

Fast + Simple
Focused on Veterinary Diagnostics

FASTest® CHLAM Ag ad us. vet.

CHLAMYDIOSIS/PSITTACOSIS – bacterial disease with high infection and zoonosis potential

Fast test for the qualitative detection of *Chlamydia* spp. antigens
in discharge, extracts, organs or feces of animals

Fast aetiological diagnostics

**Immediate initiation of therapy, prophylaxis
and hygiene measures**

**Screening of new animals and shelters
(asymptomatic chronic carriers)**

**Testing all companion animals in
case of Chlamydia outbreak**

**Exclusion of an infection
before vaccination**



- Simple test procedure with conjunctiva, extracts, feces
- Fast results in 20 minutes
- Reliable clinical diagnostics
- Sensitivity 93 % & Specificity 99.5 %
- Storage at room temperature (15-25° C)
- Long shelf life
- Compact test box with 2 or 10 tests

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Chlamydia are obligate intracellular bacteria in animals (low host specificity) and humans (high host specificity) world-wide. Chlamydia with zoonotic potential are *C. psittaci*, *C. abortus*, *C. trachomatis* and *C. pneumoniae*. Depending on country and species, chlamydiosis is a notifiable or reportable disease!

In the **cat**, esp. in kittens, *C. felis* has an important role in the cat flu complex. Infection normally occurs via direct contact/droplet infection. Unilateral, sometimes bilateral serous-purulent conjunctivitis with a strong chemosis are typical. In principle, all cats of a population should be tested and positive cases treated (ABCD guidelines) and vaccinated after the clinical symptoms have disappeared (non-core vaccination). Untested and untreated animals can develop a carrier status with possible recurrences.

In the **bird** (*C. psittaci*: psittacosis of psittacids; ornithosis of poultry and wild birds), infection occurs especially via feces, nasal discharge, droplet infection and contaminated dust. The clinical symptoms vary from ruffled feathers, emaciation, conjunctivitis, inflammation of the upper respiratory tract with eye and nasal discharge to light green coloured feces and diarrhoea with death in some cases. Latent infected psittacids are a considerable pathogen source for other birds and humans.

In **ruminants** (cattle, sheep, goat; esp. *C. abortus*, *C. pecorum*, *C. psittaci*) infections often are subclinical. High abortion rates (in small ruminants mainly during second half of gestation), perinatal calf losses, subclinical mastitis as well as joint, hoof and limb diseases are a hint onto a population problem with chlamydia.

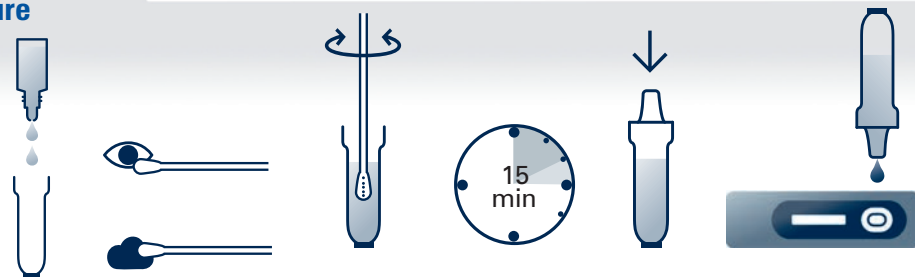
In **horses**, *C. abortus*, *C. pneumoniae* were proven in conjunction with pneumonia, rhinitis, keratoconjunctivitis, abortion etc., but also in clinically healthy horses. Transmission is oral, aerogen, via mucosa, wounds or via mating as well as via nasal and bronchial discharge, abortion, sperm or urine.

The **dog** (*C. caviae*, *C. felis*, *C. psittaci*, *C. pneumoniae*, *C. trachomatis*) gets infected via direct contact, droplet infection, uptake of bird feces or infected dead birds. Clinical symptoms (fever up to 42°C, bronchopneumonia, cough, keratoconjunctivitis, inappetence, diarrhoea, vomitus or tonic-clonic attacks) are diverse and therefore often not associated with Chlamydia.

Due to the highly infectious and zoonotic potential of *Chlamydia* spp. and the vague prevalence of some species, animals suspicious for chlamydiosis should be tested via **FASTest[®] CHLAM Ag**. Animals, especially dogs, with unclear clinic (exclusion diagnostics) should also be tested.

The **FASTest[®] CHLAM Ag** gives a fast aetiological diagnosis of a *Chlamydia* spp. infection. Especially due to the often unclear symptoms and the high infectiveness for animal and human, an on-site test is necessary. As a consequence, appropriate treatment, vaccination and quarantine measures can be initiated immediately.

Test procedure



Test interpretation



POSITIVE



NEGATIVE



In non-vaccinated animals or suspect cases of chlamydiosis, antibody detection via indirect immunofluorescence (**MegaFLUO[®] CHLAM**) can help confirm the diagnosis.

Distribution:

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