

NEWS ALERT

OUTBREAK OF NEUROLOGICAL “RHINO” WITH CASES IN CALGARY AREA

Currently, there are numerous reports of the neurological form of rhinopneumonitis, caused by the EHV-1 virus and called equine herpesvirus myeloencephalopathy (EHM), affecting horses across the U.S. and Canada. This outbreak appears related to initial cases at a cutting horse show in Ogden Utah, which was held from April 29 - May 8. Horses at that event may have been exposed to this virus and subsequently spread the infection to other horses. There were a significant number of horses from Alberta and BC that attended this show and there is one confirmed cases in the Calgary area. While the true extent of this disease outbreak is uncertain, there is clearly a very significant elevated risk of EHM cases in our area at this time. Control of the outbreak is critically dependent on biosecurity.

Laboratory submission of nasal swabs and whole blood samples collected from the exposed horse can be utilized for virus detection and isolation. Please consider testing any suspected cases.

The Equine herpes virus generally causes a flu-like respiratory disease that affects horses worldwide and most horses are exposed at some time in their life. The virus can spread quickly from horse to horse causing the respiratory disease but only sporadically causes neurological disease. The incubation period of EHV-1 infection is typically 1-2-days, with clinical signs of fever occurring, often in a biphasic pattern over the following 10 days. When neurological disease occurs it is typically 8-12 days after the primary infection, starting often after the second fever spike. In horses infected with the neurologic strain of EHV-1, clinical signs may include: nasal discharge (flu-like symptoms), incoordination, hind end weakness, recumbency, lethargy, urine dribbling and diminished tail tone. The prognosis depends on the severity of signs and the period of recumbency. There is no specific treatment for EHV-1, although antiviral drugs (i.e. valacyclovir) may have some value before neurological signs occur. Non-specific treatment may include intravenous fluids, and other appropriate supportive therapy; the use of anti-inflammatory drugs (Bute and Banamine) is strongly recommended. Currently, there is no equine vaccine that has a label claim for protection against the neurological strain of the virus. However, there are two different vaccines that **may** help lessen the severity of the disease and slow the transmission. Avoiding contact with the virus remains the most effective method of preventing the disease.

Horse-to-horse contact, aerosol transmission, and contaminated hands, equipment, tack, and feed all play a role in disease spread. However, horses with severe clinical signs of neurological EHV-1 infection are thought to have large viral loads in their blood and nasal secretions and therefore, present the greatest danger for spreading the disease. Immediate separation and isolation of identified suspect cases and implementation of appropriate biosecurity measures are key elements for disease control.

Web sites with additional information:

[Equine Herpesvirus Myeloencephalopathy \(EHM\) & EHV-1 FAQ](#) - frequently asked questions

[University of California, Davis, School Vet Med](#) – practical information about handling sick horses, diagnostic testing, and control

[National Cutting Horse Association EHV Resources](#) -information more specifically for cutters