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Equine NEWS

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XL Vets Equine

COMPASSION, CARE AND CLINICAL EXCELLENCE

On the cover this Spring is Oliver who is cared for by The Oak Tree Animals' Charity. He's described as a typical Welsh with a cheeky and loveable personality.

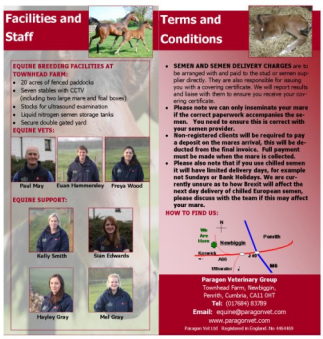
Please email equine@paragonvet.com if you have any topic suggestions for either the newsletter or Facebook page.

EQUINE BREEDING

Our 2021 breeding/ artificial insemination (AI) brochure is now available.

Copies can be downloaded from www.paragonvet.com, we can also email or post copies if preferred.

Please give us a call if you would like any further information.



SPRING WORM EGG COUNT PROMOTION

Now that we are heading into Spring it is time to start thinking about worm egg counts again. These will follow on from the wormer that should have been provided over the Winter to treat against encysted small red worms.

During March we are offering a FREE wormer to any horses that have a positive worm egg count as long as they have been provided with a worming treatment over the Winter months.

Please drop samples off at Newbiggin or Dalston receptions in a sealed bag or container that is clearly labelled with your name, phone number, horse name and age.

Once we have checked the sample we will give you a call with the results.

NEW HORSE HEALTH PLAN LAUNCH

March sees the launch of our **NEW** Horse Health Plan.

Like the Pet Health Club those wishing to join will pay a monthly direct debit to spread the cost of annual preventative healthcare. Further details are listed in the flyer below.

Please speak to one of the Equine Team if you would like to discuss the Horse Health Plan further or if you would like to sign up.

MARCH VACCINE AMNESTY

During March we will be running our annual vaccine amnesty.

Any vaccination courses for influenza, influenza/ tetanus or tetanus will receive the 2nd dose of the primary course **FREE.**

Vaccinations can be done either at the practice or on your yard (*visit charges will apply*)

If you also sign up to the Horse Health Plan during March you will receive 10% off your 1st vaccination as well (*terms and conditions will apply*)

PREVENTATIVE HEALTHCARE

Freya Wood - BVSC MRCVS

Preventative healthcare in our horses, ponies and donkeys is a vital part of maintaining their health and welfare. It means taking steps to prevent problems occurring as best we can and includes vaccinations, routine dentistry and worming programmes.

Please see Paul's article for details about vaccinating against influenza and tetanus.

Dentistry - maintaining good dental health in our horses is hugely important. Horses spend up to 18 hours a day eating and their mouths need to be in the best condition possible to do this. Identifying issues early and routine dentistry can help us monitor and deal with potential problems before they start to impact our horse's health and welfare.

Teeth should be examined at a minimum of every 12 months by a vet or a qualified equine dental technician. This enables examination and rasping of sharp enamel points as well as identification of abnormalities. Just because the incisor teeth look normal does not mean that the cheek teeth are normal.

For a horse that has a normal mouth with no issues, a dental examination every 12 months can be sufficient. However, horses with dental abnormalities such as diastema or exaggerated transverse ridges may require more frequent treatment as often as every 4-6 months. In older horses in their twenties and above, examinations every 6 months are advised as their cheek teeth are coming to the end of their lifespan and issues with diastema or loose teeth causing discomfort are more likely. Dental examinations under sedation allow a much better examination and are much more relaxing for the horse.

Horses can have dental pain without showing any outward signs and a horse that is quidding is often in a considerable degree of discomfort. Dental disease is a common cause of weight loss as if the horse cannot comfortably chew they are not able to take in the calories they need. Even just a few sharp enamel points can be a cause of discomfort and reduced ridden performance in horses due to the position that bridles sit on our horse's faces. This all highlights the importance of keeping their mouths in as comfortable a state as possible.

Worming - worms in horses can cause a variety of problems, from weight loss to diarrhoea and some types of colic. We are also faced with the issue of resistance to the drugs we have available and no new drugs on the horizon. The aims of parasite control in horses are:

- Minimising the risk of parasitic disease
- Controlling parasite egg shedding
- Maintaining the efficiency of the drugs we have and to avoid creating further resistance

We are NOT aiming to get rid of every single parasite in the horse's gastrointestinal system.

We are long past blanket treating every horse on the premises at intervals throughout the year as this is neither necessary nor responsible use of our deworming drugs. It has been shown that 80% of the eggs on a pasture are produced by 20% of the horses, and youngstock are also more likely to shed parasites. Targeting treatment is much more responsible and efficient.

Performing faecal worm egg counts during the spring, summer and early autumn helps guide decision making as to whether your horse requires a wormer or not. If they do not require worming at that time, routine worm egg counts can continue to be performed throughout the year.

Certain worms and worms at particular times of year will not show up on a faecal worm egg count. In those situations other tests are available that can help with identifying their presence, such as testing for tapeworm using saliva but like any test these have their limitations. Particularly in the winter it can be appropriate to just give a moxidectin based wormer to deal with encysted redworm.

One of the most important parts of controlling worms is field management, including regular poo picking and ensuring fields are not getting poached.

We are always more than happy to discuss worming with owners as there is no "one size fits all approach" and it is important to have a plan that suits your horse and your management system.

EQUINE VACCINATION

Paul May - MRCVS BVMS

The national programme for vaccination against COVID-19 is part of our daily news feed at the moment. Vaccination brings with it optimism for the year to come and the same applies to equine vaccination. Since the equine influenza outbreak of 2018 and 2019 the reported infection rate has been low, partly as a result of the initial equine lockdown but also a result of the vaccination programme. As we see new cases reported around the country we are not in the same outbreak situation that we experienced two years ago, but it does bring to mind the importance of vaccination. The low level of vaccination in the UK was deemed to be one of the reasons why the outbreak was more widespread here compared to the rest of Europe.

Equine influenza is a viral respiratory disease causing a fever, nasal discharge, coughing and loss of appetite. It is highly infectious and can spread quickly through an unvaccinated group of horses. Death due to influenza is rare but effects can be long lasting, taking up to 32 days for the respiratory tract to return to normal. Horses require 1 week off work for every day of fever meaning some can require up to 100 days off work and rushing horses back into work can lead to secondary complications. Boosters at 12 months are currently advised for most disciplines. For those competing under FEI regulations horses should have had a booster dose no longer than 6 months and 21 days before the competition and should not compete on the day of vaccination or for the next six days. British Eventing and Dressage (BE & BD) are also currently following these guidelines. Whatever your discipline it is advisable to check with your controlling body for their up to date rules and requirements which may alter when competition resumes and lockdown eases.

Tetanus on the other hand is often fatal. It is caused by a bacteria found in soil and in the gastrointestinal tract that releases a toxin when under the right conditions; unfortunately wounds provide the perfect environment. It is a neurotoxin, affecting the nervous system. Horses can have a stiff gait, a locked jaw, are unable to swallow and are often rigid and unable to stand. Signs are exacerbated by the stimulation of sound, light and touch. Affected horses require intensive treatment and despite this most cases are fatal. Even if your horse doesn't travel anywhere it is still likely that at some point they will sustain a wound, meaning full tetanus cover is essential.

In order to encourage the uptake of vaccination against equine influenza and tetanus we will be holding our **annual vaccine amnesty** month during **March** this year.

MANANGING MUD FEVER

Euan Hammersley - Bsc BVMS MRCVS

As we approach the end of winter and look forward to some spring weather our horse's paddocks appear to be at their muddiest following the recent wet weather. Mud fever is a bacterial infection of the superficial layers of the skin and is a common finding at this time of year and can be a really challenge to get on top of. In a recent study by the Blue Cross Equine Charity it was found that mud fever accounted for 40% of all skin disease in horses

Despite horses' skin being very tough and capable of brushing through birch, when it becomes waterlogged due to wet weather it becomes susceptible to damage and infection. Particles of sand or grit that are present in mud can cause micro-abrasions to form on the surface of the skin. This allows bacteria present in the surrounding environment to enter and establish an infection.

Early signs of mud fever include reddening of the skin and the formation of firmly attached hard scabs. Mild mud fever can often be treated effectively with the following management.

- Removing the horse from the muddy environment will be the first step and will prevent further damage occurring. Stabling your horse in a dry stable with an absorbent clean bed will help to dry the legs. It is best to avoid hosing the legs with cold water as this will cause for further irritation to the skin and weaken the skins natural defences.

- Areas of effected skin should be cleaned twice a day using warm water and a dilute antiseptic such as *chlorohexidine*. Washing should be done gently to prevent further abrasions occurring on the skin surface. When using *chlorohexidine*, it is most effective when contact on the skin is maintained for 7 minutes. In practice, this means it is best to gently wash the skin and then leave the horse tied up on a dry surface for a few minutes before washing the *chlorohexidine* off using clean water.

After washing, the legs should be dried using a clean towel. In the majority of cases the use of oral antibiotics is unlikely to be beneficial as the bacteria are present on the skin surface and will not be susceptible to antibiotics present in the blood stream.

- Loose scabs should be removed to allow the skin below to be washed and heal. With repeated washes scabs will soften and become easier to remove. In some cases the use of certain medicated creams can be beneficial to soften and remove the scabs.
- Clipping of hair or feathers from the affected area will be beneficial in allowing the skin to be washed and then dried.

If a poor response to these initial steps occurs or the affected leg becomes swollen and painful to touch then an examination by one of the equine team will be needed to get to the bottom of the problem. The use of further diagnostic tests such as skin biopsy or a blood sample can be really useful in identifying an underlying cause of the skin disease, in these cases until we treat the underlying cause we will be unlikely to resolve the skin issues.

It is important to remember that mud fever is most common in the winter and associated with persistent wet conditions. If you find that your horse continues to or develops skin disease during the summer it is advisable to investigate as mud fever is unlikely to be the cause. Several immune mediated skin diseases such as pastern and cannon *leukocytoclastic vasculitis* can occur which can look very similar to mud fever but require different treatment. Equine immune mediated skin disease is often associated with an allergic reaction to either sunlight or something in the environment such as buttercups, other flowers/plants or bedding.

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