## Appendix 1: Summary of guidelines for the diagnosis and antimicrobial therapy of canine superficial bacterial folliculitis

Superficial bacterial folliculitis in dogs is typically caused by *Staphylococcus pseudintermedius*.

*Diagnosis*: Initially based on clinical signs of papules, pustules, crusts, patchy alopecia or epidermal collarettes. Cytological demonstration of cocci and inflammatory cells is strongly encouraged to support the diagnosis. Bacterial culture and susceptibility testing is encouraged with recurrent infections and is essential when there is <50% reduction in lesions after 2 weeks of therapy, new acute lesions emerge after 2 weeks of therapy, infection has not resolved after 6 weeks of therapy, intracellular rods are detected on cytology or there is a history of prior multidrug-resistant infection. Pustules are the preferred lesion to culture, but crusts, epidermal collarettes and papules may also be sampled.

| Application | Formulations | Agents | Treatment recommendations |
|---|---|---|---|
| Topical therapy* | | | |
| Extensive or generalized disease | Shampoos, lotions, rinses, sprays, conditioners | Antiseptics, including chlorhexidine (also with miconazole) and benzoyl peroxide, are preferred, but ethyl lactate, povidone iodine and triclosan may also be helpful | Two or three times weekly. Shampoos or conditioners: 10 min contact time prior to rinsing |
| Focal and localized infections | Gels, creams, ointments, lotions and wipes | Antiseptics, including hydroxyl acids (e.g. acetic, lactic and malic acids), benzoyl peroxide and silver sulfadiazine. Antimicrobial drugs, including novobiocin, pristinamycin, bacitracin, fusidic acid and mupirocin | Use one or two times daily |

| Category | When used | Suggested antimicrobial drugs | Dosing |
|---|---|---|---|
| Systemic antimicrobial therapy*† | | | |
| First tier | Empirical therapy of known or suspected superficial bacterial folliculitis | First generation cephalosporins (e.g. cefalexin, cefadroxil) | 15–30 mg/kg p.o. twice daily |
| | | Amoxicillin–clavulanate | 12.5–25 mg/kg p.o. two to three times a day |
| | | Clindamycin | 5.5–10 mg/kg p.o. twice daily |
| | | Lincomycin | 15–25 mg/kg p.o. twice daily |
| | | Trimethoprim–sulphonamides | 15–30 mg/kg p.o. twice daily |
| | | Ormetoprim–sulphonamides | 55 mg/kg on first day then 27.5 mg/kg p.o. once daily |
| First or second tier | | Cefovecin | 8 mg/kg s.c. once every 2 weeks |
| | | Cefpodoxime | 5–10 mg/kg p.o. once daily |
| Second tier | First tier systemic antimicrobial drug and topical therapy ineffective. Selection based on culture and susceptibility testing | Doxycycline | 5 mg/kg p.o. twice daily; or 10 mg/kg p.o. once daily |
| | | Minocycline | 10 mg/kg p.o. twice daily |
| | | Chloramphenicol | 40–50 mg/kg p.o. three times a day |
| | | Fluoroquinolones: | |
| | | enrofloxacin | 5–20 mg/kg once daily |
| | | marbofloxacin | 2.75–5.5 mg/kg p.o. once daily |
| | | orbifloxacin | 7.5 mg/kg p.o. once daily |
| | | ciprofloxacin | 25 mg/kg p.o. once daily |
| | | pradofloxacin | 3 mg/kg p.o. once daily |
| | | Rifampicin | 5–10 mg/kg p.o. twice daily |
| | | Aminoglycosides: | |
| | | gentamicin | 9–14 mg/kg i.v., i.m. or s.c. once daily |
| | | amikacin | 15–30 mg/kg i.v., i.m. or s.c. once daily |
| Third tier | | Vancomycin, teicoplanin and linezolid | Use strongly discouraged |

Abbreviations: i.m., intramuscular; i.v., intravenous; p.o. per os; and s.c., subcutaneous.
*Therapy must be administered for at least 3 weeks or until 7 days beyond resolution of lesions.
†Use of the agents listed should take account of local and regional restrictions on their use.