

Equine Viral Arteritis (EVA)

Equine Viral Arteritis (EVA) is caused by equine arteritis virus. The virus occurs worldwide. Infection can be transmitted between horses during mating or teasing, via infected semen used in artificial insemination, by contact with aborted fetuses or placentas or via the respiratory route.



SEMEN FOR ARTIFICIAL INSEMINATION CAN BE A SOURCE OF THE VIRUS SO IT IS IMPORTANT TO ENSURE THAT HEALTH CERTIFICATES FOR EVA ARE PRESENT WITH THE SEMEN

CLINICAL SIGNS:

- fever
- lethargy
- depression
- abortion in the pregnant mare
- swelling of the lower legs
- swelling of the scrotum, mammary gland and belly area
- swelling around the eye socket
- conjunctivitis ('pink eye')
- nasal discharge
- 'nettle rash'.

Infection may be obvious or there may be no signs at all.

Stallions can become life-long shedders of virus in their semen without clinical signs.

EVA may, occasionally, be fatal.

Key points

- EVA is caused by a virus.
- EVA may be transmitted during natural mating or artificial insemination.
- The shedder stallion is a very important source of the virus possibly even for life.
- All mares and stallions whether intended for natural mating or AI should be blood tested each year before use for breeding activities and should not be used until clear results are available.
- If EVA infection is suspected in any horse, stop all breeding activities immediately, and notify AHVLA.

DIAGNOSIS

Laboratory diagnosis is essential. Blood testing is available to identify antibodies to the virus and can screen for the actual virus in blood and semen.

In cases of abortion or newborn foal death where EVA is suspected, blood samples from the mare, samples from the placenta and the foal must be sent to the laboratory immediately for EVA testing.



ALL BREEDING STOCK SHOULD BE BLOOD SAMPLED BEFORE COMMENCING BREEDING ACTIVITIES EACH YEAR

Prevention

The main ways of preventing EVA are through vaccination, particularly for stallions and teasers, and the establishment of freedom from infection before breeding activities commence.

All breeding stock should be blood sampled before commencing breeding activities each year.

Vets send blood samples from horses for testing to a laboratory to detect the antibodies that the horse generates in response to infection with the virus. If a blood result is positive then Animal Health (AHVLA) must be notified and the horse should not be used for breeding.

Vaccination is recommended in breeding stallions and teasers.

An initial course of two vaccinations is given three to six weeks apart with boosters given at six monthly intervals (it is important to note that this vaccine requires **six monthly** and not annual booster vaccinations).

Vaccinated horses cannot be distinguished from infected horses when tested, so before vaccination horses must be confirmed to be free from disease by blood testing and this result must be recorded in the passport together with all vaccinations.

TREATMENT

There is no specific treatment available for EVA itself, although your vet may give treatment such as anti-inflammatory drugs to alleviate some of the clinical signs.



XLEquine is a novel and exciting initiative conceived from within the veterinary profession made up of independently owned, progressive veterinary practices located throughout the United Kingdom, members of XLEquine are committed to working together for the benefit of all their clients.
© XLVet UK Ltd.

No part of this publication may be reproduced without prior permission of the publisher.

For further information contact your local XLEquine practice:

www.xlequine.co.uk