



### Equine Infectious Anemia identified in the UK

Defra confirmed the two positive tests late on 19th January 2010. The premises on which the two horses are kept is currently under restriction and the two infected horses will be humanely destroyed in line with existing regulations. The other horses on the premises will be subject to epidemiological investigation in the coming weeks. A further two horses have also been under investigation and test results have proved negative. The animals arrived in a group of 10 horses, nine of which originated from Romania and one from Belgium. The nine Romanian horses were tested for EIA as part of routine post-import testing. Seven horses all tested negative. The horse that originated in Belgium is due to be tested shortly.

The UK's Chief Veterinary Officer, Nigel Gibbens said: "This is the first case of equine infectious anaemia infected animals being imported into Great Britain since 1976 and shows the success of our post import testing regime. These were apparently healthy horses carrying a notifiable disease that we are keen to keep out of Great Britain. After considering the risk I have decided to take appropriate action and humanely destroy these two horses that tested positive". EIA is a viral disease that is transmitted primarily by biting insects, but can be spread by using contaminated blood products. It can also be transmitted in semen and from mother to foal through the placenta or contaminated colostrum. For more information go to : <http://www.defra.gov.uk/foodfarm/farmanimal/diseases/>

#### Quick Facts:

There are just under a million horses and ponies in the U.K. today. Few horses are kept for work - mostly they are kept for pleasure.

Well the snow has finally melted and the grass has started to grow again! So for goodness sake be careful if you have a horse or pony that is prone to laminitis. It may take a couple of weeks of increased grass intake for him or her to show sore feet so please increase the grass intake slowly. Give them a feed of forage (their usual fibre) before they go out so their stomachs are full and they won't gorge themselves on the fresh grass.

If your mare is due to foal soon, remember that she needs a tetanus booster about 4 weeks before her due date to ensure lots of antibodies in her colostrum. Also if she has a Caslick's (stitches in her vulva) get one of the vets to come out and remove it. You can go to [www.dickvetequine.com](http://www.dickvetequine.com), click on 'Equine Practice' and then go to 'fact sheets' to download an information sheet all about being prepared for foaling!

We have another **client evening planned** with some great speakers (see box below). The date is **27th April at 7pm**. We will start with wine and nibbles and then start the talks about 7.30pm. We promise you'll be in bed by 10.30pm! Oh, and there will be some goodies available on the night!

#### New After-Hours Number!!!

We have a **new after-hours service** that started on 1st March. It involves you passing your details and the nature of the problem to a call centre which then pages the on-duty vet. The vet will then phone you back ASAP. If the vet is busy with a call at the time it may take them a little longer to get back to you. If you call the usual practice number **0131 445 4468**, there will be a message giving you the number or you can phone it directly, on **07699 748010**



#### Client Evening!!

On Tuesday 27th April 2010 at 7pm we are having another of our almost legendary (ahem!) client nights.

This time we have a 'Joint' theme with Dr. Sarah Taylor, one of our specialist orthopaedic surgeons talking about 'Degenerative Joint Disease' followed by Chris Bradley from Intervet talking about 'Supplements for the horse with degenerative joint disease'. We have wine and nibbles at 7pm plus some great product offers!

#### What's in this month's newsletter:

1. News
2. Client Evening
3. Laminitis Awareness
4. Grass Sickness

#### Practice Staff

##### Veterinary Surgeons:

**Kirstie Pickles** BVMS Cert EIM, MSc PhD, Dip ECEIM MRCVS

**Jenny Clements** BVSc MSc Cert EIM MRCVS

**Matt Hanks** BVSc MRCVS

**Malcolm Corsar** BVM&S MRCVS

##### Front Office Staff

Alison Smith

Trish O'Donnell

##### Opening Hours

Monday to Friday: 9-5pm

During these times phone:

0131 445 4468

After hours phone:

07699 748010



The Dick Vet Equine Practice is a Royal College of Veterinary Surgeons accredited Practice.



### Royal (Dick) Vet School on television!

Ever wondered what goes on behind the scenes at your vets? Well, Scottish TV thought you would like to know and spent about four months following the vets around filming our cases. Maybe the film-crew were out to see your horse!

There are five episodes, the first one being aired on 13th April at 8pm.



### Worming Survey - please help.

The University of Edinburgh and Moredun Research Institute are conducting a survey throughout Scotland to investigate the different worming strategies used. All horses grazing at pasture are at risk of developing a worm burden; however resistance to current wormers is becoming increasingly frequent. It is therefore important to identify factors that may further accelerate the development of resistance.

We would appreciate your help in completing our enclosed questionnaire regarding worming and pasture management. The questionnaire should take less than 15 minutes to complete. Please be assured that all responses will be treated confidentially.

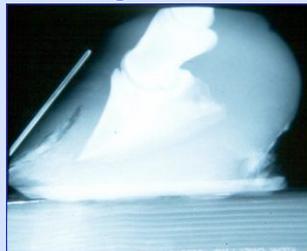
We are very grateful to all those clients who participated in a similar smaller study last year, and would welcome their continued support this year.

Any questions please contact Kirstie at the practice.

### Laminitis Awareness Month

The Dick Vet Equine Hospital (DVEH) along with Royal Veterinary College London and the University of Liverpool are all hosting events to mark Laminitis Awareness Month. Each event, organised by feed company *Dodson and Horrell*, aims to give owners useful up-to date information on the evaluation, pathogenesis and treatment of laminitis. There will be focus on the role of endocrine disorders (cushings & equine metabolic syndrome) and obesity in laminitis as well as discussion of novel treatments and farriery methods. The meeting will also highlight research that is being carried out at the DVEH to investigate this disease, which remains one of the most important concerns of horse owners in the UK. The owner day at Edinburgh is on the **10<sup>th</sup> April**. Speakers include Drs Derek Knottenbelt and Cathy McGowan from Liverpool University, nutritionist Teresa Hollands, farrier Andrew Poynton, as well as Drs John Keen and Theresia Licka from DVEH.

For more information contact John Keen at the hospital [john.keen@ed.ac.uk](mailto:john.keen@ed.ac.uk).



### Horse Diary April / May 2010

**SNEC** ([www.snec.co.uk](http://www.snec.co.uk) for more information)

- 03 & 04/04/2010 - SNEC Showing Show
- 05/04/2010 - David Gatherer Training Clinic
- 05/04/2010 - SNEC Riding Lessons
- 07/04/2010 - Show Jumping Schooling Night
- 10 & 11/04/2010 - British Show Jumping Ponies
- 12/04/2010 - SNEC Riding Lessons
- 12/04/2010 - Andrew Hamilton Training Clinic
- 14/04/2010 - Show Jumping Schooling Night
- 15/04/2010 - East Stirling Pony Club
- 17 & 18/04/2010 - Affiliated & Unaffiliated Dressage
- 19/04/2010 - SNEC Riding Lessons
- 21/04/2010 - Show Jumping Schooling Night
- 24 & 25/04/2010 - BSJA Seniors
- 26 & 27/04/2010 - BHS Stage 4
- 28/04/2010 - Show Jumping Schooling Night
- 30/04/2010 - TREC Training
- 03/05/2010 - David Gatherer Training Clinic
- 03/05/2010 - SNEC Riding Lessons
- 05/05/2010 - Show Jumping Schooling Night
- 08/05/2010 - BSJA Intro
- 09/05/2010 - Unaffiliated Show Jumping
- 10/05/2010 - SNEC Riding Lessons
- 10/05/2010 - Andrew Hamilton Training Clinic
- 12/05/2010 - Show Jumping Schooling Night
- 15/05/2010 - Trec Event
- 15 & 16/05/2010 - Affiliated & Unaffiliated Dressage
- 19/05/2010 - Show Jumping Schooling Night
- 23/05/2010 - Almond Riding Club
- 24/05/2010 - SNEC Riding Lessons
- 26/05/2010 - Show Jumping Schooling Night
- 29/05/2010 - Scottish Branch of the BSJA Junior Training
- 30/05/2010 - BSJA Juniors
- 31/05/2010 - David Gatherer Training Clinic
- 31/05/2010 - SNEC Riding Lesson

This information is intended as a guide only - please contact venue for more information



## EQUINE GRASS SICKNESS

Grass sickness has been causing the death of horses at grass since the early 1900s. Despite a great deal of work by veterinary surgeons over the years, the definite cause remains unknown but recent research indicates that the highly neurotoxic bacterium *Clostridium botulinum* type C is involved. This may not be the whole story though.

The disease seems to affect young adults, new arrivals and horses in “show condition”. The “peak” time is Spring and early Summer) when there is cool & dry weather.

### SIGNS OF GRASS SICKNESS

Grass sickness causes damage to parts of the nervous system which control involuntary functions, producing the main symptom of gut paralysis.

Grass sickness occurs in three main forms; **acute**, **subacute** and **chronic**, but there is considerable overlap in the symptoms seen in the three forms. The major symptoms relate to partial or complete paralysis of the digestive tract from the oesophagus downwards.

In **acute grass sickness**, the symptoms are severe, appear suddenly and the horse will either die or need to be put down for humane reasons within two days of the onset. Severe gut paralysis leads to signs of severe colic including rolling, pawing at the ground and looking at the flanks, difficulty in swallowing and drooling of saliva. The stomach may become full with foul-smelling fluid which may start to pour down the nose. Further down the gut, constipation occurs. If any dung is passed, the pellets are small, hard. Fine muscle tremors and patchy sweating may occur. The horse can also have a slight temperature. In this form, the disease is fatal and the horse should be put down once the diagnosis is made.

In **subacute grass sickness**, the symptoms are similar to those of the acute disease but are less severe. Accumulation of fluid in the stomach may not occur but the horse is likely to show difficulty swallowing, mild to moderate colic, sweating, muscle tremors and rapid weight loss. Small amounts of food may still be consumed. Such cases may die or require euthanasia within a week.

In **chronic grass sickness**, the symptoms develop more slowly and only some cases show mild, intermittent colic. The horse’s appetite is likely to be reduced and there will be varying degrees of difficulty in swallowing but salivation, accumulation of fluid in the stomach and severe constipation are not a feature. One of the major symptoms is rapid and severe weight loss which may lead to emaciation, fig.1.



Fig. 1: Clydesdale horse suffering from chronic grass sickness (a) and post recovery (b).

### DIAGNOSIS OF GRASS SICKNESS

The symptoms described above may seem quite clear-cut but unfortunately not all affected animals show all these signs and it can sometimes be very difficult for the veterinary surgeon to distinguish grass sickness from other causes of colic, difficulty in swallowing and weight loss. There is no non-invasive test for diagnosing the disease in the live animal although certain diagnostic tests can be helpful, when considered together with the symptoms.

A definite diagnosis can be made only by microscopic examination of nerve tissue after death or by surgical removal of a piece of small intestine by opening the abdomen.

### TREATMENT OF GRASS SICKNESS CASES

As previously stated, treatment should not be considered in acute and subacute cases. However, in chronic cases, if the animals are not in much pain, can still eat at least a small amount and are still interested in life, treatment can be at-



tempted. The correct selection of potentially treatable cases using these criteria is essential and requires experience as not all chronic cases are treatable.

Treatment of chronic cases involves dedicated nursing and the provision of palatable, easily swallowed food e.g. chopped vegetables, grass and high energy concentrates soaked in molasses.

The recovery rate for carefully selected cases at the Dick Vet Equine Hospital, Easter Bush, is now approximately 70%. Contrary to commonly held views, a follow-up study has shown that 41% of these recovered cases were back to work including hunting, racing, eventing, 33% were being hacked, preparing for competitive work or being used for breeding and the other 26% (the more recent cases) were still gaining weight and recovering at the time of the survey. None of the survivors were described as being of 'no use'. This represents a major improvement in the prognosis for such cases compared with the situation in the mid 1980's.

#### POTENTIAL MANAGEMENT PRACTICES WHICH MAY REDUCE THE RISK OF GRASS SICKNESS

Several studies have identified certain "risk factors" associated with an increased incidence of grass sickness and certain "protective factors" associated with a decreased incidence of grass sickness. These can be sub-divided into:

1. Horse-related factors
2. Premises-related factors
3. Management-related factors

Following the occurrence of a case (or several cases), it may be worth considering which of these factors can be manipulated with a view to reducing the risk of the disease occurring in other horses. This may involve the implementation of "protective" factors and/or the avoidance of "risk" factors. Unfortunately, out of all the recognised "protective" and "risk" factors, there are only a few which can be manipulated by altering the day-to-day management of the "at-risk" horses. These include:

- Minimise exposure to pastures where previous cases have occurred
- Minimise any pasture/soil disturbance (harrowing/mechanical faeces removal/pipe-laying/construction work)
- Minimise soil exposure (e.g. close grazing/poaching of fields)
- Avoid any sudden changes in diet (quantity and/or feed type)

At the same time, some protective factors should be considered:

- Co-graze with ruminants
- Regular grass cutting on pastures
- Hand removal of droppings
- Supplementary forage feeding (hay/haylage)

More information can be found at <http://www.grassickness.org.uk> and at [www.dickvetequine.com](http://www.dickvetequine.com) and click on 'Equine Practice'.

Normal opening hours are:

Monday to Friday 9am-5pm

During these times please phone:

**0131 445 4468**

At all other times please phone:

**07699 748010**

If you call during after hours, you will be asked for 'your message'. Please give your name, contact details and the nature of the problem. This information will be passed to the duty vet who will contact you directly.

