# Equine Herpesvirus (EHV)

**Disease Name:** Equine Herpesviruses (EHV-1 and EHV-4)

**Disease Type:** Virus

**Transmission:** EHV is spread from horse to horse through contact with nasal discharge or spread as aerosol droplets. Horses can also contract the virus by coming into contact with contaminated surfaces such as stalls, water, feed, tack, and transport vehicles. Humans can spread the virus from horse to horse by contaminated hands and clothing.

Frequency: EHV-1 and EHV-4 are relatively common as a mild respiratory disease; EHV-4 occasionally causes abortion in unvaccinated mares; Equine Herpesvirus Myeloencephalitis (EHM), the neurologic form of either EHV-1 or EHV-4, is rare.

Incubation period: Ranges from 2 to 10 days. Horses can shed the virus during the incubation period.

Carrier status: Infected horses are carriers and can shed the virus even when showing no clinical signs.

Shedding period: Varies by horse and strain. Horses are considered to be a source of infection until they test negative for the virus.

Latency: The virus can remain latent for the lifespan of the horse. Reactivation with shedding is possible from stress such as transport or new activity.

Severity:

- EHV-1: Variable; Mild signs of illness to abortion to severe neurologic disease
- EHV-4: Variable; Mild signs of illness to abortion to severe neurologic disease

Clinical signs:

EHV-1:

- Fever
- Nasal discharge
- Lethargy/Depression
- Neonatal death
- Late-term abortion
- Neurologic disease

EHV-4:

- Fever
- Nasal discharge

- Lethargy/Depression
- Neonatal death
- Late-term abortion
- Neurologic disease

Diagnosis: EHV-1 and EHV-4 are diagnosed through PCR testing by nasal swab, buffy coat sample (centrifuged blood), virus isolation from blood, or a significant increase in antibody titer in serum samples collected 2-3 weeks apart.

Treatment: Supportive care and rest are the chief treatments. Non-steroidal anti-inflammatory medications, such as phenylbutazone (Bute) or flunixin meglumine (Banamine) are used to control fever, pain, and inflammation. In some cases, antivirals are used.

Prognosis: In most cases, horses recover from EHV-1 or EHV-4 in a few weeks and, once fully rested, can gradually return to work.

Prevention: Vaccinations are available for prevention of the respiratory and abortive form of EHV-1 and EHV-4; there is currently no vaccine labeled for the prevention of the neurologic form of EHV (EHM). The best method of protection is always to maintain current vaccinations on all horses on your property and to follow correct biosecurity protocol when bringing new horses onto your premises or when travelling with your horse.

Biosecurity: EHV is spread via aerosol particles from nasal discharge or from contaminated surfaces including people, clothing, feed and water, implements, and stalls; isolation is critical to preventing spread of the virus. Proper biosecurity measures include extensive disinfection of surfaces and equipment that come in contact with affected horses.