

Veterinary

New HSI Voluntary Code of Practice for stallion and mare owners

Horse Sport Ireland has introduced a Voluntary Code of Practice for stallion and mare owners for the upcoming breeding season. The Code of Practice outlines voluntary recommendations to help breeders, in conjunction with their veterinary surgeons, to prevent and control specific equine diseases. Prevention of disease is of the utmost importance for increasing fertility. There may be some costs associated with adhering to the Code of Practice. However, long term it pays off to protect the health of your breeding stock.

The HSI Voluntary Code of Practice covers a number of diseases:

- CEM (Contagious Equine Metritis)
- EVA (Equine Viral Arteritis)
- EIA (Equine Infectious Anaemia)
- Equine Herpes Virus

CEM

The main venereally transmitted bacterial disease covered in the HSI Code of Practice is CEM (Contagious Equine Metritis). CEM has been found in non-thoroughbreds in Europe and the US and is a Notifiable Disease in Ireland, which means that the Department of Agriculture, Food and the Marine must be notified if the disease is suspected or confirmed.

CLINICAL SIGNS

Stallions that are infected with CEM do not show any clinical signs. In mares, initial exposure to the disease usually results in a large amount of vaginal discharge 12 to 14 days following natural breeding with an infected stallion. Following the initial exposure, there may be no outward signs of disease, but the infection may cause infertility and, on rare occasions, abortion.

Transmission

CEM can be transmitted during covering/teasing and through the use of infected semen (chilled or frozen) or unhygienic procedures.

EVA

Outbreaks of EVA (Equine Viral Arteritis)

have occurred all over the world, including the UK, France and the US. As there is no mandatory testing for EVA before importation from EU member states, there is a constant risk of importing this virus into Ireland. EVA is a Notifiable Disease.

Clinical signs

The clinical signs associated with EVA are extremely variable and range from sub-clinical disease with reduced fertility to severe disease with abortion in pregnant mares and death of young foals. The most commonly observed clinical signs include fever, depression, a decrease in appetite, oedema (swelling) of the limbs, the mammary gland of mares, the scrotum of stallions and around the eye socket, stiffness in gait, inflammation of conjunctiva ('pink eye') and nasal mucous membranes, skin rashes and ocular and nasal discharge. A mare may abort without showing any other clinical signs.

Transmission

Viral transmission occurs primarily by stallions during mating or artificial insemination. Approximately 50% of the stallions that are exposed to the virus become long-term venereal shedders. Such stallions infect every mare they cover.

After exposure to the virus a mare may shed the virus in all of her bodily fluids for up to a month. At the end of this period she is no longer infectious and is safe to breed. However, for the period that she is shedding the virus, she may infect other horses by direct contact or by aerosol (infected droplets from the respiratory tract).

EIA

There is a high incidence of outbreaks of EIA (Equine Infectious Anaemia) in Romania and recent cases in other EU countries indicate that there is a risk of the virus spreading from mainland Europe.

In 2006 an outbreak occurred in Ireland and more than 1,500 horses were subject to movement restrictions by the



The HSI Code of Practice

- Vaccinate all pregnant mares against equine herpesvirus (EHV)
- Vaccinate stallions against equine arteritis virus (EVA)
- Stallion owners should request that mares are blood tested for EVA and equine infectious anaemia (EIA) prior to arrival on their premises
- Mares and stallions are tested for venereal diseases at the start of the breeding season

For the importation of horses or semen it is recommended that:

- Prior to importation, stallions should be tested for EVA and bacterial venereal diseases
- Imported semen should be certified as EVA and pathogen free
- Horses are tested for equine infectious anaemia (EIA) prior to importation



Department of Agriculture. EIA is a Notifiable Disease.

Clinical signs

The clinical signs of EIA are extremely variable. In Ireland in 2006 some horses were acutely affected and died from the disease, while others showed no clinical signs.

The acute form of the disease is characterised by fever, depression, increased heart and respiratory rates, incoordination and rapid weight loss. Other non-specific signs such as nasal discharge may be observed during the initial episode of the disease.

Chronic cases are characterised by recurring cycles of anaemia, swellings, weight loss and loss of energy, interspersed with periods of normality. Recurrences are often stress related. Some animals show no clinical signs or are so mildly affected that their condition goes unnoticed by their owner.

Transmission

Transmission of EIA usually occurs by the transfer of blood or secretions containing infected cells. The virus can

be transmitted by flies (EIA is sometimes referred to as 'Swamp Fever' as it is most prevalent in warm, wet areas where flies are abundant). Transmission also occurs through contaminated needles, teeth rasps, stomach tubes, twitches, curry combs or any other instruments which may cause abrasion.

EQUINE HERPESVIRUS

Both Equine Herpesvirus 1 and 4 (EHV-1 and 4) cause abortion in mares and are common in horse populations worldwide. Sporadic and multiple abortions due to EHV-1 infection occur during each breeding season. In some cases, all of the pregnant mares on a premises abort. The virus is occasionally associated with a neurological disease, which can be fatal. EHV-4 is a less serious pathogen than EHV-1, but is associated with the sporadic cases of abortion in most breeding seasons.

Clinical signs

Most EHV associated abortions occur without any warning signs and during the last third of pregnancy. Abortions sometimes occur as 'red-bag', where

there is premature separation of the placenta. Foals may be carried to term and born alive but infected. Such foals are usually sick at birth or develop respiratory disease within 48 hours. They may be jaundiced.

EHV-1 is also associated with a neurological syndrome which can be fatal or necessitate euthanasia on welfare grounds. Clinical signs vary from mild incoordination followed by complete recovery to fatal paralysis. The most common signs are hindlimb incoordination and urinary incontinence.

Transmission

EHV-1 and 4 are spread by the respiratory, and not the venereal route. Mares in mixed yards are most at risk as horses or ponies can be exposed to the virus at race meetings, shows, hunts or sales and serve as a source of infection for brood mares.

Foetuses aborted as a result of EHV infection are heavily contaminated with the virus. Thus, multiple abortions often follow the abortion of a foetus in a field where several pregnant mares are grazing.