



To: All horse owners, especially those traveling to shows and fairs this summer.

As many may already know, there was a recent outbreak of Equine Herpesvirus Myeloencephalopathy (EHM), or Equine Herpesvirus I (EHV I), at a horse show in Utah. The USDA official report is as follows:

“Several horses recently competing in the National Cutting Horse Association Western National Championship in Ogden, Utah, held April 29-May 8, have been diagnosed with EHV-1. Reports of affected horses have been received from multiple states and Western Canada, with several fatalities.

At this time, APHIS understands the virus to be present in horses that attended the cutting horse event and horses that came into contact with those that attended the event”. (1)

EHV is an endemic virus in the US horse population. There are multiple strains of herpes; EHV I, III and IV cause disease in horses. EHV I has four manifestations, or subtypes, of disease, which include respiratory, abortions, foal death, and neurologic disease. EHM is the neurologic form of EHV I. The “3-way” and “5-way” vaccines are labeled for the respiratory and abortion forms of EHV I, but not for the neurologic form, EHM. There is currently no vaccine specifically for EHM.

Almost all horses have been exposed to herpes at some time in their life. Herpes virus is a latent virus, which means that once the horse is exposed, the virus stays hidden in the body, but can re-appear in the future. Stress and transport are two common causes for herpes virus to recrudesce, or come out of latency and cause disease.

EHV I is transmitted via respiratory secretions from the sick horses’ nostrils. Nose to nose contact and aerosolized droplets are the most common sources of transmission. Aborted fetuses, and things in contact with the sick horse such as people’s hands, brushes, feed buckets, etc. can also transmit the virus.

The first sign of EHM is fever, which appears 1-2 days after exposure. In 8-12 days, the fever will return, along with nasal discharge. The horse becomes neurologic, and signs include “decreased coordination, urine dribbling, loss of tail tone, hind limb weakness, leaning against fences, and inability to rise.” (2). If any of these signs appear, contact a veterinarian and isolate the horse from other horses.

There is no cure for EHM; supportive care (pain medicine and antibiotics to treat secondary bacterial infections) is the treatment.

Biosecurity is very important in preventing the spread of EHM. If you suspect your horse has EHM, do not take your horse off the farm, do not expose your horse to other horses, and do not

bring new horses onto your farm. Assign one person to handle the horse and have that person wash hands and change clothes and footwear before touching other horses.

Eastview vet clinic continues to recommend that all horses have their 5-way vaccines yearly to aid in prevention of EHV.

There have been NO cases of EHM in New York state at this point. **Call facilities to inquire about biosecurity measures before bringing your horses to any facility.** Here are some useful links for more information on EHM and tracking the progress of the outbreak:

1) <http://www.aphis.usda.gov/vs/nahss/equine/ehv/>

2) http://www.aaep.org/ehv_resources.htm. There are multiple links on the website; this is especially useful: [EHM: A Guide to Understanding the Neurologic form of EHV Infection](#)

Thank you and happy riding!

Dr. Elisha Blond and Dr. Katrina Picariello.