Guidelines for use:

austindavis biologics ltd

EQUISTATUS™ TAPEWORM

These guidelines are intended to support veterinary surgeons and Suitably Qualified Persons (SQPs) using the EquiStatus™ Tapeworm Service. Technical information, supporting scientific evidence and detailed methodology relating to the service are provided in the Technical Support Information and can be referred to for additional detail when using these guidelines. Peer reviewed publication is in preparation.

EQUISTATUS™ TAPEWORM GUIDELINES

CONTENTS (click the text to link to required section)

- TECHNICAL SUMMARY
- PROCESS
  - Screen
  - Interpret
  - Investigate
  - Act
  - Monitor
- ADDITIONAL INFORMATION
- HOW TO USE THE EQUISTATUS™ TAPEWORM SERVICE
- COLLECTION OF A FAECAL SAMPLE FOR TAPEWORM TESTING
- FURTHER READING

TECHNICAL SUMMARY

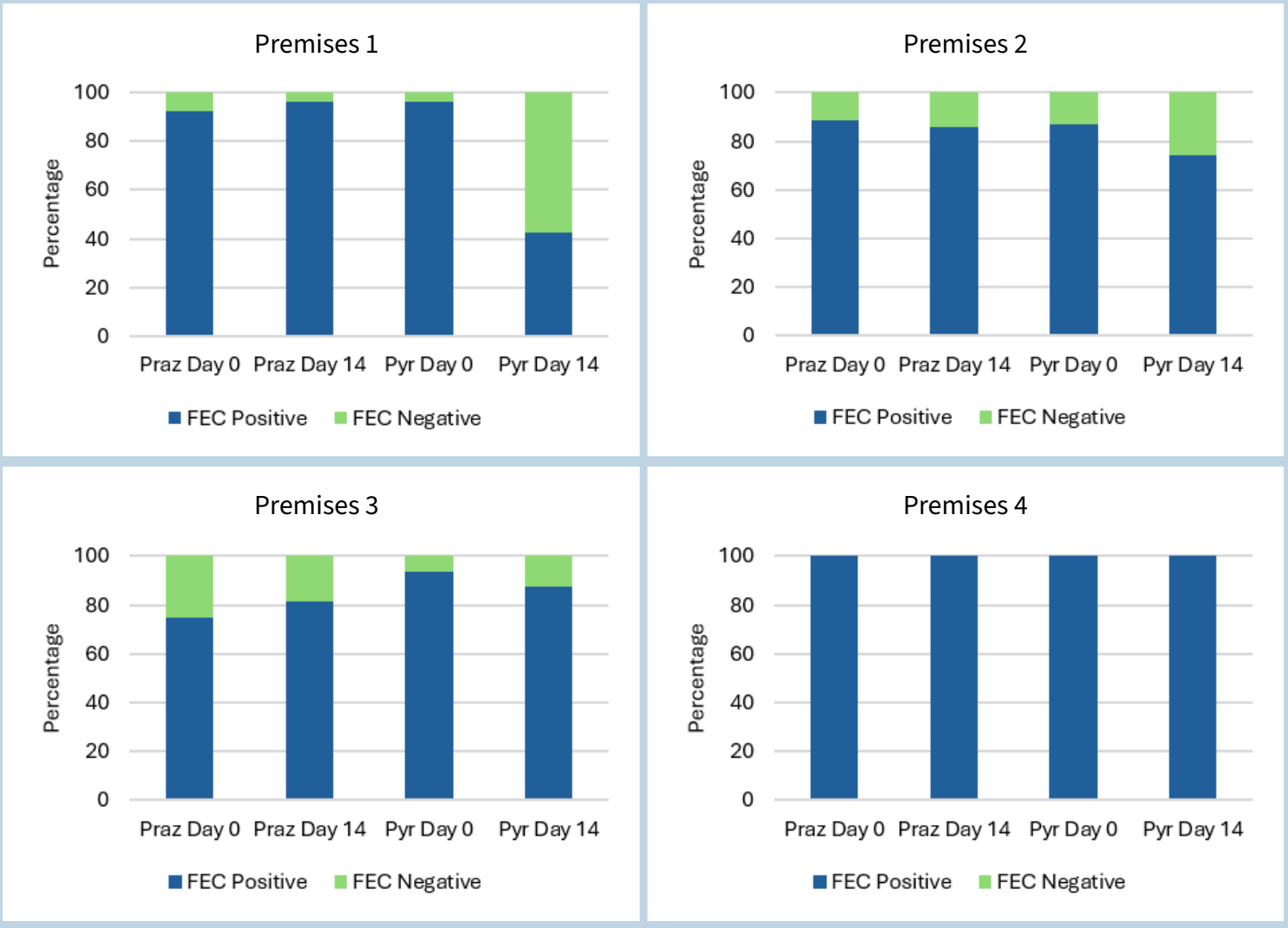
Reports of reduced anthelmintic effectiveness against *Anoplocephala perfoliata* (tapeworm) have highlighted the need for better methods to investigate cestocidal efficacy in horses. Recent UK investigations (Matthews *et al.* in preparation; Technical Support Information) have identified reduced effectiveness of praziquantel and pyrantel embonate against this parasite, in addition to earlier reports from the US of apparent treatment failure of both compounds (Nielsen, 2023). To assess anthelmintic efficacy, egg shedding needs to be measured before and after treatment. However, faecal egg count (FEC) tests have limited sensitivity for *A. perfoliata* because eggs are shed intermittently and unevenly in the faeces of infected horses, and non-egg-producing immature and non-gravid worms can comprise a substantial proportion of the parasite burden. A negative FEC therefore does not reliably exclude infection, particularly where infection levels are low.

The EquiStatus™ approach uses antibody testing to first identify groups of horses with a higher prevalence and level of tapeworm infection where subsequent FEC testing is more likely to detect eggs. The EquiStatus™ Flotation FEC test (a centrifugal flotation method optimised for the detection and recovery of *A. perfoliata* eggs) is then used to investigate treatment efficacy. Antibody testing and FECs therefore provide complementary information; antibody testing defines the group tapeworm infection profile, while, when indicated, the EquiStatus™ Flotation FEC test provides evidence of current egg shedding before and after anthelmintic treatment.

The EquiStatus™ approach has been developed and evaluated through field investigations and the EquiStatus™ Flotation FEC method has been optimised by comparing flotation methods using samples from a range of different groups of horses with evidence of *A. perfoliata* infection. The selected FEC method provided greater egg recovery and was considered better suited to detecting persistent tapeworm egg shedding following treatment (see Technical Support Information for further detail).

Using the EquiStatus™ Flotation FEC method, tapeworm anthelmintic treatment effectiveness was assessed on four Thoroughbred stud farms where reduced efficacy was suspected based on previous history and an initial screen using antibody testing. FECs were performed immediately before treatment and 14 days post-treatment (Figure 1). Following praziquantel treatment, *A. perfoliata* eggs remained detectable in most horses across all four groups. Pyrantel treatment was subsequently investigated, with eggs remaining detectable in three of the four groups, providing evidence of reduced efficacy of both licenced anthelmintics.

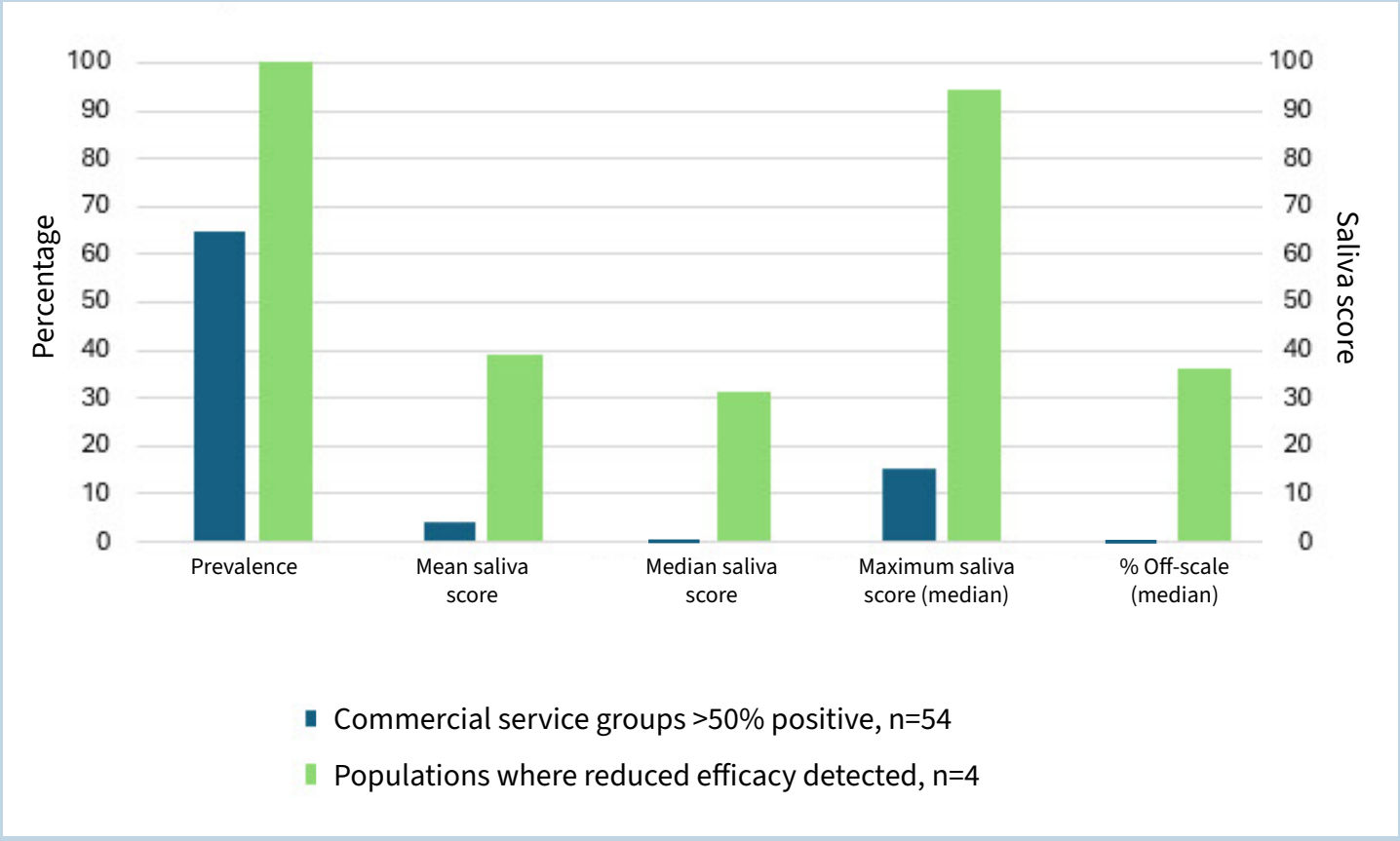
Figure 1. Assessment of *A. perfoliata* egg shedding before and after treatment with praziquantel (Praz) and then double-dose pyrantel embonate (Pyr) using the EquiStatus™ Flotation FEC method. Both treatments were administered at weight-based dose rates. Premises 1–4: n = 26, 35, 16 and 20 horses, respectively.



This study represents the first multi-site assessment of both licensed anti-tapeworm treatments in horses in the UK. The findings are concerning, with reduced efficacy indicated for both compounds in three of the four groups investigated.

An analysis was conducted using commercial EquiSal® antibody test results to assess whether these could help identify groups where EquiStatus™ Flotation FEC testing may be informative. The four Thoroughbred stud farm groups described above were compared with 54 groups of horses tested in the EquiSal® commercial service during 2025, where each group had more than 50% of horses with a positive (Borderline or Moderate/High) result but reduced anthelmintic efficacy was not suspected. For each group of horses, the percentage with EquiSal® positive results ('prevalence'), mean and median saliva scores, maximum saliva score and proportion of Off-scale results were calculated. The four reduced-efficacy groups had significantly higher EquiSal® antibody measures than the commercial service groups (Figure 2).

Figure 2. EquiSal® antibody profiles across the two populations: commercial service horses and horses based on stud farms where reduced efficacy of anthelmintics was demonstrated. Population-level summary measures are shown for each as mean or median values. '% Off-scale' represents the proportion of test results that indicate antibody levels above the upper limit of the commercial assay's measurable range.



A similar analysis was conducted using commercial tapeworm blood antibody results to assess whether these could help identify populations suitable for EquiStatus™ Flotation FEC investigation. Results from the reduced anthelmintic efficacy groups (n=4) were compared with those from 42 commercial premises tested in 2025 and a higher-prevalence subset of 31 premises, where more than 50% of horses tested positive. The reduced-efficacy groups had significantly higher mean and median antibody scores and a greater proportion of Off-scale results than both commercial groups. Consistent with the saliva test findings, this suggests that the magnitude and distribution of antibody responses can help prioritise populations for targeted FEC investigation.

The results of these analyses support a stepwise, blood or saliva antibody screening approach, together with a risk-based history, to identify groups of horses where tapeworm FEC investigation is most likely to be informative. Targeted pre- and post-treatment FEC testing can then be used to provide valuable information on anthelmintic treatment effectiveness, enabling veterinary surgeons and SQPs to make more informed decisions about tapeworm control. EquiStatus™ Tapeworm brings these steps together in a practical, research-backed approach.

PROCESS

EquiStatus™ Tapeworm follows a structured, evidence-based approach to help veterinary surgeons and SQPs assess tapeworm risk, interpret test results and make informed decisions about anthelmintic efficacy investigation, treatment and ongoing control measures. The approach is built around five complementary stages:



Together, these stages provide a framework for moving from initial screening and risk assessment through to targeted investigation and management, followed by ongoing monitoring. The emphasis is on interpreting test results in the context of the horse, together with its grazing group and with previous treatment and management history, rather than relying on any single result in isolation. The following sections describe each stage of the EquiStatus™ Tapeworm approach in more detail.

Screen

Establish group tapeworm infection status

The first step is to establish the tapeworm infection profile of the group using saliva or blood antibody testing. A group should comprise horses on the same premises that share management and pasture environment. Where possible, test all horses, rather than selecting individuals, so that the prevalence and distribution of antibody responses across the group can be assessed.

Saliva samples should be collected at least 3 months after the most recent anthelmintic treatment, and blood samples at least 6 months after treatment. This allows sufficient time for the antibody profile to provide more accurate information on the ongoing infection status of the group. Spring and autumn testing are particularly useful for monitoring seasonal changes in tapeworm infection and informing treatment decisions.

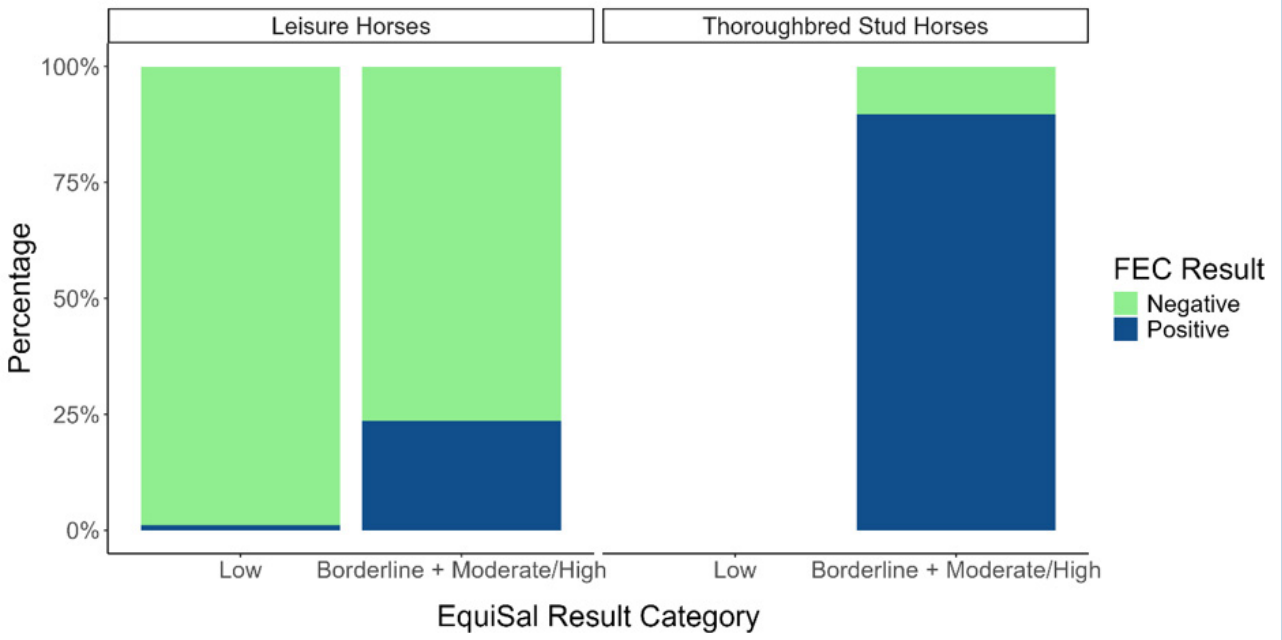
Why not use FEC testing for screening?

FEC methods are not recommended as routine screening tests for tapeworm infection. *A. perfoliata* eggs are shed intermittently and unevenly in faeces and immature or non-gravid tapeworms that do not produce eggs can comprise a significant component of an individual's burden. Consequently, a negative FEC does not reliably exclude infection, particularly when infection levels are low. The Technical Support Document provides detailed evidence supporting the greater sensitivity of antibody testing for identifying infected populations and the use of FEC only where the antibody profile and wider history indicate that investigation of treatment efficacy is warranted.

The likelihood of detecting *A. perfoliata* eggs by FEC increases where infection is more prevalent and horses have a higher burden. When antibody results are not high and there is a low prevalence of infection, fewer horses are likely to be shedding detectable eggs, making FEC less likely to provide a meaningful assessment. Conversely, where a substantial proportion of horses have Moderate/High antibody results and antibody scores are high, there is a greater likelihood of mature, egg-producing tapeworms being present in sufficient numbers and therefore be detectable by FEC testing.

An exemplar comparison between antibody and egg detection at the screening stage is shown in Figure 3. Matched saliva and faecal samples from leisure horses (n = 163) and stud farm horses (n = 97) were tested in the EquiSal® saliva test and EquiStatus™ Flotation FEC test, respectively. Of the leisure horses with Borderline or Moderate/High EquiSal® results (n = 72), 76% tested negative in the FEC test (n = 55). In the stud farm groups, all horses had Moderate/High results and, of these, 90% tested positive in the FEC test (n = 87).

Figure 3. Comparison of Equisal® and FEC test results. FEC results categorised by EquiSal® results for groups of leisure horses where reduced treatment efficacy was not suspected and for groups of horses based on four Thoroughbred stud farms where reduced treatment efficacy was indicated.



The EquiStatus™ approach therefore uses antibody testing to identify populations where FEC testing is most likely to be informative. FECs should not be undertaken simply because infection is detected by antibody testing; consider only whether there is evidence of a substantial population-level burden and based on the group's history, a clear reason to investigate treatment efficacy.

Interpret

Determine if efficacy investigation is needed

Interpret the group antibody profile

EquiStatus™ antibody results should always be interpreted at group level. The aim is to understand the overall pattern of infection and identify groups in which further investigation is most likely to be informative.

Free interpretation advice is available

Interpretation of antibody results is available as part of the EquiStatus™ service. If you would like advice on interpreting group antibody profiles and whether further investigation using EquiStatus™ Flotation FEC testing is appropriate, please contact us.

The group antibody profile should be considered alongside the treatment, management and clinical history. For example, a predominantly 'Low' results profile generally indicates that further efficacy investigation will not be informative. In contrast, a group with a large proportion of 'Moderate/High' results, particularly where antibody scores are high with several results reported as 'Off-scale' merits further investigation.

The Technical Support Information provides further information on group-level antibody profiles. The data below (Figures 4 and 5) illustrate the range of antibody profiles that may be observed between groups and provide context for interpreting EquiStatus™ antibody test results.

The Thoroughbred stud farm groups in which reduced efficacy was indicated showed particularly elevated antibody profiles. Blood antibody profiles in the other groups, where anthelmintic efficacy was unknown, were also generally higher than those in the saliva-tested populations. This may reflect differences in the populations sampled because blood samples are typically submitted by breeding farms with large populations and a high proportion of young horses, which may be more likely to carry higher tapeworm burdens.

These findings should be interpreted as an association rather than a diagnostic threshold. Antibody results indicate the level and distribution of infection within a population but do not, on their own, demonstrate reduced anthelmintic efficacy or resistance. Where reduced efficacy is suspected, further investigation using pre- and post-treatment FEC testing, alongside a risk assessment of management practices and previous treatment frequency, is required to help determine whether treatments are working as expected.

Figure 4: Example saliva antibody profiles of horse groups submitted to the commercial EquiSal® testing service compared to four groups where reduced anthelmintic efficacy was indicated. Box-and-whisker plots show the distribution of saliva scores for horses from 10 groups submitted for commercial testing (premises 1–10), compared with four Thoroughbred stud farms (premises 11–14) where reduced efficacy was detected. The number of horses tested per premises ranged from 16-79. Boxes represent the interquartile range (IQR; 25th–75th percentile), '×' indicates the mean, the horizontal line in each box represents the median. The y-axis has been truncated to improve visualisation of the main score distributions; observations above the displayed range are not shown.

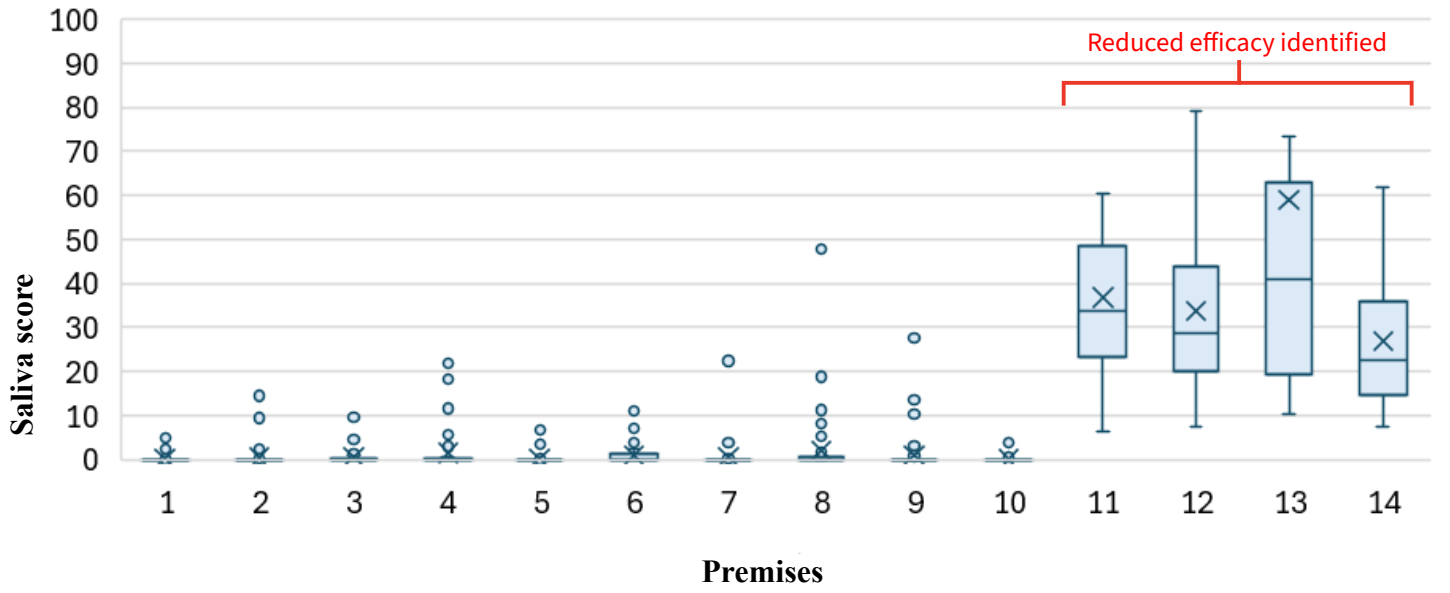
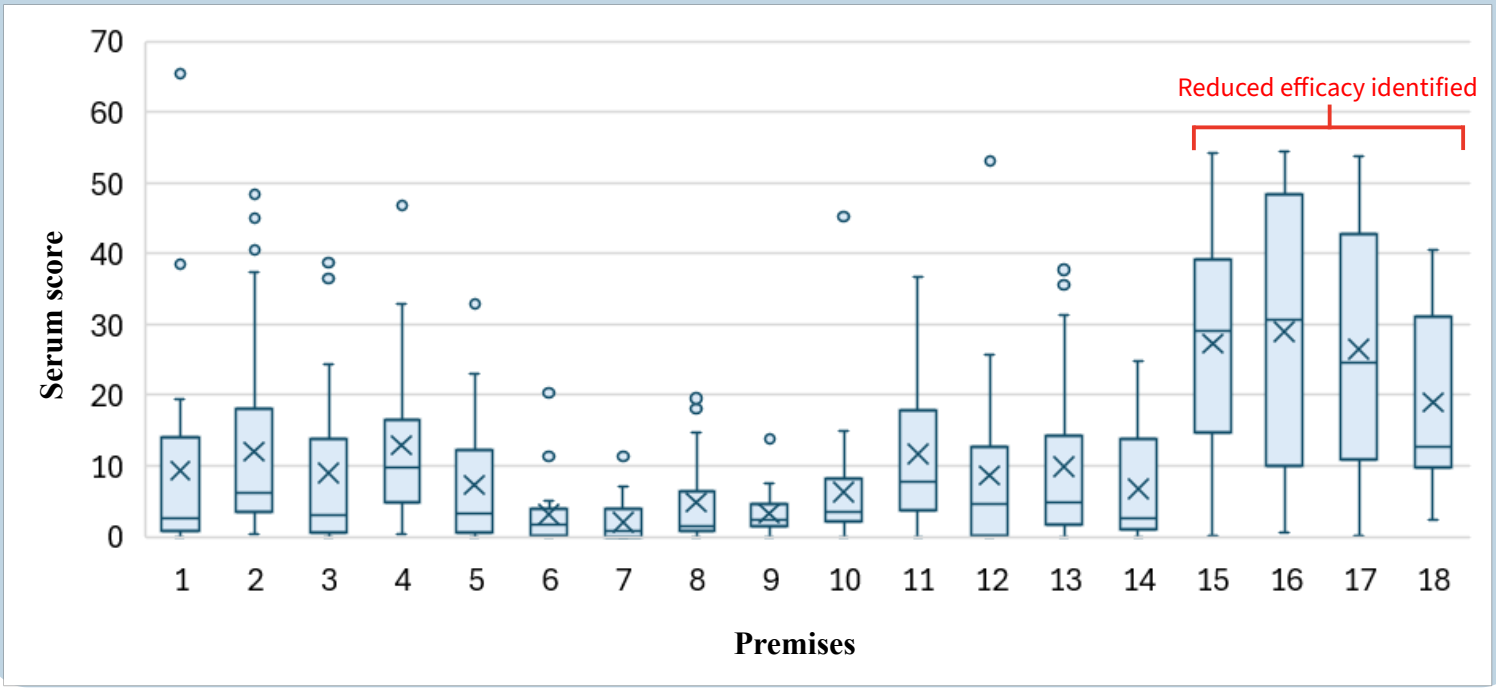


Figure 5: Example antibody profiles of horse groups submitted to the commercial tapeworm blood testing service compared to the groups where reduced efficacy of anthelmintics was indicated. Box-and-whisker plots show the distribution of serum scores for groups submitted for commercial blood testing (premises 1–14) and four Thoroughbred stud farms where reduced efficacy was detected (premises 15–18). The number of horses sampled per premises ranged from 20 to 47. Boxes represent the interquartile range (IQR; 25th–75th percentile), with the mean indicated by × and the median shown by the horizontal line.

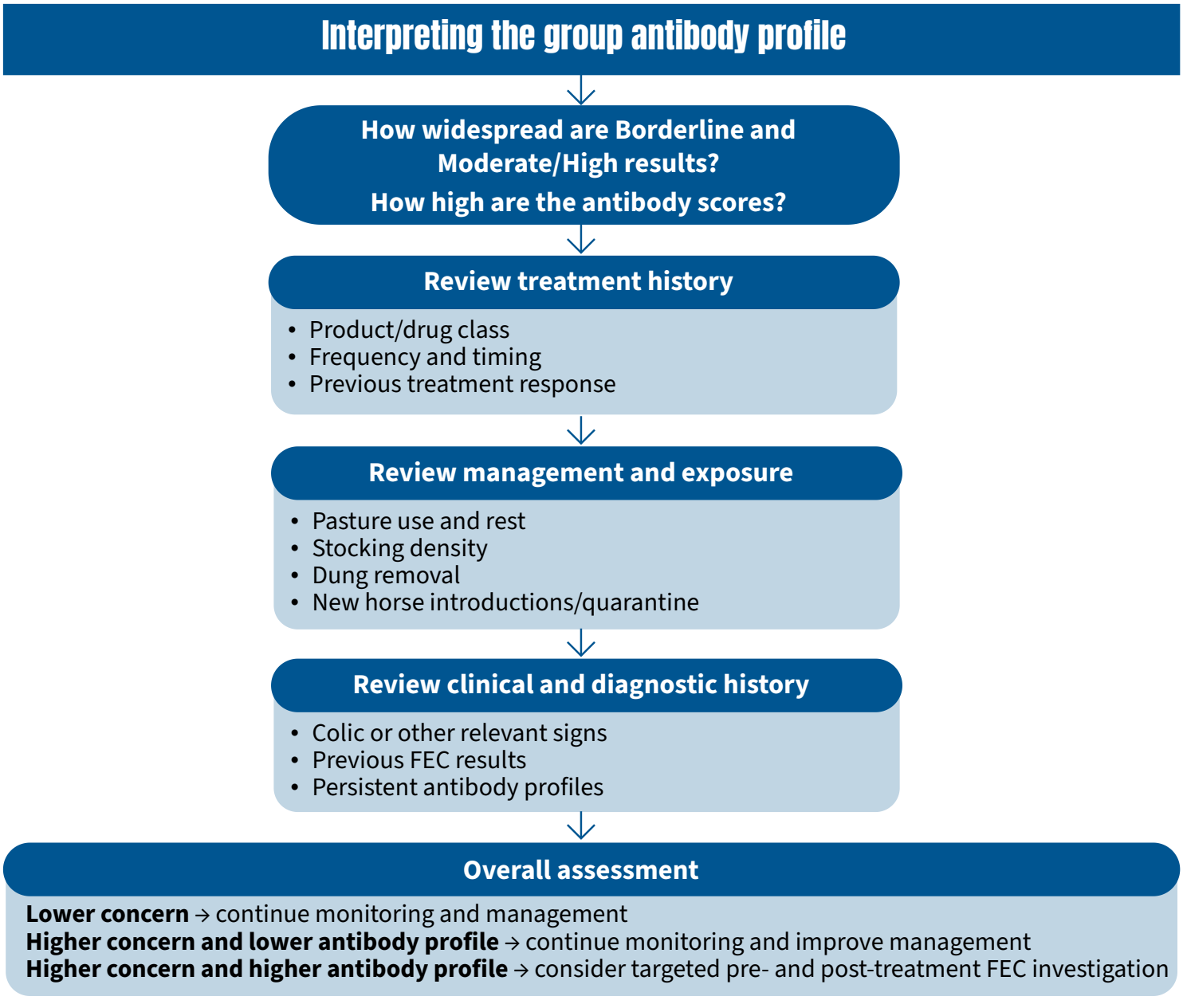


Consider the wider population history

The antibody profile should always be interpreted alongside the treatment, management and clinical history of the group. Relevant information includes:

- previous tapeworm treatments, including the products/classes used;
- frequency and timing of treatments;
- whether treatment decisions have previously been diagnostic-led;
- previous evidence of high tapeworm infection or persistent antibody responses;
- previous FEC test results or evidence of persistent egg shedding;
- any previous concerns regarding reduced treatment effectiveness;
- clinical signs potentially associated with tapeworm infection, including recurrent or unexplained colic;
- introduction and quarantine practices;
- grazing and pasture management;
- stocking density and exposure to contaminated pasture; and
- measures used to reduce pasture contamination, such as dung removal and pasture rest.

These factors should be considered collectively. For example, a strongly elevated antibody profile in a group that has historically received frequent anthelmintic treatments may warrant efficacy investigation using EquiStatus™ Flotation FEC testing, whereas a group with a similar antibody profile with an infrequent treatment history and very poor pasture management may benefit first from changes with monitoring antibody responses over time.



Interpreting tests from smaller groups

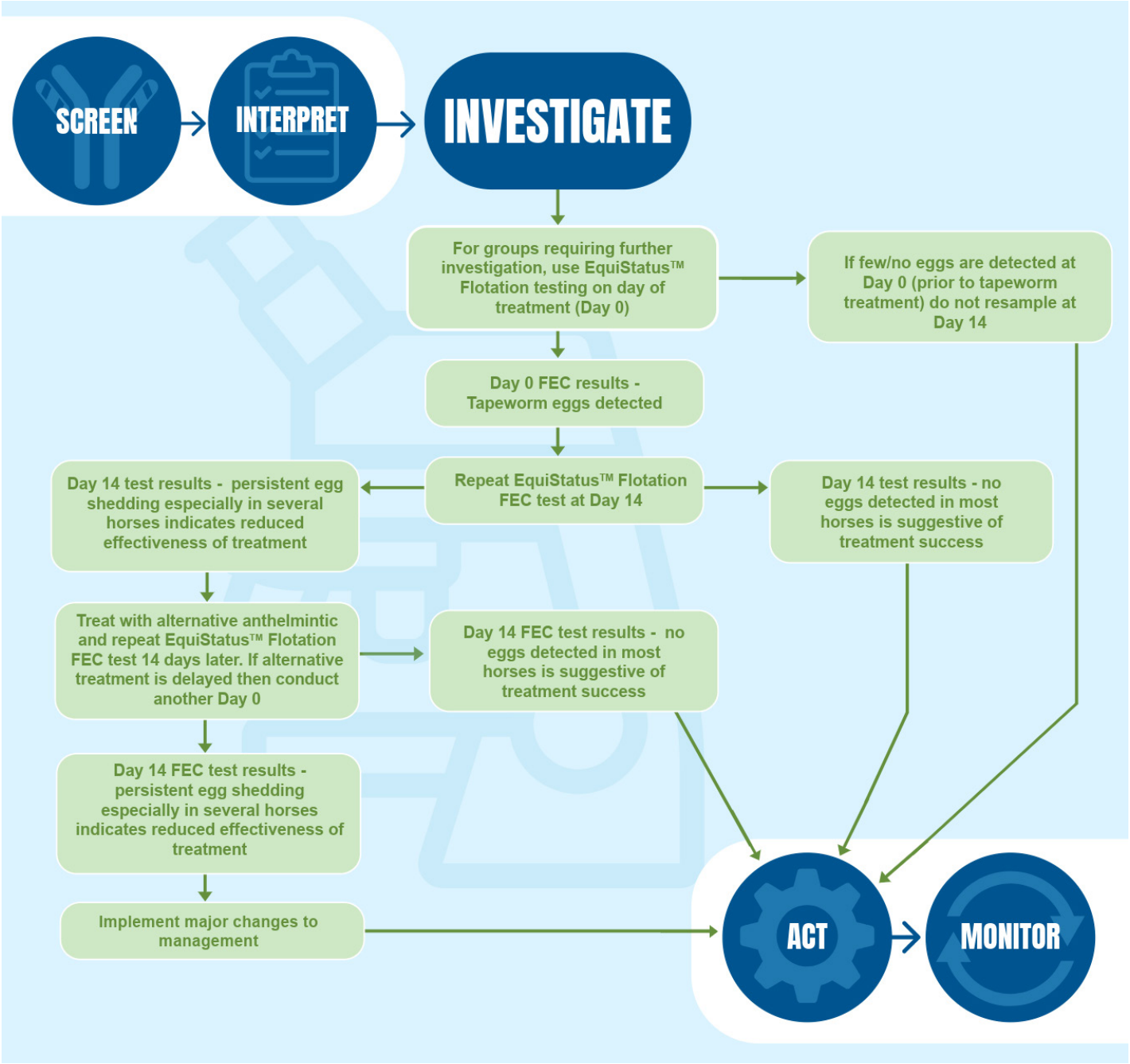
Results from small groups (fewer than 5 horses) should be interpreted with caution. Smaller populations produce variable estimates of FEC positivity; therefore a negative result may be less informative. For small groups or individual horses, any decision to investigate should be supported by previous antibody results and a detailed history of management and anthelmintic treatments.

The Technical Support Information provides further guidance on interpreting FEC results according to the number of horses sampled.

Investigate *Investigate efficacy using the EquiStatus™ Flotation test*

Which horses in the group should progress to EquiStatus™ Flotation FEC testing?

Where further investigation is indicated from antibody screening, test all horses with 'Borderline' or 'Moderate/High' antibody results. Testing all antibody-positive horses reduces the risk that false-negative FEC results will affect the overall assessment. In smaller groups, sequential faecal sampling over several days may be considered to increase the likelihood of detecting tapeworm eggs. Investigation is based on comparing egg shedding patterns before and after treatment.



Austin Davis Biologics provides free advice on the interpretation of EquiStatus™ Flotation FEC Test results.

Next steps if reduced efficacy is detected with the first anthelmintic assessed

Where persistent egg shedding is identified following treatment, review treatment administration and dosing first. Where appropriate, an alternative licensed cestocidal treatment can then be assessed. Veterinary advice should be sought on subsequent treatment and management.

Suspected lack of efficacy should be reported to the Veterinary Medicines Directorate through the adverse event reporting scheme: www.gov.uk/report-veterinary-medicine-problem

Act

Respond to the findings

Once the pre- and post-treatment FEC results have been assessed, the next step is to decide how to act. The results should be considered alongside the group antibody profile, treatment history, clinical history and management conditions. Use the findings to guide treatment and management decisions while avoiding unnecessary anthelmintic use.

Where no *A. perfoliata* eggs are detected in most horses at Day 14 following treatment, this supports an effective treatment response. However, a negative post-treatment FEC should be interpreted alongside the Day 0 result together with the overall group's FEC results because FEC testing has limited sensitivity and intermittent egg shedding can result in negative results even when infection is present. Closely review the group's management practices and make improvements where necessary to minimise pasture contamination and reduce transmission. Continue antibody monitoring at appropriate intervals.

Where *A. perfoliata* eggs remain detectable in most horses at Day 14 following treatment, this indicates that the expected reduction in egg shedding has not been achieved. First, review factors that could account for an apparent treatment failure, including:

- accurate bodyweight estimation and dosing;
- correct product administration, including route of administration and confirmation that the full dose was swallowed;
- appropriate timing of treatment in relation to FEC sampling.

Where applicable, an alternative licensed cestocidal option should next be assessed using the EquiStatus™ Flotation FEC approach.

Actions for reduced treatment effectiveness of both licensed options

Praziquantel and pyrantel embonate are the only licensed cestocidal options for treatment of *A. perfoliata* in the UK. If reduced effectiveness is identified following treatment with both licensed options, this is a significant observation requiring urgent veterinary investigation and action.

The findings should be documented and reported to the Veterinary Medicines Directorate through the adverse event reporting scheme: www.gov.uk/report-veterinary-medicine-problem and immediate management measures should be implemented to minimise ongoing infection and transmission. Changes to pasture and grazing management are essential to reduce pasture contamination and minimise the risk of reinfection while the remaining tapeworm population declines.

Immediate actions to be implemented:

- Move horses, where possible, onto previously ungrazed or well-rested pasture. Where this is not practical, temporary stabling should be considered.
- Remove dung from grazing areas frequently, ideally daily, and dispose of it away from areas grazed by horses. Where dung cannot be removed from the premises, locate muck heaps well away from grazing areas and watercourses in accordance with local waste and environmental requirements.
- Reduce stocking density where possible. Avoid overcrowding and, where practical, provide sufficient grazing areas to reduce the concentration of faecal contamination.

Veterinary advice should be sought in cases of suspected reduced efficacy

Ongoing pasture management:

- Introduce prolonged pasture rest periods, with longer periods of rest providing greater opportunity to reduce pasture contamination before horses return.
- Where practical, rotate grazing with non-equine livestock or use paddocks for non-equine purposes during the rest period. Co-grazing, pasture rotation and resting are recognised components of sustainable parasite control.
- Avoid practices that redistribute faecal contamination across paddocks such as harrowing.
- Review stocking density, grazing rotation and dung management across the whole property, rather than focusing only on the affected group. The aim should be to reduce the overall environmental burden and limit opportunities for reinfection.

These measures should form part of an immediate and sustained management plan, alongside veterinary monitoring and further testing where indicated.

Treatment options under the prescribing cascade

Where neither licensed option is effective, the veterinary surgeon should consider treatment options under the prescribing Cascade, where appropriate. Veterinary surgeons should follow the current Veterinary Medicines Directorate guidance: The Cascade: prescribing unauthorised medicines. The Royal College of Veterinary Surgeons also provides guidance on prescribing under the Cascade: Royal College of Veterinary Surgeons – Veterinary Medicines.

Monitor

Track infection status over time

Regular monitoring should form an integral part of all parasite control programmes, alongside risk assessment, appropriate treatment and pasture management. EquiSal® saliva testing and tapeworm blood testing provide invaluable tools for monitoring infection levels within a group over time. Repeat antibody testing can identify persistent or increasing infection levels and provide an opportunity to assess whether the overall control programme is working effectively. For routine monitoring, saliva testing can be repeated with at least 3 months between testing and the previous anthelmintic treatment, while blood testing should generally be performed from 6 months after treatment. Results should be interpreted alongside the group's risk and management history.

Persistently high or increasing antibody responses should prompt consideration of grazing management and treatment history. This can identify ongoing problems arising from management, treatment effectiveness, or, possibly, a combination of both. Antibody testing allows infection levels to be followed over time, identifies whether control measures are working and provides an opportunity to address the underlying causes of continued exposure rather than simply repeating treatment. Trends should be interpreted in conjunction with treatment history and FEC results. Particular attention should be given to:

- groups with consistently high or increasing antibody levels;
- horses with unexpectedly high antibody levels given their reported management and treatment history;
- changes in group-level antibody profiles over time;
- patterns of tapeworm FEC positivity or persistence of eggs in faeces following treatment.

Such findings should prompt further investigation using EquiStatus™ Flotation FEC testing. Building a robust dataset that links antibody profiles with FEC results, treatment history and management practices across groups will be particularly valuable for identifying patterns that may indicate emerging resistance.



ADDITIONAL INFORMATION

New horses entering a group

Consideration should be given to new horses when interpreting group-level antibody results as their antibody profile reflects previous as well as recent exposure and treatment history. Where practical, new horses should be incorporated into the monitoring programme with their previous tapeworm treatment and diagnostic history recorded. A baseline antibody result, obtained at an appropriate interval after the most recent treatment, can provide useful information on pre-existing exposure. A high antibody response in a newly introduced horse should not automatically be interpreted as evidence of high exposure within the new group. Conversely, a low antibody response on entry does not indicate that the horse will remain low risk following prolonged exposure to its new grazing environment. Where a new horse joins an established group, consideration should therefore be given to:

- date and type of the horse's most recent tapeworm treatment;
- previous antibody and/or FEC results, where available;
- length and nature of previous pasture exposure;
- the date of introduction to the new group and its grazing environment; and
- subsequent antibody results obtained through the group's monitoring programme.

Baseline testing of new horses followed by testing within the established monitoring schedule allows changes in antibody response to be assessed in the context of their new environment. Changes in group-level antibody trends may reflect genuine changes in exposure, but could also result from changes in group composition, such as the introduction of previously exposed horses. Group membership should therefore be recorded alongside antibody results when monitoring trends over time.

Antibody persistence and interpretation following treatment

The persistence of tapeworm-specific antibodies following treatment is an important consideration when interpreting results for monitoring the tapeworm infection status of a group. Antibody levels do not fall immediately after elimination of *A. perfoliata* and the rate of decline differs between sample types. Blood IgG (T) antibodies persist for longer following elimination of infection, with a reported half-life of approximately 35 days. Blood antibody levels may therefore remain elevated for some time after effective treatment and are not suitable for assessing an immediate treatment response. Saliva antibody levels decline more rapidly following effective treatment. Studies investigating the kinetics of this response indicate that the decline is sufficiently rapid for saliva testing to be used from approximately 3 months after treatment. This relatively short persistence is advantageous for group-level surveillance and triage. Antibody results should always be interpreted in the context of the recent treatment history and the interval since treatment.



HOW TO USE THE EQUISTATUS™ TAPEWORM SERVICE

For advice on the use of this service or interpretation of results email info@austindavis.co.uk

HOW TO USE THE EQUISTATUS™ TAPEWORM SERVICE

1. Register your practice or business with Austin Davis Biologics by emailing info@austindavis.co.uk. You will be issued with a sample submission sheet containing the practice/business barcode.
2. Order EquiStatus™ Flotation FEC faecal sample collection kits as required by emailing info@austindavis.co.uk (available in packs of 10 and 30). Alternatively, you may source your own sample collection consumables, but it is essential that you use faecal sample collection pots that hold at least 200 ml and are shatter proof. The EquiStatus™ Flotation FEC method requires larger volumes of faeces than standard FEC methods to increase the likelihood of detecting tapeworm eggs.
3. Package each sample pot individually into a sealed zip lock bag (provided in EquiStatus™ kits). Include the sample submission forms, protected from sample leakage. Pack the entire group's samples in a suitably strong outer box. Use a next-day delivery service and package samples in accordance with applicable 'exempt animal specimen' transport requirements. Please ensure the correct postage charge is applied to avoid unnecessary delays and additional charges (do not use EquiSal® freepost bags or labels as they are not suitable for faecal samples).
4. Email info@austindavis.co.uk to inform the testing team of the number of samples being submitted per group.
5. Samples will be tested within 5 working days of receiving in the laboratory and results emailed once the whole group of horses have been tested.

COLLECTION OF A FAECAL SAMPLE FOR TAPEWORM TESTING

1 Label the pot

Before collecting the sample, write the horse's name and date of collection on the pot.

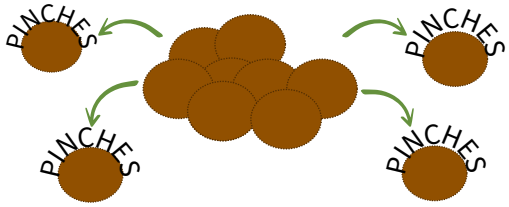


2 Collect a fresh dropping

Collect fresh dung as soon as possible. Ensure it belongs to the correct horse and avoid old or dried-out dung.

3 Sample several dung balls

Wearing a clean disposable glove, collect equal pinches from as many dung balls as possible within the same dropping. Avoid mud, bedding and other debris.



4 Fill the pot completely

Add dung until the pot is full. Gently press down to remove large air gaps, leaving just enough room to close the lid securely. Do not submit a partly filled pot or add water or any other substance.

5 Seal and bag the sample

Check the lid is tight, keep the outside of the pot clean and place it in a sealed zip-lock bag (supplied with the EquiStatus™ kit or use your own if a kit has not been purchased).

6 Complete the form and send promptly

Complete the submission form with the horse's name, owner and collection date. Clearly mark Day 0 or Day 14, and record the treatment date and product used. Check the details on the pot matches the form. Promptly return samples for all horses in the group together, including submission forms, to your vet/SQP or post directly to the laboratory ideally on the day of collection.

IMPORTANT

Use a separate pot and a fresh glove for each horse. Never combine samples from different horses.

Do not freeze the sample or leave it in direct sunlight or a warm vehicle. If you need to store the sample, keep it in a cool place until posting.

Do not collect or submit liquid or diarrhoeic faeces. Contact your vet for advice if the horse is passing loose or watery dung.

FURTHER READING

Lightbody, K.L., Davis, P.J. & Austin, C.J. (2016). Validation of a novel saliva-based ELISA test for diagnosing tapeworm burdens in horses. *Veterinary Clinical Pathology,* 45(2), 335–346.

- Key validation paper demonstrating the relationship between salivary and serum antibody response and tapeworm burden and supporting the use of antibody testing to identify horses for cestocidal treatment.

Matthews, J.B. & Peachey, L.E. (2026). An update on equine tapeworm control in light of reports of anthelmintic resistance. *Equine Veterinary Education,* 00, 1–8. doi:10.1111/eve.70079.

- The most recent review of tapeworm control in the context of emerging concerns about anthelmintic resistance, including diagnostic-led control approaches and the limitations of existing approaches to defining anthelmintic resistance status.

Matthews, J.B., Lambert, P.A., Austin, C.J., Lightbody, K.L., Peczak, N.A., Engeham, S., Moreton-Clack, M. & Mair, T.S. (2026). Understanding equine helminth transmission through integrated diagnostics and management assessment across five UK premises. *Equine Veterinary Education,* 00, 1–13. doi:10.1111/eve.70166.

- Relevant to the use of diagnostics alongside management and risk assessment, particularly the group-level approach underpinning EquiStatus™.

Matthews, J.B., Peczak, N. & Lightbody, K.L. (2023). The use of innovative diagnostics to inform sustainable control of equine helminth infections. *Pathogens,* 12(10), 1233.

- Provides the wider rationale for incorporating antibody-based diagnostics into sustainable, targeted parasite control programmes.

Nielsen, M.K. (2023). Apparent treatment failure of praziquantel and pyrantel pamoate against anoplocephalid tapeworms. *International Journal for Parasitology: Drugs and Drug Resistance,* 22, 96–101.

- Reports apparent treatment failure of praziquantel and pyrantel pamoate against anoplocephalid tapeworms, raising concerns about emerging anthelmintic resistance and highlighting the need for improved methods to evaluate treatment efficacy.

Acknowledgements

We would like to thank the horse owners and veterinary professionals who supported our research by submission of samples. Their contribution has allowed us to generate essential data underpinning the scientific information presented in these guidelines. We appreciate their collaboration and role in helping advance equine health.