



Information from the Animal Health Trust laboratory shows the latest outbreak of Equine Influenza in South Devon was October 2011. Equine influenza is a highly infectious viral disease of horses, donkeys and mules.

Transmission of the disease is usually by viral particles coughed out by an infected horse that are airborne and spread long distances to other horses. It does not need direct contact between horses as the infective particles will remain suspended in the airstream for at least 50-100 metres under normal conditions and further downwind in strong winds.

Moist air and moderate temperatures aid survival times of the virus and therefore efficient transmission. In addition to air-borne transfer, sharing feed and water bowls, and multi-horse contact by personnel will all transmit the virus effectively. Humans cannot be infected by the Equine Influenza virus. The more closely associated the horses are, the more likely that they will contract the disease.

Incubation of the disease is short (normally 1-3 days, but occasionally appears longer due to communication between several horses sequentially. Hence it will spread rapidly and appear in all parts of an equestrian unit virtually simultaneously.

Signs

- Dry cough and increased respiratory rate.
- High body temperature (up to 106°F).
- Discharge from nostrils starting clear and often developing to greenish yellow.
- Loss of appetite and depression.

Up to 100% of unvaccinated horses in a stable yard are likely to catch the disease, although not all will become severely affected. Those animals with chronic lung disease will be most at risk, including the old, the very young and chronic respiratory allergy patients. In these cases, the febrile reaction in the lungs and body may severely debilitate or even kill the animal in a short time. It is not unusual for a horse to have a chronically damaged respiratory system following naturally contracted disease.

Diagnosis

Diagnosis of active Equine Influenza is currently achieved by taking naso-pharyngeal swabs (of the back of the nasal chamber) and sending them to the Animal Health Trust laboratory at Newmarket for rapid and specific testing for the presence of the virus. The AHT also maintain a recorded database for all confirmed Equine Influenza outbreaks in the world*.



Vaccination and disease

Vaccinated animals that have not been given a booster vaccination within 6 months may not be fully protected to the heavy challenge of natural infection and may show mild symptoms of influenza. They will, however, usually recover quickly.

Routine vaccination of horses and ponies is boosted every year. However, if the horse has not had its last vaccination within the previous 6 months, it would pay to consider bringing the date of the booster vaccination forward in the face of a disease outbreak. In fact, the FEI regulations require that all horses competing under FEI rules must have been vaccinated within the previous 6 months at the time of the competition. This ruling has been put in place to prevent the spread of disease at competitions.

Vaccination regime

- First vaccination.
- Second vaccination 21 – 90 days after 1st vaccination.
- Third vaccination 150 – 215 days after the second vaccination.
- Booster vaccinations within 365 days of previous vaccinations (FEI regulations require vaccination within 6 months of every FEI competition).
- Early booster vaccination / vaccination every 6 months in the face of an Influenza outbreak would be very valuable.

Extra biosecurity and vaccination advice

- Avoidance of coughing horses at competition.
- Isolation of new horses at stable yards.
- Programme of vaccination of all horses in the yard.

If you suspect Equine Influenza infection:

CONTACT YOUR VET, STABLE HORSE, DO NOT EXERCISE.