



The WeCAHN Equine Network met 20th June 2024, with veterinary practitioners, laboratory diagnosticians, veterinary college faculty and researchers, and provincial veterinarians in attendance.

Data Sources

Data sources in this report include:

- Clinical Impressions Surveys completed by network practitioners.
- Data shared by western veterinary diagnostic laboratories: Manitoba Veterinary Services Diagnostic Laboratory (VSDL), Prairie Diagnostic Services (PDS), and University of Calgary College of Veterinary Medicine Diagnostic Services Unit (UCVM DSU).
- CAHSS Equine Diseases Dashboard.
- Equine Disease Communication Center.

Syndromic surveillance

Network practitioners complete a survey which captures whether they have identified selected conditions never, rarely = 1-2 times over the 3 months; commonly = 1-2 times per month; very frequently = 3+ times per month.

Respiratory disease

Was reported Commonly to Very frequently by network practitioners.

Rhinitis-sinusitis was reported Rarely (practitioners) to Commonly.

Strangles (associated with *Streptococcus equi equi*) was reported never to Commonly to Very frequently and rated **Increasing** by 3 network practitioners. Laboratory tests offered across western Canada include both polymerase chain reaction (PCR) and bacterial culture testing.



Discussion: Strangles

- Strangles was rated Increasing by the three prairie network veterinarians, and also reported in foals. Observation was made that many owners seem unaware of how frequently strangles is being diagnosed, and the problems it can pose for treatment and control.
- The different methods of strangles testing (bacterial culture and PCR) and differences in specific methods and procedures for testing between laboratories make monitoring trends across different laboratories more difficult; they can be tough to compare.
- A recent Canadian study suggests that some horses diagnosed with strangles may go on to test testing positive for strangles on PCR but negative on bacterial culture.
- The strangles case described by one network practitioner involving a horse persistently positive on PCR demonstrated some of the potential challenges in diagnosis and management of strangles cases. Consensus was that the risk posed by these cases would need to be assessed by the veterinarian on a case-by-case basis.
- For more information: <https://www.equinediseasecc.org/strangles>

Digestive disease

Was reported Commonly (n =1) to Very frequently (n =3) by network practitioners.

Gastritis or ulcers were reported Rarely (n = 2) to Very frequently (n =2).

Diarrhea was reported Rarely (n =2) to Commonly (n =1) Very frequently (n =1) and associated with

E. coli bacteria, *Clostridia* bacteria, *Cryptosporidia* protozoa (single-celled parasites) Lawsonia bacteria, Rotavirus, and Strongyles were all reported as causes of diarrhea observed by network practitioners.

Important to note that these agents include bacteria, viruses, protozoa and intestinal worms, and so blanket antimicrobial treatment in the absence of a specific diagnosis will be un-successful in some cases and also promote the development of drug resistance.

Colic was reported Commonly to Very frequently and associated with impactions, intestinal spasm, and intestinal twists.

Gastro-intestinal parasites were reported Rarely to Commonly by network practitioners associated with:

- Strongyles in all classes of horses.
- Other parasites never to Rarely.

All were rated Stable.

Internal parasite control strategies

QUESTION: having been told by a veterinary college equine specialist that blanket anthelmintic treatment is less common than it was 10 years ago, what kind of strategies do your clients use?

Answer:

- A range. Still see lots of blanket use, but also do lots of fecal egg counts.
- We see lots of evidence of the impacts of parasitism.
- In our area we maybe see less internal parasitism, with horses being less frequently mixed/pastured and also often brought in at night.



American Association of Equine Practitioners' Internal Parasite Control Guidelines

- Have your veterinarian perform fecal egg count reduction tests annually to ensure that you are using effective dewormers in every herd or barn.
- Recognize that no de-wormer will eliminate all parasitic stages from a horse.
- Continue using fecal egg counts once or twice per year to sort horses into low, medium and high shedders to reduce pasture contamination.
- Deworm all horses at a baseline rate and target selected horses more often based on fecal egg counts.
- Discontinue deworming all horses with fixed intervals year-round and stop blindly rotating de-wormer classes.

For more information: <https://aaep.org/resource/internal-parasite-control-guidelines/>



Skin disease

Was reported Rarely (n =1) to Commonly (n =2) to Very frequently (n =1) associated with

- Mange never to Rarely and rated **Decreasing** by one.
- Lice Commonly to Very frequently and associated with treatment failure, and rated Stable to **Increasing**.
- Ticks never to Very frequently (n =1) and associated with treatment failure and rated Stable to **Increasing**.
- Itchy horses with no diagnosis Rarely (n =1) to Very frequently (n =1) and associated with treatment failure, and rated **Increasing by two** network practitioners.

The frequency of veterinary diagnosis of skin problems was consistent with the frequency of pathologic diagnoses at Prairie Diagnostic Services in which sarcoid (a common skin tumor) was the most frequent equine diagnosis, with dermatitis (skin inflammation) third.

These conditions can have overlapping clinical signs but different treatments, so if your horse has a skin condition, check with your veterinarian on diagnostics and treatment.

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Meeting Takeaways

- Strangles was reported **Increasing** relative to last year by network veterinary practitioners from the prairies, and also reported in foals. For more information: <https://www.equinediseasecc.org/strangles>
- Recent AAEP guidelines stress strategic and targeted parasite control. Blanket treatment (using de-wormer drugs without testing to see whether or which parasites are present) promotes the development of drug resistance. It's important to discuss a specific strategy for your horse's situation with your veterinarian. For more information: <https://aaep.org/resource/internal-parasite-control-guidelines/>

