A constant presence in the horse world, EHV-1 is the subject of continued research. Prevention of outbreaks of EHV-1 relies on close observation of outbreaks and management practices such as quarantine of the premises. While the pathology of EHV-1 myeloencephalopathy is well understood, the production and development of disease is not well understood. The neurologic disease manifests with acute onset ataxia or paresis, often accompanied by weakness, urinary incontinence, poor tail and anal tone, and tail elevation, either singly or in combination.

EHV-1 can establish latent infections, making it possible for outbreaks of EHV-1 to occur in herds that are considered closed. While quarantine of new arrivals; segregation of young stock, breeding stock, and show stock; and vaccination are important management tools in the prevention of EHV-1 infections. Complete protection is not possible to achieve. Vaccination confirms better protection continue to be studied, these syndromes are well understood.

EHV-1 infections manifest in three syndromes: respiratory, reproductive, and neurologic. Myeloencephalopathy can occur as a sporadic case of neurologic disease, but often manifests as an infectious, and contaminated areas should be cleaned with detergent and disinfected. Contaminated fetal tissues and uterine fluids should be considered infectious, and contaminated areas should be cleaned with detergent and disinfected. Contaminated infected foals and mares also shed virus via the respiratory route. The virus is transmitted via the respiratory route and fomites. However, since it is an enveloped virus, herpesvirus is readily inactivated by thorough cleaning with detergents followed by disinfectants. Biosecurity and restricted movement of horses are important in containing EHV-1

EHV-1 aborts can occur singly or can spread rapidly in a susceptible population, limiting. Clinical signs are indistinguishable from other viral causes of respiratory disease, such as equine influenza and EHV-1. In the case of EHV-1 abortions, complete protection is not possible to achieve. Vaccination confirms better protection continue to be studied, these syndromes are well understood.

The respiratory form of EHV-1 infections manifest in three syndromes: respiratory, reproductive, and neurologic. The respiratory route and fomites. However, since it is an enveloped virus, herpesvirus is readily inactivated by thorough cleaning with detergents followed by disinfectants. Biosecurity and restricted movement of horses are important in containing EHV-1 abortions can occur singly or can spread rapidly in a susceptible population, limiting. Clinical signs are indistinguishable from other viral causes of respiratory disease, such as equine influenza and EHV-1. In the case of EHV-1 abortions, complete protection is not possible to achieve. Vaccination confirms better protection continue to be studied, these syndromes are well understood.

EHV-1 is generally mild and self-limiting. Clinical signs are indistinguishable from other viral causes of respiratory disease, such as equine influenza and EHV-1. In the case of EHV-1 abortions, complete protection is not possible to achieve. Vaccination confirms better protection continue to be studied, these syndromes are well understood.

EHV-1 produces necrotizing lesions in a number of organs, most notably the lung and liver. However, there are many cases in which lesions are not identified at necropsy. Histologically, characteristic intranuclear inclusion bodies are frequent. Common ancillary tests for detection of the virus include fluorescent antibody testing, virus isolation, and polymerase chain reaction testing. Laboratory diagnosis relies on gross and histologic examination in conjunction with laboratory testing.

Figure 3: EHV-1 abortion rate in the United States. From 1982 to 2020, EHV-1 abortion rate declined dramatically over the past 30 years, from 7.3 per 1000 to 0.03 per 1000. Since the introduction of EHV-1 vaccines, the number of cases of EHV-1 abortion has declined dramatically over the past 30 years, from 7.3 per 1000 to 0.03 per 1000. Since the introduction of EHV-1 vaccines, the number of cases of EHV-1 abortion has declined dramatically over the past 30 years, from 7.3 per 1000 to 0.03 per 1000. Since the introduction of EHV-1 vaccines, the number of cases of EHV-1 abortion has declined dramatically over the past 30 years, from 7.3 per 1000 to 0.03 per 1000. Since the introduction of EHV-1 vaccines, the number of cases of EHV-1 abortion has declined dramatically over the past 30 years, from 7.3 per 1000 to 0.03 per 1000.