British Horse Council – EIDS disease update

27 June 2025

Richard Newton

Equine Infectious Disease Surveillance

https://equinesurveillance.org/

UNIVERSITY OF CAMBRIDGE
Department of Veterinary Medicine

EIDS
Equine Infectious Disease Surveillance

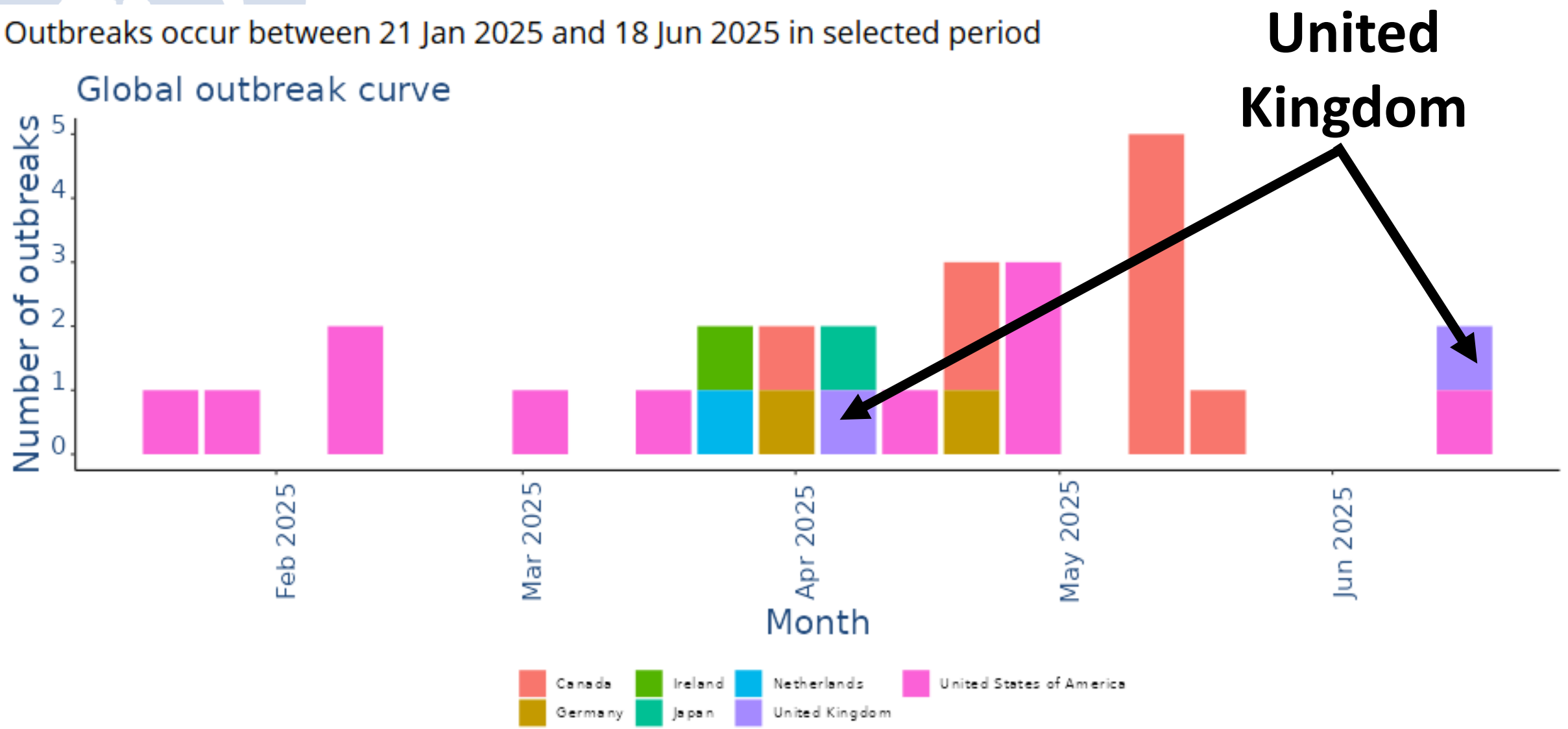
Generously supported by

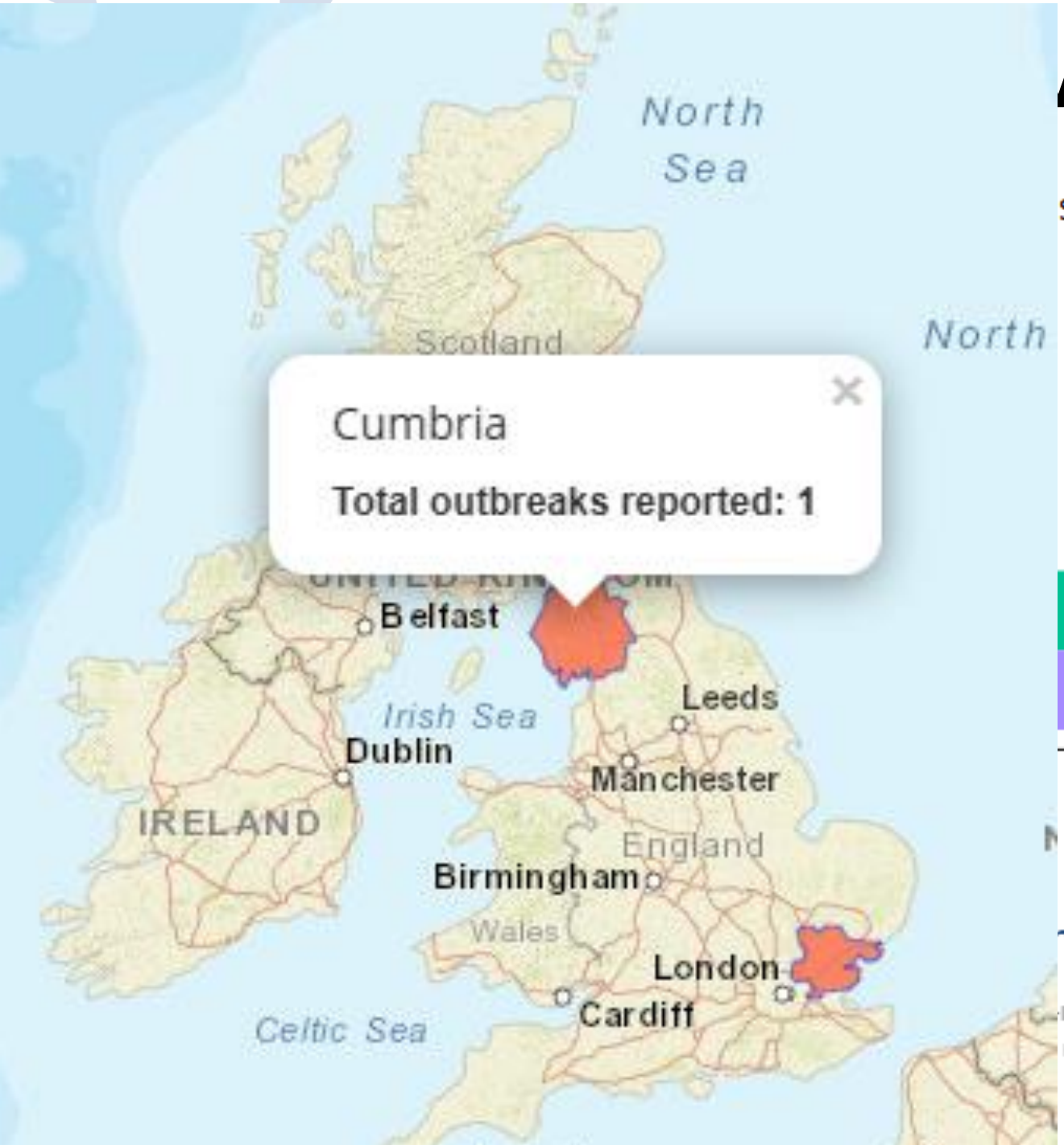
Equine Influenza activity since 1 Jan 2025

Source: EQUIFLUNET/ICC

Country	Total outbreaks
Canada	9
Germany	2
Ireland	1
Japan	1
Netherlands	1
United Kingdom	2
United States of America	11

Equine Influenza activity since 1 Jan 2025

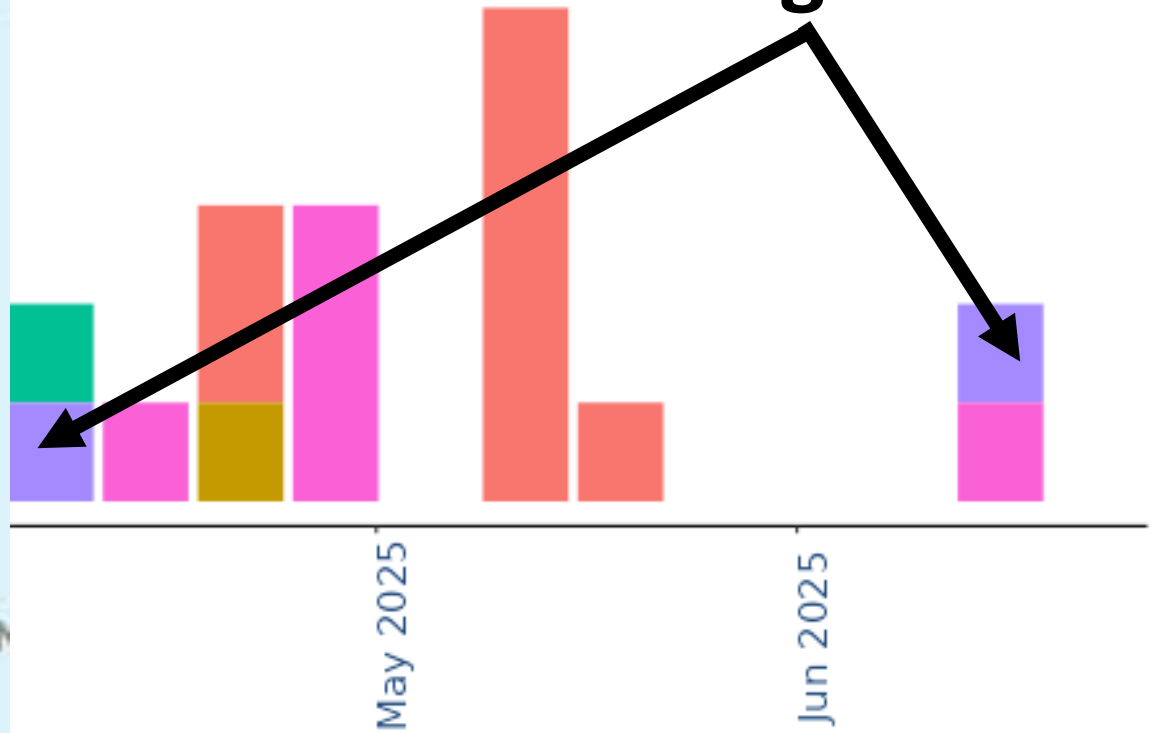




vity since 1 Jan 2025

selected period

United Kingdom



nth

lands
United States of America
Kingdom

Neurological EHV-1 since 1 Jan 2025

Source: ICC

48 outbreaks reported

- 26 **N. America** (54%)
- 21 **Europe** (44%)
  - 6 France
  - 6 Netherlands
  - 3 Germany
  - 3 Switzerland
  - 2 Sweden
  - 1 UK
- 1 **Japan** (2%)

Strangles since 1 Jan 2025

Source: ICC

288 outbreaks reported

- 82 **N. America** (28%)
- 206 **Europe** (72%)
  - 90 France
  - 60 Netherlands
  - 42 Germany
  - 7 Sweden
  - 6 Switzerland
  - 1 Ireland
  - **UK ???**

Strangles since 1 Jan 2025: United Kingdom

The Horse Trust
Advancing Excellence in Equine Care

Surveillance of Equine Strangles

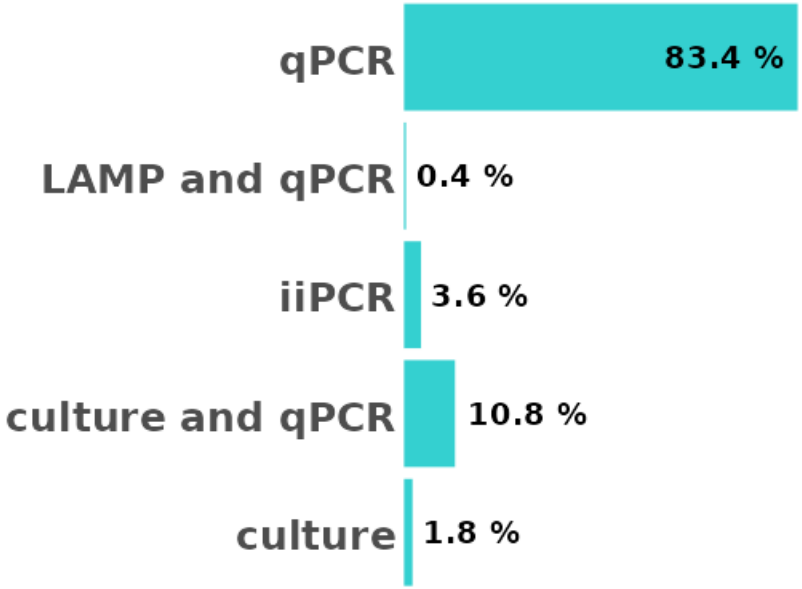
RVC Royal Veterinary College University of London

01 Jan 25 to 23 Jun 25
Chosen date range (data available from 05 Jan 15)

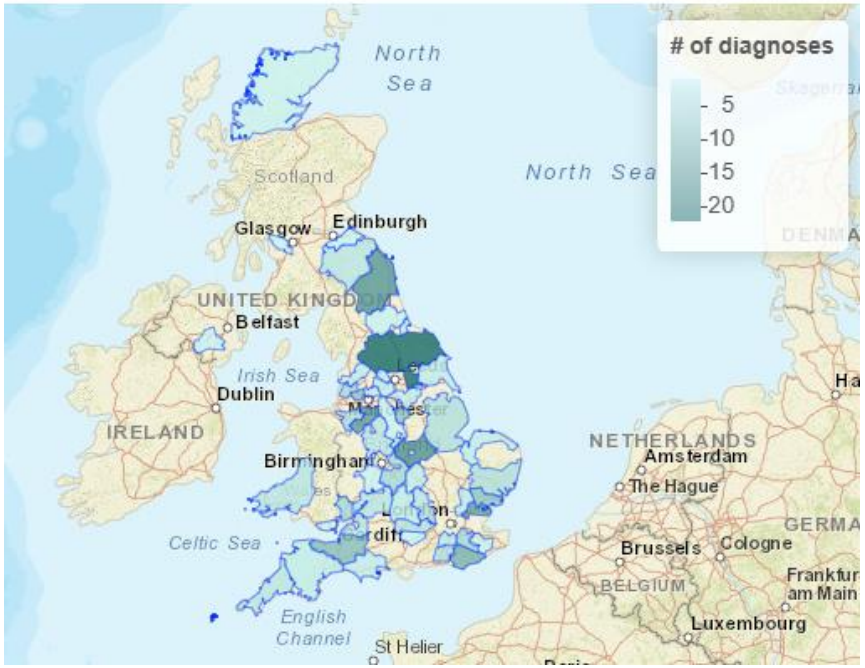
94
Total number of vet practices submitting samples

223
Total number of Strangles diagnoses reported

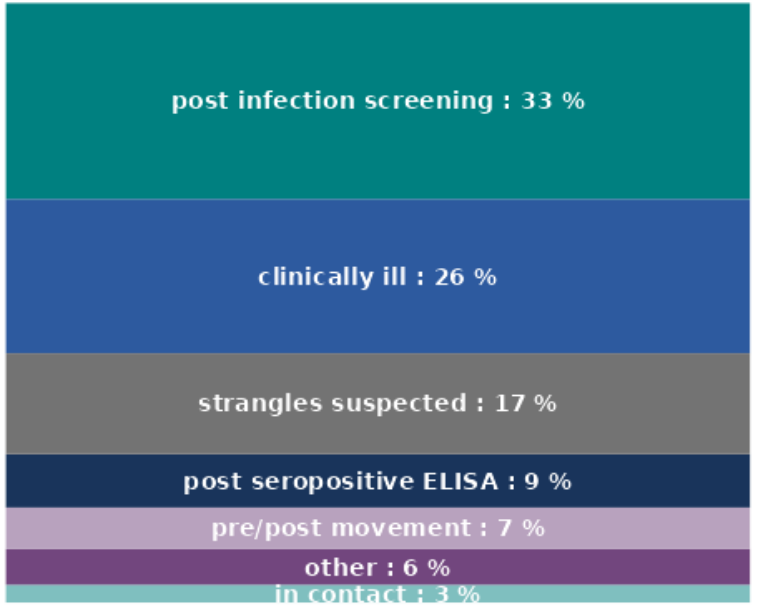
Type of diagnostics performed



Locations map

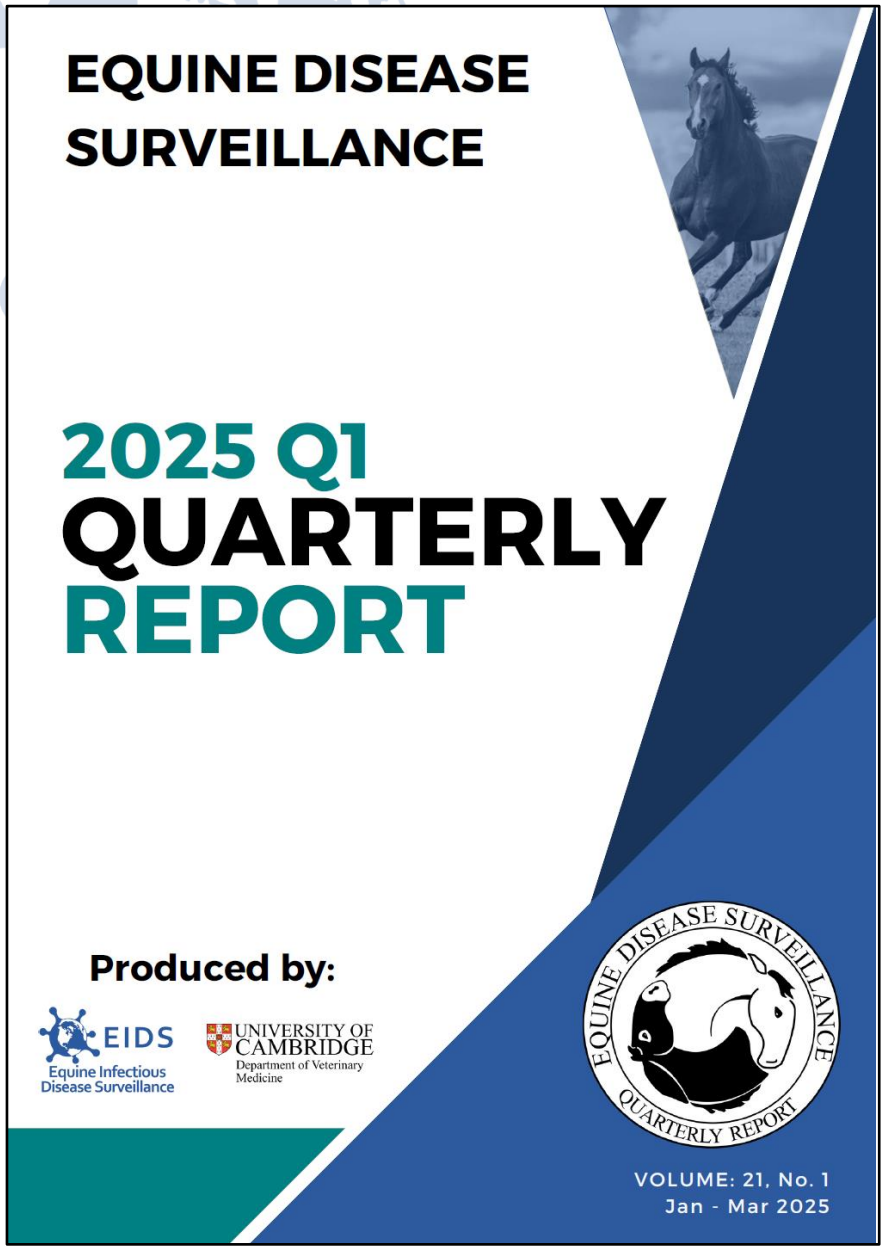


Reason for sampling



n = 150

Equine Disease Surveillance Report Q1 2025



FOCUS ARTICLE

"YOU'RE THE VET, WHAT DO YOU THINK?" ATTITUDES AND EXPERIENCES WITH CONTROL AND PREVENTION OF STRANGLES AMONG UK VETERINARY SURGEONS

Fleur Whitlock†, Katie Riley*, Abigail McGlennon† and Richard Newton†

†Equine Infectious Disease Surveillance (EIDS), *University of Cambridge, Department of Veterinary Medicine student

Equine Disease Surveillance Report Q1 2025

Surveillance

Equine disease surveillance: quarterly update

News

Strengthening disease alerts: Tell-Tail expands, but data gaps remain

The latest update to Tell-Tail, the text message alert service for UK outbreaks of equine infectious diseases, has introduced an abridged version of the endemic disease reporting section from the Equine Quarterly Disease Surveillance Report (EQDSR). This enhancement aims to improve awareness of equine herpesvirus (EHV), equine influenza, strangles, equine grass sickness and notifiable disease investigations across the UK.

The first iteration of this update was very well received by subscribers, reinforcing the value of accessible disease surveillance information. Tell-Tail, generously provided by Boehringer Ingelheim Animal Health, delivers rapid notifications for outbreaks of equine influenza and EHV-1 pregnancy loss and neurological disease, as well as exotic notifiable diseases in the UK, and now the service includes updates from the EQDSR.

ABOUT THIS REPORT

This report is produced by Equine Infectious Disease Surveillance (EIDS), based at the Department of Veterinary Medicine at the University of Cambridge. It is a shortened version of the full report for the quarter. The full report and all previous reports can be found at www.equinesurveillance.org

This report collates national equine disease data from multiple diagnostic laboratories and veterinary practices throughout the UK. The data presented are taken from various sources and must be interpreted with caution, as there is likely to be some bias in the way that samples are submitted for laboratory testing. For example, they are influenced by factors such as owner attitude or financial constraints, or are submitted for routine screening as well as clinical investigation purposes. Consequently, these data do not necessarily reflect true disease frequency in the UK equine population.

EQUINE DISEASE SURVEILLANCE HEADLINES, JANUARY TO MARCH 2025

- Disease alert system expands
- Summary of surveillance activities during the first quarter of 2025
- Focus on UK vets' attitudes to controlling and preventing strangles

Boehringer Ingelheim

Tell-Tail™ DISEASE OUTBREAK ALERTS

This free service is available to UK-based veterinary surgeons and professional horse keepers, ensuring critical disease updates reach those who need them most. Equine Infectious Disease Surveillance (EIDS) and the equine community are grateful to Boehringer Ingelheim for its ongoing support in making this essential tool available.

Improving disease awareness and reporting

In the fourth quarter of 2024, only 18 per cent of EHV-4 cases and 65 per cent of equine influenza cases were reported in official outbreak data. The remaining cases were omitted either due to the submitting veterinary practice not responding to requests for information or horse owners instructing that the anonymous county-level report not be circulated.

Incomplete reporting limits the ability to track disease spread and issue timely warnings. Without these data, it becomes difficult to monitor infection patterns, assess the effectiveness of control measures and reduce the impact of outbreaks.

The EIDS team wishes to highlight the need for better reporting of UK endemic diseases. The process is designed to ensure confidentiality while maximising the availability of essential disease data; all reports remain anonymous, and the wording is approved before circulation.

Veterinary surgeons play a crucial role in national disease surveillance. By submitting timely and accurate case reports, they help strengthen understanding of disease trends and enhance outbreak response efforts. Increased participation will make a real difference in safeguarding equine health across the UK.

Those interested in receiving Tell-Tail alerts can sign up at no cost and gain immediate access to vital disease updates, ensuring they stay ahead of potential outbreaks. Register for Tell-Tail text alerts via the sign up page on www.equinesurveillance.org

UK disease surveillance: January to March 2025

Notifiable diseases

The APHA Veterinary Exotic Notifiable Disease Unit coordinates the investigation of suspected exotic notifiable disease in Great Britain on behalf of Defra, the Welsh government and the Scottish government. Further information about notifiable diseases is available at https://bit.ly/34erCwq

All information relating to equine notifiable disease investigations (including suspect cases that are subsequently negated) is presented in this section and diseases are not broken down by system. The APHA non-negative test results referred to below do not equate to confirmed positive cases and are therefore not included in the quarterly laboratory results tables in Box 1 at the end of this report. Confirmed positive results are based

Surveillance Focus

Attitudes and experiences of UK vets towards control and prevention of strangles

As part of her undergraduate research project, Cambridge vet student **Katie Riley** surveyed the attitudes of UK veterinarians with regard to preventing and controlling strangles, including the use of vaccination. Here, she and **Fleur Whitlock**, **Abigail McGlennon** and **Richard Newton** of Equine Infectious Disease Surveillance discuss her findings.

STRANGLES is a highly contagious infection in horses caused by the bacterium *Streptococcus equi* and has long been a significant concern for equine health and welfare worldwide,[1] with outbreaks having serious implications for the equine industry.

Veterinary surgeons play a pivotal role in determining the success of disease control and prevention measures, including adoption and implementation of vaccination. With the introduction of a new subunit fusion protein vaccine (Strangvac; Dechra) with DIVA ('differentiating infected from vaccinated animals') capability in the UK in 2022, there is a need to better understand factors influencing its adoption in practice so the potential of vaccination in combatting strangles might be optimised.

potential for increasing vaccination adoption to ultimately control and prevent or even eradicate disease due to *S equi* infection. Through better understanding these dynamics, strategies might be developed to promote wider use of the new Strangvac vaccine and enhance strangles management in the UK.

Survey design

An online survey was developed to gather information on UK veterinary surgeons' geographical and species-specific areas of work, level of clinical experience, current strategies employed for strangles control and the factors influencing attitudes to vaccination. The survey specifically explored previous use of the submucosally administered, live-attenuated Equilis StrepE vaccine (MSD Animal Health) when

"The survey aimed to gain insights into attitudes towards strangles prevention and control, including vaccination

An overall attitude score was created by summing the binary classifications (yes=1, no=0), ranging from 4 for respondents that were classified as 'supportive', 'educated', 'active', and 'engaged' down to 0 for respondents that were classified as none of these.

Survey findings

Survey respondents and strangles caseloads

Responses were received from 99 veterinary surgeons who provided equine veterinary care across 79 counties of the UK (Fig 1). The highest proportion of respondents graduated in the decade between 2010 and 2019, accounting for 34 per cent (34/99) of the total. Most respondents (84/99) worked in predominantly equine practices

Equine Grass Sickness

Source: ICC

- 38 EGS cases reported in UK
  - Scotland & England only
- Data from EGS Fund, Moredun

Equine Grass Sickness Fund

Equine Grass Sickness

Source: ICC

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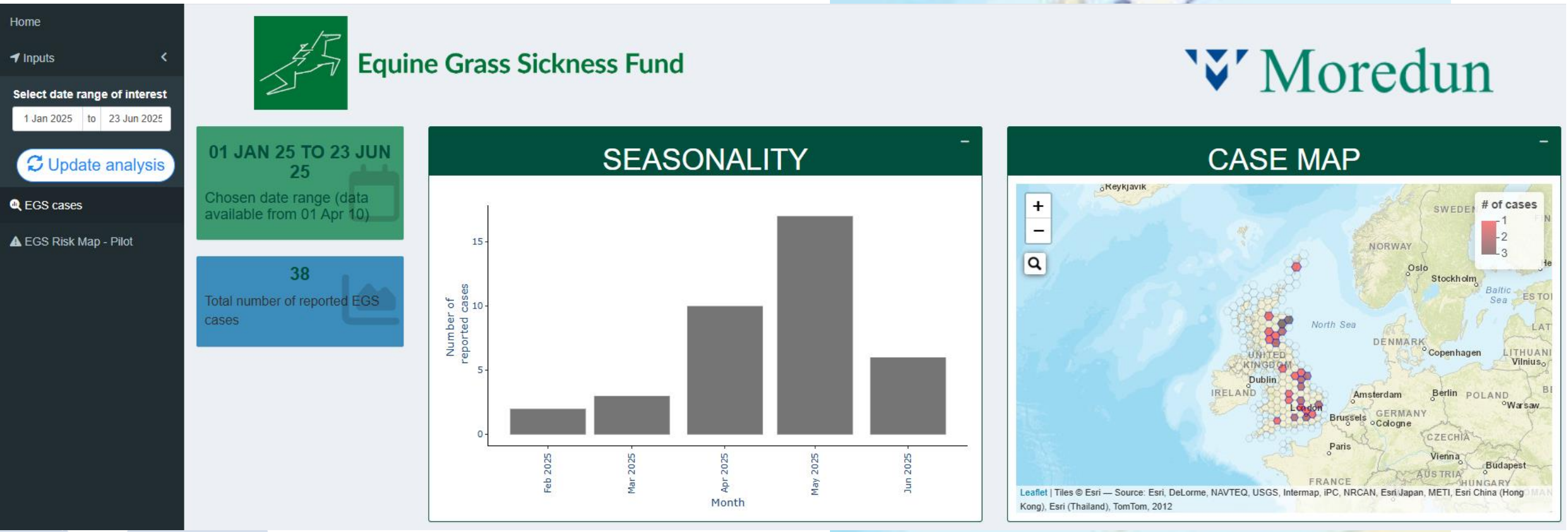


Equine Grass Sickness

EGS RISK MAP PILOT: DATA UPDATED TO 26 JUN 2025

Zoom to locations if you have one or more ID's of interest

e.g. 1234, 5678 or 1234 5678

Zoom to selected regions

Clear zoom selection

EGS RISK MODEL EXPLANATIONS

Model M1: Temperature fluctuations

High M1 risk occurs when temperatures swing dramatically (e.g. max >14°C and min <5°C, or a delta >12°C from previous day).
A combination of the high, low and delta changes determines the final M1 risk value and is classed as low, moderate, high or very high.

Model M2: Drought break

Model M2 detects sudden rainfall events after dry periods, specifically when < 0.24mm has fallen in the past 10 days, and today's rainfall exceeds 9.9mm.

Model M4: Temperature differentials over time

Model M4 is based on a 7-day rolling temperature window. Risk is high if max temperatures exceed 25°C and mins fall below 8°C, or if moderate heat of greater than 12°C combines with very low nightly temperatures of less than 5.4°C.

Combined Risk

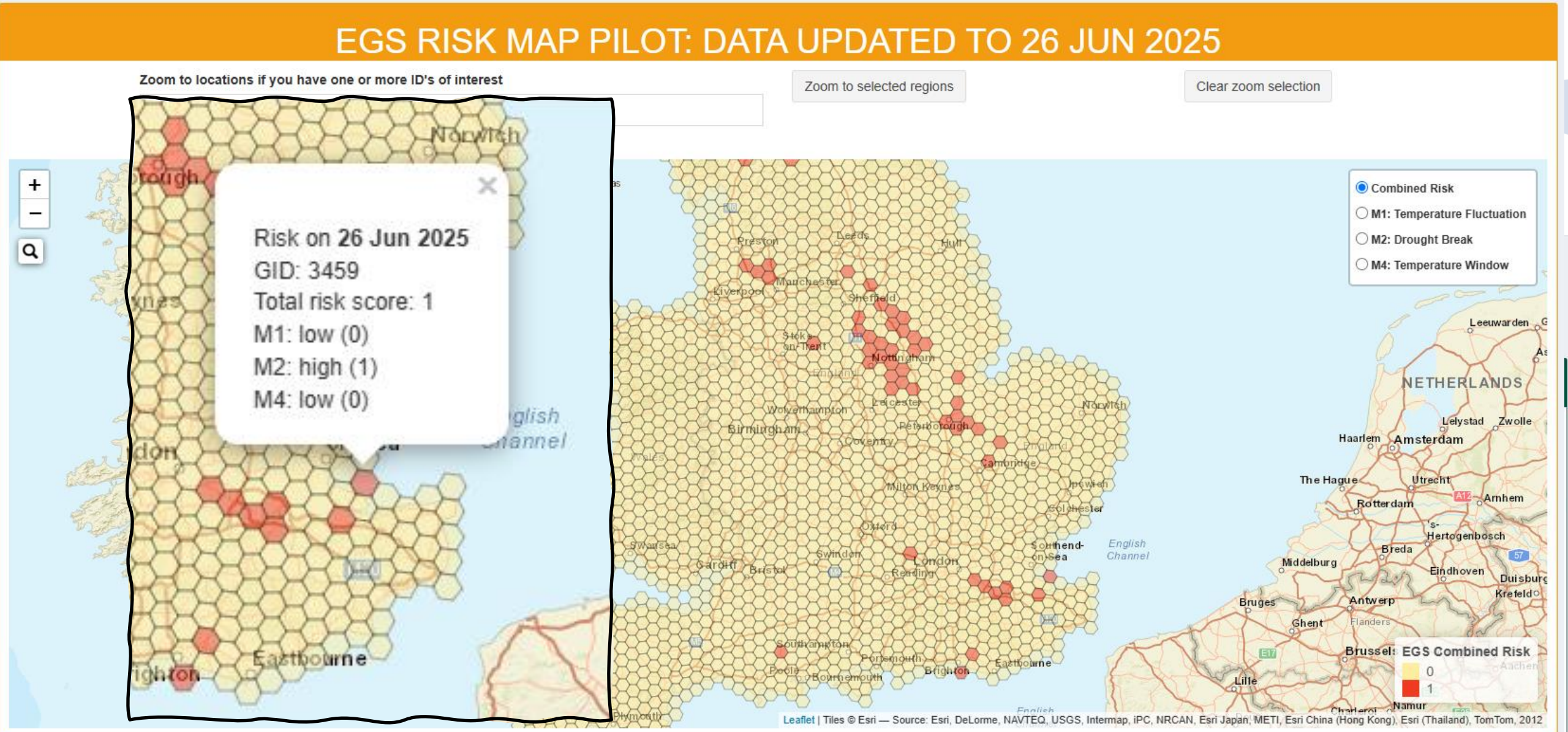
This is a composite score combining M1, M2, and M4, **plus Model M5**, which reflects nearby EGS cases reported in the past 14 days. M5 is not shown as a map layer by itself (these data can be viewed in the **General analysis**) but contributes to the combined risk score. Clicking on a hexagon when the composite layer is on will show the breakdown of the score.

Mitigating EGS risk: What you can do?

While risk factors for EGS may be animal, premises or managemental, certain management practices may help reduce exposure and vulnerability to EGS.

Click here for *Potential management practices which may reduce the risk of grass sickness*

Equine Grass Sickness



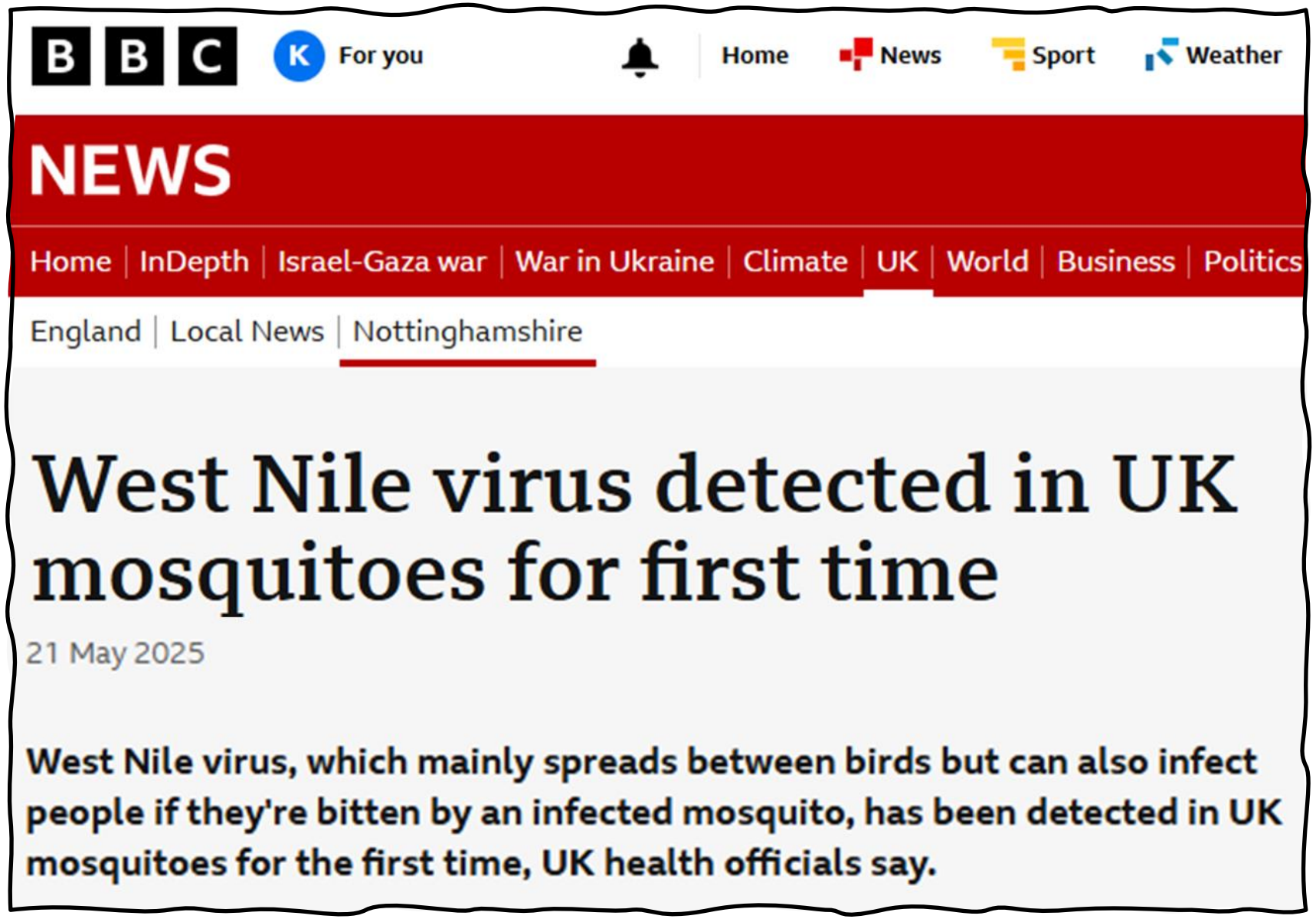
Equine Infectious Anaemia

Source: ICC

50 reports issued

- 32 **N. America** (64%)
  - 29 **USA** (19 in TX)
- 4 **Chile** (8%)
- 14 **Europe** (28%)
  - 1 Belgium
  - 2 Bulgaria
  - 3 France
  - 7 Italy
  - 1 Netherlands

West Nile Virus – in the headlines in May



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West Nile virus detected in UK mosquitoes for first time

21 May 2025

West Nile virus, which mainly spreads between birds but can also infect people if they're bitten by an infected mosquito, has been detected in UK mosquitoes for the first time, UK health officials say.

West Nile Virus – found in mosquitoes in the UK

GOV.UK

Home > Health and social care > Public health > Health protection > Infectious diseases

News story

First detection of West Nile virus in UK mosquitoes

UKHSA says there is no evidence to suggest ongoing circulation of the virus in birds or mosquitos in the UK and the risk to the general public is very low

From: UK Health Security Agency

Published 21 May 2025

Horse&Hound Vet Clinic - 19 June 2025

HORSE&HOUND
VET CLINIC

Creeping closer

Climate change is bringing the emerging threat of West Nile virus ever closer to the UK. *Richard Newton FRCVS* and *Fleur Whitlock MRCVS* outline what you need to know

Fragments of WNV genetic material have been found in *Aedes vexans* mosqitoes – a native UK species – for the first time

Pictures by Alamy and courtesy of EIDS

WEST NILE VIRUS (WNV) can infect horses if they are bitten by infected mosquitoes, with various mosquito species known to transmit the virus. These mosquitoes most commonly feed on birds, which are the primary hosts of WNV, and this has significant implications for the global spread of WNV, as birds can migrate long distances and introduce the virus to new regions.

If infected birds arrive in an area with uninfected mosquitoes, the virus can be transmitted to the local mosquito population when they feed on the birds.

Some of these mosquitoes can act as so-called bridging vectors if they then go on to bite and infect horses or humans, as well as birds. However, unlike birds, infected horses and humans do not carry enough virus in their blood to infect mosquitoes, and therefore they are considered incidental or "dead-end" hosts.

WHAT DISEASE DOES WNV CAUSE?

WNV causes West Nile fever, a viral disease that can affect both horses and humans. In horses, the infection can vary widely in severity; some horses may show no clinical signs at all (subclinical infections), while others may display mild signs such as fever, reduced appetite and lethargy.

However, roughly 30% of infected horses develop neurological signs, which can range from mild to severe. These may include muscle tremors (fasciculations), head tilt, weakness, incoordination (ataxia), dragging limbs (limb paresis or paralysis), or even recumbency and inability to stand.

There is no specific treatment for WNV, management is supportive and may include anti-inflammatory drugs, intravenous fluids and intensive nursing care. While many horses recover fully, some may have long-term neurological deficits and in a small number of cases, the disease can be fatal.

Most human infections are also subclinical, but some individuals may experience symptoms such as fever, headache, muscle aches and fatigue. In rare cases, the virus can lead to neurological disease, including encephalitis or meningitis, particularly in older adults or immunocompromised individuals.

WHY THE CONCERN NOW?

WNV was first identified in Uganda in 1937 and belongs to the same viral family as yellow fever and dengue fever. It is now found across Africa, the Middle East, West and Central Asia, North and South America and parts of Europe.

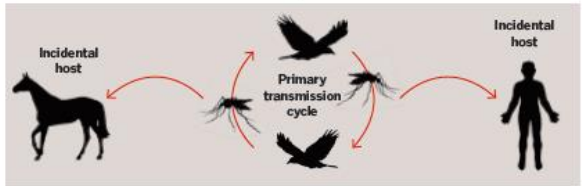
Over the past decade, the virus has been spreading further north in Europe, and in 2024, it was detected in horses and birds as far north as northern Germany. This northward movement raises concerns about the potential introduction of WNV into the UK. Surveillance of mosquitoes, birds, horses and humans is essential for early detection should the virus arrive, which will be either via infected mosquitoes or migratory birds.

In 2023, the Animal and Plant Health Agency (APHA) conducted a research project involving mosquito surveillance in wetland areas along the River Idle in Nottinghamshire, following reports of nuisance mosquito biting. In May this year, the UK Health Security Agency (UKHSA) reported that fragments of WNV genetic material had been detected in two of the 200 mosquito pools collected in July 2023.

This new finding highlights the importance of the need for continued monitoring, although it should be stressed that no UK-acquired WNV cases have yet been reported in either humans or horses.

Stabling your horse at dusk and dawn, when mosquito activity peaks, helps reduce infection risk

Signs of WNV infection can vary wildly, from a subclinical infection to severe disease or even death. Lethargy is among the milder signs



This schematic illustrates the transmission cycle of WNV between birds as reservoir hosts, mosquitoes as viral vectors, and horses and humans as incidental or "dead end" hosts

HORSE&HOUND
VET CLINIC

POTENTIAL CONSEQUENCES

AT present, there is no evidence of ongoing circulation of WNV between birds and mosquitoes in the UK and the current risk for humans and horses is considered very low, although this situation could change and is being kept under review. If more wild birds and mosquito populations become infected over time, particularly via infected migratory birds, then the risk of spillover into horses also increases.

Climate change is a major contributing factor leading to higher average temperatures and milder winters, thereby increasing the suitability of the UK climate for mosquito reproduction and survival and potentially supporting local WNV transmission in the future. The insect season in the UK typically runs from May to September, although global warming will be likely to extend this, lengthening the active period for mosquitoes capable of transmitting WNV.

REDUCING THE RISK

- **Stay informed.** The most important thing horse owners can do is stay informed about current risks and be alert to any signs of WNV in their horses, particularly neurological signs such as ataxia, tremors or limb weakness.

Prompt involvement of the horse's vet is crucial and if WNV is suspected, vets can submit samples to the APHA for testing, either via blood tests for antibody detection or polymerase chain reaction (PCR) testing of nervous system tissues collected at post mortem examination to detect the virus itself.

Surveillance of WNV in birds and mosquitoes is ongoing through targeted research and environmental monitoring, but there is currently no structured active surveillance for WNV in horses. WNV detection in horses relies on owners and veterinary practitioners recognising and testing suspect cases, meaning early cases could be missed without owner vigilance and veterinary input.

> *"Roughly 30% of infected horses develop neurological signs"*

- **Vaccinate if appropriate.** Licensed WNV vaccines are available in the UK, although in the absence of confirmed WNV circulating in the UK they are not routinely promoted for use in UK-resident horses. WNV vaccination is primarily recommended for UK horses travelling to WNV-endemic areas outside of the UK, such as much of mainland and particularly southern and eastern Europe.

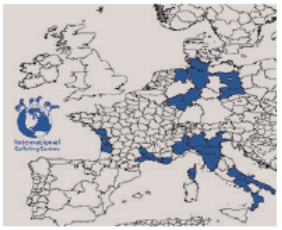
In 2022, an unvaccinated horse returning from southern Spain developed severe clinical signs, including muscle fasciculations and limb paresis, during transit back to the UK. The horse died, despite intensive veterinary care – the case highlights the importance of pre-travel risk awareness and preventive vaccination.

The current low demand for WNV vaccination in the UK has resulted in limited stocks of vaccines being maintained. However, should WNV begin to circulate in the UK, vaccine demand would likely surge. However, scaling up vaccine production takes time and this lag between demand and availability could leave horses unprotected during the active insect vector season, with vaccines potentially not becoming widely available until the following year.

- **Act to reduce exposure to mosquitoes.** In the event of WNV circulating in the UK, insect vector control will become a critical component of disease prevention.

Horse owners would need to take proactive steps to reduce mosquito exposure on their premises: eliminating standing water that provides habitats for mosquitoes reproducing, stabling horses at dawn and dusk during periods of peak mosquito activity and using physical barriers such as mesh screens, preferably alongside equine-safe insect repellents.

These measures, along with vaccination if available, will be vital for protecting individual horses from WNV infection. **H&H**



This map shows the regions of France, Germany and Italy with confirmed equine WNV cases reported to the International Collating Centre during 2024

NEXT WEEK **Equine MRI: how it works and when it is used**

Essential surveillance

Reporting increased mosquito activity and nuisance biting is important

HORSE owners play a vital role in national surveillance efforts. Unlike mosquitoes and birds, which are monitored through structured public health programmes, there is no subsidised routine testing or surveillance system for horses.

This means that early WNV detection in horses will rely heavily on owner awareness and prompt veterinary involvement. Without this vigilance, cases could go undiagnosed, during which time the virus may become more widely established.

If your horse shows unexpected neurological signs, such as ataxia, tremors or limb weakness, contact your vet immediately and ask them to consider ruling out WNV as well as other causes of neurological disease such as equine herpesvirus-1 (EHV-1; vet clinic, 29 May) infection.

In addition, owners should:

- monitor and report if there is unusually high mosquito activity in your area, including increased nuisance biting, as happened in 2023 in Nottinghamshire, which guided APHA sampling and the first detection of WNV in mosquitoes in the UK
- note wild bird deaths and report them to APHA, who should be able to collect samples for testing as to the cause of death, which could be due to WNV infection
- stay informed about UK disease risks – these are evolving as climate and vector ranges shift

Your vigilance supports not just your own horse's health, but also the wider understanding and control of emerging equine disease threats in the UK.

Picture by Alamy and courtesy of EIDS

Horse&Hound Vet Clinic - 19 June 2025

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Artervac EVA vaccine available again

19 Jun 2025

Zoetis confirms EVA vaccine return

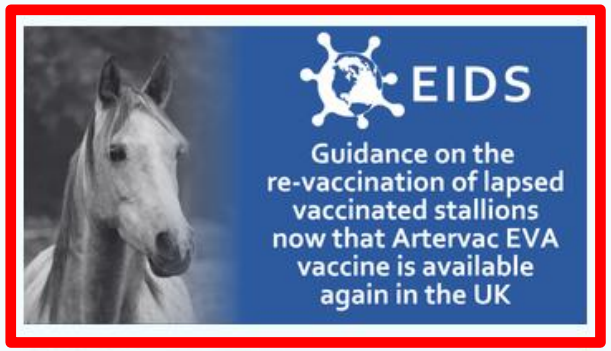
The Equip Artervac inoculation is back in stock more than two years after supply problems were first reported.

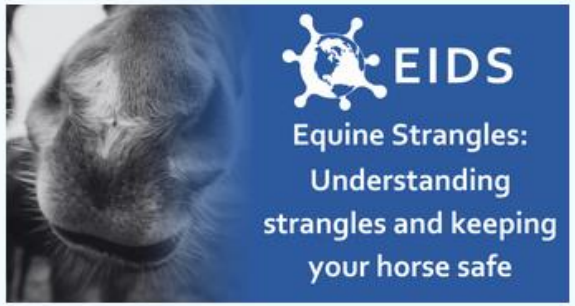
Vet Times

Share

Artervac EVA vaccine available again

PUBLIC RESOURCES





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EIDS
Equine Infectious Disease Surveillance

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GUIDANCE ON THE RE-VACCINATION OF LAPSED VACCINATED STALLIONS NOW THAT ARTERVAC EVA VACCINE IS AVAILABLE AGAIN IN THE UK

June 2025:

The following guidance has been compiled by Equine Infectious Disease Surveillance (EIDS), based at the University of Cambridge. EIDS collaborates with equine industry stakeholders to control infectious diseases in the UK by providing disease control advice services for veterinary surgeons. This document has been designed to assist veterinary surgeons in how to approach re-vaccinating and testing lapsed vaccinated stallions.

PROVIDING CLEARANCE FOR SEROPOSITIVE LAPSED VACCINATED STALLIONS

A decision tree to determine the appropriate course of action and associated laboratory tests to be applied to lapsed vaccinated stallions and teasers is presented in Figure 1. **It is important to note that testing should be applied at the time of administering the first of two doses (given 3-6 weeks apart) of Artervac EVA vaccine in restarting the primary vaccination course.** Stallions and teasers will thereafter then require six monthly booster vaccinations in accordance with the vaccine's datasheet recommendations

PROVIDING CLEARANCE FOR SEROPOSITIVE LAPSED VACCINATED STALLIONS AT THE TIME OF RE-VACCINATION WITH ARTERVAC

EIDS

IMPORTANT NOTE:
This proposal only applies where stallions have been previously vaccinated with Equip Artervac (Zoetis) in full accordance with the datasheet, prior to lapsing due to non-availability of the product since 29 March 2023.

FIGURE 1: Decision tree to determine the appropriate diagnostic tests for a lapsed vaccinated stallion at time of re-vaccination