

**Proposal to
Make Neurological Equine Herpes Virus Type-1 (nEHV-1)
a
Communicable Disease Under
Alberta's *Livestock Diseases Act***

Discussion Paper

June 1, 2008

Introduction:

Alberta Agriculture and Rural Development (ARD) is considering adding neurological equine herpes virus type-1 (nEHV-1) to the Designated Communicable Diseases Regulation under the provincial *Livestock Diseases Act*.

This discussion paper is intended to provide equine stakeholder organizations, their members and veterinarians with background information to facilitate the provision of feedback to the Office of the Chief Provincial Veterinarian (OCPV) by **July 15, 2008**.

ARD is committed to considering all stakeholder feedback regarding this possible regulatory amendment. All comments will contribute to a final decision made by the Minister. If the decision is to proceed, the regulatory amendment will take approximately three months to implement.

Background:

I) Legislative Background

Livestock Diseases Act (Alberta)

The *Livestock Diseases Act (LDA)* is the primary statute that deals with animal health issues in the province of Alberta. It authorizes the Minister to add certain diseases to the Designated Communicable Diseases Regulation.

Current listed diseases include: 1) salmonellosis in poultry, pigs and cattle, 2) infectious laryngotracheitis (ILT) in poultry, and 3) West Nile virus (WNV) in horses.

The Chief Provincial Veterinarian may recommend various voluntary disease control measures. Actions may include depopulation, quarantine, isolation, movement restrictions and/or cleaning and disinfecting premises. In some cases,

the presence of the disease will simply be monitored. There is no authority in the LDA to require mandatory action of owners whose animals have a listed disease.

Under the LDA, anyone suspecting or knowing of an occurrence of a listed communicable disease has 30 days to report that fact in writing to the OCPV.

In addition, no person shall sell or offer for sale any livestock for breeding purposes that the person knows or ought reasonably to know is infected with a listed communicable disease without first advising the proposed purchaser or the proposed purchaser's agent that the animal is so infected.

Animal Health Act (Alberta)

Alberta's *Animal Health Act* (AHA) was given royal assent in June 2007. It will replace the LDA and facilitates a timely response to animal health threats with appropriate mandatory control actions. The OCPV is currently reviewing and developing regulations under the AHA so that it can be proclaimed and take effect.

The AHA provides authority for two categories of named diseases. Diseases requiring control actions will be listed as Reportable Diseases, while those simply being monitored (no control actions) will be listed as Notifiable Diseases.

Anyone suspecting or knowing of a Reportable or Notifiable Disease will be required to report that fact to the OCPV within 24 hours.

Federal Legislation

The *Health of Animals Act* (Canada) is the federal statute responsible for dealing with animal diseases in Canada. Under this Act, there are three categories of disease: 1) Reportable, 2) Immediately Notifiable and 3) Annually Notifiable.

Federally reportable diseases must be reported by owners, veterinarians or laboratories to the Canadian Food Inspection Agency (CFIA) immediately so that control actions or eradication measures can be immediately applied. Examples of federally reportable diseases include, equine infectious anemia, vesicular stomatitis, and rabies.

Immediately notifiable diseases must be reported to the CFIA by laboratories and control actions may or may not be implemented. Many of these diseases require that herds/flocks be considered disease-free for trade purposes. Examples include West Nile virus (WNV) and equine encephalitis (eastern and western).

Annually notifiable diseases are those diseases for which Canada must submit an annual report to the World Organization for Animal Health (OIE) and are not

classified as federally reportable or immediately notifiable. Examples include, equine viral arteritis, equine influenza, and strangles.

Note:

Although federal and provincial legislation may have similar named disease categories, each jurisdiction is responsible for the diseases named to those categories in the manner described above. Federal and provincial legislation and authorities are separate and do not overlap, even though some of the same diseases are named under both.

II) Disease Background

- Equine herpes virus type-1 (EHV-1) causes respiratory, nervous and reproductive abnormalities in horses and is endemic in North America.
- A newly emerging mutant form of the virus (nEHV-1) causes severe nervous disease and often death. It has been identified in parts of the United States and Canada.
- In March 2008, the Western College of Veterinary Medicine (WCVM) suspended non-emergency clinical services at its equine clinic after nEHV-1 was diagnosed in two horses; services resumed on April 11.
- To date, no cases of nEHV-1 are known to have been diagnosed in Alberta.
- nEHV-1 is highly contagious and infected animals shed the virus for 21 to 28 days; treatment includes supportive therapy.
- Currently available vaccines for EHV-1 do not provide complete protection from nEHV-1. Isolation of affected animals and thorough cleaning and disinfection of the premises are the most effective control methods.
- Serology does not differentiate between endemic EHV-1 and the new strain (nEHV-1); diagnosis of nEHV-1 involves sampling horses displaying neurological signs and testing using virus isolation and special molecular tests to identify the causative virus.

- Diagnostic services for nEHV-1 are currently available in British Columbia and Ontario, and will be available in Saskatchewan within one or two months.
- The University of Calgary Faculty of Veterinary Medicine is interested in nEHV-1 and is exploring the possibility of establishing the diagnostic capability to detect EHV-1 and nEHV-1 and provide this service in Alberta.

III) Proposed Policy Change

ARD is considering adding neurological equine herpes virus type-1 (nEHV-1) to the Designated Communicable Disease Regulation under the LDA for monitoring purposes.

If the regulatory change occurs, anyone suspecting or knowing of a horse with nEHV-1 would be required to report that fact to the OCPV with an immediate phone call and a follow-up written report within 30 days. Information required by the OCPV would include the name and phone number of the horse owner, the horse's location (Legal Land Location), the attending veterinary practitioner, and the diagnostic lab where testing was conducted.

The OCPV would provide the general location (nearest communities) of nEHV-1 to the equine industry (specific organizations) and veterinarians (perhaps through an AVMA fax-out). The same information would be available to the public, through our website. Alberta's Freedom of Information and Protection of Privacy (FOIP) legislation prevents disclosure of personal identifiable information.

Individual horse owners would be responsible for implementing biosecurity and other measures to minimize the risk of exposing their horses to the virus.

IV) Proposed Case Definition

The following case definition is proposed for a case of nEHV-1:

Confirmed Case:

1. An equine with two or more of the following clinical symptoms:

- Ataxia
- Urinary bladder atony

- Reduced tail tone
- Inability to stand
- Acute limb paralysis
- Fever and respiratory signs may precede the above signs
- Death

and:

A positive PCR test (nasal swab, buffy coat or tissue) confirming EHV-1.

Or:

2. A horse testing positive (PCR) for EHV-1, followed by testing for nEHV-1 using virus isolation and gene identification.

Suspect Case:

A horse displaying two or more of the aforementioned clinical neurological signs.

Suspect cases should undergo further diagnostic testing to confirm or rule out EHV-1/ nEHV-1.

Note: Current legislative authority does not require mandatory testing therefore suspect cases may not be confirmed depending on the owner's decision.

Discussion:

Advantages for making nEHV-1 a listed communicable disease include:

- The disease can be monitored and tracked and knowledge gained as to whether over time this new disease is increasing or decreasing in frequency and/or distribution.
- The equine industry and veterinary community will be aware of the occurrence and general location of nEHV-1 outbreaks.
- Horse owners will be aware of the need to implement enhanced biosecurity protocols.
- Officials at horse shows, exhibitions and racetracks can make informed decisions about entry to these events.
- Information learned from monitoring the disease will help determine whether or not nEHV-1 should eventually be made Reportable under the new *Animal Health Act*.

We have not identified any disadvantages of adding nEHV-1 to the Designated Communicable Disease regulation at this time.

Conclusion:

ARD is requesting your comments, questions and suggestions on the possible regulatory amendment outlined in this discussion paper. Please circulate this document among members of your organization, to ensure as wide a distribution as possible.

All feedback is welcome and appreciated and will be used to advise the Minister on the direction to proceed.

Please respond in writing by **July 15, 2008** to lisa.morin@gov.ab.ca or mail to:

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