



Rabies

Rabies is a zoonotic disease, which means that infected horses can pass the virus to humans

Disease Name: Rabies, Rhabdovirus

Disease Type: Viral

Transmission: The virus is usually transmitted through a bite wound from an infected animal but the virus can also enter through open wounds, cuts in the skin, abrasions, or direct contact with the mucous membranes (mouth or eyes) of infected animals (mammals). In most cases, the actual bite from a rabid animal is not witnessed.

Frequency: Low

Incubation period: Typically, 2-6 weeks, although longer incubation periods have been reported. Horses suspected of infection or exposure should be observed for up to 6 months.

Carrier status: Infected horses are carriers and can transmit the virus to other horses and humans through bite wounds.

Latency: Incubation period is variable but animals have been known to shed the virus before clinical signs appear.

Severity: Rabies is 100% fatal.

Clinical signs: The clinical signs of rabies can be highly variable and can include lameness, colic, painful urination (can present as colic, stretching to urinate), and neurologic abnormalities. Insidious onset (slow to develop clinical signs) is extremely common. The presence of rabies in an appropriately vaccinated animal is EXTREMELY rare.

- In unvaccinated horses, rabies is rapidly progressive after onset of clinical signs with death occurring 5-7 days following the onset of clinical signs. Rarely, mild clinical signs can persist for weeks prior to death.
- Physical signs may include:
 - Fever
 - Loss of appetite
 - Blindness
 - Difficulty swallowing
 - Hypersensitivity of the skin- can sometimes present as self-mutilation
 - Muscle twitching
 - Lameness / poor performance
 - Paresis and/or ataxia- loss of body control
 - Incontinence
 - Colic
 - Paralysis (leading to recumbency) – beginning in the extremities
 - Sudden death



- Behavioral signs:
 - Dumb form: depression/stupor
 - Furious form: mania – excitable, fearful, may exhibit aggression. **These horses are extremely dangerous.**

Diagnosis: There is no ante-mortem (prior to death) test for rabies. Diagnosis is made by testing brain samples during a necropsy which requires specific biosecurity measures. Veterinarians will attempt to rule out other possible causes of disease such as EEE, WNV, EHM, EPM, and other diseases known to cause similar clinical signs however the clinical signs are not rabies-specific so extreme caution should be used with suspected cases.

Treatment: There is no cure for rabies. Prophylactic treatment has been effective if administered after exposure but before onset of clinical signs. Rabies is fatal in all horses with clinical signs. Vaccinated horses that have been bitten by a wild animal should be quarantined for 45 days. Unvaccinated horses should be quarantined for 6 months with no human or animal contact and closely monitored for clinical signs.

Prognosis: Rabies is incurable.

Prevention: Rabies vaccines are highly effective and are included in the AAEP list of Core Vaccinations. Horses should be vaccinated annually to maintain immunity. Consult your veterinarian to establish a vaccination schedule.

Biosecurity: Feeding and/or housing of wild animals as pets is highly discouraged. Notify local animal control of any wild animals displaying abnormal behaviors. Contact your veterinarian about any suspected exposure, including animal bites to determine if prophylactic measures should be taken.

***Rabies is a zoonotic disease* - people with possible exposure should contact their primary care provider and / or local emergency room immediately.**