

Equine herpesvirus is a common virus that occurs in horse populations worldwide. The two most common types are EHV-1, which causes respiratory disease in young horses, abortion in pregnant mares and neurological disease in horses of all ages and types, and EHV-4, which usually only causes low-grade respiratory disease but can occasionally cause abortion. Following first infection the majority of horses carry the virus as a latent (silent) infection that can reactivate at intervals throughout life.

A horse at Puddephatts has been diagnosed with EHV-4 . The common clinical signs of EHV-4 are those of a respiratory disease including mild fever, occasional coughing and discharge from the nose.

EHV respiratory infections are spread most commonly via the respiratory route (e.g. via droplets from coughing and snorting). Indirect EHV transmission can also occur, through the environment, because the virus may survive for up to a month, once it has been shed by the horse.

The nature of herpesviruses means that all horses can be 'carriers' of EHV in a latent form (meaning that horses are not always infectious to others), which can, under conditions of stress, be reactivated, meaning that they may then transmit infection without showing signs of illness. As EHV is a common endemic infection, it is probable that the vast majority of adult horses are latent carriers and as such have the potential to act as a source of reactivated EHV-4. Currently there is no reliable test for carrier status. In carriers, illness (respiratory) may become apparent from time to time, especially after stress (particularly travelling and changing of location and social groups) or after suffering another disease. The virus is potentially contagious at these times and may be transmitted to otherwise healthy but susceptible horses, who may then develop EHV disease.

EHV-4 infection can be diagnosed by PCR testing of nasopharyngeal swabs or paired blood serology

Treatment is symptomatic and includes NSAIDs such as Equipalazone or Danilon to make the horse more comfortable and reduce fever . rest and sometimes covering antibiotics if a secondary bacterial infection is suspected.

Monitoring on the yard for other cases is best by twice daily taking of temperatures and nasopharyngeal swabbing of any horse with a fever (a temperature of over 38.5C) and assessing any horses who look ill from a respiratory infection with signs such as coughing or nasal discharge.

Good hygiene and biosecurity practices such as washing hands between handling different horses may also help minimise the spread of the virus.

It is advised that an infected yard stays isolated for 28 days from any new case.

Vaccination for EHV-4 is an option for the future but is of little value during an outbreak as it takes too long for a significant immunity to develop