



St David's Equine Practice Ltd

Equine Herpes Virus (EHV) Disease & Vaccination

Equine Herpes Virus

is a commonly found virus that produces 4 main types of disease in the horse, all of which are important to horse owners.

Respiratory Disease

EHV affects the lungs, trachea and upper respiratory tract of the horse. It can initially produce mucoid discharge from the nostrils, a cough of variable severity and some embarrassment to lung function. Affected horses, if in work, will suffer a drop in performance. The nasal discharge may not be very great in quantity or very thick. However, it may take a long time before the signs resolve. In many groups of young stock, this disease is regularly seen as the new crop of young stock are weaned and lose any maternal immunity that they acquired at birth.

Being a virus, there is no specific treatment that is relevant to the disease. A clean environment, feeding from the ground, supportive medicines when necessary, and withdrawal from work all assist the recovery, but patience may be needed as recovery from the disease can take many weeks.

EHV Abortion

When pregnant mares come into contact with another horse with EHV infection, there is a very high chance that the mare will abort the foetus during the final third of the pregnancy. Irrespective of when the infection is

contacted, the virus will be held in the body in a 'silent' state until later in pregnancy when the virus moves into the foetal tissues and damages the lungs, liver and other internal organs, leading usually to foetal death and abortion. Occasionally, the foal is born at full term, and is either dead on arrival or is born apparently normal and fades during the first 2-3 days of life, finally dying when a few days old.

The foetal fluids at birth will be loaded with virus particles, so that birth is a high risk time for the spread of disease. As a result of this, there is a **Code Of Conduct** (*ask at reception if you would like a copy*) for mare owners (published by the racing industry) that gives guidelines for what to do in the case of an abortion. Obviously, one of the most important things to do is to get a definitive cause of abortion established by your veterinary surgeon. Only when you have this can your future movement of horses on and off the premises be planned. Within a stud, as many as 50% of mares may abort during an outbreak of EHV.

Coital Exanthema

is a rare form of EHV that causes a pox-like rash on the genitals of horses after mating. This form of the disease is self-limiting and has few complications other than preventing stallions from being used during the breeding season whilst the sores remain.



Paralysis

Although less common than the respiratory or abortion cases of EHV, the paralysis syndrome of EHV is devastating. If a horse gets this form of the disease, signs can vary from slight disturbances of the gait to ataxia (wobbliness of the hind end), weakness of the tail and rear end muscles, and eventually paralysis of the hindquarters. The horse will then go off its back legs and eventually die from the complications of this paralysis. Once a horse goes off its legs, it will usually have to be destroyed as they rarely recover from this and linger in the paralysed state for days before death ensues.

Due to the implications of this form of EHV, there is a Code Of Conduct that advises yards with cases of EHV to shut down all movement of horses on and off the yard and to restrict the access of staff to horses on other premises.

Cases of paralytic EHV usually involve several cases within the one area, and the slow onset and long carrier state of horses with EHV can result in yards being closed for a very long time.

EHV VACCINATION

Two vaccines are licensed in this country for the protection of horses against infection with EHV.

Equilis resequin is an EHV vaccine produced in combination with Equine Influenza vaccine to protect against the two most commonly encountered respiratory diseases that seriously affect the horse. The primary course of vaccination involves the first two vaccinations being given at a one month interval. Thereafter, one booster vaccine is given at approximately 6 monthly intervals.

Duvaxyn EHV 1,4 vaccine is licensed to protect against the reproductive form of the disease. Non-breeding stock should be vaccinated on the above protocol, but pregnant mares should be vaccinated also at the 5th, 7th and 9th month of pregnancy. This will keep the antibody levels particularly high at the vulnerable stages of pregnancy.

Diagnosis

This is by the recovery of virus from acutely affected horses (nasal swabs, abortion material etc) or the determination of antibody levels from 2 sequential blood samples that will rise in antibody level if the horse has just met the disease. Previous vaccination will obviously affect these blood antibody levels, but vaccination should prevent catching the disease.

Enquire about the vaccination of horses with EHV vaccine and which vaccine is best suited to your needs.