



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.

Strangles (associated with *Streptococcus equi*) was reported never to Commonly to Very frequently and rated **Increasing** by 3 network practitioners.

Discussion: Strangles

- Strangles was rated **Increasing** by the three prairie network veterinarians, and also reported in foals.
- The different methods of strangles testing (bacterial culture and PCR) and differences in testing between laboratories make monitoring trends in lab data challenging.



Some strangles cases can be complicated and difficult to treat successfully. The strangles case described by one network practitioner involving a horse persistently positive on PCR demonstrated some of the potential problems in diagnosis and management of strangles cases.

- For more information: <https://www.equinediseasecc.org/strangles>

Digestive disease was reported Commonly to Very frequently by network practitioners.

Gastro-intestinal parasites were reported Rarely to Commonly associated with: *E. coli*, *Clostridia*, *Cryptosporidia*, *Lawsonia*, Rotavirus, or Strongyles. All were rated Stable by practitioners relative to the same time period last year, and seen in all age classes of horses.

Internal parasite control strategies

Background: across the small number of pathology reports studied this quarter, signs of either current or historical parasite pathology (e.g. intestinal artery scarring) were reported consistently. Strongyle detections were reported Very frequently by network practitioners and rated Stable.

American Association of Equine Practitioners Internal Parasite Control Guidelines

- Perform fecal egg count reduction tests annually to ensure that you are using effective dewormers in every herd or barn.
- Recognize that no anthelmintic will eliminate all parasitic stages from a horse.
- Continue using fecal egg counts once or twice per year to stratify 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.
- Not use fecal egg counts to diagnose disease in horses as there is no correlation between fecal egg counts and disease-causing parasite life stages.
- Discontinue deworming all horses with fixed intervals year-round and stop blindly rotating anthelmintic classes.
- For more information: <https://aaep.org/resource/internal-parasite-control-guidelines/>



Meeting Takeaways

- Strangles was reported Increasing relative to last year by network prairie veterinary practitioners, and also 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/>
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Funded under the Sustainable Canadian Agricultural Partnership, a federal-provincial territorial-initiative.