

MANAGING PARASITIC INFECTIONS USING A ONE HEALTH FRAMEWORK^{a,b}

1. Stay up to date.

Use existing domestic animal, wildlife, and human data to determine relevance and risk of specific parasites for your patients (see Box: Sources of Relevance and Risk Data).

2. Ensure an accurate diagnosis.

Diagnostic test-informed treatment provides useful information related to infectious disease counseling for clients (e.g., likely exposed household pets and people, and effectiveness of current prevention) and follow-up measures. Use appropriate diagnostic tools for the targeted parasites.

Identifying some parasites, especially those that are emerging, may require unique diagnostic tools not readily available through typical diagnostic groups.

As appropriate and based on prior treatment history and presence of antiparasiticide resistance in the region, investigate resistance through available diagnostics.

Use advanced diagnostics (e.g., molecular testing) to complement microscopic findings where applicable.

3. Treatment and follow-up.

Consult established evidence-based parasitology resources to ensure appropriate treatment and follow-up periods (e.g., CAPC, CPEP, and AHS guidelines).

3a. Zoonotic potential.

Determine the zoonotic potential of the parasite and identify the life stage responsible for disease. Some parasites have complex lifecycles for which zoonotic spread from the pet may only apply to a parasite's specific life stage or the time since the parasite is shed from the pet (time to infectivity). Make clients aware of direct health concerns from their pets and indirect health concerns such as those that stem from their shared environment (especially for households with young children or those likely to engage in pica). Offer to provide veterinary support for consulting with human healthcare providers (see the *AAHA One Health Guidelines: Navigating Cross-Disciplinary Partnerships* at aaha.org for more information).^a

3b. Risk assessment.

A risk assessment helps guide the approach to patient treatment and monitoring. For zoonotic parasites, this includes determining if there are individuals at increased risk of infection or severe disease in the household (e.g., people who are under 5 yr of age, over 65 yr of age, pregnant, or immunocompromised) or have regular contact with the animal.

3c. Use judicious treatment strategies to mitigate resistance.

Create contextualized, risk-based protocols to reduce unnecessary treatments or medication use in low-risk pets and households (e.g., indoor only cats, dogs always supervised and walked on leash, adult immunocompetent pet caregivers, and family members).

Follow the six rights—right patient, parasite, drug, administration (dose/route), disposal, and monitoring—for treatment efficacy and responsibility (Table 2.1).

Encourage product use within a valid veterinarian–client–patient relationship to ensure proper drug selection and follow-up. Discourage over-the-counter product use and guide client education.

4. Consider animal care and housing facilities.

Infection control practices such as effective cleaning, disinfection, and isolation are critical to reduce contamination of animal and personnel environments (see the *AAHA Infection Control, Prevention, and Biosecurity Guidelines* at aaha.org for more information).^c

5. Consider environmental impacts.

Educate clients on the importance of prompt, safe feces removal and disposal. Importance may be elevated immediately after treatment for some parasites as environmental burden may be increased.

(Continued on next page)

FIGURE 2.1

Managing parasitic infections using a One Health Framework

6. Communicate.

Use in-person discussions and educational materials to effectively communicate parasite risks and the importance of preventive care (medication and diagnostics).

7. Take an active role in parasite surveillance.

Report parasite infections/infestations and occurrences to animal and public health entities, as indicated.

- a. McNeil C, Roth C, Sick B, et al. 2025 AAHA One Health guidelines: navigating cross-disciplinary partnerships. *J Am Anim Hosp Assoc* 2025;61(5):117–45.
- b. Centers for Disease Control (CDC). National One Health framework to address zoonotic diseases and advance public health preparedness. 2025. Available at www.cdc.gov/one-health/media/pdfs/2025/01/354391-A-NOHF-ZOONOSSES-508_FINAL.pdf. Accessed February 21, 2026.
- c. Stull JW, Bjorvik E, Bub J, et al. 2018 AAHA infection control, prevention, and biosecurity guidelines. *J Am Anim Hosp Assoc* 2018;54(6):297–326.

FIGURE 2.1, CONTINUED

Managing parasitic infections using a One Health Framework

2026 AAHA One Health Guidelines: Emerging Concerns in Canine and Feline Parasitology are available at aaha.org/one-health-parasitology

These guidelines were prepared by a Task Force of experts convened by the American Animal Hospital Association (AAHA) and were subjected to a formal peer-review process. This document is intended as a guideline only, not an AAHA standard of care. These guidelines and recommendations should not be construed as dictating an exclusive protocol, course of treatment, or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to each individual practice setting. ©2026 AAHA.

