



What Horse Owners Should Do During the First 30 Minutes of a Suspected Infectious Disease Outbreak

Infectious diseases can spread rapidly in groups of horses. Diseases such as Equine Herpesvirus Myeloencephalopathy (EHM) or Strangles are examples of highly contagious diseases that can spread rapidly from horse to horse contact or from contact with **fomites**- examples of fomites include tack, stalls, trailers, and grooming equipment. People can move pathogens between horses on their hands, clothing, or footwear. Aerosol spread is also possible with viruses such as Equine herpesvirus, the cause of EHM, or equine influenza and should be considered when examining housing and the possibility of disease spread in a particular environment such as a stable or turn out area.

Once a disease is suspected or identified owners and managers should take immediate steps to stop disease spread. **Fever, diarrhea, discharge from the nostrils, coughing, or an increased respiratory rate may be signs of an infectious disease.** The following list of actions are recommended.

1. Immediately isolate the horse showing clinical signs

- a. Either isolate the horse in a stall or move the horse to a pre-determined isolation area away from other horses. The horse should then remain in the isolation the stall or new environment and should not be allowed to have contact with other horses.
- b. Isolate any objects that have had contact with the horse. This includes tack and equipment such as grooming brushes, stall cleaning implements, buckets, feeders, and water troughs.
 - i. Objects that have had contact with the isolated horse should be cleaned thoroughly and disinfected.
- c. If available, use a pre-determined isolation area and isolation kit with designated supplies including:
 - i. Separate horse supplies to be used only on the isolated horse- halter, lead, thermometer,
 - ii. Separate stabling supplies- buckets, feed tub, pitch fork, wheelbarrow,
 - iii. Personal Protective Equipment (PPE)- disinfectant foot bath, hand sanitizer, disposable gloves, Tyvek or designated coveralls, and boot covers or designated boots to be left in the isolation area.
 - iv. Have disinfectant on hand such as bleach, Intervention[®], One Stroke Environ, and/or Tek-Trol[®].
- d. As soon as you have isolated the horse, contact your equine veterinarian to alert them to the situation and for detailed advice on immediate management which could reduce the risk of disease spread.
- e. Designate individual(s) to be responsible for care of the sick horse; these individuals should limit contact with other horses.

- f. Always handle healthy horses first and sick horses last.
 - g. Provide a footbath and PPE for individuals handling and treating sick horses.
 - h. Set up barriers to restrict access into the facility or local area around the isolation stall/area.
 - i. Post signage to restrict access.
 - j. Designate personnel to monitor access; ensure that only designated authorized personnel enter the isolation area.
 - k. Ensure that all borders and visitors with the facility understand the restricted status of the isolation area.
- 2. Implement movement restrictions until situation is evaluated.**
- a. Restrict movement of all horses until exposed horses can be identified and a perimeter is established.
 - b. Determine necessary personnel allowed entry to facility and prohibit all others from entering.
 - c. Identify who/what routinely enters barn including
 - i. vehicle/equipment traffic routes- feed, shavings, hay, manure trucks,
 - ii. personnel- boarders, visitors, public, farriers, veterinarians, pharmaceutical companies, nutritionist.
- 3. Contact your veterinarian or the event veterinarian.**
- a. Request advice on immediate biosecurity protocols until an equine veterinarian can assess the situation.
 - b. Schedule a complete physical exam of the sick horse with the equine veterinarian and obtain biological samples to make a diagnosis. The veterinarian will likely :
 - i. Collect samples of nasal swabs, whole blood, serum, and any other samples they determine will provide a diagnosis.
 - ii. Submit the samples to an appropriate laboratory and report the results of laboratory testing. Be sure to let your veterinarian know how best to contact you with the results of testing.
- 4. Inventory horses, identify and isolate potentially exposed horses, and immediately implement health monitoring- take temperature twice daily and observe for clinical signs.**
- a. Make a list of potentially exposed horses in the facility. Determine potentially exposed horses by proximity, shared equipment, travel, and shared personnel.
 - b. Make a list of horses which were exposed to the suspect horse(s) during the past 14 days
 - i. during travel,
 - ii. during an event,
 - iii. at the home facility,
 - iv. all temporary visitors including horses that haul in for lessons or training and any horse that shares common areas.
 - c. **Do not** move exposed horses into facilities with unexposed horses. Restrict access to potentially exposed horses.
 - i. Erect barriers to restrict access.

- ii. Post signage to restrict access.
 - iii. Designate personnel to monitor access.
 - d. Restrict pets from the premises.
 - e. Monitor and record rectal temperature of exposed horses twice daily, ideally 12 hours apart.
 - i. Temperature should be taken before administering fever-reducing medications such as phenylbutazone (Bute) or Banamine.
 - ii. Temperature should not be taken immediately after exercise.
 - iii. Any temperature above 101.5°F or a temperature above 101.0°F in a horse on a non-steroidal anti-inflammatory drug such as phenylbutazone, Banamine, or Equioxx should be reported to a veterinarian.
- 5. Establish communication with all parties involved.**
 - a. Email/call all owners/boarders/trainers regarding the initial suspicion of an infectious disease. Keep a record of who you have contacted and when.
 - b. Indicate measures taken and expectations.
 - c. Require a face-to-face meeting with all workers on the premises to advise of restrictions and changes in biosecurity protocols.