



Disease Name: Equine Rhinovirus (ERhV)

Disease definition: Equine rhinovirus is a contagious viral infection of horses caused by members of the *Picornaviridae* family. It primarily affects the upper respiratory tract and produces clinical signs similar to other viral respiratory infections.

Transmission: Spread occurs mainly via direct horse-to-horse contact and through respiratory secretions. Fomites (equipment, feed/water buckets, tack, clothing) may also play a role in transmission.

Frequency: Equine rhinovirus is recognized worldwide but is less commonly reported compared to equine influenza or equine herpesvirus. It contributes to the broader syndrome of “equine viral respiratory disease.”

Incubation period: Typically 2–4 days after exposure.

Carrier status: There is limited evidence of a long-term carrier state. Horses generally clear the virus after recovery.

Shedding period: Virus is shed in nasal secretions for approximately 4–10 days post-infection.

Latency: No evidence of viral latency; persistence in the horse after recovery has not been demonstrated.

Severity: Generally mild and self-limiting in healthy horses, but young, stressed, or immunocompromised horses may develop more severe or prolonged respiratory illness.

Clinical signs and symptoms:

- Mild fever
- Serous (watery) nasal discharge
- Cough
- Pharyngitis (sore throat, difficulty swallowing)
- Enlarged submandibular lymph nodes
- Lethargy and inappetence in some cases

Diagnoses:

- **PCR testing** of nasal swabs to detect viral RNA
- **Virus isolation** in specialized laboratories
- **Serology** (paired samples to demonstrate rising antibody titers)

Treatment:

- Supportive care (rest, hydration, soft feed if sore throat present)
- Nonsteroidal anti-inflammatory drugs (NSAIDs) for fever or discomfort



- No specific antiviral therapy is available

Prognosis: Excellent in most cases. Horses typically recover fully within 7–10 days with no long-term effects. Complications are rare but may include secondary bacterial infections.

Prevention:

- No commercial vaccine currently available
- Minimize stress and overcrowding
- Isolate newly arrived horses before introducing them to the herd
- Good general management and nutrition to support immunity

Biosecurity:

- Isolate clinically affected horses until at least 14 days after recovery
- Disinfect shared equipment, stalls, and water sources
- Enforce strict hygiene practices (hand washing, dedicated clothing/equipment)
- Monitor in-contact horses for early signs of respiratory illness