Overview/description

***Echinococcus multilocularis* in Canada and the USA: recent developments?**

Before 2009*, Echinococcus multilocularis* had never been diagnosed in a dog in Canada. Since then, many cases have been identified in dogs, humans, and wildlife across the country. In this webcast, **Dr. Andrew Peregrine** will highlight key developments from the past four years in Canada and the USA, including the latest data on the geographic distribution of alveolar echinococcosis (AE) and intestinal infections in dogs, AE cases in humans, and the prevalence of intestinal infections in wild canid populations. The predicted impact of climate change on the future risk of infection across North America will also be discussed.

Speaker's bio and credentials

Andrew S. Peregrine, BVMS, PhD, DVM, Dipl. EVPC, Dipl. ACVM (Parasitology Specialty)

Dr. Andrew Peregrine obtained his DVM and PhD from the University of Glasgow, Scotland. He then spent nine years as a research scientist at the International Laboratory for Research on Animal Diseases, Nairobi, Kenya, focusing on improving the control of tropical parasites in cattle. Since 1997, he has been an Associate Professor of Clinical Parasitology at the Ontario Veterinary College, where he teaches DVM students across all years of the program. His current research interests include emerging zoonotic parasite infections in companion animals and sustainable parasite control in sheep. Dr. Peregrine is a Diplomate of the European Veterinary Parasitology College and the American College of Veterinary Microbiologists (Parasitology Specialty).

Questionnaire

1. **Dogs develop intestinal infections with *Echinococcus multilocularis* by ingesting:**
   - Deer feces
   - Wild canid feces
   - Raccoons
   - Rodents

2. **If dogs cannot tolerate albendazole for medical management of alveolar echinococcosis, an alternative efficacious drug is:**
   - Emodepside
   - Fenbendazole
   - Milbemycin
   - Toltrazuril

3. **The clinical incubation period for alveolar echinococcosis in people is typically:**
   - 1–5 months
   - 6–11 months
   - 1–4 years
   - 5–15 years

4. **Human cases of alveolar echinococcosis in North America are currently being most commonly diagnosed in:**
   - Alberta
   - Ontario
   - Oregon
   - Vermont

5. **True or False. Alveolar echinococcosis in dogs has a unique gross morphological appearance.**
   - True
   - False

6. **The risk of an *E. multilocularis* intestinal infection is greatest for dogs in:**
- Calgary
- Montreal
- Toronto
- Vancouver

7. **The public health concern associated with shedding of *E. multilocularis* eggs in the feces of dogs can be prevented by monthly treatment with:**
- Fenbendazole
- Ivermectin
- Praziquantel
- Pyrantel

8. **In North America, resistance to praziquantel has been described in:**
- *Ancylostoma caninum*
- *Dipylidium caninum*
- *E. multilocularis*
- *Taenia pisiformis*

9. **The risk of alveolar echinococcosis in dogs can be prevented by monthly treatment with:**
- Fenbendazole
- Ivermectin
- Praziquantel
- No drug is effective as a preventative

10. **In which Canadian province is *E. multilocularis* in dogs reportable?**
- Alberta
- Manitoba
- Ontario
- Saskatchewan

PERSONAL INFORMATION:

First name: _____

Last name: _____

Type: _____

(Veterinarian, Technician)

Licence number: _____

Province where you practise: _____

Email: _____

CERTIFICATE OF COMPLETION

Educational webcast

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Presented by

Andrew S. Peregrine, BVMS, PhD, DVM, Dipl. EVPC, Dipl. ACVM (Parasitology Specialty)

This document confirms that

Dr. Lorem Ipsum

has viewed the above-mentioned webcast and has answered and submitted the questionnaire meant to evaluate the understanding of the content.

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