

EDCC
equine disease communication center

EDCC Newsletter

FALL 2026

Does the EDCC Really Make a Difference?

I sometimes wonder if the EDCC is really making a difference. If the EDCC stopped issuing disease alerts tomorrow, would the management of infectious diseases in horses change?

The horse industry would not lose all access to infectious disease information. Veterinarians, state animal health officials, universities, diagnostic laboratories, and other organizations could continue to provide information. But the industry would lose something unique: a national communication and coordination system that provides timely, centralized, understandable, and actionable information about equine infectious diseases.

The EDCC was created in 2015 to serve as a central source of infectious disease information for the horse industry. Its primary role is to inform the industry about confirmed disease cases and outbreaks in a timely manner so that appropriate actions can be taken to reduce disease spread. Today, the EDCC provides a centralized source for current equine disease alerts as well as accurate, science-based information about disease recognition, prevention, biosecurity, and management.

Why Timely Information Matters

Before the EDCC was established, a lack of communication and misinformation about disease outbreaks increased the risk of both horse and economic losses. An actual outbreak can disrupt horse activity locally, but rumors about an outbreak can result in the cancellation of shows and events regionally or even nationally.

The 2011 equine herpesvirus outbreak associated with the Cutting Horse Congress in Ogden, Utah, demonstrated the problem. Rumors about the outbreak spread rapidly to the East Coast, even though there was no evidence of a significant disease risk east of the Mississippi River. Incomplete, exaggerated, or misleading information often generates additional rumors. Today, with texting and social media, information—whether accurate or false—can spread within minutes and become the basis for important decisions. Rumors create uncertainty. Without timely, accurate information, uncertainty can quickly become fear and panic.

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What Would Be Lost Without the EDCC?

Without the EDCC, veterinarians would lose a simple mechanism for communicating confirmed equine disease cases to the broader horse industry. The mechanism for rapidly distributing that information nationally would be greatly diminished.

Before the EDCC, states and other organizations rarely had a mechanism for routinely sharing information about equine disease outbreaks with the broader industry. This is particularly important because horses are transported extensively across state and regional boundaries. A lack of—or delay in—information can increase the risk that exposed horses will travel and spread disease.

The Waco EHM Outbreak: A Real-World Example

The EDCC's value as a central source of information was demonstrated during the equine herpesvirus myeloencephalopathy (EHM) outbreak originating in Waco, Texas, in November and December 2025.

As information about the Texas outbreak was being reported, the EDCC also posted alerts for EHM cases in Ohio, Wisconsin, Florida, North Carolina, Pennsylvania, Minnesota, Maryland, Alberta, and South Dakota. These were individual cases and outbreaks that were not associated with or linked to the Texas outbreak. Having this information available in real time helped allowed horse shows and events to continue without interruption. That is one of the most important functions of the EDCC.

Education and Biosecurity

The EDCC's role extends beyond disease alerts. It provides educational resources designed to increase awareness of infectious diseases and promote practical biosecurity. Disease fact sheets developed by the EDCC and the AAEP Infectious Disease Committee provide information about disease recognition, appropriate responses to outbreaks, prevention, and treatment. The website also provides information about critical disease-mitigation measures designed to prevent the spread of endemic diseases and reduce the risk of introducing foreign animal diseases.

Additional resources include biosecurity videos and the EDCC Biosecurity Risk Calculator, which helps horse owners and managers evaluate their biosecurity practices and identify opportunities to reduce disease risk. These resources are important because disease prevention begins long before the first horse becomes sick.

Looking Ahead to 2027

In 2027, the EDCC will continue to provide disease alerts seven days a week. The EDCC will monitor reliable sources for information about equine disease outbreaks, work with veterinarians to increase outbreak reporting, update disease and biosecurity information, publish educational articles about infectious diseases and their prevention, and respond to questions from horse owners and veterinarians. EDCC alerts will also continue to be distributed through the Equine Network's EDCC Health Watch and the International Collating Centre, extending access to disease information throughout the national and international equine community.

EDCC's Real Value

I suggest that the greatest value may be what happens during the first 24–72 hours of an outbreak. That is when accurate information can help determine whether people respond rationally or react to rumors; whether exposed horses are identified and isolated; whether events are unnecessarily cancelled; and whether an outbreak remains localized or spreads beyond the initial cases.

The EDCC cannot prevent every outbreak. It cannot eliminate infectious diseases from the horse population. What it can do is help the horse industry respond more quickly and intelligently when disease occurs. So, does the EDCC benefit horses and the horse industry? I believe the answer is yes.

The cost of maintaining the EDCC is small compared with the potential economic and animal-health costs associated with managing a major infectious disease outbreak, such as an outbreak of neurologic disease caused by EHV-1. However, providing this service requires the financial support from the entire horse industry. The EDCC is fortunate to receive support from individuals, associations, and companies that recognize its value. However, additional financial support is needed to ensure that this important service continues.

If you believe the horse industry needs timely, accurate, and trusted information about infectious diseases, please consider supporting the EDCC.

Information about how to contribute to the EDCC can be found HERE.

Or send a check to:
The Foundation for the Horse
C/O Equine Disease Communication Center
4033 Iron Works Parkway
Lexington, KY 40511

Also consider signing up for alerts or following the EDCC on Facebook.



Nathaniel A. White DVM MS DACVS
Director- Equine Disease Communication Center.

Protecting Your Horse from Respiratory Diseases

Shorter days and cooler temperatures signal the end of summer and the beginning of the "burr" months. It also signals more time inside the barns for our equine friends. More time inside can increase the risk for respiratory diseases.

Bringing horses inside for longer periods of time can lead to increased exposure to environmental irritants, such as airborne dust, causing inflammation of horses' airways, and symptoms like coughing, nasal discharge and exercise intolerance.

Although common infectious diseases (equine herpes, equine influenza, and strangles) can be spread all year round, stabling horses for longer periods of time can be stressful due to increased close contact and shared space (Figure 1). All these factors potentially increase the risk of spreading infectious diseases. To learn more about infectious diseases, please visit the EDCC Infectious Disease page HERE.

"Respiratory viruses spread more effectively when horses are kept inside in shared airspace," said Dr. Krista Estell, Clinical Associate Professor or Equine Medicine at the Marion duPont Scott Equine Medical Center and EDCC Veterinarian. "Barns that are dusty, poorly ventilated or with high levels of ammonia from wet stalls can cause low-grade lower airway inflammation or equine asthma. Monitor your horse for cough, nasal discharge, or increased effort while breathing."

Estell said to call your veterinarian if your horse is coughing more during exercise, coughs at rest, or has a temperature greater than 101.5 F.

"Respiratory viruses need supportive care and fever control, as well as monitoring by your veterinarian to make sure a secondary bacterial infection does not develop," Estell said. "Non-infectious diseases, including equine asthma, responds best to environmental management of dust, through sometimes corticosteroids and bronchodilators are necessary to break the cycle of inflammation."



Courtesy of Dr. Nat White

Figure 1: Nose to Nose contact between horses that are in new environments increases the risk of respiratory diseases.

It is important when infectious disease is suspected to isolate affected horses immediately to prevent further spread. Movement of horses on/off the outside paddocks and pastures should be restricted until a diagnosis is confirmed and a plan is in place (Figure 2).

"Every barn needs a quarantine space where sick horses can be separated from healthy horses to control the spread

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Five Tips to Help Prevent Respiratory Disease During Winter Months

- Talk to your veterinarian about vaccinating your horse against common respiratory viruses and against the bacteria that cause strangles.
- If possible, avoid mingling horses of different age groups and travel histories. Young horses and old horses may have suboptimal immunity to respiratory pathogens, and horses that travel to shows and clinics are more likely to encounter respiratory viruses that may cause illness in their home barn.
- Fresh air is best! Except for during exceptionally in climate weather, turnout is recommended to decrease inhalation of small particles and mold.
- Keep your barn as dust free as possible, by not storing hay overhead in hay lofts, turn horses out when cleaning stalls and aisleways to decrease exposure to dust and provide adequate ventilation in the stable.
- Feed from the ground so that the airway and nasal passage can clear itself of any inhaled particles.

of disease," Estell said. "Any horse with a fever, nasal discharge, or enlarged lymph nodes should be quarantined until evaluated by a veterinarian."

An ideal quarantine space is a separate barn from other horses, and a fenceline that provides at least 20 ft of distance from other horses with no nose-to-nose contact.

Biosecurity is very important as infected horses can easily contaminate people's clothes, hands and equipment such as rags, buckets and brushes. If the same handler, then goes on to care for other unaffected horses or uses shared equipment then there is a marked increased risk of the disease spreading.

Other horses on the premises should be monitored for any signs of infection such as nasal discharge or high temperatures.

Preventing respiratory disease in horses demands a layered approach. At risk vaccines against diseases such as strangles, equine herpesvirus, influenza, and rhinitis viruses, reduce illness severity, especially when given in advance of travel. Management practices such as low-dust bedding, while strict biosecurity-isolating new or returning horses and preventing nose-to-nose contact helps stop contagious spread .



Courtesy of Dr. Nat White

Figure 2: Nasal swabs are commonly used to help make a diagnosis of respiratory pathogens using PCR.

The combination of vaccination, smart stable practices, and monitoring gives horses the best chance to stay healthy and continue to perform their best.

Spotlight on the AAEP Equine Infectious Disease Committee



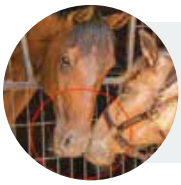
By Dr. Toby Pinn-Woodcock, Infectious Disease Committee Chairman

The work of the AAEP Infectious Disease Committee is about preparedness. This committee is composed of equine veterinarians across the industry with a strong interest in equine infectious disease management and prevention, including large animal internal medicine specialists, ambulatory practitioners, regulatory veterinarians and those with an interest in public health. The AAEP Infectious Disease Committee is tasked with equine disease outbreak response as well as equine infectious disease prevention, which is achieved by educating equine practitioners in advance to promote rapid diagnosis, treatment and preventative strategies. To accomplish these goals, the IDC maintains current equine infectious disease guidelines, recommends appropriate diagnostic strategies, provides effective biosecurity information, prepares vaccination guidelines, supports communication among veterinarians and regulatory officials, and encourages the timely dissemination of accurate information should an equine infectious disease outbreak occur.

The collaborative relationship between the EDCC and AAEP Infectious Disease Committee is longstanding. The AAEP Infectious Disease Committee reviews disease information and recommendations created by the EDCC to ensure parallel stakeholder messaging. During an outbreak response, the EDCC and AAEP work together to share updates with stakeholders in a timely manner to minimize the spread of misinformation.

The EDCC's mission of providing timely, accurate disease information is strengthened by the expertise and ongoing guideline development of the AAEP Infectious Disease Committee. Together, these efforts provide veterinarians, horse owners and equine industry with resources that enable early disease recognition, foster informed decision making and reduce the risk of disease transmission, collectively striving to maintain a healthy equine population and prosperous equine industry in the U.S.

PREVENTING EQUINE HERPESVIRUS (EHV)



EHV is spread through contact with nasal discharge, infected fetal tissues, aerosol droplets or by contact with contaminated surfaces including people, clothing, feed and water, equipment, and transport vehicles.

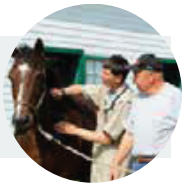
ISOLATE

Isolate horses with a fever, cough, or nasal discharge.



CONSULT

Isolate horses with a fever, cough, or nasal discharge. PCR testing of a nasal swab and blood is necessary for diagnosis.



DISINFECT

Clean, wash, and disinfect surfaces & equipment that come in contact with sick horses, fetal membranes and aborted fetuses.



VACCINATE

Vaccinate as recommended by your veterinarian.



Know the Difference, Stop the Spread!

EHV vs. EHM

Equine herpesvirus, abbreviated to EHV, is a family of equine viruses named by numbers, with EHV-1 and EHV-4 posing the most risk for horses.	Equine Herpesvirus Myeloencephalopathy (EHM) is a rare neurologic manifestation of EHV-1.
EHV-1 and EHV-4, called equine rhinopneumonitis virus, most often cause mild respiratory disease or abortion.	In exceptionally rare cases, EHM may be caused by EHV-4.
The first signs of EHV infection are fever, nasal discharge, lethargy, and swollen limbs.	Initial signs include fever, lethargy, and limb swelling. Neurologic signs include incoordination, often most severe in the hind limbs, urine dribbling, inability to stand, and mentation changes and/or deficits of the nerves controlling the eyes, head and face.
Vaccinations are available for protection against abortion and the respiratory form of EHV-1 and EHV-4.	Strict biosecurity is necessary to prevent spread of EHM. With treatment, most horses recover from EHM.

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First New World Screwworm Cases Found in United States

The summer of 2026 saw its first cases of New World Screwworm (NWS) inside the United States but thanks to a coordinated effort to inspect transported and monitor free-ranging animals along the U.S- Mexico border, organizing a sterile fly release program and horse owners monitoring wounds on their horses the number of equine cases has remained extremely low.

As of Nov. 18, there have been 18 equine cases confirmed in Arizona, New Mexico and Texas, respectively.

New World screwworm *(NWS, Cochliomyia hominivorax)* is a serious pest that affects livestock, pets, wildlife, and, less commonly, people and birds. Adult screwworm flies are about the size of a common housefly or slightly larger. Their larvae feed on the living tissue of warm-blooded animals. To learn more, visit the EDCC NWS disease page HERE.

NWS is not contagious and does not spread between animals or from animals to people. Screwworm infestations begin when a female fly lays eggs on a wound or body opening. Eggs hatch into larvae that burrow into the wound and feed on living tissue. After about 7 days of feeding, larvae drop to the ground, burrow into the soil, and pupate. The adult screwworm fly emerges from the soil after 7–54 days depending on temperature and humidity. Female flies mate after 3 days, while males can mate within 24 hours of maturation, and the cycle continues.

The USDA has released more than one billion sterile flies to help prevent fly reproduction, a method that helped eliminate MWS from the U.S. in the 1966. The goal is to increase production to 500 million flies a week by next summer, according to the United States Department of Agriculture Animal and Plant Health Inspection Service.

According to Dr. Katie Flynn, USEF Senior Veterinarian and EDCC Veterinarian, the northward progression of NWS can be controlled through careful inspection of animals for wounds, early identification of screwworm larvae, and prompt reporting and treatment of the animal.

"Reporting is critical as that is the only way for state and federal animal health officials to know where the fly is and be able to release the sterile flies," Flynn said. "The sterile fly is the only way to eradicate the pest from the area."

The cooling temperatures can help to reduce adult fly activity and slow development, while sustained freezing conditions may suppress local populations.

Flynn added that daily checks of your animals for wounds are very important. "Examine the wound promptly and contact your veterinarian, particularly if it is enlarging, unusually painful, foul-smelling, bleeding, draining, or contains eggs or maggots," Flynn said. "Keep the horse in a clean, fly-protected area. The veterinarian will examine and determine the next steps if screwworm is suspected.

Should your horse find itself infected with NWS, the FDA has authorized animal medications (including Emergency Use Authorizations) for treatment. The approved the medications to treat equines include:

Dectomax Infectable: authorized for the prevention of NWS myiasis in horses one year of age or older;

Ivermectin Liquid for Horses: prescription-only oral solution authorized for short-term (up to 24-hour) prevention in newborn foals or horses undergoing initial wound care

F1- Antiseptic Wound Spray and Barrier Ointment (with insecticide): topical EUA productions for prevention and treatment of horses.

Negasunt Powder: authorized for equids under restricted protocols.

It is important to remember that all current NWS treatments operate under Emergency Use Authorizations or conditional approvals, not permanent full FDA approvals. The medications do not automatically extract dead or live maggots; manual/surgical physical removal by a veterinarian is often required, and suspected larvae must be reported to the USDA APHIS for official identification.

Tips for Wound Care and Keeping Your Horse Healthy

Check the entire horse at least daily, including under the mane and tail, between the legs, around the sheath or udder, around the eyes, ears, nose, and mouth, and at the coronary bands.

- Clip hair if needed so the full wound can be seen. Wash gently with clean water or saline, remove visible debris, and use an antiseptic recommended by your veterinarian.
- Keep the wound clean and dry, follow veterinary instructions for bandaging, and change dressings often enough to inspect the site.
- Use veterinarian-recommended fly control and remove manure, wet bedding, and other material that attracts flies. Check blankets, tack, fencing, stalls, trailers, and turnout areas for sources of injury.
- Recheck at least daily and seek veterinary care promptly if the wound worsens or fails to improve.
- Do not use unapproved insecticides, livestock products not labeled for horses, caustic home remedies, or products that could delay healing or mask larvae.

Increase in Pigeon Fever Cases in Oregon

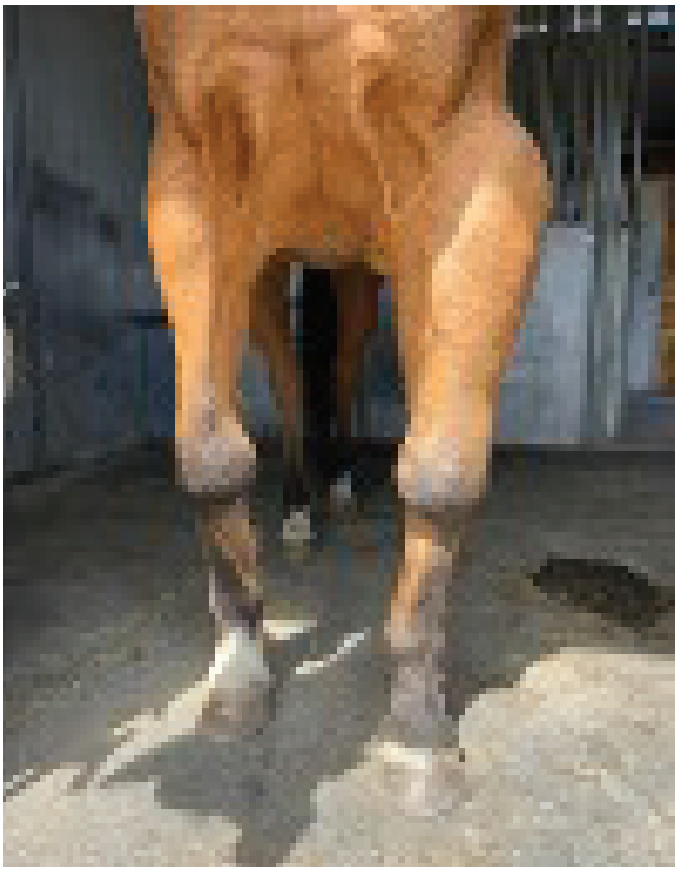
The number of Pigeon Fever cases have been on the rise in Oregon. As of Nov. 18, Oregon has reported 124 confirmed cases spread across almost 90 different premises.

"This definitely is an increase in cases compared to the last two years," said Dr. Jamie Umber, District Veterinarian for the Oregon Department of Agriculture.

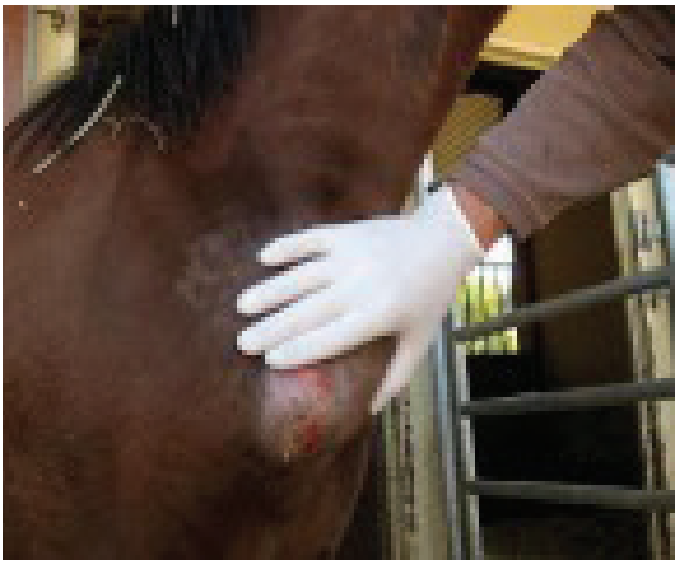
Umber said there are likely several reasons for the increased number of cases, including making Pigeon Fever a mandatory reportable disease in the state and state animal health officials doing more outreach about disease reporting. The Oregon Department of Agriculture now reports all Pigeon Fever cases directly to the EDCC.

"On top of the mandatory reporting, speaking with the attending veterinarians, they are also just simply seeing more cases this year," she said. "This is most likely due to the dry, warm weather and drought."

Pigeon Fever is caused by the *Corynebacterium pseudotuberculosis bacterium*. The bacteria is most often found in the Southwestern United States but reported throughout North America. Outbreaks in areas in which the bacteria had not been or only rarely reported have occurred during times of drought.



Courtesy of Dr. Hannah Leventhal



Courtesy of Dr. Hannah Leventhal

The infection typically leads to large, pus-filled abscesses in a horse's pectoral (chest) muscles, making them resemble a pigeon's breast, along the midline, or on the limbs. While most common in the summer and fall, horses can become infected with this highly contagious disease any time of the year.

There are three forms of Pigeon Fever: external abscesses, internal infection and ulcerative lymphangitis/limb infection. The disease can be transmitted by horse-to-horse contact, biting flies and contaminated soil. Pigeon Fever is diagnosed via bacterial culture of aspirate or exudate from the wounds/abscesses to identify the bacteria. Treatment includes drainage and cleaning of abscesses, and antibiotic treatment when prescribed by a veterinarian.

To learn more about Pigeon Fever, please visit HERE.

Umber said she hopes once the region receives a hard frost the number of cases should drop since the vectors should drop off.

"I have spoken with veterinarians and horse owners that remember many years ago (about 15-to-20 years ago) we used to have much more frequent Pigeon Fever cases in Oregon, so I think the bacteria is there it just take the right combination of weather, drought, and vectors to rear its ugly head."

Currently there is no licensed vaccine for Corynebacterium pseudotuberculosis available in the United States.

PIGEON FEVER

Corynebacterium pseudotuberculosis

Pigeon fever is a vector-borne disease that is transmitted by flies from discharge of actively infected horses or contaminated soil by flies. The disease is common on the West Coast, and is an emerging infectious disease in the remainder of the US.

DIAGNOSIS

- Bacterial culture of purulent drainage
- SHI titer (blood)
- PCR testing (purulent exudate, biopsy of affected tissue, internal abscess exudate)

TREATMENT

- Hydrotherapy for abscesses
- Anti-inflammatories
- Surgical drainage and lavage
- Antimicrobials AT DIRECTION of your veterinarian

PREVENTION

- Fly control
- Disposal of purulent exudate
- Consider isolation of horses with active drainage to decrease exposure of healthy horses with infected vectors

DISEASE MANIFESTATION



EXTERNAL ABSCESSES

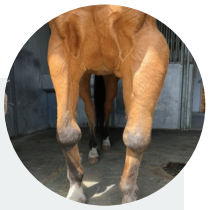
External abscesses are the *most common disease manifestation*

1. Abscesses can form anywhere, but often occur on the pectoral region (”pigeon breast” appearance)
2. The abscess becomes larger and is either surgically opened or ruptures
3. Purulent exudate (pus) drains from abscess and contaminates soil and allows fly vectors to spread the bacteria

INTERNAL ABSCESSES

Internal abscesses (not pictured) are *less common* but require prolonged therapy and close monitoring with an overall worse prognosis

1. Clinical signs manifest in many body systems:
   i. Poor appetite, lethargy, weight loss, colic, fever, respiratory disease

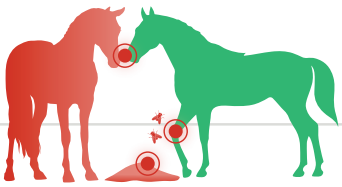


LYMPHANGITIS/VASCULITIS

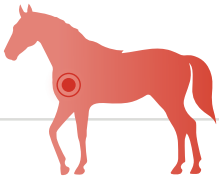
Lymphangitis/vasculitis—Infection and inflammation of the blood vessels, most commonly in the limbs. A single limb or multiple limbs may be affected.

1. Vasculitis occurs *less frequently than other disease manifestations*
2. Clinical signs:
   i. Swelling/enlargement of the limbs (usually diffuse and encompasses the entire limb)
   ii. Difficulty/inability to move the limb(s)
   iii. Fever
   iv. One or more limbs can be affected
   v. Can mimic clinical signs of other diseases (cellulitis, purpura hemorrhagica, Strangles associated vasculitis, lymphangitis)

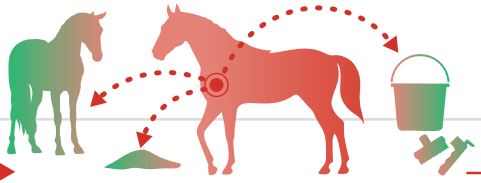
TRANSMISSION CYCLE



Healthy horse is infected through:
- Horse-to-horse contact with infected animal;
- Contact with contaminated dirt;
- Flies landing on small scrapes or wounds.



Horse develops external abscess—commonly on the pectoral region (”pigeon breast” appearance), but can be anywhere on the body.



Abscessbecomes larger and is either surgically opened or ruptures. Purulent exudate (pus) drains from abscess and contaminates soil and anything in contact.

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Frequently Asked Questions:

Who can submit cases to the EDCC? Submission of cases can only be made by veterinarians who have confirmed the diagnosis.

Where do the alerts come from? The United States and Canada

Why aren't some of the cases you hear about from the media on the EDCC website? Submitting cases to the EDCC is voluntary. EDCC seeks news of diseases in the media and attempts to get confirmed cases submitted to the website.

Why doesn't the EDCC report a more specific outbreak location? State animal health officials are not allowed to report an outbreak location beyond the county. Presenting a more specific location of private property or business risks liability for the premises and the EDCC. The EDCC can identify a location with permission.

What is a reportable disease? Each state has a list of diseases which are required to be reported by an attending veterinarian to the state veterinarian. SAHOs are encouraged to submit reportable diseases to the EDCC. Attending veterinarians are encouraged to submit reportable diseases that have been reported to or approved by the state veterinarian as well as non-reportable diseases.

What is a good source of information about infectious disease?
Go to https://equinediseasecc.org/infectious-diseases

Please help support the Equine Disease Communication Center

The EDCC is an industry-driven information center which works to protect horses and the horse industry from the threat of infectious disease in North America. The center is designed to seek and report real-time information about diseases similar to how the Centers for Disease Control and Prevention Center (CDC) alerts the human population about diseases in people. The EDCC is based in Lexington, Ky., at the American Association of Equine Practitioners headquarters, with a website hosted by US Equestrian. The EDCC is funded entirely through the generosity of organizations, industry stakeholders, and horse owners.

To learn more and make a tax-deductible donation, visit **www.equinediseasecc.org/support-us**

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