International Dairy Topics

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Coccidiosis II

Diagnosis of coccidiosis

Diagnosis can be made on the basis of clinical signs and the demonstration of large numbers of coccidial oocysts in the faeces. However it must be remembered that there are diagnostic limitations on the presence of coccidia oocysts:

- In acute cases of diarrhoea the clinical signs may precede the coccidial count by a couple of days. This is because the scouring is induced by the merozoites damaging the colonic epithelium before the oocysts are produced and shed in the next stage of the coccidial life cycle.
- Non-pathogenic species of coccidia may contribute to an elevated coccidia oocyst count.
- Healthy animals often shed coccidial oocysts.

As general rule coccidial oocyst counts of >5,000 per gram of faeces are considered significant when coupled to the presence of clinical signs.

Several calves should be examined for coccidial oocysts.

Differential diagnosis

The following should be considered – salmonellosis, bovine viral diarrhoea, intestinal worms and poor nutrition.

Treatment and prevention

Treatment and prevention centres around the oral administration of anticoccidials, which may be coccidiostatic or coccidiocidal. Some of these can be used prophylactically when exposure of calves to coccidiosis is likely. The most commonly used anticoccidials are monensin, lasalocid, amprolium and decoquinate.

Ionophores, such as monensin and lasalocid, are fed continuously in many calf operations where coccidiosis is known to be present. Remember, if an anticoccidial is only coccidiostatic look out for coccidiosis emerging after drug withdrawal.

Prophylaxis also includes maintaining a clean environment, minimising faecal build up, preventing faecal contamination of food/water and not overcrowding calves.

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