

NEWS

We will be sorry to say goodbye to **Zofia Lisowski**, our intern, who completes her year with us in June. After she finishes



Zofia with one of her favourite patients

here, she is heading back to an equine charity in Luxor, Egypt, where she worked previously. Together with one of our head veterinary nurses **Jo Gregory**, the two are spending time in July working at the veterinary centre Animal Care in Egypt



Working horses and donkeys are deserving patients in Egypt

(ACE), which provides essential veterinary care to working horses and donkeys. ACE is a small UK based charity which has been in operation for 10 years, and is making a huge difference to horse and donkey welfare in Luxor. We are delighted that some of our team are going to help with animal welfare in Egypt. If you would like more information, the charity's web site is www.ace-egypt.org.uk or if you

would like to help this venture, please contact Zofia Lisowski or Jo Gregory at **Bell Equine** on **01622 813700**.

Zofia will be replaced by **Whitney Linnenkohl**, whom many of you will know



Jo Gregory

already from the time she has previously spent at Bell Equine as a vet student here. We are delighted to welcome her as the newest member of our team.

All our interns live on site at the hospital and are responsible for the primary care of

your horse, pony or donkey should it ever need to stay with us. The interns also are important members of our team should your horse need emergency treatment out of hours. Each intern spends about a year working in this role and **Bell Equine** appreciates all that they do here to help care for our patients.



Whitney Linnenkohl

Whitney, our newest intern, joins us from Macon, Georgia, USA. She recently graduated from the University of Georgia, College of Veterinary Medicine and was awarded the American College of Vet Surgeons Student Award for excellence in Large Animal Surgery.

JUST JABS?

Recommendations for the use of vaccinations can confuse people. Here are a few notes to help clarify everything.....

Equine Influenza: We recommend that horses, ponies and donkeys should be vaccinated against equine influenza with a primary course of 2 injections 21–92 days apart (after the age of 5 months). This is followed by a booster vaccination 6 months later (150–215 days) and then yearly injections. For horses competing at FEI competitions equine flu boosters need to be done at 6 monthly intervals - plus or minus 3 weeks. Manufacturers are constantly updating their vaccines so that they contain the latest influenza strains. Modern vaccines are very effective and side effects are extremely rare. The benefits of vaccination far outweigh any perceived risks.

Tetanus: Although tetanus in horses is now uncommon, vaccinating against tetanus is still really important. The disease is fatal in more than 75% of affected horses and only a few will survive with aggressive and expensive therapy. Prevention is certainly much better than cure. Horses are very well protected by vaccination usually given at the same time as the influenza vaccination. A course of tetanus vaccinations consists of 2 primary injections given 4 weeks apart followed by a booster about 12 months later. Subsequent booster vaccinations can be given at 2 year intervals. Foals should be done from 5 months of age and earlier if the dam is not vaccinated.

Equine Herpes Virus (EHV) vaccination is important for pregnant mares. Many studs require that brood mares should be vaccinated at 2 month intervals from the fifth month of pregnancy until foaling. As herpes virus can also be the cause of viral illness in large groups of horses, some trainers will vaccinate with this on a regular basis to minimise risks of viral infection that cause poor performance.

West Nile Virus (WNV) vaccination has recently become available in this country, although this mosquito-borne viral disease has thankfully not reached us.....yet. We recommend that you should consider vaccination, if your horse is travelling abroad to any area where the disease may be present, which includes Eastern Europe.

Restrictions and rules after vaccination

- There is a 7 day interval between the last equine influenza vaccination and visiting racecourses or going to a British Eventing (BE) affiliated event. Timing is therefore crucial if you require your horse to be vaccinated during the eventing season, or if you have a racehorse in training.
- You can still ride your horse following vaccination. Manufacturers now say that light exercise following vaccination does not have any detrimental effects, on either the horse or on the level of immunity.
- All vaccinations need to be recorded in a horse's passport, so please ensure that it is available at the time of vaccination, so we can ensure the right vaccine is given as, for instance, a tetanus vaccine is not necessary every year. If the papers are there, then we can check and update the information in the equine passport.

STRANGLES

Currently there is no vaccine available to protect against strangles, although this may change soon. We have had several outbreaks of this disease in our area recently, so be vigilant! One of our vets, **Edd Knowles** has been studying the disease in detail and has recently published a scientific paper in the *Veterinary Record*. He has provided a summary of the key facts you need to know:

- Strangles is a highly contagious disease of horses (and other equids), caused by the bacteria *Streptococcus equi subsp equi*. It cannot normally be caught by other species such as people or pets.
- It is transmitted between horses by direct contact or indirect contact (such as sharing head collars, feed buckets and water troughs or simply horses having nose to nose contact) and unlike equine flu, it is not transmitted through the air.
- The bacteria is easily killed by many disinfectants (such as Virkon - available from Bell Equine).
- The time between exposure to the bacteria and the first signs of disease is usually 3–14 days.
- The clinical signs vary widely between individual horses (the reasons for this are not fully understood). Some horses will just have a mild cough and runny noses, whilst others can become very unwell.



Pony with a strangles abscess about to be drained

- Common signs can include: a high temperature, depression, lethargy, swollen glands around the head and throat, a mucky nasal discharge, difficulty swallowing and a reluctance to eat. Essentially it is like a nasty head cold for a horse.
- The swollen glands often become large abscesses from which pus drains out.
- The vast majority of horses recover from the disease in around 2 weeks and develop some resistance to catching the disease again in the next few years.
- Strangles can occur in horses of any age, but younger horses are more likely to become infected. Old or debilitated animals are at an increased risk of infection or re-infection.

- A small number of horses can suffer more unusual and occasionally very serious illness. Strangles is rarely fatal, but every year we see some very nasty cases.
- Horses with strangles are usually infectious to other horses for 2–3 weeks but then clear the infection completely. BUT some horses become "carriers". Such "carriers" appear normal but harbour the bacteria (for months or even years) and so may infect other horses.
- Thorough testing is required to determine if a horse is completely free of strangles after an infection and there are different tests available to check if a horse is a potential carrier.

Most importantly, prevention is better than cure. If strangles is suspected, preventing other horses catching the disease should be the first priority - ideally suspected cases should be isolated.

The best strategy to control the disease will vary depending on the yard environment and the local circumstances. If you need advice, please contact **Bell Equine** on **01622 813700** for further information.

Our staff can give you the best advice for your individual circumstances to help protect you and your horse.

BELL EQUINE VET CLINIC Mereworth, Maidstone, Kent ME18 5GS For **general enquiries and all visits**, Tel: 01622 813700 For **hospital appointments** Linda Loines on 01622 816032 or 01622 813700 **account queries**, Pat Oram on 01622 816033 or 01622 816036

NEW MRI SUITE

Our new Magnetic Resonance Imaging (MRI) suite is now up and running and replaces our original standing low field MRI machine. We are very proud of this, as it was the first such MRI system ever used for horses anywhere in the world. We now use this sophisticated technology almost every day and MRI is now considered to be the gold standard for imaging the equine lower leg. Abnormalities which may be detected using MRI include



The original MRI machine being installed watched by two of the partners, Tim Mair and Julian Samuelson in 2000



Ten years later the new MRI magnet arrives in 2010, this time watched by Karen Coumbe and again Tim Mair (who has not changed a bit!)

ligament and tendon injuries, bone trauma and fractures, bone cysts and cartilage damage. Essentially, many injuries that cannot be clearly seen with X-rays or other types of scans. MRI is of particular use in imaging structures contained within the hoof capsule, as it is difficult to see inside the foot any other way. Dr Tim Mair who leads our MRI team, recently hosted an MRI evening for 30 of our referring vets. They attended



Dr Barrie Grant discussing a case with UK vets

an educational evening of talks and a practical demonstration was provided by Dr Barrie Grant, who visited the hospital from California, USA (above). If you have any questions about MRI, please contact **Linda Loines**, our hospital administrator on **01622 813700**.

OPEN DAY POSTPONED

In our last newsletter we announced plans for an open day at the hospital to be held this month. Unfortunately we have had to take the difficult decision to postpone this until next year.