

The Equine Clinic at OakenCroft

Winter Newsletter 2019

Homebodies Need Vaccinations Too

Chris White, DVM

There is an all-too-common myth in horse medicine that veterinarians face every day. No, not the old Amish tale that an onion up the rectum fixes colic (do NOT attempt this under any circumstances at all). Rather, it is the belief that the horse who never leaves the property or the retiree who spends his days in the paddock doesn't need vaccination. In addition to biosecurity measures such as isolation and quarantine, vaccinations are the best way to prevent specific diseases in your horse. While most owners vaccinate for Rabies and Tetanus, there are plenty of other infectious (and devastating) diseases that your horse can be exposed to even while being a "homebody."

Each disease has its own route of infection. Some, like Influenza and Strangles, need horse-to-horse contact to spread infection, whereas other diseases travel by vector. Vectors are organisms (like insects) that carry and spread disease to others. These vectors can travel a long way to your horse—snails for example, can travel and carry disease up to 30 miles from the point of origin. This article will highlight vector-transmitted diseases commonly seen in the New York and Massachusetts that are transmitted by a vector and what you can do to protect your horse.

Eastern Equine Encephalomyelitis (EEE)

Eastern Equine Encephalomyelitis (EEE) may be the most serious disease listed. Once diagnosed, it is 90% fatal for horses. Clinical signs of EEE range from mild fever and colic to convulsions and blindness. Advanced cases can also show paralysis and dysphagia (the inability to swallow). EEE is zoonotic, meaning a human can contract the virus. If a person is infected, there is no known treatment, but hospitalization, intravenous fluids, and further supportive care is required.

Although relatively uncommon nowadays, New York State reported three cases of EEE in 2018. Massachusetts reported a positive case as well, and caused a bit of a panic for the local horse show industry. Multiple pools of mosquitoes tested positive in both states as well. It is worthwhile to note that the EEE cases reported are almost always in horses not vaccinated or previously vaccinated but not currently. Thankfully the EEE vaccine that is available is quite effective. It is a yearly vaccine, most commonly administered in the spring prior to mosquito and fly season.

West Nile Virus (WNV)

In 1999, a veterinarian at the Bronx Zoo diagnosed the first case of West Nile Virus (WNV) in

North America. Since then, it has quickly spread across the continent. Cases have been documented from coast to coast, as far south as Florida and as far north as Canada. The virus, transmitted by mosquitos, also infects humans, and at least one human case was documented in 2018 in Saratoga County. New York State reported over 15 horses infected with WNV this past year, and Massachusetts reported at least two.

WNV progresses quickly and aggressively. Horses present as weak or ataxic and quickly progress to paralysis and head pressing. Roughly one-third of all horses infected are euthanized, and those that do survive usually do so with a lengthy hospital bill. Vaccination against WNV is quite effective in preventing these symptoms. It is recommended that it be given yearly in the spring prior to the onset of mosquito season.

Potomac Horse Fever (PHF)

Potomac Horse Fever (PHF) is unique because the infection has a very regional distribution. PHF is caused by a neorickettsia, an organism that is carried by numerous water flies and snails. It is prevalent around standing water. Horses with PHF often present with severe diarrhea, fever, ventral edema, and loss of appetite. They are also at increased risk of developing laminitis. While the vaccine is not as preventative as the others listed, it is widely accepted in the veterinary profession that vaccinated horses recover more quickly from PHF. Unvaccinated horses typically present with a more severe form of the disease that often requires hospitalization. Horses that haven't been vaccinated for PHF are also at higher risk of death. PHF is widespread throughout the Capital Region, with a hotbed located in the greater Chatham area. Saratoga County also sees its fair share of cases every year. Vaccination is regularly administered late in the spring and then again in the late summer/early fall. We recommend any horse be up to date on PHF!

Our intern, **Dr. Allie Catalino**, will be staying with us to focus on sports medicine.



For more information on Dr. Catalino, please visit our website!

The Equine Clinic at OakenCroft

880 Bridge Street

Ravena, NY 12143

Phone: 518-767-2906

Fax: 518-767-3503

Email: contact@oakencroftequine.com

Website: <http://oakencroftequine.com>



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