

Equine Herpesvirus (EHV)

Equine herpesviruses are found in most horses all over the world. Almost all horses have been infected with the viruses and most of the times have no serious side effects. It is currently unknown what causes some infected horses to develop the serious neurological forms associated with EHV1 that may be fatal.

There are 9 types of EHV, with the most important being EHV 1, 2, 3, 4 and 5. EHV 1, 3, and 4 pose the most serious health risks for domestic horses.

- **EHV-1:** Can cause four manifestations of disease in horses, including respiratory form, neurological form, abortion and neonatal death.
- **EHV-3:** Causes a venereal disease called coital exanthema that affects the external genitalia but has not been shown to affect fertility.
- **EHV-4:** Causes a nonfatal upper respiratory tract disease in foals and is uncommonly associated with abortion and rarely with neurological disease.

Clinical Signs of EHV?

After infection, the incubation period may be as short as 24 hours, is typically 4-6 days, but can be longer.

Respiratory form:

- Fever that is biphasic, typically occurring on day 1-2 and again on day 6-7.

- Serous or mucoid nasal and ocular discharge (clear to white discharge)
- Coughing sporadically, but not always a feature of the disease
- Limb filling
- Fatigue/ reduced performance

Neurological form:

- Typically minimal respiratory signs with fever (rectal temperature > 38.5°C) being the only warning sign
- Neurologic disease appears suddenly and is usually rapidly progressing, reaching peak intensity within 24 to 48 hours from onset of initial signs
- Horses can develop EHM without any preceding fever and/or respiratory signs
- Clinical signs of the neurologic disease may include:
 - Incoordination/ataxia
 - Hind limb weakness
 - Loss of tail tone
 - Lethargy
 - Urine dribbling/urine retention presenting as colic
 - Recumbency (Inability to rise)

Abortion:

EHV is the most common infectious cause of abortion in mares. The mare usually shows no symptoms prior to abortion which occurs suddenly, most commonly in the third trimester of pregnancy. Infection may have been contracted recently or several months prior to the abortion.

Horses can become lifelong carriers. **Carrier horses** show no clinical signs, but the infection remains in their body. The virus can be re-activated at any time and spread to other horses. Re-activation often occurs at times of

Equine Herpes Virus Factsheet

Updated March 2021



stress, such as during transport, strenuous exercise, mixing at equine events or if the horses is unwell.

Transmission of EHV

EHV-1 is contagious and spread by direct horse-to-horse contact via the respiratory tract through nasal secretions. It is important to know that this virus can also be spread indirectly through contact with physical objects that are contaminated with the virus:

- Human contaminated hands or clothing
- Contaminated equipment and tack
- Contaminated trailers used for transporting horses
- Contaminated grooming equipment
- Contaminated feed and water buckets

EHV can also be spread by aerosol transmission to nearby stables. It cannot spread long distances and does not survive for long periods in the environment, but can survive for up to 7 days under normal circumstances. Therefore biosecurity is the most important measure to contain spread.

EHM diagnosis

Diagnosis of EHV is based on clinical signs and detection of the virus. Diagnostics performed by your vet may include:

- Nasal swab collection
- Blood sample
- Blood samples should be collected 2 to 3 weeks apart for levels of antibodies specific to EHV-1.

Prevention of EHV

Biosecurity is the main method of prevention you can establish to help avoid disease outbreak on your premises. This means doing everything you can to reduce the chances of an infectious disease being carried onto your farm by people, animals, equipment, or vehicles, either accidentally or on purpose. Anything that touches an infected horse or sheds secretions from sick horses has the potential to transfer pathogens to other horses. You are the best protection your horses have

- Isolate any horses showing signs described above
- Pregnant mares should be kept separate from all other horses, especially new arrivals
- Isolate all new arrivals on yard for 2-3 weeks
- Disinfect boots and outer clothing after visiting another yard - this is very important where owners work on one yard and stable their own horses on another yard
- Monitor temperatures of horses
- Prevent any contact with horses off your yard
- Provide each horse with their own equipment
- Don't share water sources
- Clean and disinfect horseboxes and trailer in between horses
- Wash your hands regularly



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EHV Vaccination

Vaccines available help both respiratory disease and abortion as a result of EHV infection. It will also help to reduce the amount of infective virus that is shed to other in-contact horses, which may reduce the risk of outbreaks. There is no equine licensed vaccine that has a label claim for protection against neurologic disease (EHM).

The vaccine is not recommended in the face of an outbreak, and there is some evidence that it may make things worse. However, vaccination has a role, in conjunction with good biosecurity. If your horse is healthy and has not been linked to any outbreak, there is no reason not to vaccinate.

Vaccination involves 2 doses 4-6 weeks apart followed by 6 monthly boosters. Vaccination of the entire yard is better to minimise risk of infection in the whole population.

Pregnant mares should be vaccinated at 5, 7 and 9 months of gestation to help prevent EHV-1 abortion.

If you are concerned about EHV or whether it is appropriate to vaccinate your horse, please ring us on 01622 737884 to chat with one of our vets who will be happy to help. Any recent events/outbreaks information can be found on our Facebook and Instagram pages or on our website latest news page or client information page.



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