### 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, inappetence, 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. Microaerophilic 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