BROOKINGS, S.D. - Recent cases of equine herpes virus infection in some western states remind horse owners to think critically about horse health care and preventative medicine programs, says Dr. Rebecca Bott, South Dakota State University Extension Equine Specialist.

"Traveling to competitions, sales, and other events where horses commingle poses a potential risk for spread of contagious diseases," Bott said.

According to Dr. Dustin Oedekoven, South Dakota State Veterinarian, EHV is diagnosed nearly every year in South Dakota.

"It is imperative that horse owners recognize the clinical signs of EHV, understand how it is transmitted. Especially since the disease can be prevented," Bott said.

EHV is a virus that rears its head in horse populations around the nation. There are two strains of the virus (EHV-1 and EHV-4) which account for the majority of EHV infections. EHV is easily spread among horses through close contact. The disease generally manifests through three syndromes; respiratory infection ("rhinopneumonitis"), abortion, and neurological disease.

**Clinical Signs of EHV**

*Rhinopneumonitis*: Signs may be mild or unapparent in horses that have been vaccinated. The respiratory infection is often seen in younger horses such as weanlings and causes symptoms such as fever, nasal discharge, coughing, and swelling of lymph nodes. This syndrome is caused by EHV-4, and may be followed by a secondary bacterial infection.

*Abortion*: Infection with EHV-1 is associated with late term abortion (7-11 months of gestation). In rare occasions, exposed mares may give birth to a live foal. However, the foals are often weak with this viral infection and secondary bacterial infections and usually only live a few days.

*Neurological disease*: This syndrome is caused by EHV-1. Symptoms include incoordination, lameness, loss of tail and bladder function and paralysis depending on which part of the nervous system is affected.

**Diagnosis of EHV**
Diagnosis of EHV can be difficult and time sensitive. If you suspect EHV it is important to enlist the help of a veterinarian. Generally nasal swabs or blood samples may be collected to perform diagnostic tests.

**Treatment and Outcome**
In most cases treatment of EHV is supportive, meaning symptoms are treated as they appear. Unfortunately, the disease can progress to the point where euthanasia is the only option.

**Prevention of EHV**
Vaccinations for both EHV-1 and EHV-4 are available; however, there is not a vaccine labeled for prevention of neurologc EHV. Initial vaccination of foals begins at 3-4 months of age with a booster 4-8 weeks later. Subsequent boosters are recommended every 3-6 months to maintain an adequate level of protection in the horse. The local veterinarian should be able to help horse owners determine which EHV vaccinations to select and how often to vaccinate based on the specific risk factors for their horse.

Horses that are frequently traveling and coming into contact with other horses should receive boosters as often as every 90 days. Pregnant mares should be vaccinated with an EHV vaccine that is labeled for prevention of equine abortion at 3, 5, 7, and 9 months of gestation.

Additional management practices can help to limit the risk of EHV in horses. When a new horse arrives on a property adhere to a strict 3-4 week isolation period. If during this time no signs of illness arise in the new horse, the horse may be introduced to the herd.

Only attend events where health certification and vaccination requirements are enforced. Finally, cleanliness and disinfection of trailers, water buckets and other equipment will help to prevent the spread of EHV and other communicable diseases.

For more information, visit with your local veterinarian. Horse owners may also contact Dr. Rebecca Bott, SDSU Extension Equine Specialist, Rebecca.Bott@sdstate.edu, or Dr. Russ Daly, SDSU Extension Veterinarian Russell.Daly@sdstate.edu. To report a case of EHV in South Dakota, contact Dr. Dustin Oedekoven, South Dakota State Veterinarian, (605) 773-3321.