# Welcome to the EDCC Newsletter

SPRING 2026

The Equine Disease Communication Center (EDCC) is starting the 12th year of service to the horse industry. Our mission remains the same: provide timely, accurate, and responsible communication to protect the health of horses and the vitality of the horse industry. We do this with real-time alerts and by providing critical disease and biosecurity information.

When a disease alert is posted, one of the most frequent messages we receive is: **"Please tell us the location of the facility where the sick horse is located."** EDCC posts locations by **county**, most often because that is the only location information submitted. To help locate the county each alert includes a county locator tool so visitors can see the affected county on a state map. In most cases, state veterinarians, who submit the majority of alerts, are not permitted to identify a specific facility beyond the state and county due to privacy considerations and potential liability. When appropriate, EDCC will post a specific location if the facility is a **public venue**, such as a horse show or racetrack, or if the owner grants permission.

## Understanding risk and exposure

Most EDCC alerts involve one or two horses at one location with variable exposure to others at a facility. If there has been minimal or no horse movement to or from that location, the risk of disease exposure beyond the facility is typically low. When an alert indicates that a quarantine is in effect or that there is a hold on horse movement, these measures help ensure the disease is contained locally and that the risk of further spread is minimized.

However, an example of an outbreak involving many more horses with increased risk occurred during the recent equine herpesvirus neurologic disease (EHM) outbreak associated with the Women's Professional Rodeo Association event in Waco, Texas. Movement of exposed horses from that show contributed to the spread of disease to **eight states**, widening potential exposure. During this outbreak, EDCC served as a communication hub, providing accurate and continually updated information. Rapid information sharing from the eight affected states enabled horse owners and event managers to quickly assess risk and implement enhanced biosecurity protocols. Because the industry had access to reliable information, events and operations were able to continue activities by taking appropriate precautions. The last case in the outbreak was reported to the EDCC on **Dec. 3**, just 15 days after the index case — a testament to the value of swift, transparent communication helping to decrease disease spread.

*continued next page*

## The Impact of EDCC Communication

The benefit of EDCC's communications was demonstrated through the following analytics from the **EDCC website**:

- On **Nov. 19** the day the disease was first reported, the EDCC website received **69,000 views in 24 hours**, temporarily overwhelming the site.
- Over the next 3–4 weeks, website users increased to **160,000 active users** — a 7,721% increase over the average 2,022 daily views.
- During the first four weeks of the outbreak, there were **253,000 new website viewers**.
- From Nov. 16 to Dec. 11:
  - The EHM outbreak chart (updated daily) received **299,000 views**.
  - The Equine Herpesvirus disease page received **more than 100,000 views.**

Engagement on EDCC's Facebook page was equally remarkable:

- **There were 1,021,222 visitors** on Nov. 20 and **609,197 visitors** on Nov. 21
- Between Nov. 14, and Dec. 11, there were **4,053,304 total page views**
- As of Dec. 11, there were **40,254 followers**, a 69.9% increase over the previous 28 days

These numbers represent more than traffic — they reflect the horse industry actively seeking accurate, centralized information during a multistate EHM outbreak.

## Preventing Rumors and Maintaining Continuity

During the same November–December period, additional cases of EHM were reported to the EDCC from Pennsylvania, South Dakota, Ohio, Minnesota, Maryland, and Florida. State animal health officials confirmed these cases were **not related** to horses involved in the Texas outbreak. By communicating this distinction clearly across North America, EDCC helped:

- Prevent misinformation and rumor
- Avoid unnecessary cancellation of events
- Maintain business continuity
- Support informed biosecurity decisions

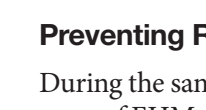
Clear communication is essential to protect both horse health and the stability of the equine industry.

## Industry Support Makes This Possible

EDCC communications rely on dedicated staff who review submissions and post alerts **seven days a week**. Updated disease and biosecurity information is always available on the website. This service is supported entirely by donations from individuals, veterinary practices, breed and discipline organizations, and allied industry partners. To continue providing these essential communications, **EDCC needs your support.** Please consider making a contribution at: https://equinediseasecc.org/support-us

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

Together, we can ensure that accurate, timely disease communication continues to protect our horses and our industry.



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


## Learn More About the EDCC

**If you would like to learn more about the EDCC- our mission statement and how to navigate the website, please follow the link to view a video.**

https://equinediseasecc.org/news/video/Learn-More-About-the-EDCC

## What is Equine Herpesvirus: Learn More About EHV-1 and EHV-4

*By Leslie Barlow, EDCC Communications Manager*

The recent equine herpes myeloencephalopathy (EHM) outbreak in western performance horses traced to the Women's Professional Rodeo Association (WPRA) World Finals and Elite Barrel Race events in Waco, Texas, in November 2025, highlighted the need for a better understanding of the equine herpesvirus (EHV) family of viruses.

The Equine Herpesviruses occur in horse populations worldwide. EHV viruses are named by numbers including EHV-1,2,3,4 and 5 with EHV-1 and 4 posing the most risk for domestic horses. The respiratory tract is the primary site of infection for EHV-1. The virus infects the local lymph nodes of the head and neck and is carried in white blood cells throughout the body. Common clinical signs include fever (temperature greater than 101.5 F) nasal discharge, lethargy, and distal limb edema.

While EHV-1 most commonly cause fever and respiratory disease, some horses develop more severe manifestations of the virus resulting in late-term abortion, sudden death in a newborn foal, and neurologic disease. EHV-4 causes clinical signs that are like EHV-1, though they are generally less severe. However, like EHV-1, EHV-4 may cause, fever, nasal discharge, lethargy, neonatal death, late-term abortion, and rarely neurologic disease.

Transmission of EHV-1 can occur through nose-to-nose contact, and horses that are relatively close to one another in a shared air space can shed the virus via aerosolized virus particles. Horses can also contract the virus by encountering contaminated surfaces such as stalls, water, feed, tack, and transport vehicles. People can spread the virus from horse to horse by contaminated hands and clothing. "When the virus is exposed to light and air, it may not last as long," said Dr. Krista Estell, Clinical Associate Professor and Section Chief of Equine Internal Medicine at Virginia Tech's Marion duPont Scott Equine Medical Center and EDCC veterinarian. "But, when it's in a wet, shady area it may persist for up to 21 days."

The typical incubation period, the amount of time from exposure to clinical signs of the disease, averages 4-6 days (range: 1-10 days). Although rare, the onset of neurological signs may be longer than 10 days. The initial fever and lethargy may go unnoticed if the temperature is not taken regularly. The onset of neurological signs may be longer than 10 days. When considering the importance of daily temperature checks for horses Dr. Estell said, "If you are temperature checking your horse regularly, you know that your horse is normally 99.5 F, but it's chilly outside and my horse is 100.9 F so I am going to check it again in a couple of hours".

Infected horses may not show clinical signs of the virus but may still act as carriers. Asymptomatic and latent infections are common. Up to 80% of horses develop latent infection in their lymph nodes, and the virus may just hang out there until virus shedding occurs, and horses may asymptomatically shed the virus at any time. The virus can remain latent for the lifespan of the horse with reactivation and viral shedding occurring periodically, especially during stressful events such as travel and illness. "If we wanted to make a model for a horse to see if it would get a disease, we would trailer it," said Estell. "That shows us that these horses that are latently infected and asymptomatic can go to a show or event and start shedding the virus."

The respiratory manifestation of EHV-1 and EHV-4 generally result in a relatively mellow viral infection. Horses may have signs of lethargy and begin to develop nasal discharge and intermittent cough. Most horses shake off respiratory signs with minimal veterinary intervention, though a diag-

*continued next page*

## EHV and EHM Compared

### EHV

- Equine Herpesvirus (EHV) also known as Rhinopneumonitis, is common in horses and comes in several forms.
- Two forms of the virus, EHV-1 and EHV-4, cause mild respiratory disease.
- The first signs of EHV are fever with mild respiratory signs. Horses usually recover within a few weeks. EHV can cause fever and abortion in pregnant mares.
- Vaccines are available for prevention of the respiratory and abortion forms of the disease, but protection may only last few months.

### EHM

- Equine Herpesvirus Myeloencephalopathy (EHM) is a rare neurologic disease caused by equine herpesvirus infection in the nervous system.
- EHM can be caused by EHV-1 or EHV-4.
- The first signs of EHM are fever with subsequent neurological signs. EHM can spread rapidly between horses. Horses with neurologic signs that are unable to stand have a high mortality rate.
- The EHV-1 vaccine does not provide complete protection from EHM. Treatment for EHM is symptomatic care.

nosis is necessary to rule out more serious causes of fever and respiratory disease.

Complications of respiratory disease due to EHV-1 include secondary bacterial pneumonia. If horses were transported from one place to another, it makes it more likely for the horse to contract secondary bacterial pneumonia. Horses should have their temperature monitored twice daily, particularly in higher risk settings like travel or horse shows.

Although infection with herpesvirus is lifelong, most horses make full clinical recovery from the respiratory form in one-to-two weeks with supportive care and rest. Non-steroidal anti-inflammatory medications (NSAIDS), such as phenylbutazone (Bute) or flunixin meglumine (Banamine) are used to control fever and improve appetite.

Vaccines are available for prevention of the respiratory and abortive form of EHV-1 and EHV-4. Good management practices for preventing the spread of the virus include maintaining current vaccinations on all horses on the property, practicing good biosecurity while traveling and showing, and quarantining any new horses or horses returning to a farm after travel for at least 21 days before integration into the farm herd. It is also advised to avoid co-mingling of horses of different age groups.

### Equine Herpesvirus Myeloencepholopathy (EHM)

In some cases, EHV-1 may cause neurologic disease known as Equine Herpesvirus Myeloencephalopathy, or EHM. "These horses have inflamed small blood vessels, and they also get spontaneous blood clots within the small vessels of the brain and spinal cord," said Estell. "Then we get clinical signs of neurologic disease as a result,"

Courtesy of Dr. Nat White

*Figure 1: A horse with the neurologic form of EHV-1 infection unable rise from a dog sitting position.*

It is poorly understood why EHV-1 develops into neurologic disease in some horses and not others. Previously, it was thought that only certain EHV-1 genotypes or strains previously known as D752 or neurologic strain caused the neurologic form of the disease, but research has shown that EHM can be caused by **all** strains of EHV-1.

The hallmark clinical sign of EHM is hindlimb weakness and ataxia. Horse showing clinical signs of EHM demonstrate toe dragging, making pathways through their shavings inside their stall with their feet, with more severe clinical signs including dog sitting, urine dribbling, and inability to pass manure. (Figure 1)

According to Estell the clinical signs of EHM are variable and based on where the blood clots cause brain or spinal cord damage. Signs of brain damage include mentation change, difficulty chewing and swallowing, lack of balance, head tilt, abnormal eye position, and seizures.

Courtesy of Dr. Nat White

*Figure 2: Collecting a sample of nasal secretions using a nasal swab for PCR testing.*

EHV-1 diagnosis is made by PCR for viral DNA, using a rayon nasal swab and whole blood samples. (Figure 2) When deciding which horses should be tested for EHV-1, horses exhibiting clinical signs, such as fever, lethargy, respiratory signs, or neurologic signs should be tested. Estell said, "Horses not showing clinical signs should not be tested. One reason we shouldn't test asymptomatic horses is because if we get a negative test that creates a false sense of security. That horse may be in the incubation period, and no test is 100% sensitive all the time. Additionally, if we get an asymptomatic horse that tests positive, we are wondering if that horse is even associated with the current outbreak or is it this horse's own latent virus. And finally, it is hard to tell whether a PCR positive in every case means that this horse is shedding enough virus to infect other horses. It is best that we only test horses that are showing clinical signs."

*continued next page*

"Our treatment goals for EHM are to stop viral replication, reduce vasculitis and inflammation, prevent and/or treat blood coagulation, sling care when needed to keep horses standing, and supportive nursing care," said Estell. Depending on the circumstances, treatment for horses who test positive for EHM can be accomplished at the home facility if the horse can be appropriately quarantined. If the horse is showing progressive signs of EHM, taking the horse to a hospital that has the capacity for 24/7 monitoring and supportive nursing care often ends up being most important treatment, including IV fluids and nutrition, management in a sling (if necessary), urinary catheters, and physical therapy.

Horses can be given non-steroidal anti-inflammatory drugs (NSAIDS) like Bute and Banamine. Corticosteroids are the most potent anti-inflammatory and anti-vasculitis drug. Because corticosteroids are immunosuppressants they are generally reserved for horses with neurologic signs. Another type of treatment includes giving anti-coagulants such as aspirin and heparin. Each horse owner's veterinarian is the best person to rely on when it comes to treatment and medication recommendations.

There is no vaccine licensed to prevent EHM. Vaccines do decrease levels of viremia and the amount of nasal virus shedding. Even with vaccination, infected horses may become lifelong carriers and can intermittently shed the virus even when showing no clinical signs. It is thought that most horses become infected with EHV early in life.

While horses with EHM can be very contagious during an active breakout, there are no documented cases of EHM horses causing additional cases of EHM after they have recovered and have been cleared by testing, quarantine, or both. Estell also said post-exposure treatment and early treatment may affect a horses' outcome.

Of those horses diagnosed with EHM, 15-30% do not survive. "There are variables associated with non-survival of EHM, including temperature greater than 103.5 F, inability to stand, encephalopathy, and signs of brain dysfunction," Estell said. "But you can't apply statistics to individual cases. We have all had cases where "by the book", the horse should not have made it, but it did. I always warn people not to apply those statistics to individual cases,"

### Communications are Important During a Disease Outbreak

In 2025, the EDCC reported 93 confirmed cases of EHM (including the outbreak in Western Performance horses), 40 confirmed cases of EHV-1 causing respiratory disease, and two confirmed cases of EHV-1 resulting in abortion. As EHM has the potential to be both highly contagious and potentially deadly, in most states it must be reported by the attending veterinarian to state veterinarian who can institute official quarantines and trace and quarantine exposed horses to prevent the spread of disease. This includes reporting cases to EDCC to raise awareness about disease risk in the horse community. Vital equine herpesvirus information on the EDCC website helps horse owners understand the disease and its prevention.

## Boots on the Ground: Dr. Ben Buchanan Recounts Early Days of the 2025 EHM Outbreak

*By Leslie Barlow, EDCC Communications Manager*

Courtesy of Dr. Ben Buchanan

*Dr. Ben Buchanan*

It was a day like any other at Brazos Valley Equine Hospital, when a late afternoon suspected colic case was trailered into the clinic. Dr. Ben Buchanan didn't know it then, but he was about to examine one of the first cases of the 2025 Equine Herpesvirus Myeloencephalopathy (EHM) outbreak that originated at the Women's Professional Rodeo Association (WPRA) World Finals and Elite Barrel Race event, held Nov. 5-9, in Waco.

Buchanan, speaking during the 2025 American Association of Equine Practitioners convention in Denver, told the crowded conference room the Quarter Horse mare was recumbent in the nose of the trailer and was noticeably off. The mare, who had been recognized as being up and down, had been given flunixin (Banamine) 90 minutes prior to arriving at the hospital and presented with no fever. She made no effort to stand and had deep pain sensation and poor spinal reflex in the rear. The mare showed normal CBC and chemistry but displayed neurological defects.

**"We had a run of West Nile cases in Texas this year (2025) and my first thought was this was just a continuation of the West Nile cases," *Buchanan said of the horse who arrived at his hospital Nov. 17, 2025.* "This was a nice mare. She was insured and was a pro-level barrel horse."**

Buchanan called Dr. Kallie Hobson at Texas A&M University Veterinary Medical Teaching Hospital. Texas A&M

*continued next page*

could not accept the horse because their sling stall was occupied. From there, Buchanan called colleagues around the area. Dr. Andrew Willis at Weatherford Equine had an EHV-positive horse occupying their sling. A call to Oklahoma found another horse in a sling.

Willis called back to ask if this horse had been in Waco. Buchanan said there had been discussion of respiratory disease in the horses that had been competing in Waco. Hobson confirmed the horse at Texas A&M had also been in Waco.

Buchanan realized that he and his colleagues were treating neurologic horses that attended the WPRA in Waco. "My horse actually had not competed," Buchanan said. "It was there to see a veterinarian and to get injected. It had just come along for regenerative medicine therapy. It was on the grounds but had never left its stall- not in the warmup arenas or common areas."

Calls went out to Louisiana State University Veterinary Teaching Hospital (LSU) to take the Quarter Horse from Brazos Valley. The owners elected not to send the horse to LSU. The insurance agreed to euthanize the mare given the degree of recumbency and neurological disease. The remains were sent to the Texas Veterinary Diagnostic Lab (TVDL) where EHM was confirmed. The horse had been vaccinated for EHV in the month prior to testing positive.

At the same time, Buchanan contacted the Texas Animal Health Commission (TAHC) regional veterinarian to alert him of the EHM case. The TAHC set up hold orders and quarantines on horses that had been competing in Waco.

In collaboration with Willis, Buchanan began drafting messages with the goal of distributing information and creating a place where horse owners could find reliable, factual, and up-to-date information. The information had links to the Equine Disease Communication Center website.

"I started calling some of my colleagues and hospitals to give them a heads up that there is a lot of rodeo horses that are potentially infected and there are a lot of rodeo people who are about to go crazy," Buchanan said. "We shared the message and revised it and put out a Facebook post saying there is a horse that tested positive for equine herpesvirus and there is potentially an outbreak developing and here are the things to know including a link to a fact sheet for herpes, description for herpes-these are things that you need to be aware of. We then spent the rest of the day on the phone talking to colleagues in Texas, talking to owners that were on their way to the Barrel Futurity of America at the Lazy E in Oklahoma."

Buchanan said creating a Whats App group for vets that included key TVMDL staff and industry staff was a good idea for vets to ask questions in a closed setting and to engage with the state lab quickly. That group disbanded at the end.

"I think we did a good job with the messaging and setting up a couple key practices as go to for factual information. I don't know how to contain the rest of the rumor mill," he said. "I believe I could have done better reassuring owners their horses would be okay in other industries and breeds. So many unrelated disciplines shut down shows in January that I don't believe needed to."

He also credits horse owners for policing themselves through isolation, quarantining, and regularly taking temperatures of their horses. "The fact that the rodeo community shut down for those few weeks was the most important thing that was done," Buchanan said.

**"I started calling some of my colleagues and hospitals to give them a heads up that there is a lot of rodeo horses that are potentially infected and there are a lot of rodeo people who are about to go crazy," *Buchanan said.***

It was estimated that about 1,000 horses were entered in the event in Waco- that does not include the non-competing horses that came along for the ride. Buchanan said one horse that had left Waco went on to participate in seven more events the following week. Ultimately, there were 17 events that TAHC identified that had horses that tested positive for EHV related to the WPRA.

Following confirmation of an EHM outbreak at the WPRA, the Barrel Futurities of America (BFA) suspended its event at Lazy E in Oklahoma.

To help contain the EHV-1 outbreak in Central Texas and protect the broader horse population, BVEH closed their Waco location to routine and elective appointments and opened the facility to receive EHV suspect cases from across the state. The facility transformed into an EHV testing, quarantine, and treatment center for horses exposed to or confirmed positive for EHV. This allowed the most severe cases to be managed by referral hospitals in the area, such as Texas A&M and Oklahoma State.

By the time the event was considered complete in December 2025, the EDCC reported 47 EHM positive cases spread across seven states that were tied to the WPRA event.

Quick action and helpful messaging by veterinarians like Buchanan and his colleagues, along with the cancellation of competitions, helped to contain further spread of the highly contagious disease.

# Vaccination Time: Spring Check-Ups for Horses

*By Leslie Barlow, EDCC Communications Manager*

When the clock springs forward to signal a change in the seasons, your horse's vaccinations records need an update to help protect against potentially fatal equine diseases.

For adult horses, "spring shots" should be performed mid-March to mid-April to make sure immunity is boosted before likely exposure to insect and animal vectors.

A standard vaccination program for all horses does not exist. Each individual situation requires evaluation based on the following criteria: risk of infection, consequences of the disease, anticipated effectiveness, potential for severe adverse reactions to vaccines, and cost of immunization versus potential cost of disease. The timing of the vaccination is critical to ensure the horse's immune system peaks during the highest risk period for the disease exposure.

According to the American Association of Equine Practitioners (AAEP) vaccination guidelines (https://equinediseasecc.org/vaccination), the five core vaccinations that all horses need include: West Nile Virus, Eastern and Western Equine Encephalomyelitis (EEE and WEE), tetanus and rabies. All horses are exposed to these potentially fatal diseases and need to be vaccinated annually. In some cases, multiple vaccinations during the year may be advisable depending on the environment and horse activity.

Core vaccinations protect against diseases that are endemic to a region, are virulent or highly contagious, pose a risk of severe disease, pose a public health risk, and/or are required by law. These vaccines are recommended for all equids because they demonstrate efficacy and safety, with a high level of patient benefit and low level of risk.

West Nile Virus, EEE, & WEE are three mosquito-borne viruses that can cause severe and often deadly neurologic diseases. Tetanus is caused by the neurotoxin of bacteria *Clostridium tetani*, which often enters the body through puncture wounds or lacerations (like people). Tetanus can be deadly or at least require long-term intensive care in a hospital setting. The Tetanus vaccine is highly effective and because it is commonly used, it's relatively uncommon to see an equine case of tetanus. Rabies is rare, but there is a risk of exposure from wildlife. Rabies is essentially fatal. Rabies legally must be administered by a veterinarian.

Although no vaccine prevents all diseases, all these diseases have highly effective vaccines which can prevent death or decreases the number of sick horses. EEE, WEE, West Nile, and Tetanus are often combined in one vaccine to make a "four-way", aka a "3-way and West Nile". Having your veterinarian administer the vaccine helps guarantee the efficacy of the vaccine. (Figure 3)

Courtesy of Dr. Nat White

*Figure 3: A veterinarian should be consulted about which vaccines are appropriate for each horse*

"All horses, no matter where they live or how they are managed are susceptible to these core diseases, which can cause extreme illness and even death," said Dr. Katie Flynn, Equine Health and Biosecurity Veterinarian for the United States Equestrian Federation.

Horses who travel or comingle with new horses at horse shows or on the farm are often at higher risk to be infected with additional viruses or bacteria and will benefit from vaccination. Veterinarians recommending risk-based vaccinations for horses in these situations will often suggest additional protection against equine influenza and equine herpesvirus (EHV). The AAEP list of risk-based vaccines also includes Anthrax, Botulism, Equine Viral Arteritis (EVA), Leptospirosis, Potomac Horse Fever, Rotavirus, Snake Bites, Strangles, and Venezuelan Equine Encephalitis (VEE). Owners and trainers should ask their veterinarian about whether their horses need risk-based vaccines in addition to the core vaccines.

"Vaccinations don't guarantee 100% protection, so pairing them with a good biosecurity program is crucial," said Dr. Flynn.

The AAEP vaccination guidelines include foal and adult horse vaccination charts for core and risk-based vaccines with guidance on when foals should receive their first round of shots and boosters as well as when adult horses need booster shots. (https://equinediseasecc.org/vaccination)

Veterinarians can guide you on the best timing of the vaccines that are right for your horse and situation.

## EDCC Tracks Emerging Diseases Such as Pigeon Fever

More information is available on the factsheet. https://www.equinediseasecc.org/pigeon-fever.

# 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)

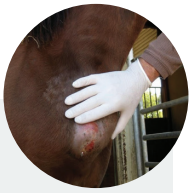
## TREATMENT

- 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

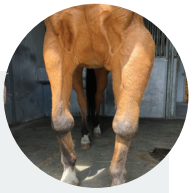
**External abscesses** are the *most common disease manifestation*

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

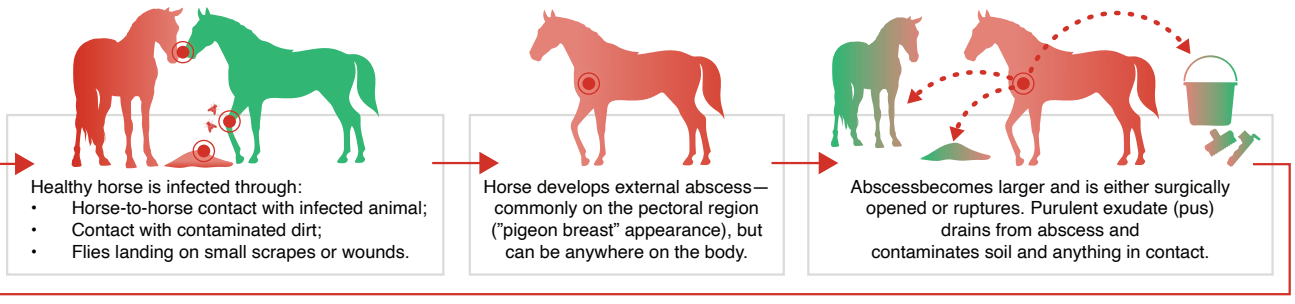


### LYMPHANGITIS/VASCULITIS

**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



## 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**

EDCC
equine disease communication center

4033 Iron Works Parkway | Lexington, KY 40511 | edcc@aaep.org