BRITISH VETERINARY CAMELID SOCIETY

BVCS BTV-3 Suggested Treatment Guide for Camelids

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Treatment guidelines are based on what is understood about the pathogenesis of BTV3 in other species in the UK, and camelid-focused protocols from veterinary surgeons dealing with a higher volume of BTV affected camelids on the continent.

BTV causes a significant amount of inflammation and pain, so pain relief is **essential.**

Affected animals may find it difficult to eat and drink due to pain, leading to a decline in gut health/motility and potentially to renal injury and/or hepatic lipidosis. It is acknowledged that some BTV affected animals have shown signs of kidney failure at postmortem, therefore the use of NSAIDs must be judicious and alongside fluid therapy. Welfare assessment is vital, and **euthanasia should be considered where prognosis is poor or where supportive care cannot reliably be provided.**

1. Rehydration
    - IVFT with Ringers or Hartmann's solution (without added glucose).

2. NSAIDs
    - Flunixin (1.1mg/kg SC/IM/IV as per datasheet) 1-2x daily for acute toxaemia (which can be then reduced to a half or a third of a dose) or Meloxicam (0.5mg/kg injectable SC/IV or 1mg/kg PO) q48 hours.
    - Please note the difference between camelids/ruminants, as steroid therapy may NOT be appropriate for sick camelid patients.

3. Metabolic Support

    - Vitamin B12 (Single dose of 3-5mg -route as per product datasheet)
    - Vitamin E- Selenium (Single dose 0.05mg/kg SC)
    - In inappetent animals, consider Vitamin B1 (15mg/kg SC/IM/IV q4-24h)
    - 'Off feed' sachets may stimulate C1 movement. Transfaunation should also be considered if C1 contractions are slow/absent.

4. Secondary infection
        - Clinical judgement should be exercised on whether antibiotics for secondary bacterial infection are required.