EQUINE HERPESVIRUS MYELOENCEPHALOPATHY (EHM) & EHV-1
FREQUENTLY ASKED QUESTIONS

1. What is the difference between EHV-1 and EHM?
    - Equine Herpesvirus Myeloencephalopathy (EHM) is a neurologic manifestation of Equine Herpesvirus infection. The majority of EHM cases are caused by EHV-1.
    - EHV-1 more commonly causes respiratory disease and can also cause abortion in pregnant mares.

2. How do we handle horses returning from events where they may have been exposed to EHV-1?
    - Exposed horses should be isolated from any other horses when they return to their home facility. Isolation requires housing them in a separate air-space or barn from other horses, using different equipment to feed, clean, and work with them than is used with non-isolated horses, and rigorous hygiene procedures for horse handlers (hand hygiene, wearing separate clothes when coming in contact with isolated horses, etc.). Please discuss this with your veterinarian.
    - We strongly advise owners to call their veterinarian to discuss how long to keep the horses isolated at home. A minimum recommended isolation period is 14-21 days.
    - Exposed horses should have their temperature taken twice a day, as elevated temperature is typically the first and most common sign of infection. Horses with elevated rectal temperatures (greater than 101.5 F) should have a nasal swab and blood submitted by your veterinarian for EHV-1 PCR.
    - If a horse develops a fever or neurologic signs and is found to be shedding EHV-1, then the level of risk to other horses on the premises increases significantly. Affected farms should work closely with their veterinarian to manage the situation.
    - The **American Association of Equine Practitioners** (AAEP) has recently updated the Equine Herpesvirus (EHV-1 & EHV-4) Disease Guidelines that veterinarians can use as a resource, which can be found here.

3. What do we do if we already have a potentially exposed horse on a farm?

    - The exposed horse should still be isolated, even if it may have already been in contact with other horses. Start isolation procedures to stop further exposure. Isolation requires housing them in a separate air-space or barn from other horses, using different equipment to feed, clean and work with them than is used with non-isolated horses, and rigorous hygiene procedures for horse handlers (hand hygiene, wearing separate clothes when coming in contact with isolated horses, etc.). Please discuss this with your veterinarian.
    - It is very important to separate horses from different groups to accomplish this. Try to isolate the suspect horse without moving other horses from one group to another. Segregation of horse groups is the key, because this will help reduce spread if an outbreak starts.

- Check temperatures of all horses on the farm twice daily (fever spikes can be missed if you check once daily). If fevers are detected, then isolate the horse and test for EHV-1.

3. What anti-viral treatments can I use against EHM on a farm?
    - If EHM is present on a farm, then the risk of other horses developing EHM at that farm is greatly increased. Stringent quarantine and biosecurity procedures must be implemented immediately.
    - Treatment of horses with clinical neurological disease (EHM) is largely supportive—the use of anti-viral drugs is not known to be of value at this stage, but are often administered. Use of anti-inflammatory drugs and good nursing care, with sling support if necessary, is recommended.
    - For horses that develop fever, test EHV-1 positive, or have been exposed to an EHM horse, anti-viral drugs may decrease the chance of developing EHM.
    - More information regarding potential treatment with an anti-viral is available in the 2024 ACVIM Consensus Statement.

4. Is there any value to using booster vaccination against EHV-1 at this time?
    - Unfortunately, there is not a licensed EHV-1 vaccination product with a label claim for prevention or control of EHM.
    - EHV-1 vaccines have been shown to reduce nasal shedding and, in some cases, reduce viremia. These products may, therefore, have some theoretical value against EHM by reducing viremia, and certainly against spread of the virus by reducing viral shedding in the environment.
    - Controlled, peer-reviewed research to determine whether vaccinating horses during an outbreak of EHM reduces transmission does not currently exist.
    - Vaccination has no value as a treatment in affected horses.

5. When should a horse be tested for EHV infection?
    - Horses showing clinical signs consistent with EHV infection, particularly when febrile or showing neurologic signs, should be tested. During outbreak situations when multiple horses are febrile, if initial testing for EHV is negative and other likely causes of the clinical signs are not identified, resampling in 24–72 hours is recommended. Horses with known exposure to EHV may need to be sampled in order to comply with quarantine release protocols depending on the venue and requirements by State Animal Health Officials. More information regarding testing options and how to collect samples can be found in the recently updated Equine Herpesvirus (EHV-1 & EHV-4) Disease Guidelines, which can be found here.
    - In acute EHV-1 infection, fever can precede both nasal shedding and viremia. Therefore, it is recommended that febrile horses with suspected exposure to EHV-1 positive horses (or any horse identified with a fever during an outbreak situation) found to be negative on initial PCR testing of blood and/or nasal swab be retested via PCR on blood and nasal swab 24–72 hrs. after initial testing. Horses should remain quarantined until results of the second tests are available.

Note: Surveillance screening via testing of asymptomatic horses is not recommended.

Check the EDCC alerts page at **https://equinediseasecc.org/alerts** for updates regarding reported cases of EHM.