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| Logo AGES |
| Equine Viral Arteritis |
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| 22.01.2025 09:06 Uhr |

**Equine
Viral
Arteritis**

**Equine
Viral
Arteritis
(EVA)**

Last
change:
10.10.2023

**Profile**

Equine
Viral
Arteritis
(EVA),
(Equine
Virus
Arteritis,
"pink-eye",
"equine
distemper",
"red-eye
disease")
is
a
viral
disease
of
equids
(equine
species).

**Occurrence**

Worldwide.
In
particular,
the
increase
in
transport
and
the
widespread
use
of
artificial
insemination
has
led
to
a
significant
increase
in
the
disease
in
the
horse
population.

**Host
animals**

All
equids
such
as
horses,
mules,
donkeys
and
zebras,
possibly
also
New
World
camelids.

**Infection
route**

In
acute
cases,
transmission
occurs
mainly
via
aerosols
and
respiratory
secretions.
Furthermore,
the
aborted
material
in
EAV-induced
abortions
is
an
important
source
of
infection.
During
acute
infection,
mares
excrete
virus
via
vaginal
fluid,
whereas
stallions
can
excrete
virus
via
seminal
fluid
over
a
very
long
period
of
time.
During
pregnancy,
virus
transmission
can
occur
from
the
mare
to
the
foal.

**Incubation
period**

3-14
days

**Symptomatology**

Fever,
anorexia,
anemia,
leukopenia,
edema
of
limbs,
eyes,
scrotum,
and
prepuce,
conjunctivits
(pink-eye),
nasal
discharge,
short-term
subfertility
in
stallions,
abortions.

**Therapy**

A
targeted
therapy
does
not
exist,
it
can
only
be
treated
symptomatically

**Prevention**

Control
measures
to
prevent
outbreaks
amount
to
good
hygiene
management.
Stallions
approved
for
insemination
must
be
proven
not
to
shed
virus.
There
is
a
vaccine
approved
in
the
EU
area.

**Situation
in
Austria**

Equine
Viral
Arteritis
is
a
disease
according
to
the
European
Animal
Health
Law,
whose
introduction
and
spread
within
the
EU
must
be
prevented
and
which
must
be
monitored.
Positive
test
results
must
therefore
be
reported
to
the
official
veterinarians.
Currently,
there
is
no
special
surveillance
program
in
Austria.

**Specialized
information**

Equine
viral
arteritis
(EVA)
is
caused
by
equine
arteritis
virus,
a
single-stranded
RNA
virus
of
the
arterivirus
genus.

Most
cases
of
EVA
are
subclinical,
although
clinical
signs
can
vary
significantly
in
type,
duration,
and
severity.
After
primary
pathogen
replication
in
alveolar
macrophages,
the
virus
may
further
replicate
in
macrophages
and
endothelial
cells
of
blood
and
lymphatic
vessels
after
spreading
through
the
circulation,
resulting
in
characteristic
panvasculitis
and
vascular
necrosis.
Symptoms
range
from
flu-like
symptoms
with
fever,
anorexia,
conjunctivitis,
and
nasal
discharge
to
anemia,
leukopenia,
edema
especially
of
the
lower
abdomen,
hind
limbs,
scrotum,
and
prepuce,
supra-
or
periorbital
edema.
Infection
during
pregnancy
may
result
in
miscarriage
(from
the
3rd
month
after
infection
until
the
end
of
gestation)
and
birth
of
weak
foals.
The
lethality
is
very
low,
usually
recovery
occurs
even
after
severe
symptoms
of
the
disease.
However,
increased
mortality
rates
with
symptoms
of
pneumonia,
enteritis,
or
pneumo-enteritis
are
possible
in
young
foals
up
to
3
months
of
age.
Since
the
virus
persists
in
the
accessory
gonads,
stallions
can
become
permanent
or
long-term
excretors
despite
being
cured
and
thus
play
a
crucial
role
in
the
spread
of
the
virus.

**Diagnostic**

A
diagnosis
based
on
clinical
symptoms
is
not
possible
because
EAV
is
difficult
to
distinguish
from
other
diseases.
A
suspected
clinical
diagnosis
must
therefore
be
confirmed
by
virus
isolation
and
pathogen
detection
in
PCR
or
specific
AK
detection.
ELISA,
virus
neutralization,
and
RT-PCR
are
suitable
for
this
purpose;
CFT
is
less
sensitive
than
ELISA
and
thus
may
be
used
more
for
the
detection
of
recent
infection.

There
is
no
serological
method
that
can
reliably
distinguish
field
titers
from
vaccine
titers,
thus
in
countries
with
approved
vaccination,
antibody
testing
is
recommended
before
the
start
of
basic
immunization
to
avoid
immunization
of
already
diseased
animals.
However,
in
some
countries
the
importation
of
horses
with
positive
EAV
antibody
detection
is
prohibited.

Differential
diagnosis:
Equine
herpesvirus
1
&
4,
African
horse
sickness,
Equine
infectious
anemia,
Equine
influenza,
Equine
rhinitis
virus
A
&
B,
Equine
adenovirus.

**Contact**

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