**General Facts**

Equine herpesvirus type 1 (EHV-1) is a very common infectious virus of horses. It can cause respiratory disease, late-term abortions, early foal deaths and neurologic disease. Here, we will focus on EHV-1 induced respiratory and reproductive disease.

- Disease varies in severity
- Can affect horses of any age
- Spread via coughing horses; direct and indirect contact; nasal secretions; contact with aborted fetuses, placental and fetal fluids
- Most horses are exposed at a young age and become latent carriers for life
- Disease can be reactivated by stress
- Virus shedding can occur silently and last for more than 10 days
- Incubation period is 24 hours to 6 days or longer
- Major cause of viral abortion outbreaks in mares
- Abortion can occur weeks to months following virus exposure with no clinical signs

**Watch for these Signs of Respiratory and Reproductive Disease**

- Fever (>101.5°F)
- Coughing
- Nasal discharge
- Lethargy/depression
- Neonatal death
- Late-term abortion (7+ months)

**Diagnosis**

- Respiratory disease diagnosis is performed with a nasal swab and/or blood sample submitted for polymerase-chain reaction (PCR) testing
- Cause of abortion is diagnosed by laboratory evaluation of the aborted fetus and/or placenta

**Treatment and Recovery**

- Supportive care and rest. Non-steroidal anti-inflammatory products, such as Banamine® (flunixin meglumine) may be prescribed
- Immediate removal of aborted fetus and placenta
- Separate and isolate aborting mare from herd and provide appropriate uterine care
- Recovery depends on severity of disease

**Vaccination is the #1 Way to Protect Your Horse Against EHV-1 Respiratory and Reproductive Disease**

- Prestige® EHV family of vaccines are effective against respiratory and reproductive disease
- Horses at risk should be revaccinated at 6-month intervals
  - Horses that travel and are in frequent contact with large numbers of horses
  - Horses at home exposed to traveling horses
  - Horses with compromised or immature immune systems
- Vaccinate pregnant mares at 5, 7 and 9 months of gestation with an inactivated EHV-1 vaccine, such as Prestige® Prodigy®, which reduces abortions.

**REMEMBER: Vaccination + Biosecurity is Best!**

- EHV-1 is highly contagious and spreads rapidly
- Avoid nose-to-nose contact with other horses
- Isolate all new entries or horses returning to the stable from travel
- Check temperatures at least once and preferably twice daily (Normal = 99°F – 101°F)
- Isolate any horse with elevated temperature and/or occurrence of unprovoked coughing
- Do not share tack, water buckets or feed sources
- Practice good hand hygiene (hand sanitizers in absence of soap and water)
- Clean and disinfect hauling equipment like trailers after each use
- Contact your veterinarian immediately to schedule a comprehensive examination

**The Science of Healthier Animals**

Brought to you by: Prestige®

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Equine herpesvirus type 4 (EHV-4) is the most common infectious upper respiratory disease in the horse. It is endemic in many equine populations.

EHV-4 typically peaks from October to February, but can occur any time of year.

- Horses at risk should be revaccinated at 6-month intervals.
- Horses that travel and are in frequent contact with large numbers of horses.
- Horses at home exposed to traveling horses.
- Horses with compromised or immature immune systems.

The benefits of vaccination:

- Reduced risk of infection.
- Reduced shedding of virus by infected horses so less virus is circulating in the horse population.
- Reduced severity of clinical signs.
- Less time off exercise, training, competing.
- Lower cost of veterinary treatment.

EHV-4 is a tricky disease. As with EHV-1, existence of a carrier state seriously compromises efforts to control EHV-4 and explains why outbreaks of EHV-1 or EHV-4 can occur in closed populations of horses.

Watch for These Signs

- Fever (102°-107°F)
- Nasal and ocular discharge
- Lethargy
- Anorexia

Diagnosis

- Diagnosis is often performed with a nasal swab that is submitted to a laboratory for polymerase-chain reaction (PCR) testing.

Treatment and Recovery

- Supportive care and rest. Non-steroidal anti-inflammatory products such as Banamine® (flunixin meglumine) may be prescribed by your veterinarian.
- Recovery depends on severity of disease.

VACCINATION IS THE #1 WAY TO PROTECT YOUR HORSE AGAINST EHV-4

- EHV-4 typically peaks from October to February, but can occur any time of year.
- Horses at risk should be revaccinated at 6-month intervals.
- Horses that travel and are in frequent contact with large numbers of horses.
- Horses at home exposed to traveling horses.
- Horses with compromised or immature immune systems.

The benefits of vaccination:

- Reduced risk of infection.
- Reduced shedding of virus by infected horses so less virus is circulating in the horse population.
- Reduced severity of clinical signs.
- Less time off exercise, training, competing.
- Lower cost of veterinary treatment.

REMEMBER:

Vaccination + Biosecurity is Best!

1. EHV-4 is highly contagious and spreads rapidly.
2. Avoid nose-to-nose contact with other horses.
3. Isolate all new entries or horses returning to the stable from travel.
4. Check temperatures at least once and preferably twice daily (Normal = 99°F – 101°F).
5. Isolate any horse with elevated temperature and/or occurrence of unprovoked coughing.
6. Do not share tack, water buckets, feed sources, etc.
7. Practice good hand hygiene (hand sanitizers in absence of soap and water).
8. Clean and disinfect hauling equipment like trailers after each use.
9. Contact your veterinarian immediately to schedule a comprehensive examination.

ADDITIONAL INFORMATION

www.equinediseasecc.org/disease-information
www.AAEP.org/guidelines
www.aphis.usda.gov

Talk to your veterinarian today to see if your horse is at risk for EHV-4 and determine the appropriate vaccination program. For more information on the PRESTIGE® line of EHV vaccines, visit www.PrestigeVaccines.com.

1 Merck Animal Health and University of California Davis (Shelley Pruett, DVM, 전임 교수) Infectious Upper Respiratory Disease Surveillance Program. Ongoing research 2008-present.
2 AAEP Risk-Based Vaccination Guidelines (www.aaep.org)