Early diagnosis of EHV-1 infection is critical to prevent and manage disease spread. Diagnosis is often performed with a nasal swab and blood sample that is submitted to a laboratory for quantitative polymerase-chain reaction (qPCR) testing.

Risk Factors

- Older horses or horses with compromised or immature immune systems, but it can affect horses of any age
- Horses with an EHV-1 associated fever greater than 103.5°F are more likely to develop EHM
- Ponies and smaller breeds are less commonly affected; females are more commonly affected
- Horses that travel and are in frequent contact with large numbers of horses

Watch for These Signs

- Fever (>101.5°F)
- Nasal discharge
- Incoordination and weakness, especially in the hind limbs
- Loss of tail tone
- Lethargy
- Urine dribbling
- Inability to rise (recumbency)

Diagnosis

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Equine herpesvirus myeloencephalopathy (EHM) is the neurologic disease associated with equine herpesvirus type 1 (EHV-1) infection. EHM is highly contagious and life-threatening.

Treatment and Recovery

- Supportive care, including nonsteroidal anti-inflammatory products such as phenylbutazone or Banamine® (flunixin meglumine)
- Intravenous fluids, as needed
- Recovery is possible, particularly for horses that do not become recumbent. Horses that recover may retain neurological signs. The prognosis is poor for horses that become recumbent.

VACCINATION + BIOSECURITY IS THE BEST WAY TO PROTECT YOUR HORSE AGAINST EHM

- Do not share tack, water buckets, feed sources, etc.
- 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

Risk Factors

Equine herpesvirus myeloencephalopathy (EHM) is the neurologic disease associated with equine herpesvirus type 1 (EHV-1) infection. EHM is highly contagious and life-threatening.

- Neurologic signs result from inflammation of the blood vessels, blood clots, and death of neurologic tissue
- Approximately 10% of EHV-1 infected horses develop neurological signs during EHM outbreaks
- Spread by direct and indirect contact
- EHM outbreaks generally occur in late autumn, winter and spring
- Most horses are exposed to the virus at a young age
- More than 80% of horses are estimated to be latently infected with EHV-1 and can shed virus with no clinical signs
- Disease can be reactivated by stress
- Virus shedding in EHM affected horses can last 21 days or more
- After exposure, incubation period ranges from 2-10 days

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