

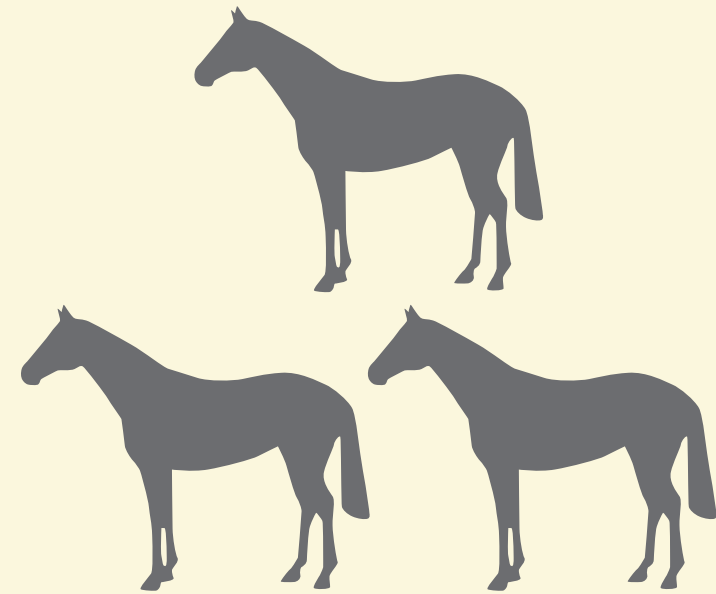
EQUINE HERPESVIRUS MYELOENCEPHALOPATHY (EHM)

QUICK FACTS

Risk Factors

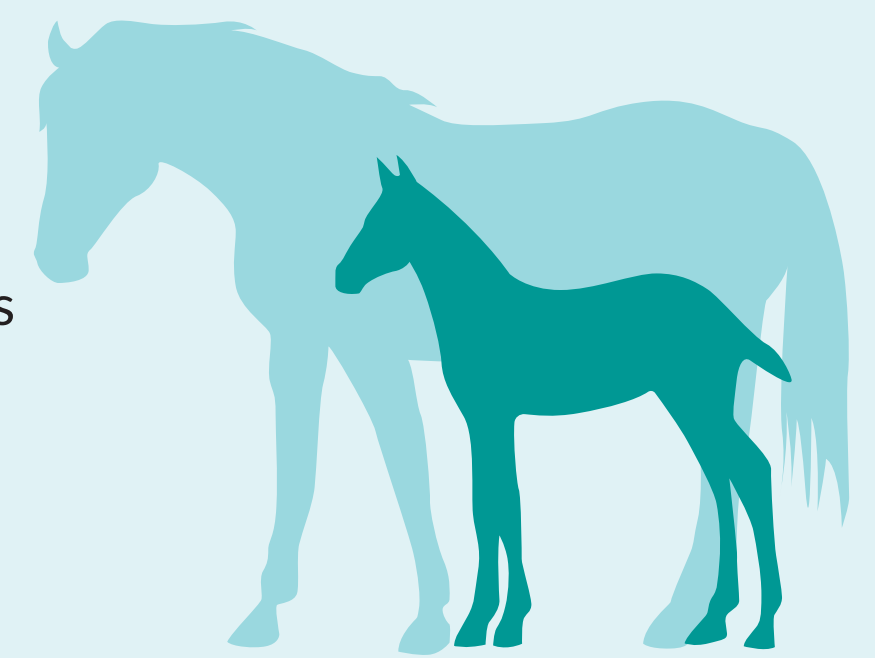
Experts don't fully understand why some horses develop EHM and others don't, but risk factors include¹:

- 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



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 outbreaks¹
- 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 signs²
- Disease can be reactivated by stress
- Virus shedding in EHM affected horses can last 21 days or more¹
- After exposure, incubation period ranges from 2-10 days



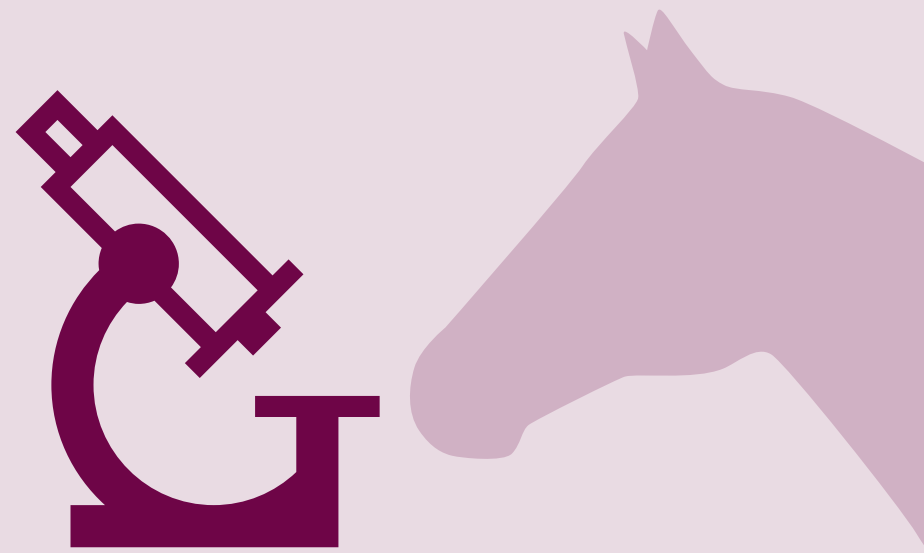
Watch for These Signs

- ⚠️ 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)



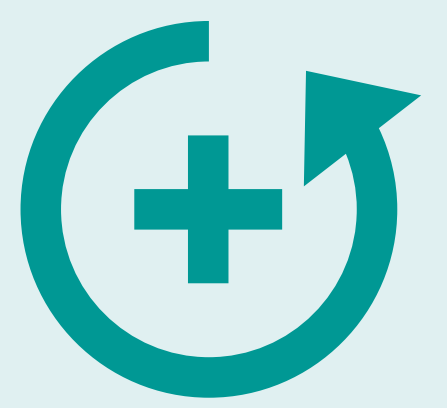
Diagnosis

- 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



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

While there is no vaccine labeled specifically for EHM, EHV-1 vaccination protocols decrease the severity of respiratory disease and reduce nasal shedding in infected horses.

1. Horses at risk should be revaccinated at 6-month intervals³
2. **Horses showing clinical signs should be isolated immediately and seen by a veterinarian**
3. Avoid nose-to-nose contact with other horses
4. **Isolate** all new entries or horses returning to the stable from travel
5. **Check rectal temperatures** at least once and preferably twice daily (Normal = 99°F - 101°F)
6. Isolate any horse with elevated temperature and/or occurrence of unprovoked coughing
7. **Do not share** tack, water buckets, feed sources, etc.
8. Practice **good hand hygiene** (hand sanitizers in absence of soap and water)
9. **Clean and disinfect** hauling equipment like trailers after each use
10. **Contact your veterinarian immediately** to schedule a comprehensive examination



ADDITIONAL 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.

¹ Equine Herpesvirus-1 Consensus Statement. J Vet Intern Med 2009; 23:450-461.

² Pusterla N, Hussey GS. Equine herpesvirus 1 myeloencephalopathy. Vet Clin North Am Equine Pract. 2014 Dec;30(3): 489-506. doi: 10.1016/j.cveq.2014.08.006. Epub 2014 Oct 7

³ AAEP Risk-Based Vaccination Guidelines (www.aaep.org)



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