ONTARIO**SPCA**
AND HUMANE SOCIETY

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Disease Name:	**Campylobacter spp.**	
Agent:	especially *jejuni*, sometimes *coli.* Gram negative, microaerophilic, curved rod. Some strain variation in pathogenicity. Non-pathogenic species also exist.	
Clinical signs and significance	**Animals - Usually asymptomatic**. Disease more frequently documented in dogs than cats: **watery mucoid diarrhea, +/- blood. Systemic signs may be seen (fever, leukocytosis, inappetance, vomiting).** Disease usually lasts 3-7 days, occasionally may be chronic or intermittent. Uncommon sole cause of disease in cats, especially > 6 months old; look for concurrent infections or other problems. **Humans -** Include abdominal pain, cramps, fever, chills, and diarrhea (which are frequently bloody).	
Susceptible domestic species	Cats, dogs, ferrets, rabbits, livestock, poultry and many others	
Zoonotic?	Yes. Most human cases acquired from undercooked meat but transmission from pets may also occur.	
Prevalence	Estimates from 1-6% of pet and shelter cats in several recent surveys in the U.S., up to 40-50% in some studies. Many studies have shown no association with diarrhea, but other sources have reported higher frequency in diarrheic animals.	
Risk factors	Age (< 6 months), stressors such as surgery.	
Diagnostic aids:	Stained smear: Insert moistened cotton swab 3-4 cm into rectum. Roll gently on slide. Air dry. Stain with diffquick. Neutrophils suggest bacterial infection (Salmonella or Campy). Gull forms suggest *Campylobacter spp.*	Culture: Notify lab if campylobacter is suspected. Microareophilic culture required. Lab may suggest special transport media to enhance culture viability. Transport fresh sample promptly to lab to maximize results. Campylobacter is somewhat fragile; false negative results can occur if sample handling is compromised.
Test comments	Non-pathogenic Campylobacter species may be seen on slide; lab may report results as culture negative in that case. Assorted spirochetes can look like gull forms.	
Excreted in:	Feces	
Mode of transmission:	Fecal-oral, food and water borne, fomites	
Disinfection	Routine disinfection is adequate	
Incubation	~ 3-5 days	
Post-recovery shedding	Indefinite in untreated	
Carrier state?	Yes	
Specific treatment	**Macrolides** (erythromycin or azithromycin) **usually drug of choice, treatment for three weeks recommended.** Resistance is common to penicillins and trimethoprim. Culture and sensitivity may be required in persistent infections.	
PPE Required	Gloves, gown, impermeable shoe covers	