

FEI Veterinary Department – Equine Herpes Virus Outbreaks in Western France

RESPE, the French disease outbreak report system has reported 22 venues that has been infected by Equine Herpes Virus (EHV) since January 2018. The regions of Normandy, Brittany and Loire Valley are the most affected. The outbreaks have mainly affected sport horse populations but also breeding horses and has recently caused the cancellation of some events in western France.

The virus

EHV causes four clinical syndromes:

- Respiratory disease
- Abortion
- Neonatal foal death
- Neurological disease.

Respiratory disease is the most common of these syndromes.

Clinical signs

Respiratory disease – High body temperature, coughing, nasal discharge. Affected horses often seem generally unwell and not eating or drinking normally.

Neurological disease – Behavioural changes, lack of coordination of the hind (and occasionally fore) limbs. Urine retention/dribbling, mild colic, bladder weakness, inability to rise. The neurological signs may be preceded by fever and respiratory signs.

In vaccinated horses the clinical signs are mostly attenuated or absent, but vaccinated horses can if infected also spread the virus.

Transmission

The main route of transmission is directly by aerosols from infected horses coughing or snorting. The virus can survive in the environment for a couple of weeks. Indirect transmission can also occur, for example via unwashed hands, tack or clothing etc. Aborted foetuses are highly contagious.

Once the horse has been infected it becomes a silent carrier of the virus for the rest of its life. The virus remains in a latent state (without any clinical signs) but can be activated by stress and cause disease at any time.

Incubation time

May be as short as 24 hours, but typically 4-6 days or sometimes longer.

Diagnosis

In acute cases of respiratory or neurological disease, nasal swab sampling can be undertaken. The sample is analysed by PCR that can detect the virus.

Management of suspected and confirmed cases

- Contact a veterinarian immediately if disease is suspected.
- Isolate the suspected horse.
- Stop all movement on and off the premises until your vet advises and for at least 28 days.
- Disinfect and destroy bedding, clean and disinfect premises, equipment and vehicles used for horse transport.
- Maximise biosecurity – See annex: Biosecurity Information

Vaccination

Vaccination remains an effective preventive measure, although it does not give full protection.

- Horses that have been fully vaccinated, with the last booster given within the last six months, have good protection.
- For horses already vaccinated but the last booster was given more than six months ago: it is recommended that these horses are given a booster under the condition that they are in good health and have not been in contact with proven or suspected outbreaks.
- For unvaccinated and unexposed horses that have not been in contact with known or suspected outbreaks, vaccination may also be considered, but will have little effect in the event the horse is exposed to the virus. The primary course of vaccination requires at least two injections one month apart**. Protection will begin to be effective following the second injection, or four to six weeks after the first injection.
- For horses that are exposed to the virus and may be in the incubation phase (one week), vaccination is not recommended and would have little effect. On a sick horse, the first injection may not lead to any immune response, or could even cause a quicker development of the disease.

** The vaccination protocol varies according to the brand of vaccine used.

Prevention measures on the competition site applicable to all:

1. Check and record the body temperature of the horse twice daily. Any temperature over 38.5 should immediately be reported to the Veterinary Delegate/Veterinary Service Manager.
2. Assess your horse's general condition: appetite, drinking, behaviour, breathing rate, heart rate, urination and defecation, eye or nose discharges, how the horse is standing and moving, swollen legs
3. Have dedicated tack/equipment for each horse and disinfect the bit after riding.
4. Do not share buckets; no common water trough.
5. Wash and disinfect hands.
6. Do not let horses sniff each other, limit contact as much as possible, including human contact, apart from rider and regular groom.

Advice for FEI Organising Committees

1. If local horses are kept at the event site you should assess the EHV status of these horses. Ask a veterinarian to sample 10-20% of these horses approximately 10 days before the event.
2. Clean and disinfect the stables and other facilities where FEI horses will be. This is standard practice for FEI stables and must always be carried out.
3. Examination on arrival must always be carried out before horses are allowed to enter the FEI stables. It is advised that the temperatures of the arriving horses are recorded.
4. Under the current conditions it is critical that the FEI Veterinarian is given the requested resources in terms of space, possibility to wash and disinfect hands, personnel and resources to run the isolation stable.
5. The FEI supports the RESPE's advice to request a veterinary certificate of every horse arriving at the venue that is issued within 48 hours of departure from the stable of origin. The certificate should state the following:
 - Identity of the horse
 - Identity, contact information and signature of the issuing veterinarian
 - Date and place of issue
 - Statement that the horse has been located at a stable where there has been no signs of EHV infection for the last 14 days
6. Control the density of horses in the warm-up arena. Too many horses on a limited area increases the risk for transmission of the disease.
7. Provide hand washing facilities and hand disinfection gel for everyone handling horses.

Further information in French from RESPE can be found at <http://www.respe.net/node/3560>

For basic biosecurity information, please see:
Biosecurity Information – FEI Veterinary Department

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