

Introduction to Blood-borne Apicomplexans

Small Animal Apicomplexans:

Babesia spp. and Cytauxzoon felis

GEORGIS' Parasitology for Veterinarians 11e DWIGHT D. BOWMAN

https://capcvet.org/



recommendations for parasite prevention and control? CAPC's General Guidelines offer an expert, short reference, which includes links to Importance to dogs, cats, and humans.

LEARN MORE NOW >

Watch this video to learn how to use CAPC's and pacy to use ann includes images and

Most Americans love their pets and consider them family members. Likewise, most clients would not knowingly expose a pet to ...

Understanding the Maps: Key Factors that Influence the Results

The CAPC Parasite Prevalence Maps are designed to show the proportion of pets tested which test positive for a



Student Resources on Evolve

Access Code Inside

Evolve'

specific recommendations for Individual parasites of clinical



parasite ID app in your veterinary practice! This fun

https://parasitology.cvm.ncsu.edu/

Veterinary Parasitology North Carolina State University



PARASITE

GROUP



VMP 930: Lecture

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VMP 930 VPG HOME Lab Image Keys Word Keys Lab Quizzes Life Cycles LECTURE SCHEDULE (Print Schedule) INTRODUCTION (Flowers) NEMATODES (Flowers & Moorhead) 09/23 Intro, Pasture-borne Nematodes 08/12 Definitions, life cycles, and classification PDF PPT questions answers 09/25 Ostertagia & minor Trichostrongyles PDF sPPT1 sPPT2 PPT guestions answers 09/30 Strongyle & Oesophagostomum PROTOZOA (Qurollo) PDF PPT guestions answers Introduction & Hemoflagellates 08/14 PDF PPT 10/02 Strongyloides & Trichuris Mucoflagellates (during lab period) [in B112] PDF PPT 08/15 PPT guestions answers 08/19 Coccidia 1 PDF PPT 10/03 Nematode 1 Moodle Quiz [5%] (during lab period) Coccidia 2 08/21 PDF PPT 10/07 Ascarids & Physaloptera 08/22 Coccidia 3 (during lab period) [in B112] PDF PPT PPT questions answers PDF 08/26 Toxoplasma & Neospora PDF PPT 10/09 Haemonchus & Hookworms 08/28 Sarcocystis & EPM [in D239] PDF PPT PPT guestions answers 08/29 Piroplasms (during lab period) [in B112] PDF PPT FYI: Resistant Hookworms 10/14 Respiratory Nematodes PDF PPT guestions answers ARTHROPODS (Qurollo & Flowers) 10/16 Oxyuris and Misc. Nematodes Ticks 09/04 PDF PPT PPT guestions answers 09/05 Protozoa Moodle Quiz [5%] (during lab period) 10/28 Dirofilaria immitis 1 PPT 09/09 Mites PDF PPT American Heartworm Society Guidelines 09/11 Fleas & Lice PDF PPT guestions answers 10/30 Dirofilaria immitis 2 PPT 09/12 Arthropod Moodle Quiz [5%] (during lab period) 10/31 Nematode 2 Moodle Quiz [5%] (during lab period) 09/16 Select Flies PDF PPT guestions answers Exam #2 [ExamSoft] (Flowers & Moornew) EXAM #1 [ExamSoft] (Qurollo & Flowers) Monday, 11/04 in B112, 8:00 to 8:50am Wednesday, 9/18 in B112, 8:00 to 8:50am Nematodes [15%] Protozoa & Arthropods [15%] Past Exam: 2019 Exam 2; 2019 Exam 2 Key Past Exam: 2018 Exam 2; 2018 Exam 2 Key 2019 Exam 1 Key Tue Exam: 2017 Exam 2; 2017 Exam 2 (Ley Past Exam: 2019 Exam 1; Past Exam: 2018 Exam 1; 2018 Exam 1 Key Past Exam: 2017 Exam 1; 2017 Exam 1 Key PLATYHELMINTHES (Flowers)

11/06	Trematodes 1	PDF	PPT	questions	answers
11/11	Trematodes 2	PDF	PPT	<u>questions</u>	answers
11/13	Cestodes 1 PC	DE PP	<u>T qu</u>	<u>estions</u> <u>ar</u>	iswers

Parasitic Protozoa we cover

Blood apicomplexa (piroplasms) Babesia spp. Cytauxzoon felis

Theileria spp.

Systemic apicomplexa

Toxoplasma gondii Neospora caninum Sarcocystis spp. Hepatozoon americanum

Intestines/ urogenital

Systemic

Blood



Intestinal apicomplexan (coccidia)

Cryptosporidium parvum Eimeria spp. Cystoisospora spp.

Mucoflagellates

Tritrichomonas foetus

Tritrichomonas blagburni

Giardia

Trypanosoma cruzi

Flagellates

Hemoflagellates

Leishmania infantum



Apicomplexa (sg = Alveolates)

(sg = Excavates)

Learning Objectives: Blood Apicomplexans Introduction

- 1. Know the select characteristics of apicomplexans
- 2. Know the select terms used to describe apicomplexan replication
- 3. Understand that piroplasms are blood-borne apicomplexans
- 4. Understand how piroplasms are transmitted and what life cycle they utilize
- 5. Know that Babesia, Theileria and Cytauxzoon spp. are medically important piroplasms

Apicomplexan: Select Characteristics

• Intracellular protozoa with **apical complex**



Gliding motility





Life cycle alternates
 b/w sexual and asexual reproduction

Different stages, with terms like: ''-zoites'' ''-onts''



Cytauxzoon example

What are Piroplasms?

- 1. Intracellular, apicomplexan protozoal parasites
- 2. Tick-transmitted







Dermacentor spp.

Rhipicephalus sanguineus

Haemaphysalis spp.

- 3. Indirect life cycles (tick and vertebrate hosts)
- 4. Infect vertebrate blood cells
- 5. Genera include **Babesia**, **Theileria**, and **Cytauxzoon**



Piroplasms are transmitted by ticks and utilize an Indirect Life Cycle



Invertebrate-vector hosts

(definitive host because sexual reproduction of the parasite occurs ticks)

Vertebrate Hosts

(intermediate hosts because only Asexual reproduction occurs in vertebrates)

Morphology: Piroplasmids

- Piroplasms are "zoites" (trophozoites, merozoites) that infect erythrocytes and white blood cells depending on the species of pathogen
- When identified in erythrocytes, they are classified as...



Medically important Piroplasms in the U.S. (and their vertebrate hosts) we will discuss



Large Animals Theileria orientalis (cattle) Theileria equi (horses) Babesia caballi (horses) <u>Small Animals</u> Babesia gibsoni (dogs) Babesia vogeli (dogs) Cytauxzoon felis (cats)





- Canine piroplasm
- Anemia/Thrombocytopenia
- Indirect Life Cycles

 Tick-borne disease





Learning Objectives: Babesia spp.

- 1. Life cycle: understand the indirect life cycle and know the highlited details.
- 2. <u>Transmission</u>: understand how B. vogeli and B. gibsoni are transmitted.
- 3. <u>Pathogenesis</u>: understand how B. vogeli and B. gibsoni cause disease
- 4. <u>Clinical signs</u>: understand the specified common clinicopathologic findings for canine babesiosis and the difference in disease severity between acute and chronic infections.
- 5. <u>Diagnosis</u>: understand the ways we can diagnose babesiosis, and of the 3 discussed, which is the most useful and why.
- 6. <u>Treatment</u>: understand that treatment is different for large Babesia vs. small Babesia in dogs.
- 7. <u>Epidemiology</u>: understand the risk factors for canine babesiosis and which breeds are more commonly infected with which Babesia spp.

"FYI" = won't be tested on

- Molly is a 4-year-old female spayed American Staffordshire terrier who presents to the NCSU VHC Small Animal Internal Medicine service for decreased appetite and lethargy.
- Thrombocytopenia and anemia.





Babesia spp. that infect dogs

Babesia species	Size	Tick Vector	Reported Distribution
B. canis	Large	Dermacentor spp.	Europe
B. vogeli 🗡 (B. canis vogeli)		Rhipicephalus sanguineus	Worldwide
B. rossi	000	Haemaphysalis elliptica	South Africa
В. сосо	сосо		North America
B. gibsoni \\\	Small	Haemaphysalis spp.	Worldwide
B. conradae		Ś	California
B. vulpes (B. microti-like)		Ixodes spp. ?	Europe and North America

FYI this chart, except B. vogeli and B. gibsoni

Indirect Life Cycle: Babesia





Indirect Life Cycle: Babesia Canine Vertebrate Host

Transmission

- 1. Sporozoites injected by tick bite
- 2. Infected dog-to-dog (fighting)
- 3. Blood transfusion
- 4. Trans placentally (vertically)

Invasion -- Sporozoites invade erythrocytes Asexual reproduction

 Merogony → merozoites burst out of the erythrocytes and infect other erythrocytes

Transmission: Babesia in US

Babesia vogeli

(AKA B. canis or B. canis vogeli)



Rhipicephalus sanguineus



Babesia gibsoni



Haemaphysalis spp.

United States?

Dog bites / fighting

Blood transfusion



Babesiosis Pathogenesis

1. Direct destruction of erythrocytes during multiple asexual cycles



2. Autoimmune Reactions

 Autoantibodies directed against host erythrocytes and platelets



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Babesiosis Clinical Signs

Acute or chronic

<u>History</u>

- Any age dog
- Lethargy
- Depression
- Pale mucous membranes (MM)
- Discolored urine
- Dog fight/bite
- Tick attachment
- Blood transfusion

Physical Exam Findings

- Fever
- Splenomegaly
- Pale MM
- Lymphadenomegaly
- Jaundice
- Normal?



Babesiosis Common Hematological findings

- Thrombocytopenia (<u>more common</u>)
- Anemia

 If it looks like IMHA or ITP You'd better think about Babesia!

Spherocytes



Autoagglutination

Babesiosis Biochemical findings

- +/- Hyperglobulinemia
- +/- Hyperbilirubinemia
- +/- Increased liver enzymes (mild)
- +/- Mild azotemia
- +/- Metabolic acidosis
- No pathognomonic biochemical <u>findings!</u>

Babesiosis Diagnosis

- Parasite visualization
- Serology (testing for antibodies)
- PCR (will allow you to speciate the Babesia spp.)

All 3 tests are useful, but PCR is probably the "best test" if you choose only 1

Babesia Parasite Visualization

- Diff-Quik stain with oil immersion
- Capillary blood = ear or toenail
- Look at the entire slide(s)
- False positives (artifacts etc)
- Not very sensitive (a negative slide exam does <u>not</u> rule out babesiosis)







Babesia Parasite Visualization

Babesia vogeli (large)

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Babesia gibsoni (small)



Adapted from Vannier and Krause, 2012. N Engl J Med 366, 2397-407

Dear, Jonathan D., and Adam Birkenheuer. "Babesia in North America: an update." *Veterinary Clinics: Small Animal Practice* 52.6 (2022): 1193-1209.

Babesia Serology

- Serology (detection of antibodies) is not speciesspecific
 - Antibodies against B. vogeli may cross-react with B. gibsoni test (vise versa)
 - You can't determine the Babesia species with serology
- There are not always antibodies present in an infected dog at time of testing
- Run acute and convalescent titers (~2 weeks apart) and look for an increase in antibodies

Babesia PCR Testing

• A positive PCR is consistent with infection

 DNA sequencing of PCR product can <u>determine the infecting Babesia species</u>

 A negative PCR = true negative OR the parasite load is too low to be detected (false negative)

Babesia Diagnostic Summary



- Microscopy and serology are NOT able to definitively identify the species of Babesia
- Molecular testing (PCR, DNA sequencing) is required to differentiate Babesia
- It's better to do microscopy, PCR and serology for all species
- If you can only do one test, pick PCR
- If trying to confirm negative a PCR, ideally obtain two consecutive negative tests

Why should you care so much about speciating Babesia infections?



Treatment: Babesia spp.

Babesia species	Piroplasm Size	Recommended Rx	
B. canis			
B. vogeli B. canis vogeli)	Larae	Imidocarb	
B. rossi	Luige	dipropionate	
B. coco			
B. gibsoni		Azithromycin +	
B. conradae	Small		
B. vulpes		Atovaquone	

Optimal treatment is different for large vs. small Babesia spp.

Babesia Epidemiology

- Worldwide distribution (B. gibsoni and B. vogeli)
- Not Zoonotic
- Any dog breed can become infected

Risk Factors for Canine babesiosis

- Breed
 - Babesia vogeli (greyhounds)-R. sanguineus kennel ticks
 - Babesia gibsoni (Pitbull) –dog-to-dog transmission
- Dog bite (by a Pitbull)
- Exposure to ticks
- Transfusions
- Splenectomy



Babesia Epidemiology

Greyhounds and Babesia conradae

Journal of Veterinary Internal Medicine

ACVIM

Standard Article 🛛 🖯 Open Access 🛛 😨 🚯

Babesia conradae infection in coyote hunting dogs infected with multiple blood-borne pathogens

Jonathan D. Dear 🔀, Sean D. Owens, LeAnn L. Lindsay, Alex W. Biondo, Bruno B. Chomel, Mary Marcondes, Jane E. Sykes

Aggressive interactions with other canids may play a role in *B. conradae* transmission.



Dogs take a break from a Coyote hunt. (Scott Squire/Courtesy of University Press of Mississippi). https://www.washingtonpost.com/news/in-sight/wp/2015/12/17/the-beauty-and-controversy-of-hunting-coyotes-with-hounds/



Babesiosis Take-Home Points

- This disease can be Acute or Chronic
- Thrombocytopenia more common than anemia
- Pit Bulls, Greyhounds, Ticks
- PCR best way to definitively diagnose
- Correct identification (by PCR) needed for best treatment



Cytauxzoon felis

- Feline piroplasm
- Severe Feline Disease
- Indirect Life Cycle

 Tick-borne disease



Learning Objectives: Cytauxzoon felis

- 1. <u>Life cycle</u>: understand the indirect life cycle and the highlighted details.
- 2. <u>Transmission</u>: understand how it is transmitted and the 2 tick species mentioned.
- 3. <u>Pathogenesis</u>: understand the specified ways it can cause disease (including the role of schizont-laden macrophages).
- 4. <u>Clinical signs</u>: understand the specified clinical / laboratory findings
- 5. <u>Diagnosis</u>: understand how to diagnose cytauxzoonosis
- 6. <u>Treatment</u>: understand how to treat and what the survival rate is.
- 7. <u>Epidemiology</u>: understand where this disease is most prevalent and what the risk factors are.

"FYI" = won't be tested on

- Whirley is 14-month-old FS DSH cat who lives in NC, is primarily indoors but is allowed to go outside during the day.
- 7-day history of lethargy, fever and vomiting
- She presents to the NCSU VTH ER
 recumbent
- An engorged tick was attached
- CBC showed marked pancytopenia (anemia, neutropenia, thrombocytopenia)

Feline Cytauxzoonosis





Indirect Life Cycle: Cytauxzoon felis

Know the highlighted information



Bobcat Natural

Indirect Life Cycle: Cytauxzoon felis



MEROGONY: host bloodstream

merozoite

gametocyte

sporozoites

trophozoite

trophozoite





Schizonts inside monocytes at feathered edge of a blood smear

Schizonts infect monocytes and macrophages

Babesia only in the dog in RBCs

Transmission of Cytauxzoon felis







Amblyomma americanum



Cytauxzoon felis Pathogensis

- 1. Direct destruction of erythrocytes (minimal disease)
- 2. Widespread dissemination of schizont-laden macrophages \rightarrow become lodged in vessels \rightarrow multi-organ failure and death
- 3. Inflammation \rightarrow strong inflammatory response
- Most of the clinical signs and death
 are due to the schizogenous phase
- Infection of cats with merozoites stages in RBCs only results in minimal disease





Schizont-laden Macrophages in vessels



Macrophages laden with C. *felis* schizonts in vessel lumens of a section of liver (left) and lung (right) from a 6-year-old DSH cat that died from this infection.

Cytauxzoonosis: Clinical Signs/History

- Acute febrile disease
- Access to outdoors
- History of ticks
- Lethargy
- Dyspnea
- Neurologic disease
- Jaundice / icteric

FYI: Some evider

Some evidence for subclinical infections of domestic cats



Whirley is icteric



Whirley's CBC

Anemia: PCV: 17% (32 – 48) Leukopenia: WBC: 3.3x10³ (4.28 – 14.3) Thrombocytopenia: Plt: 60x10³ (198 – 434) Neutropenia: Segs: 660/ul (2.773 – 6.975)



pancytopenia



C. felis: Laboratory Findings

CBC

- Leukopenia
 - maybe leukocytosis
- Thrombocytopenia Anemia
- Organisms

Serum Biochemistry

- Elevated liver enzymes
 - Not always severe
- Hyperbilirubinemia
- Hyperglycemia
- Hypoalbuminemia
- Azotemia (pre-renal)
- Electrolyte/acid-base disorders

Pancytopenia -



C. felis: Diganostics

- PCR (stat if available) → very sensitive
- NO serology tests
- **Blood smear** to look for organisms (not very sensitive but may get immediate diagnosis)



Are these clumped platelets on blood smear exam?



Closer examination...

this is a schizont!



Schizonts (cell full of merozoites



These are clumped platelets







Course of events following C. felis infection of cats

Entire process is very quick

- Signs begin 12-15 days after infection
- Progress from ADR \rightarrow coma in days
- Tissue schizonts accompany the illness
- Piroplasms may or may not be evident
- Death within 5 days of clinical signs is typical

Without treatment, almost all cats die from cytauxzoonosis.



Cytauxzoonosis Treatment

Atovaquone and Azithromycin

- ~60% survival
- Demonstrated to have efficacy against related protozoan parasites

Avoid all of it with **TICK PREVENTION**





Atovaquone / Azithromycin Full-scale Trial (FYI)

AC∛IM

Open Access

Journal of Veterinary Internal Medicine

Open Access

Efficacy of Atovaquone and Azithromycin or Imidocarb Dipropionate in Cats with Acute Cytauxzoonosis

L.A. Cohn, A.J. Birkenheuer, J.D. Brunker, E.R. Ratcliff, A.W. Craig

- An open-label, randomized prospective study compared survival in cats treated with atovaquone (15 mg/kg PO q 8 hrs) and azithromycin (10 mg/kg PO q 24 hrs) or imidocarb (3.5 mg/kg sc)
- 80 acutely ill cats with confirmed Cytauxzoon felis

Atovaquone / Azithromycin Full-scale Trial (FYI)

- 32 of 54 cats (60.5%) treated with A&A survived
- 7 of 27 cats (26%) treated with imidocarb survived

- Clinical data was not available for most cases
- NCSU cats were VERY VERY VERY SICK!!!
- ICU patients, needed oxygen therapy, treatment for shock, etc.
- Clinical recoveries were NOT rapid, patients slowly recovered after 4-7 days of intensive care
- Mild hemolytic anemia during second week

Atovaquone / Azithromycin Full-scale Trial (FYI)



But....

- By 10-14 days after discharge, cats COMPLETELY normal
- Complete resolution of all abnormalities during follow-ups
- Detection of parasites post-treatment was variable
- Survivors continued to do well 5 years post-treatment

Cytauxzoon felis Epidemiology

- Not Zoonotic
- World-wide distribution
- Outdoor cats at higher risk for disease
- US Geographical location
 = Southeast, Midwest



Cytauxzoon felis Seasonal Distribution



Highest prevalence in spring and summer

Cytauxzoon felis Prevention

Acaricides (without permethrin)

Preventatives tested against A. americanum

Seresto (imidacloprid and flumethrin collar) Revolution Plus (selamectin and sarolaner topical solution)



Other tick preventatives probably effective

Cytauxzoon Take Home Points

- Acute Febrile Illness
- Outdoor access
- Pancytopenia
- Hyperbilirubinemia
- Blood smear and stat PCR!
- Diagnose and treat quickly!
- 60+% Survival
- Tick-borne disease, Southeastern, Midwestern US



Discussion Questions

A dog (or cat) presents to you with a fever and multiple ticks attached.

What CBC abnormality is most common in tick-transmitted piroplasmids?



You can only run 1 tick-borne disease diagnostic test...which one would you choose?

Have Questions?

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