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

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

- PRESTIGE® EHV family of vaccines for respiratory and reproductive disease prevention
- 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 is labeled for prevention of abortion

**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

**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)

**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

**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

**ADDITONAL 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-1 and determine the appropriate vaccination program. For more information on the PRESTIGE® line of EHV vaccines, visit www.PrestigeVaccines.com.

*“EQUINE HERPESVIRUS MYELOENCEPHALOPATHY (EHM) QUICK FACTS” also available.*

2. AAEP Risk-Based Vaccination Guidelines (www.aaep.org)

**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.**

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- 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 is labeled for prevention of abortion

**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

**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)

**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

**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

**ADDITONAL 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-1 and determine the appropriate vaccination program. For more information on the PRESTIGE® line of EHV vaccines, visit www.PrestigeVaccines.com.

*“EQUINE HERPESVIRUS MYELOENCEPHALOPATHY (EHM) QUICK FACTS” also available.*

2. AAEP Risk-Based Vaccination Guidelines (www.aaep.org)
Equine herpesvirus type 4 (EHV-4) is the most common infectious upper respiratory disease in the horse. It is endemic in many equine populations.

- Disease varies in severity
- Typically occurs in younger horses, but can affect horses of any age
- Highly contagious – spread via coughing horses; direct and indirect contact; nasal secretions
- Most horses are exposed to the virus at a young age and become latent carriers for life
- Disease can be reactivated by stress

- Virus shedding can occur silently (without clinical signs) and last for more than 10 days
- After exposure, incubation period may be as short as 24 hours, but is typically 4-6 days or longer
- EHV-4 and EHV-1 are of the same family of viruses, but each can cause disease independent of the other

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:**

- EHV-4 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, 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

**ADDITIONAL INFORMATION**

- [www.equinediseasecc.org/disease-information](http://www.equinediseasecc.org/disease-information)
- [www.AAEP.org/guidelines](http://www.AAEP.org/guidelines)

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](http://www.PrestigeVaccines.com).

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