Equine Herpes Virus (EHV) is a common virus in equine populations worldwide. There are several strains of the virus, with EHV-1 and EHV-4 being most often involved in clinical disease. EHV-1 can cause respiratory disease, abortion and neurologic disease. The neurologic disease is sometimes referred to as Equine Herpes Myeloencephalopathy (EHM).

**Background**

The common name for EHV is Rhinopneumonitis. In recent years the presence of EHV has been more apparent within the horse industry. The neurologic form of EHV is called Equine Herpes Myeloencephalopathy (EHM). EHM can cause severe illness or death in horses. There have been numerous reported outbreaks across the US at large horse facilities and events. Due to the large number of horses that can be exposed at these events, and the aggressive nature of this disease, significant health concerns have been raised with horse owners and all involved in the horse community. Although EHV is highly contagious among horses, it does not pose a threat to human health.

**Transmission**

EHV is transmitted primarily by aerosol and through direct and indirect contact. Aerosol transmission occurs when infectious droplets are inhaled. The source of infectious droplets is most often respiratory secretions. In the case of abortions, virus may be present in the placenta, fetal membranes and fluid, and aborted fetuses.

Direct horse-to-horse contact is a common route of transmission of the virus, but indirect transmission is also important. This occurs when infectious materials (nasal secretions, fluids from abortions, etc.) are carried between infected and non-infected horses by people or fomites (inanimate objects such as buckets, etc.).

**Clinical Signs**

Fever is one of the most common clinical signs and often precedes the development of other signs. Respiratory signs include coughing and nasal discharge. Abortions caused by EHV generally occur after five months of gestation. Neurologic signs associated with EHM are highly variable, but often the hindquarters are most severely affected. Horses with EHM may appear weak and uncoordinated. Urine dribbling and loss of tail tone may also be seen. Severely affected horses may become unable to rise. It is important to remember that none of these signs are specific to EHV, and diagnostic testing is required to confirm EHV infection. Also, many horses exposed to EHV never develop clinical signs.

In severe forms of the disease, EHV can result in a horse that is unable to stand, and it can be fatal.
Treatment
Because EHV is a virus it does not respond to antibiotics. Therapy for a horse infected with EHV is dependent on the severity of the clinical sign and is tailored to each horse individually. Horses with fevers or respiratory disease may be treated with anti-inflammatory and continued monitoring. Horses that develop neurologic symptoms require aggressive intensive care and strict biosecurity is very important due to risk of transmission to other horses. Antiviral medications may be beneficial in treatment of EHV. Contact your veterinarian for the best treatment for your horse.

Prevention
The best way to keep your protected from EHV is to prevent exposure to the disease. Good biosecurity is the first way to prevent exposure and transmission of any disease. Reducing unnecessary contact with horses of unknown history especially at shows, events, new arrivals, and sick horses is practicing good biosecurity. Making an effort to wash your hands, avoid touching other horses, regular disinfecting of tack, and cleaning of brushes are also good biosecurity techniques. Vaccination against EHV is another method to reduce the chance of the disease. Although the vaccine may not reduce the frequency of the disease, it will decrease the frequency and severity of clinical signs, and more importantly reduce the shedding of the virus to other horses.

What to do if you suspect your horse has been exposed:
If you suspect your horse has been exposed to EHV, contact your veterinarian. In general, exposed horses should be isolated and have their temperatures monitored twice daily for 10 days. If an exposed horse develops a fever or other signs consistent with EHV infection, diagnostic testing should be performed. Testing of healthy horses is generally not recommended.

BIOSECURITY BASICS - Preventive measures designed to reduce the risk of transmission of infectious diseases.
- Avoid contact with new horses (no nose greeting or contact with urine or feces).
- Wash hands regularly when grooming, feeding, or handling your horse.
- Disinfect tack, equipment, or tools between horses.
- Have a written plan for new horses or horses returning from an event.

Useful Links/Resources
http://www.clemson.edu/public/lph/ahp/equine.html
http://www.aaep.org/pdfs/control_guidelines/Equine%20Herpes%20Virus.pdf
http://www.aphis.usda.gov/vs/nahss/equine/ehv/