

Sparks Office:
2150 Frazer Avenue
Sparks NV 89431-5566
(775) 688-1166
Fax (775) 688-2533

Las Vegas Office:
2300 McLeod Street
Las Vegas NV 89104-4314
(702) 668-4590
Fax (702) 668-4567



DEPARTMENT OF AGRICULTURE

405 S 21st Street
Sparks Nevada 89431
Telephone (775) 353-3601 Fax (775) 353-3600
Website: <http://www.agri.nv.gov>

Elko Office:
4780 E. Idaho Street
Elko NV 89801-4672
(775) 738-8076
Fax (775) 738-2639

May 16, 2011

MEMO: Equine Health Alert – Equine Herpes Virus Myeloencephalopathy

FROM: Dr. Phil LaRussa, Nevada State Veterinarian

TO: Nevada Horse Owners and Veterinarians

The National Cutting Horse Association has notified members attending the Western National Championships in Ogden, Utah on April 30 – May 8, 2011, of possible exposure to the severe neurologic form of Equine Herpes Virus (EHV-1). Confirmed and suspected cases have been found in Utah, Colorado, Idaho and other states. Nevada horses which traveled to this event, or are stabled with horses that traveled to this event may have been exposed to this severe strain of EHV-1.

Owners of horses who participated in the Ogden, Utah event should notify their veterinarian and isolate and monitor their horses for clinical signs of disease. Individual horse and barn biosecurity should be implemented immediately. This virus is easily spread by aerosol (airborne) transmission, horse-to-horse contact and contact with nasal secretions on equipment, tack, feed and other surfaces. People can spread the virus by means of contaminated hands, clothing, shoes and vehicles.

Since a rectal temperature above 102F usually precedes other clinical signs, it is recommended that temperatures of individual horse(s) be taken twice a day. If a temperature above 102F is detected in a horse that attended this event, owners, trainers and veterinarians should institute and enforce a “no movement” policy for your premises or facility to help stop the spread of this virus. No outside horses should be allowed on to the premises and all resident equines should not travel off the premises for 28 days after the last fever or case of EHV-1 is identified. Visitors and service people should be limited to only what is absolutely necessary.

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The EHV-1 organism spreads quickly and the neurologic form of the virus can reach high morbidity (sick) and mortality (death) rates. The incubation period (time of exposure to illness) of EHV-1 is typically 2-14 days. Horses with severe clinical signs of neurological EHV-1 illness have large viral loads in their blood and nasal secretions, may shed virus for as long as 28 days if they survive, and are thought to present the greatest danger for spreading the disease.

Clinical signs may include nasal discharge, incoordination, hind-end weakness, recumbency, lethargy, urine dribbling and diminished tail tone. There is no specific treatment for EHV-1. Treatment may include intravenous fluids, anti-inflammatory and anti-viral drugs and other appropriate supportive treatment. Currently, there is no equine vaccine that has a label claim for protection against the neurological strain of the virus. Laboratory submission of nasal swabs and blood samples collected from horses suspected to be affected can be utilized for virus detection and isolation.

Immediate separation and isolation of suspected cases and implementation of appropriate biosecurity measures are key elements for disease control.

The disease is not transmittable to humans.

Links to EHV-1 information are provided below:

[USDA - A Guide To Understanding the Neurologic Form of EHV Infection](#)
[USDA Animal Plant Health Inspection Service Resources](#)
[American Assoc. of Equine Practitioners Fact Sheet](#)
[AAEP Biosecurity-general instructions.pdf](#)
[AAEP Bi-lingual Basic Barn Infection Control .pdf](#)

Any person suspecting or confirming a case of EHV-1 may call our office at (775) 353-3718 or Dr. Anette Rink at (775) 353-3700 to report cases.

Sincerely,



Phil LaRussa, D.V.M.
State Veterinarian and Administrator