



# White Lodge Equine Newsletter

## Summer

## Introduction

### *Welcome to the summer newsletter*

We welcome back a familiar face, Chris Clements. Chris has rejoined the team on a part time basis, whilst spending the rest of his time attending his farm.



We also welcome a new face to White Lodge, Nathan West. Nathan graduated from Haper and Keele University this year and is keen to get stuck into the farm and equine work.

With the warm weather and the intermittent rain, the grass has been growing and we have seen quite a few cases of laminitis. Read our top tips for reducing the risk!

We are also facing an equine influenza outbreak in the UK. With cases confirmed in Devon and Somerset, we have advised that horses should be up to date with their influenza vaccination. See page two for further information about the virus and our recommendations



## Laminitis

### *What to do if you suspect your horse is suffering from laminitis...*

- Call your vet to provide pain-relief
- Remove from pasture as it is high in sugars which increase blood insulin levels
- Box rest with a soft, deep bed to support the hooves
- Feed 1.5% of your horse's body weight in low starch feeds (such as hay) per day
- Weigh the hay whilst dry and then soak for at least 6 hours
- Ask your vet about blood testing for underlying causes of laminitis such as Equine Cushings and Equine Metabolic Syndrome.
- See the blue cross "fat horse slim" website for feeding advice

### Did you know that there is a strangles vaccine?

Protect your horse from the serious clinical signs of strangles and reduce the spread of the bacteria that causes the disease.

Initial course of 2 vaccines, 4 weeks apart with 6 monthly boosters thereafter.

Call us for more information about the vaccine

# Equine Influenza

Equine influenza is caused by a very adaptive respiratory virus. The virus is constantly evolving into different strains, to allow it to avoid the immune system. Therefore, vaccination with the most recent strains of the virus is important.

## Vaccination Protocol

Your horse should receive an initial primary course of 3 vaccinations. Then annual boosters are required. In situations such as outbreaks or international competitions, 6 monthly boosters may be required.

- 1 – first vaccination day 0
- 2 – second vaccination 21-60 days
- 3 – third vaccination 120-180 days
- 4 – 6 or 12 monthly boosters

Outbreaks often occur due to infected horses being introduced into new populations from other areas or countries. These horses are often unvaccinated and shed large numbers of the virus, thus increasing the spread of the virus.

Vaccinated horses that become infected with the virus usually show much milder clinical signs and require less intensive treatment. They also shed a smaller amount of the virus for a shorter time, compared to unvaccinated horses, thus reducing the spread of the virus.

## Clinical Signs

- cough
- nasal discharge – can be any colour
- fever (above 38.5 degrees Celsius)
- dullness
- inappetence



If you notice these signs and are worried about equine influenza, please call your vet. They can advise you on free testing in suspected equine influenza cases.

## Spread of the Virus

The virus is spread directly between horses via inhalation of infective respiratory secretions or indirectly via equipment, clothing, and shared water. Strict biosecurity on the yard and paddocks is vital to prevent the spread of the virus during an outbreak on the yard.

## Here are some top tips on biosecurity:

- Quarantine new horses in separate facilities for 2 weeks and monitor for clinical signs
- Stable a suspected infected horse in a separate facility/barn or paddock, far from healthy horses. Remember the virus is airborne.
- Use separate mucking out and grooming equipment for suspected infected horses
- Change clothing and wash hands after mucking out or handling suspected infected horses, before handling healthy horses
- Use separate water and feed buckets for each stable or paddock
- Allow adequate space between field fencing so that horses in adjacent fields cannot touch

## Treatment

Treatment involves supportive care. There is no anti-viral medication that we can use in horses. Anti-inflammatories and pain relief help to ease the symptoms. We advise rest and ensuring adequate water and feed intake. This may require soft mashes if your horse is struggling to swallow. Your vet may prescribe antibiotics if there is a secondary bacterial infection.

Prevention is better than cure! Vaccination is the best way to reduce spread and severity of infection.