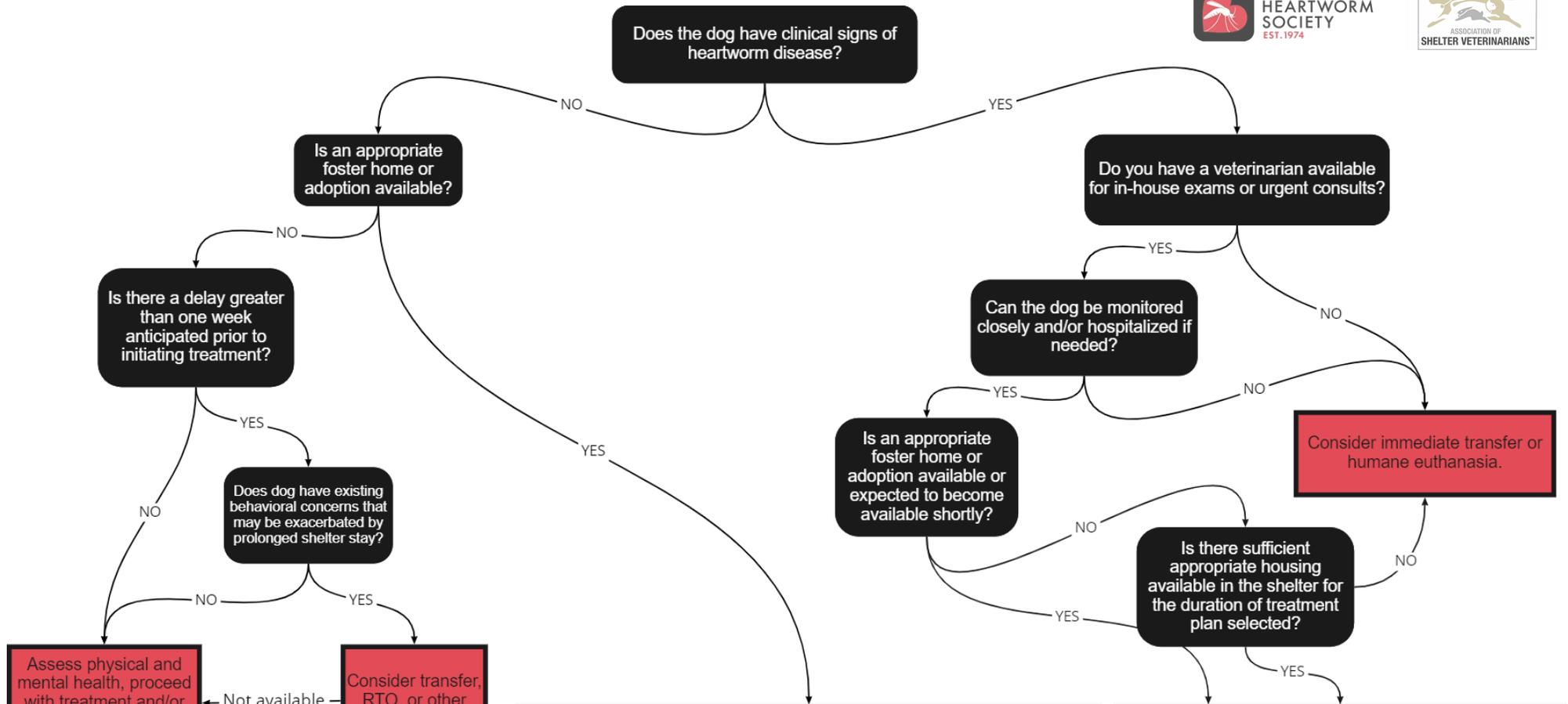
And/Or

Employ foggers, screens, and adult mosquito traps for mosquito control.

And/Or

Natural methods of mosquito control and repellents may be employed (e.g. Neem oil, cedarwood oil).

HOUSING & HUSBANDRY



HOUSING & HUSBANDRY OF ASYMPTOMATIC HEARTWORM POSITIVE DOGS*

DO:
 Short leash walks
 In-kennel or on-leash training
 Provide in-kennel enrichment
 On-leash socialization with dogs & humans
 Group housing ok

DON'T:
 Participate in playgroups
 Go for a run or Go on a long or vigorous walk
 Leave unsupervised when not confined to kennel or small room

*It is important to balance physical and behavioral health when considering activity restrictions. The best physical health outcomes will be achieved with activity restrictions in place; other considerations may outweigh these benefits for some dogs in some situations.

HOUSING & HUSBANDRY OF SYMPTOMATIC HEARTWORM POSITIVE DOGS

DO:
 Provide frequent veterinary support/exams
 Provide individualized housing
 In-kennel enrichment
 Short leash walks
 Carefully monitor health daily; hospital care best
 On-leash socialization with dogs & humans

DON'T:
 Allow group housing
 Participate in playgroups
 Allow long walks or other vigorous exercise
 Leave unmonitored for long periods of time

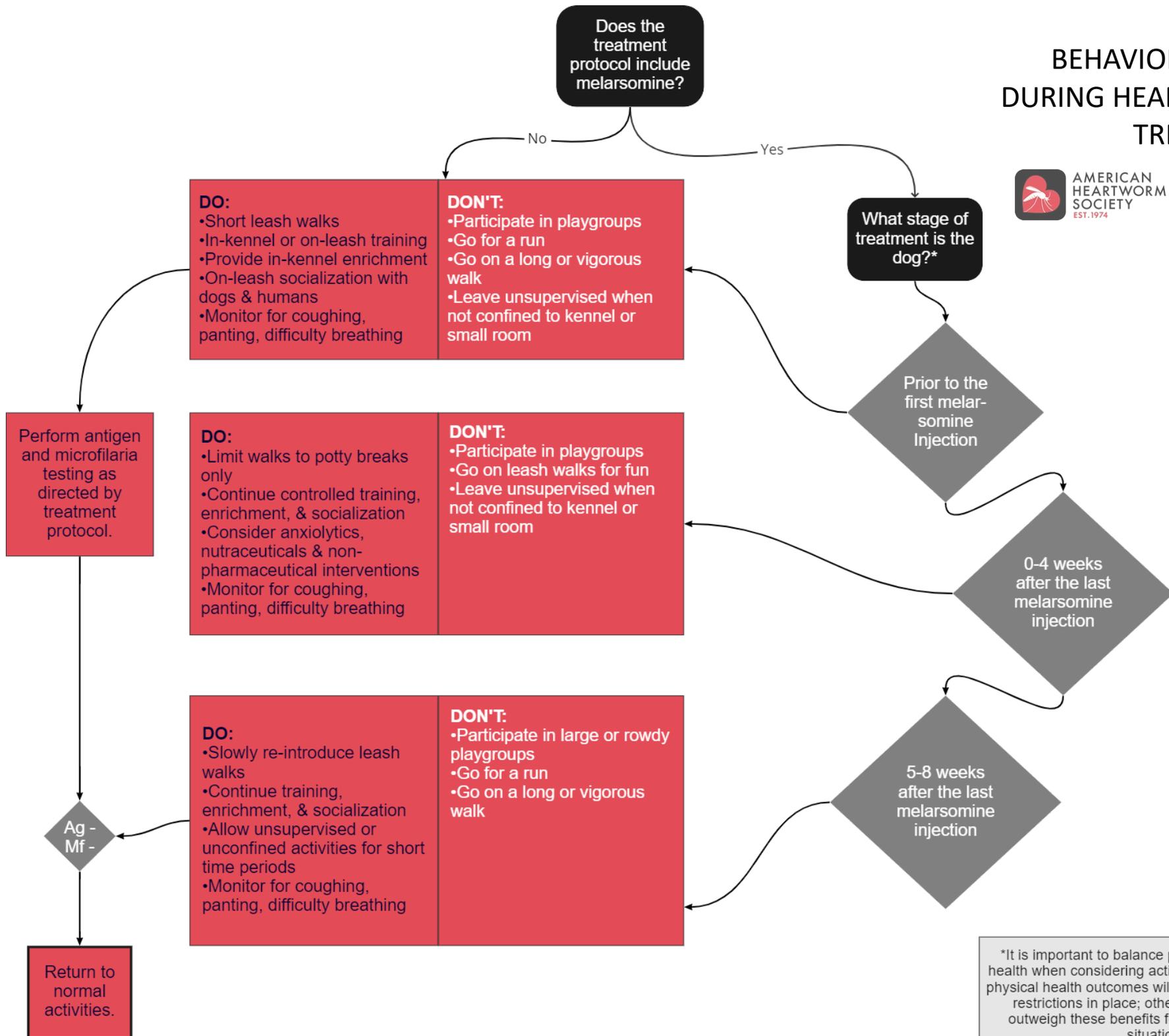
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Assess physical and mental health, proceed with treatment and/or informed adoption if appropriate.

Consider transfer, RTO, or other placement.

Consider immediate transfer or humane euthanasia.

BEHAVIORAL CARE DURING HEARTWORM TREATMENT



*It is important to balance physical and behavioral health when considering activity restrictions. The best physical health outcomes will be achieved with activity restrictions in place; other considerations may outweigh these benefits for some dogs in some situations.