

Scheme for individual worm management in cats

Cat lives indoors

The cat lives exclusively indoors or only has access to a fenced-in patio or garden. The cat is unlikely to eat rodents or other prey.

RISK GROUP A

Treat 1–2 times a year against intestinal nematodes or carry out faecal examination and treat according to findings

Cat is free to roam

The cat has unrestricted access to the outdoors and has direct contact with other cats. Hunting behaviour and the potential ingestion of rodents or other prey cannot be ruled out.

RISK GROUP B

Treat 4–12 times a year against intestinal nematodes or carry out faecal examination and treat according to findings

Treat 4–12 times a year against tapeworms

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>Troglostrongylus</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	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](#)