

Overview of Horse and Donkey Diseases in West Africa

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Different types of diseases

Arthropod –Borne Diseases

- *Culicoides(midges): -African Horse Sickness (EHS)
-Equine Encephalosis (EE)*
- *Mosquitoes: Alphavirus , Equine Encephalitis in
Senegal*
- *Tsetse Flies –biting flies : Trypanosomes*

Tick-Borne Diseases

- Piroplasmosis

Different types of diseases

■ Virus Diseases

- Generalised diseases including Central Nervous System involvement

- African Horse Sickness	++	9 serotypes	attenuated live vaccine
- Equine Virus Arteritis	+	1 serotype	attenuated live vaccine
- Equine Encephalosis	+	several	NONE
- Infectious Anaemia	+	1 serotype	NONE used
- Rabies	+	1 serotype	inactivated

- Respiratory diseases

- Adenovirus Pneumonia	+	unknown	inactivated + Live
- Rhinopneumonitis (EHV4)	+++		inactivated
- Equine INFLUENZA Virus	++	2	inactivated
- Rhinovirus	+	3	None
- Equine Herpes virus 2 and 5	++	unknown	None

Different types of diseases

- **Virus Diseases**

- **Enteric diseases**

- Rota virus	+++		None
- Torovirus	+	1	None

- **Reproduction Diseases**

- EHV1 (equine abortion)	+++	Inactivated + Live
- Equine arteritis	+++	Attenuated live vaccine

- **Skin Diseases:**

- Equine Papillomatosis	++	several	None
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Different types of diseases

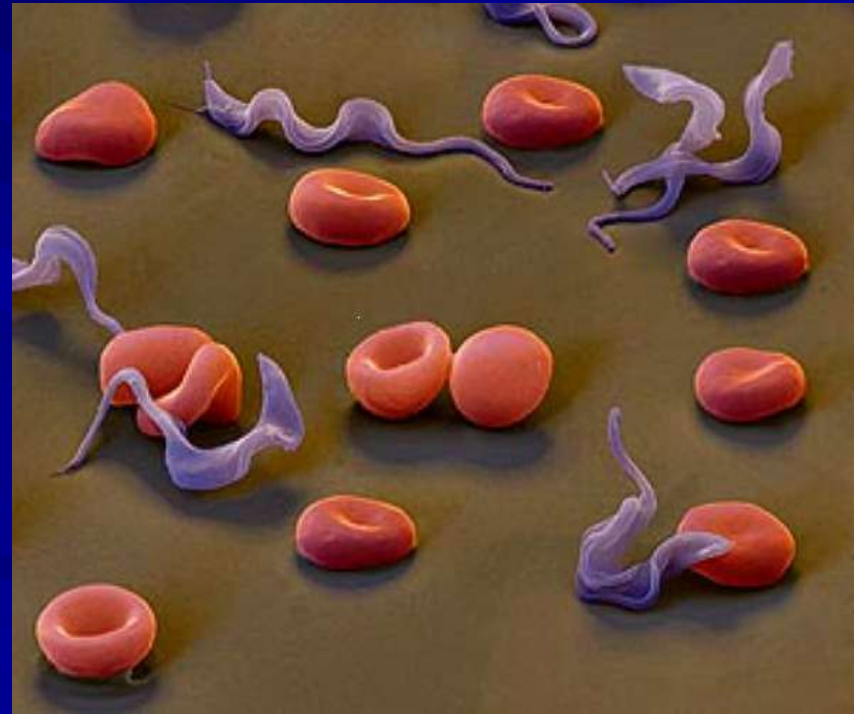
- **Bacterial diseases**

- Many

- Tetanus (*Clostridium tetani*)

Equine trypanosomiasis

- Disease caused by Trypanosomes and transmitted by **biting flies** : *T.b.evansi* and *T.vivax* or **Tsetse flies**: *T.vivax*, *T.congolense*, *T.b.brucei*



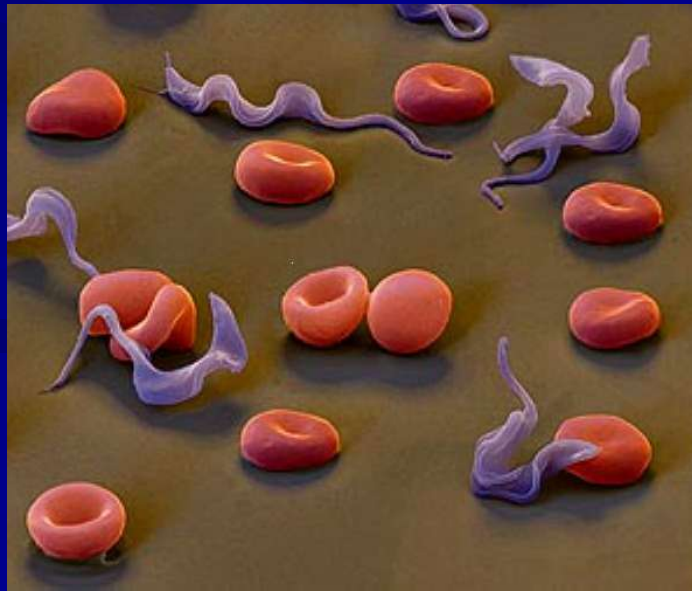
Equine trypanosomiasis

Type species	Cattle	Goats Sheep	Pigs	Horses	Donkeys
<i>T.brucei</i>	+	++	+	+++	++
<i>T.evansi</i>	++	+	++	+++	++
<i>T. equiperdum</i>	-	-	-	+++	++
<i>T.congolense</i>	+++	++	+	++	++
<i>T.vivax</i>	+++	++	-	++	+

Reservoirs !!!

Equine trypanosomiasis

- Very often mixed infections :
- If *T.brucei* and *T.evansi* : no problem because they can be treated with the same drug
- But in case of *T.evansi* or *T. brucei* + *T.congolense* and/or *T. vivax* : Problems because you have to treat with TWO different drugs



Equine trypanosomiasis

■ Epidemiology and Diagnosis in Donkeys

will be treated by Andrew TRAWFORD

■ Treatment and Chimioprophylaxis

- 4 families of trypanocidal drugs still available
 - *Phenanthridinium*: **Isometamidium** and **Homidium**
 - *Aromatic amidines* : **diminazene di-acetate**
 - *Quinoline pyrimidine*: **Quinapyramine sulphate**
 - **Melarsomine**

Equine trypanosomiasis

■ Curative and Prophylactic:

- **ISOMETAMIDIUM** (prophylactic up to 3-4 months) (**IV 0,25MG/Kg**)
- **HOMIDIUM** (prophylactic up to 6-7 weeks)
 - **chloride** : can be dissolved in **cold water**
 - **bromide**: - can be dissolved **only in warm water**
 - **toxic** (Bromide is a heavy metal)

Same family :resistance against one, also resistance against the other

Good efficacy against ***T. congolense*, *T.vivax***

Not against *T.evansi* and *T. brucei*



Equine trypanosomiasis

■ Curative treatments

■ DIMINAZENE di-acetate: only TREATMENT

3,5 mg /Kg Bwth: *T. congolense* , *T.vivax*

7,0 mg/Kg Bwth: *T.brucei*, *T.evansi*

At 7,0 mg/Kg Bwth Diminazene is toxic => Nervous signs

Diminazene di-acetate is also active against **Piroplasmosis** (higher dosis)



■ Quinapyramine sulphate

- Lot of resistance (created very fast , 6 months after first treatment)
- **Toxic** (animals have to rest 4-6 hours before)
- In weak animals divide the dose in two, with 4 to 6 hours interval
- efficacy against *T. congolense*, *T.vivax*, *T. brucei* and *T. evansi*

■ MELARSOMINE

- Very Safe
- Very good efficacy against *T.brucei*, *T.evansi* and *T. equiperdum*

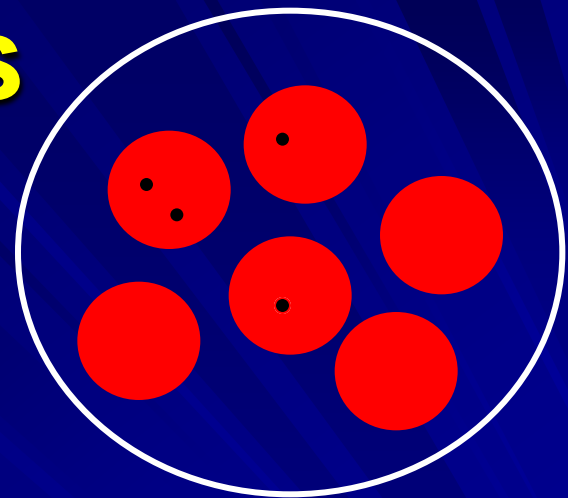
Equine trypanosomiasis

- Causes of apparent drug resistance, lack of efficacy
- **QUALITY OF TRYPANOCIDAL DRUGS USED!!!!**
- Underdosage
- Incorrect calculated dose volume
 - Incorrect injection technique – short needles
 - not sterile / abscessation
 - early withdrawal of the needle
 - leak back of product from injection site
- **AVOID STRESS**
 - Malnutrition
 - Lactation
 - Working and trekking
 - **Intercurrent diseases (Immunodepression)**
- **=> Relapse and/or New Infection**
- **REAL RESISTANCE**
- Reduce tsetse numbers and trypanosome challenges (avoid areas with lot of tsetse flies and biting flies and use insecticidal drugs)



Equine Piroplasmosis

- Tick-Borne Disease
- Caused by *Babesia equi* and *Babesia caballi*
- Clinical symptoms – fever (> 40°C)
 - anorexia
 - progressive anaemia
 - icterus (yellow mucous membranes)
 - pregnant mares may abort
 - **urine** : dark yellow ,orange or brown
 - Tachycardia
 - general weakness
 - sometimes light oedematous swelling of the limbs
(but NOT as Tryp's, AHS and helminth infestation)
 - Abortion, neonatal death (icterus) after colostrum intake
- Vector : Ticks (*Rhipicephalus*, *Hyaloma*, *Boophilus*)
- Different forms : peracute : found dead or moribund
acute
subacute
chronic : inappetance => weight loss
poor performances



Equine Piroplasmosis

■ Diagnosis

- Clinical examination
- Examination of Blood smear
- CF (complement fixation test)

■ CONTROL

- **Diminazene di-acetate** (at high doses , up to 11 mg/Kg Bwth,
TOXIC for Horses and Donkeys)
- **IMIDOCARB** 2 mg/Kg Bwth (**Carbesia**) 4 weeks of protection
Repeated doses (2 to 4) may be required for both drugs to sterilise the animals
- **Tetracycline** : 2 or more days at 5,5 mg/Kg Bwth

■ **AVOID TICKS ON HORSES and DONKEYS !!!!!**

Equine Viral Diseases

■ Equine Rhinopneumonitis (EHV 4)

- Young animals
- Fever and anorexia
- Serous to mucopurulent discharge
- Conjunctivitis
- => secondary bacterial infection: **Pneumonia**

■ Equine Abortion virus (EHV1 and AHV3)

- Most important cause of **abortion** in mares and donkeys without any other **clinical sign**
- 6 to 11 months of gestation
- **Horses and donkeys may abort months or years after primary infection**

■ **EHV infections are followed by lifelong , latent infection**

■ **EHV1 and EHV4 sometimes associated with neurological signs , ataxia, paralysis fore and hind limbs**

■ **Prevention**: vaccination with inactivated (killed) vaccine

Equine Viral Arteritis

- One serotype: BUCYRUS strain
- In horses and donkeys (reservoir)
- **Means of transmission:**
 - Respiratory route by the acutely infected animal
 - By venereal route : infected stallion (persistent infected)
- **Clinical signs** : from none to abortion and fatal in very young foals
 - But also possible: fever, depression , anorexia oedema , nasal discharge , pneumonia.
- Most recover completely without symptomatic treatment
- **Diagnosis**: virus isolation
- **Control**: vaccination live and inactivated vaccines

RABIES Virus Infection

- Transmitted by infected dogs , jackals sometimes also cattle (kudu), cats and wild animals as foxes and bats
- Incubation after a bite is between two up to six weeks
- Always FATAL OUTCOME in non-vaccinated animals

Rabies

Clinical Course

Three overlapping phases:

- **Prodromal phase** (marked change in behaviour)
- **Acute neurologic or « furious » phase**
- **Paralytic or « dumb » phase**

All three phases to death is a matter of 4 to 8 days after the onset of clinical signs

Rabies in equine and donkeys

Clinical Course

•Prodromal phase

May last for 2 – 3 days characterised by a **marked change in behaviour**

- Animals may appear **anxious**, uneasy and irritable and increased sensitivity to noise and light
- Sullen animals may become more alert, restless and friendly, and more friendly ones may become aggressive and attack without provocation, or become more depressed and withdrawn, hiding in dark places
- during this phase there may be a slight pyrexia
- self-mutilation at the site of the bite
- pica

•Neurologic or « furious » phase

- animals become **increasingly nervous, irritable and vicious, attack and bite**
- become **more and more aggressive and agitated and often biting at any object**
- show far-off look in the eyes
- **muscle tremors**, flaccidity or **incoordination usually develop**
- eventually (as in humans) **spasm and paralysis** of muscles of deglutition
=> difficulty in swallowing and drooling and frothing saliva
- animals want to drink but can not (in rabid humans => hydrophobia)

Rabies

Clinical Course

Paralytic or « Dumb » phase

- Muscular incoordination and convulsions gradually lead to generalised paralysis,
=> coma and death
- During this phase **inability to swallow** may cause excessive drooling or foaming at the mouth
- In horses rabies can produce **colics (with heavy pain)** and **excitement, aggressive behaviour** (attack with biting and kicking)
- horses may assume a sitting-dog posture

Inability to swallow may lead owners and Veterinarians into thinking it is choking from a swallowed foreign body

Saliva of horses with Rabies contains lot of rabies virus : **DANGER FOR HUMAN BEINGS** and for Other HORSES and DONKEYS

Rabid Horse



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Rabies in Equine and Donkeys

■ Control

Through Vaccination

Inactivated vaccine (=killed vaccine)

■ **Protocol** The vaccination schedule depends first on the horse age:

■ 1/ **Over 6 months**: once and annual booster

■ 2/ **less than 6 months**, two situations:

- **From vaccinated mares**:

1 injection from 4 months of age,

- **From unvaccinated mares** :

1 injection from 2 months of age

In the two groups, an additional injection **one month later is necessary** , than one annual booster injection .

TETANUS

- Tetanus is a **non-contagious** , almost **invariably fatal neurointoxication** in horses and donkeys
- The disease is caused by ***Clostridium tetani*** and usually develops after **DEEP, PENETRATING WOUNDS** (nails in hoof, castration, bites, permanent tooth eruptions, umbilical stump of neonates...)
- **In the damaged tissue the bacteria will develop (anaerobic)** and produce its potent neurotoxin, **TETANOSPASMIN** which causes the **rigidity** and **muscle spasms**
- Tetanus occurs wherever animals are farmed
- **Horses and human** beings are the **most sensitive** to the effects of toxins
- **Spores** of ***C.tetani*** are present in **soil** , **dust** and the **faeces** of most herbivores, so also in horse manure (***C.tetani*** is part of the normal gut flora)

TETANUS

■ Clinical signs

Incubation period : from 3 days to one or three weeks

(exceptionnaly several months or even several years)

Initially a general increase in **stiffness** of the muscles followed very quickly by **tetanic spasms** of all muscles, in particular when external stimuli (handling , noise) or even sights.

- Prolapse of the third eyelid
- Flared nostrils
- Colic, retention of urine, sweating , dyspnoea, **staring eyes**

Total **stiffness of the hind legs**

Death usually follows within 12 to 72 hours

TETANUS

■ Diagnosis

- Clinical signs

■ Control

- wound :
- local disinfection
 - local infiltration of Penicillin G
 - Hyperimmune serum

■ **VACCINATION** : with tetanus toxoid

- **First vaccination**: 2 times at 3 to 4 weeks interval
- **Annual booster**: 1 injection
- **Foals** are protected by colostrum of mares which are vaccinated up to the age of 10 weeks

Tetanus and Rabies

- For ALL persons working with horses and donkeys directly or indirectly, regular vaccination against Rabies and Tetanus is a MUST , because the risk of being COTAMINATED with these two VERY DANGEROUS and FATAL Diseases is VERY HIGH

Thank you very much for your
attention

