

Equine Influenza Factsheet

Update January 2021



Equine influenza is caused by a virus that infects the upper respiratory tract (nose, throat and trachea) of horses. The virus attacks and damages the cells that line the upper respiratory tract causing irritation and inflammation. The virus is endemic within the UK; this means that it exists amongst our population of horses in the UK. It is therefore recommended that all horses are vaccinated against influenza.

Unfortunately, the number of horses vaccinated in the UK (around 30%) falls well below that which is required to prevent a major disease outbreak (around 70%). Multiple small outbreaks occur every year in the UK. A major disease outbreak in this country could occur and would cause equine sport to grind to a halt. This would have huge economic consequences. In Australia in 2007, there was a huge outbreak when influenza entered the country for the first time, costing over a billion dollars.

Clinical Signs



Flu has a short incubation period which means clinical signs become apparent only 1-5 days after contact with the virus. The virus is generally self-limiting, with clinical signs, on average, lasting 2-10 days, although recovery can take weeks. Persistent poor performance can sometimes occur. The severity of the disease is variable and depends on the strain of virus, the horse's immune system and vaccination status.

Signs in Unvaccinated Animals:

- A harsh, dry cough
- Pyrexia (an increased temperature ie. > 38.5 °C) which generally lasts 7-10 days
- Lethargy, depression and inappetance
- White-clear coloured nasal discharge
- Enlarged lymph nodes by the throat area
- May have muscle soreness and reluctance to move

As the virus affects the upper respiratory tract, the mucociliary clearance becomes affected. This makes horses more vulnerable to secondary bacterial infection in the lower airway and can even give rise to pneumonia (young, old and immunocompromised animals are at most risk of secondary infections).

Signs in Partially Vaccinated Animals

Partially vaccinated horses include those whose vaccinations are not up to date. This means they may have some protection but not complete immunity. They are likely to experience varying degrees of mild, non-specific signs of respiratory disease, such as lethargy, nasal discharge, and coughing.

Signs in Vaccinated Animals

Often show no clinical signs but if they come into contact with the virus, they can shed enough virus to infect other horses.

What to do if you are suspicious of flu

- Call the vet and make an appointment for assessment and diagnostic tests
- Isolate the potentially infected horse/horses (ring us to discuss appropriate isolation protocols)
- Take the temperature of your horse if you feel safe to do so
- Limit dust in the environment, such as bed on shavings or paper, and feed soaked hay from the floor
- Antibiotics do not treat viruses so will not be indicated unless a secondary infection is suspected by the vet



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- Drugs which aid mucociliary clearance may sometimes be given

Diagnosis

If we are suspicious that your horse may have flu, we will advise taking a nasopharyngeal swab (a large swab passed up the nose to the back of the throat area), and/ or blood samples, for detection of the virus or detection of changes in antibody levels to the virus. The naso-pharyngeal swab needs to be taken in the first few days of infection. In any outbreak, small or large, it is extremely important to collect the virus to determine where it has come from and how it is mutating. Changes in influenza virus are monitored and reported to international surveillance panels, allowing vaccines to be updated appropriately.

If your horse is found to be positive, we would advise implementing strict isolation and rest. As a rough guide, it is advisable that for every day your horse has a high temperature, it should be rested for at least one week. For example, if your horse has a high temperature for 4 days, you should rest it for at least 4 weeks.

Any horse on the yard where a confirmed case of flu has been diagnosed, is advised to have a booster if they have not been vaccinated within the past 6 months.

Prevention

As mentioned earlier, equine influenza is endemic. This means it is difficult to control. Vaccination is the best way to prevent outbreaks. Outbreaks are most common when susceptible, unvaccinated horses are brought together at shows, sales or races, or an unvaccinated infected horse is brought into a livery yard with no isolation protocol. If you wish to discuss an isolation protocol for new admissions to your yard, please feel free to give us a call.

Flu vaccinations are compulsory under British Horse Racing Authority (BHA) and the International Federation of Equestrian Sports (FEI) rules.

Vaccination Protocols

BHA:

- 1st Vaccination: Day 0
- 2nd Vaccination: 21 - 92 days later
- 3rd Vaccination: 150 - 215 days after the second
- **Booster Vaccine: Administered within 9 months (8 months plus 1 grace month). This has been relaxed to 12 months for 2020 in relation to the COVID pandemic, and we will update for 2021 in due course.**

FEI:

- 1st Vaccination: Day 0
- 2nd Vaccination: 21 – 92 days later
- 3rd Vaccination: within 6 months + 21 days after the date of administration of the second primary dose with at least annual boosters given subsequently
- Any horse competing must have a booster not more than 6 months + 21 days prior to arrival at an FEI event. The 21 day window has been provided to enable vaccination requirements to fit in with competition schedule.
- No vaccine will be given within 7 days of the day of arrival at the FEI event.

ProteqFlu/ProteqFlu-Te Vaccines:

- 1st Vaccination: ProteqFlu-Te (from 5-6 months old)
- 2nd Vaccination: ProteqFlu-Te 4-6 weeks after first
- 3rd Vaccination: ProteqFlu-Te 5 months after primary vaccination course
- Annual booster injection every 12 months, beginning with ProteqFlu, and alternating with ProteqFLU-Te.



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