



## MARYLAND COOPERATIVE EXTENSION

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### **MAY EXTENSION HAPPENINGS** **CALL THE EXTENSION OFFICE TO REGISTER**

**Equine Clinic, May 7, 9 am–2 pm: This hands-on clinic will teach youth and adults about basic equine care including handling, grooming, first-aid and maintenance. It will be held at Talbot Agricultural Center. Please bring your bag lunch, Talbot County (410-822-1244)**

**Q** What is going on with this herpes health crisis? Have these horses not been vaccinated for rhino? I have been told that this is a “new” resistant strain of herpes. Is that true? What can we do to protect our horses?

**A** It was once thought that Equine Herpes Virus (EHV) had three documented strains, numbered as 1, 2 and 3, with EHV-1 considered the most pathogenic with two subtypes, 1 and 2. Now, veterinarians are thinking that the type that causes neurological signs is an entirely different strain of EHV – EHV-4. The more common strain, EHV-1 causes Rhinopneumonitis (the respiratory form), and late-term abortion. EHV-4 can also cause respiratory disease as well as neurological disease.

There is a viral incubation that may last anywhere from 2–10 days, followed by clinical signs such as fever (102°–107°), depression, congestion and nasal discharge. Neurological symptoms include mild incoordination to severe ataxia, paralysis, loss of bladder control, tail tone and a loss of sensation in the hind limbs. Just a few or all of these symptoms may be present in a horse with herpes virus. The virus is transmitted by coughing, sneezing, or direct contact with an infected horse or equipment that was in contact with an infected horse. Horses may shed the virus for several days after infection. Once a horse has been exposed to EHV, they will be carriers for life (described as a “latent” infection because clinical signs will be minimal or non-existent). Horses that are latent carriers of the virus can shed infectious virus through the respiratory tract, infecting new horses and creating new hosts for the virus.

There are risk factors associated with the disease that you, as horse owners, can manage. Horses that live in crowded conditions, have a poor nutritional plane, or those that have a parasite burden are at higher risk, as are horses whose immune systems are compromised by another disease. To prevent infection on your farm, you will need to be proactive in your management style. New horses or resident horses that have left your farm for shows, breeding or racing, be isolated for 3–4 weeks upon their return so that you can monitor them for signs of disease. If a horse does become ill, isolate that horse and horses that it was in direct contact with from others. Use separate equipment to care for those animals, including feed and water buckets, muck forks, wheel barrows, and grooming tools. Do not touch another horse after coming into contact with an ill horse until after you have washed up thoroughly (don’t forget your feet – use a footbath!). Stress should be kept at a minimum, as it can be a “trigger factor” for reactivation of latent EHV-1 and EHV-4, leading to disease.

Vaccination against EHV-1 and EHV-4 using a killed virus is recommended, beginning when a foal is 3–4 months old, followed by a booster 3–4 weeks later. Additional boosters may be required every 3–6 months even as adults because there is evidence that immunity provided by the vaccine lasts for only 2–4 months. Work with your veterinarian to develop a vaccination schedule and management plan that works for your farm’s risk level. Keep in mind that vaccination will NOT be effective if you practice unsound management of horses on your farm.

Much information for this article was obtained from the Merck Veterinary Manual, available on line at <http://www.merckvetmanual.com/mvm/index>. and from Maryland Department of Agriculture press releases. —Erin Petersen, MS, PAS • petersdr@umd.edu