

## Equine Herpes Virus

### DEFINITIONS:

- **Confirmed Case:** A horse which displays compatible clinical signs AND has a positive laboratory diagnostic test for the neuropathogenic strain of Equine Herpes Virus-1.
- **Compatible Clinical Signs:** Any one or more of the following clinical signs: fever, nasal discharge, ataxia, hind end weakness, diminished tail tone, and/or recumbency.
- **Exposed Horse:** A horse which has been in close contact with a confirmed case of the neuropathogenic strain of EHV-1 within the last 14 days.

### Alert

### CURRENT EHV-1 SITUATION:

## ORANGE COUNTY:

- **January 23, 2012: There are no new cases.** A total of 11 Neuropathogenic Equine Herpes Virus -1 (NEHV-1) positive cases have been confirmed at the quarantined Orange County premises. Only the initial confirmed positive horse displayed neurologic signs and he is currently recovering. All other confirmed NEHV-1 positive horses displayed respiratory symptoms, limb edema and/ or fever. A confirmed positive horse became recumbent and was euthanized on January 18, 2012; the necropsy results indicate that it is highly unlikely that the recumbency was due to the NEHV-1 infection. The single premises remains under quarantine and CDFA continues to monitor the situation.

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### Disease Background

Equine Herpes Virus (EHV-1) infection in horses can cause respiratory disease, neurological disease, abortion in mares and neonatal foal death. The neurological form of the disease, is known as Equine Herpes Myeloencephalopathy (EHM). The neurological form of the virus has the potential to cause high morbidity and mortality. EHV-1 is easily spread and typically has an incubation period between 2-10 days. Respiratory shedding of the virus generally occurs for 7-10 days, but may persist longer in infected horses. For this reason, the isolation period recommendation for confirmed positive EHM cases is twenty-one (21) days. Clinical signs of EHM in horses may include nasal discharge, incoordination, hindquarter weakness, recumbency, lethargy, urine dribbling and diminished tail tone. The prognosis for EHM positive horses depends on the severity of signs and the period of recumbency. Employing supportive treatment with intravenous fluids, anti-inflammatory drugs, anti-viral drugs and other supportive measures may be beneficial since there is no specific treatment for EHM. Currently, no EHV-1 equine vaccine has a label claim for protection against the neurological strain of the virus.