

Wet weather!!

Rainy months in the Sacramento Valley leave many horses standing in mud! This results in several conditions such as pastern dermatitis, white line, thrush, and *Dermatophilus congolensis* (rain rot). The purpose of this article is to discuss pastern dermatitis also known as 'scratches', 'greasy heal' or 'mud fever'. Pastern dermatitis is simply a skin infection caused by wet conditions leading to bacterial infection (or less commonly fungus and mites) of the distal limbs. Due to the infection, the skin around the horses heel bulbs, pastern and fetlock region become very inflamed.

Pastern dermatitis can be painful and some horses will exhibit a lameness or irregularity of gate. Unfortunately for those of us that like a flashy horse, pastern dermatitis is more common in non-pigmented limbs. The infection can be self limiting, however, if left untreated or in severe cases it can lead to costly or dangerous complications such as cellulitis (a bacterial infection of the connective tissues/subcutaneous tissues). Cellulitis can travel up the leg, induce fever and anorexia resulting in systemic, whole body, infection.

Diagnosis is often presumptive based on clinical signs; however, additional information is often gained through skin biopsy or skin scrapings. Treatment of pastern dermatitis is largely based on husbandry—keeping the limbs as dry as possible. Sometimes this means giving a pasture horse a dry place to stand and eat OR for the stabled horse, making sure their legs are towel dried before returning to a bedded stall. In addition, treatment in the form medication is often two-fold: first getting rid of the infection (medicated shampoo or antibiotics) and second getting rid of the inflammation (steroid cream). I am generally do not prescribe ointments or salves as they often trap moisture (the number one thing you're trying to avoid).

Lastly, there are several other diseases that can appear similar to pastern dermatitis such as: ulcerative lymphangitis, cellulitis, and photosensitization (clover induced liver damage). You should always contact your veterinarian prior to treatment as many of these diseases are treated differently. If you have any questions, no matter how slight, feel free to call or email me with your concerns.

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Spring Vaccines

Time to schedule spring vaccinations once again!

Call or email today and we can discuss what is recommended to keep your horse(s) healthy this season!

DISCOUNTS apply for vaccine clinics of 10 or more horses, call and schedule today:
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Capitol Equine Veterinary Services

Sara Bartholomew, DVM



ISSUE

02

Feb-Mar
2010



New truck buddy, Finnegan!

Dear Horse Owners,

Cloudy skies, wet weather and nippy winds have made the last few months a little harder to enjoy our horses. At least we are blessed with glimpses of California sunshine between the storms, even if the mud never seems to dry up! Spring is around the corner and I decided to send out another newsletter to keep everyone as informed as possible. There has been some recent buzz about Equine Influenza in California... Three horse deaths related to flu in Northern California have been reported, and I myself have had a few mild cases recently. Influenza is not new to our region, but severe outbreaks tend to wax and wane. Just remember, as the weather starts to improve and we get the itch to load the horses up for a clinic, quick trail ride, or show I recommend boosting certain vaccines! Feel free to give me a call and can discuss what is best for your situation.

Dr. Bartholomew

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10 things you should have in your foaling kit!

1. Card with your veterinarians' emergency phone number
2. Flash Light (preferably with working batteries)
3. Watch (ideally stop watch to keep track of time during foaling, time to stand, time to nurse, placenta passed etc)
4. Towels
5. Light soap, bucket and water to wash mares' vulva and udder (for some mare's this is very disruptive)
6. Tail Tie (Vetrap works well)
7. Bread twist tie (works well for bleeding umbilicus) or hemostat
8. Nolvasan to dilute for umbilical dip and 12cc syringe case to use to dip the umbilicus
9. Enema
10. Bag for placenta (it should be examined during post foaling exam)





Equine Influenza Horse Flu

Equine influenza, or horse flu, is one of the most common contagious equine respiratory diseases in horses in the United States. Though endemic to the US, equine influenza tends to wax and wane with large outbreaks occurring several years apart. The greatest factors related to contracting equine influenza are: age (younger horses being more susceptible), stress, antibody levels (recent exposure or vaccination), and exposure to new groups of horses. Unless in an isolated facility where there are no shared fence lines and horses do not travel in or out, horses should be vaccinated against equine influenza (AAEP).

Clinical Signs:

Equine influenza is a virus that causes fever, cough, depression, serous to mucopurulent nasal discharge and anorexia in horses for a duration of several days to weeks. Like in other species, equine flu can have severe complications including but not limited to: pneumonia, colic, ventral midline, limb or scrotal edema and death (AVMA).

Transmission:

Equine influenza is extremely contagious. Infection rates have been reported at 60-90% with a mortality rate of 1-20%. Higher mortality rates have been reported in compromised herds (AVMA). Generally, equine flu is spread horse to horse through aerosolized nasal secretions; however, contact with tack, manure, and other materials can serve a fomite to transmit the disease (AVMA). Nasal secretions can be passed through nose to nose contact or can travel in the air as far as 50 yards. Outbreaks generally occur when a new horse is introduced to a facility, making racetracks and other high traffic facilities at greater risk. Typically the incubation period (time it takes for the horse to exhibit clinical signs) is less than 1 week (AVMA). Horses have peak viral shedding when febrile; however they can continue to pass infection up to 10 days post fever (AVMA).

Diagnosis:

A tentative diagnosis is often made based on clinical signs, vaccine history, and incidences in the area. Definitive diagnosis can be made through virus isolation vial nasal swab, PCR, or serial serum samples. (AVMA)

Treatment:

Treatment is largely supportive—rest, clean/dust free environment, and antipyretics (fever reducers). In horses with severe complications (such as pneumonia or colic) additional medications—broad-spectrum antibiotics or fluids may be indicated.

Prevention:

Prevention of the disease is primarily through vaccination, good hygiene, and quarantine practices.

Vaccinations:

There are many different vaccines offered by drug companies to protect against equine influenza. These vaccines fall into three major categories based on their technology: inactivated, modified live, and canary pox vector. It is my opinion that each of these have advantages and disadvantages (such as safety, initial priming series, duration of immunity in adults or foals, and onset of protection). In addition to the technology of the vaccine, different vaccines have different strains of the virus, some of the older inactivated vaccines still protect against the older now extinct strain.

My recommendation on frequency and type of vaccination for equine influenza varies based on several factors: age, location, frequency of travel, and previous history of illness or vaccine reaction. Depending on these factors influenza vaccination may be indicated as often as every 3 months. Vaccination for equine influenza is not 100% protective; however, it is believed to reduce clinical signs in those that become infected and in my opinion worthwhile in most horses and absolutely necessary in competition horse.

The last, somewhat controversial, factor is whether or not to vaccinate horses at the time of an outbreak. The AAEP (American Association of Equine Practitioners) guidelines for vaccination protocols suggest vaccination for influenza in the face of an outbreak can be beneficial when an intranasal vaccine is used. The intranasal vaccine, modified live vaccine is able to elicit an immune response in as short as 5 days (AVMA).

Good hygiene and Quarantine

Equine influenza virus can be killed with quaternary ammonia or 10% bleach solutions (AVMA).

Quarantine should be performed anytime an animal enters a herd for a minimum of 14 to 21 days (AVMA/AAEP). In addition, those handling the quarantined individual should follow strict hygiene guidelines (hand washing/footbaths/clothing changes).

REFERENCES:

AAEP (American Association of Equine Practitioners). "Equine Influenza". 2008. 30 January 2010 <http://www.aaep.org/equine_influenza.htm>
AVMA (American Veterinary Medical Association). "Equine Influenza Updates from the AVMA". 13th November 2006. 30 January 2010. <http://www.avma.org/public_health/influenza/equine_bgnd.asp>

WET WEATHER TIP FOR DEALING WITH THRUSH!

We have all spent our hard earned dollars on various thrush bustin' products!

Why don't many of them seem to work???

In my opinion it is not a faulty product, but rather you are asking too much of the product. I can't think of any antibiotics, astringents, or antiseptics that you can pour on then cover in dirt, mud, or feces (ie. put the horse back in its environment) and expect it to be effective!

SOLUTION

Apply a poultice to the foot for 24 hours (takes about 5 minutes every couple of weeks)

HOW TO APPLY A FOOT POULTICE

Supplies (make up before you start)

- Poultice: Many different poultice products can be used, my recommendation is one most everyone has or can easily obtain-- sugar with a small amount of betadine solution to make a paste
- Baby diaper (typically 16-20 pound fits normal 1000 pound horse)
- Duct tape made into a square 12-16 inches square
- Elasticon

- 1) Clean foot well with water and firm brush, then dry
- 2) Lift the foot and apply sugar/betadine mixture to bottom of hoof
- 3) Apply a baby diaper (the toe of the hoof fits into the fold)
- 4) Apply duct tape square, secure with extra duct tape if needed
- 6) Elasticon around top to secure (do not pull tight, stretch and lay loosely on skin)

This can be repeated as needed. Often once or twice in a row several weeks apart helps to keep the feet healthier.

