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# Equine Disease

## **Be aware: Disease can affect any horse, pony or donkey at any time**

If either you or your veterinarian suspects an equine is displaying any clinical signs of a notifiable disease your local Animal Health Office needs to be informed immediately.

## **Contact details for the Animal Health Offices:**

### **North Wales Animal Health Office**

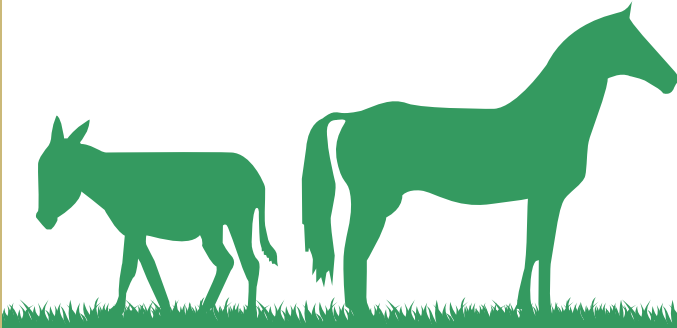
Telephone: 01286 674144

Nightline: 01286 674144

### **South Wales Animal Health Office**

Telephone: 01267 245400

Nightline: 07000 780144



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# Equine Disease

## How notifiable diseases can affect you and your Equines

- Equine ill health can become chronic or even fatal.
- Veterinary bills will increase.
- Movement of equines on or off the premises could be restricted.
- Markets, competitions, shows etc could be affected by restrictions.

## How disease risk can be minimised

- Examine your equines daily and note any unusual behaviour or change in physical appearance.
- If you have any cause for concern consult your veterinarian.
- Observe good biosecurity practice.
- Ensure your vaccinations are up-to-date and recorded in the horse's passport.
- Ensure you agree and coordinate a good worming programme with your veterinarian and other owners who share your grazing.



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# African Horse Sickness (AHS)

## Background

AHS is a fatal disease that affects horses, mules, donkeys and zebras. It is caused by an orbivirus (a type of virus which also causes Bluetongue), and is transmitted by the same type of midge.

The spread of disease can be influenced by climatic conditions that favour the proliferation of the vector midges, including warm, moist weather and high rainfall, as well as spread by wind dispersal.

## Clinical signs

The clinical signs seen are dependent upon which form of the disease is present:

- Acute - high fever, severely laboured breathing, coughing and profuse discharge



from the nostrils. The mortality rate is very high with up to 95% of severely affected horses dying within a week.

- Cardiac - swellings are present over the head and eyelids, lips, cheeks and under the jaw. The mortality rate is around 60% and death results from heart failure.
- Mildest form - fever with low temperatures in the morning rising to a high peak in the afternoon.
- The mixed form of the disease shows itself by mild respiratory signs followed by the typical swellings of the cardiac form.

## Protection

- No vaccine for AHS is currently licensed in the EU.
- Protection from vectors could reduce the risk of infection.
- Recovered horses do not carry the virus.



For more information please see the disease surveillance pages at:  
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# Contagious Equine Metritis (CEM)

## Background

CEM is a contagious venereal disease of horses caused by three species of bacteria. Infection spreads through direct transmission of bacteria from mare to stallion/teaser and also from stallion/teaser to mare at the time of mating or teasing. It can be transmitted via semen, from infected stallions, used in Artificial Insemination (AI).

Indirect infection can occur through contaminated utensils and instruments and by poor personal hygiene. It can also be spread via genital to genital or nose to genital contact between stallions/teasers and mares.

Cases are confirmed in the UK from time to time.



## Clinical signs

- The main outward clinical sign in infected mares is a discharge from the vulva, usually 1 to 6 days after disease transmission at mating.
- Infected stallions and teasers are usually passive carriers - they do not show clinical signs of infection.

## Protection and Treatment

- Treatment with antibiotics is effective.
- There is no vaccine available and therefore prevention by adherence to the Industry Code of Practice is advisable.



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# Equine Viral Encephalomyelitis (EVE)

## Background

EVE is an infectious mosquito-borne disease of horses characterised clinically by paralysis and other signs of nervous derangement caused by several virus types. The viruses can cause serious human disease as well as infecting poultry and sometimes mammals. The virus responsible can cause Venezuelan Equine Encephalomyelitis (VEE), Western Equine Encephalomyelitis (WEE) and Eastern Equine Encephalomyelitis (EEE).

## Clinical Signs

- The severity of clinical signs varies according to the virus involved but there are some common themes. The incubation of the disease after infection with the virus is from 1 to 3 weeks. In the initial stage there is fever, which may be accompanied

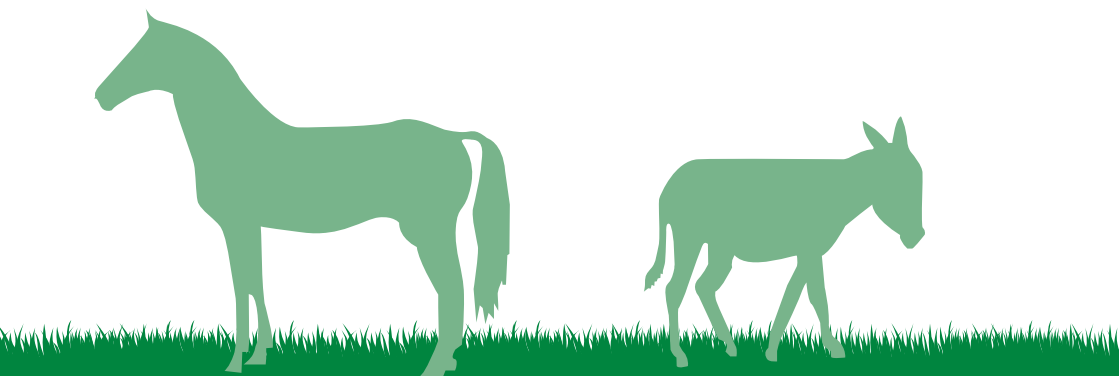


by depression and loss of appetite, but the reaction may be so mild it goes unnoticed.

- The nervous signs are hypersensitivity to sound and touch with periods of excitement and restlessness, with apparent blindness. Affected horses may walk blindly into objects or walls. Muscle twitchings may occur in the face and shoulders. A period of severe depression follows. Affected horses stand with their heads hung low and may have a half-chewed mouthful of feed hanging from their lips. The animal may appear to be asleep and is unable to hold up his head, often resting it on some solid object.

## Protection

- There are no vaccines currently approved for use in the EU to protect against the Encephalomyelitis viruses mentioned above.
- Risk of infection can be reduced by protection from the vectors.



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# Equine Infectious Anaemia (EIA)

## Background

EIA (sometimes called 'Swamp Fever') is a viral disease which affects horses, mules and donkeys. Although not necessarily fatal, recovered animals will become carriers of the disease and can infect other horses. Two cases occurred in Wiltshire in 2010.

It can be transmitted through blood-sucking insects and also through the use of contaminated blood or blood products, instruments or needles. Pregnant mares can pass on this disease to their foals whilst in the womb.

## Clinical Signs

- Acute - cases experience fever and haemorrhaging 7-30 days post infection. Very few horses with this initial fever are detected by owners.



- Chronic - cases experience episodes of fever, weight loss, depression, progressive weakness, anaemia and oedema. Other symptoms which may occur include loss of appetite, frequent urination, diarrhoea, weakness, paralysis of the hindquarters, paleness of the mucous membranes, yellowish discoloration of the conjunctiva, small pinpoint haemorrhages beneath the tongue, rapid breathing and accelerated pulse.
- Pregnant mares may abort.

## Protection

- There is no known treatment that can eliminate the virus from the body and therefore affected animals are normally slaughtered.
- There is no satisfactory vaccine for EIA. Research work continues on attempting to produce a suitable vaccine. Carrier animals can be detected by a blood test.



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# Equine Viral Arteritis (EVA)

## Background

EVA is a contagious disease. Although EVA can be a systemic illness, it is often only found on breeding premises.

Venereal transmission of EVA can occur not only by natural mating but also by AI using fresh, chilled or frozen semen. The infection is spread by contact with infected horses or aborted fetuses.

## Clinical Signs

- The viral infection can cause fever, depression, and oedema (swelling) especially of the limbs and inflammation around the eyes. The virus may cause abortion in pregnant mares and severe respiratory disease and death in young foals.



- The virus localises in a stallion's sex glands and the virus may be shed in his semen for several weeks, months or years afterwards and possibly for life.

## Protection

- A vaccine is licensed for use in horses in the UK and has been used widely in thoroughbred stallions to provide some immunity against EVA.
- The protective efficacy of this vaccine has not been demonstrated in the face of a field outbreak.
- EVA is a preventable disease by adherence to the Industry Code of Practice.



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# Glanders (also known as 'Farcy')

## Background

Glanders is an infectious disease primarily of horses, donkeys, and mules, although other animals such as goats, cats and dogs can be infected. It is possible for humans to acquire the infection from close contact with infected horses.

It is caused by infection with the bacterium *Burkholderia mallei*, usually by ingestion of contaminated food or water.

## Clinical Signs

- Acute - nasal discharge, coughing, high fever and ulceration of the nasal mucous membrane. Death occurs from septicaemia in a few days. The discharge is infectious.



- Chronic - nodules develop under the skin and ulcerate. The lymph vessels thicken and there is enlargement of the lymph nodes of the area. Nodules develop in the nose, the turbinate bones and on the nasal septum, which then ulcerate. The animals are sick for months and then die or remain carriers. These carrier animals may continue to spread the disease.

## Protection

- There is no vaccine currently available.
- Prevention of naturally occurring disease involves the detection and slaughter of infected animals.



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# Vesicular Stomatitis

## Background

Vesicular Stomatitis is a viral disease of horses and pigs that can also affect man. It can be transmitted through direct contact with animals infected with clinical disease and also through biting flies or mosquitoes.

## Clinical Signs

- This disease is clinically indistinguishable from Foot and Mouth Disease (FMD) and laboratory diagnosis is necessary, although horses are not susceptible to FMD.
- Areas of epithelium become blanched, followed by the formation of vesicles on the nostrils, lips, tongue, hard and soft palate and the coronary band. Lesions may also occur in other areas of the skin, especially where there is abrasion of tissue. The vesicles yield a



serous fluid as they burst, usually 6 to 24 hours after formation. The hoof may become detached if vesicles have formed there.

- Mortality rates are moderate to low.

## Protection

- No specific treatment is available.



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# West Nile Virus (WNV)

## Background

West Nile Virus Infection is a non-contagious form of viral encephalitis spread by mosquitoes. Migrating birds are the most likely mechanism by which WNV could be introduced into the UK because birds are the main carriers.

WNV can be transmitted to both humans and animals via the bite of an infected mosquito. The mosquito vectors primarily involved are the *Culex* species which are known to occur in some parts of the UK.

Humans, horses and other mammalian species are considered 'dead-end hosts', which means they do not normally spread the disease to other people or animals.

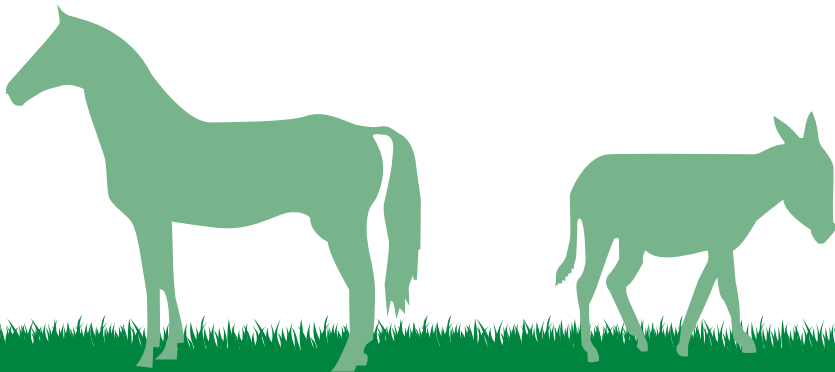


## Clinical Signs

- In most cases horses show no obvious signs of disease but become seropositive (i.e. positive to the blood test for antibodies to the virus).
- Affected animals develop a fever and often encephalitis (inflammation of the brain).
- Rates of mortality can be significant in affected horses.

## Protection

- The risk of infection can be reduced by protection from vectors.
- In January 2009 West Nile Virus vaccine was authorised for use throughout the EU.



For more information please see the disease surveillance pages at:  
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