

Equine HEALTH REPORT

A National Institute for Animal Agriculture Publication

FALL 2002

New York Leads State Efforts in Horse Health Management, Biosecurity

Safeguarding the health of its equine population is the top goal of a new voluntary horse health assurance program implemented by the state of New York.

New York State Agriculture Commissioner Nathan L. Rudgers announced earlier this fall the certification of the first equine operation to complete the New York State Horse Health Assurance Program (NYSHHAP). This new certification program acknowledges exceptionally well-managed equine farms.

The announcement took place at Springwood Stable, a horse boarding, training and lesson operation

that successfully completed the pilot program and is now certified under NYSHHAP. Springwood Stable, Lafayette, N.Y., is owned by Melissa Extrom and managed by Suzi Geisler.

"The Horse Health Assurance Program represents the first systematic approach to addressing equine health issues in New York," Rudgers said.

"The program's voluntary, hands-on approach to managing health risks has been very popular among pilot participants and its success at these equine operations will be valuable to individual stables and the betterment of the equine industry as a whole."

Rudgers encourages horse operations, large and small, to consider participating in NYSHHAP. "I congratulate the pilot farms on being the first to complete this innovative new program that ensures healthier horses and equine environments in New York State," he said.

After completing the initial pilot stage, NYSHHAP was found to be successful in providing the framework for horse owners to consider health risks commonly associated with equine operations and to establish best management practices to address those risks.



New York State Agriculture Commissioner Nathan Rudgers presents Springwood Stable, Lafayette, N.Y., with the state's first Horse Health Assurance Program certificate.

Recent biosecurity issues in the equine industry and diseases such as Mare Reproductive Loss Syndrome and West Nile virus have emphasized the need to create an on-farm, systems approach to equine health. NYSHHAP addresses these diverse and sometimes undetermined health risks by utilizing an integrated system of barriers designed to reduce the likelihood of the introduction of a disease agent, minimize the transmission within the facility or operation and prevent the dissemination of the agent to other susceptible populations.

All New York equine operations are eligible to apply. The initial implementation phase of NYSHHAP began in May 2002, when six pilot equine operations from across the state were used as a means of evaluating the program.

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NIAA Establishes New Equine ID Subcommittee

The Executive Committee of the National Institute for Animal Agriculture (NIAA) recently authorized the establishment of an Equine Identification (ID) Subcommittee. The subcommittee will report to the NIAA Animal Identification and Information Systems Committee.

NIAA Chairman of the Board Kenneth E. Olson has appointed Amy W. Mann, Director of Health

and Regulatory Affairs with American Horse Council, as chair of the subcommittee. Working with Mann as vice chair will be J. Amelita Fachiano, market development consultant with Global-VetLink, LC.

Olson said the subcommittee was established to facilitate the discussion of animal ID issues and needs specific to the equine industry. The NIAA Animal Identification and Information Systems Committee has provided leadership and direction for many years pertaining to the advancement of a

national system for animal identification that will serve the various food animal species.

The Equine ID Subcommittee is an outgrowth of the National Equine Identification Symposium, held this past July in Arlington Heights, Ill., and at the request of several NIAA members. The symposium was part of the NIAA-facilitated ID/INFO EXPO 2002, a conference and trade show devoted to the issue of animal identification and information systems.

NIAA members wishing to serve on the Equine ID Subcommittee should contact Michelle Thomas, Director of Member Relations, at mthomas@animalagriculture.org or 270-782-9798.



Equine Health Report

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APHIS-VS Signs Agreement for Electronic Health Certificates

USDA's Animal and Plant Health Inspection Service, Veterinary Services (APHIS-VS) has announced that it has established an agreement with Communications Resource Inc. to implement Global VetLink web-based technology for private practitioners to create certificates of veterinary inspection (health certificates) for movement of animals between states.

The application has already been used in Florida and can be easily modified for use by the other 49 states. The system will allow veterinarians to create certificates for printing, allow all states to access domestic import/export information, and produce a standard data dump that each state could use to populate their own local data systems.

APHIS-VS is targeting implementation to begin during the first quarter of 2003 for food animal species. "We recognize there's a great need in the equine industry for electronic health certificates, but will wait until the livestock

model is proven before implementing an equine system," said Dr. Tim Cordes of APHIS-VS.

GlobalVetLink, L.C., Ames, Iowa, specializes in innovative Internet applications for state and federal animal health officials, private practicing veterinarians, diagnostic laboratories, and animal industry.

Horsin' Around On the Internet

To learn more about the equine industry, health care, nutrition, training or horse-related activities, check out these informative Web sites on the Internet:

www.Horsecouncil.org
www.aphis.usda.gov/vs
www.MyHorseMatters.com
www.TheHorse.com
www.4ahorse.com

Articles from *Equine Health Report* and other reports can be found at NIAA's Web site, www.animalagriculture.org

USAHA Accepts ID Plan for Food Animals

A national animal identification work plan, developed by a task force representing more than 30 livestock organizations, was accepted through a unanimous resolution at the meeting of the United States Animal Health Association (USAHA) Committee on Livestock Identification Oct. 23 in St. Louis.

This support by USAHA is a positive step toward the establishment of a national identification program and system for U.S. animal agriculture, said Neil Hammerschmidt, chair of the National Food Animal Identification Task Force.

"For the first time, we have a work plan that we can build from. The resolution requesting the USDA Animal and Plant Health Inspection Service (APHIS) to use the work plan as a guide for development of a national program is significant because several species groups brought it forward as a united industry," he said.

The task force, coordinated by the National Institute for Animal Agriculture (NIAA), spent the past six months developing the "National Identification Work Plan." More than 100 representatives of animal agriculture served on the task force and contributed to its five working groups: animal disease management, marketability, standards, producer concerns and funding, authority and oversight.

The task force mission is to ensure the United States has an adequate animal ID system that supports the financial viability of animal agriculture. It believes that an animal identification system is needed to maintain the health and biosecurity of the U.S. herd.

The USAHA resolution also calls for establishment of a joint federal and state government, USAHA and industry animal identification development team by January 2003.

This team is to use the plan as a guide to develop an ID system that will enhance animal disease monitoring, surveillance, control and eradication in the U.S.

John Wortman, chair of the USAHA Livestock Identification Committee, said industry groups are ready to work more closely with the USDA Animal and Plant Health Inspection Service (APHIS) and state animal health officials to refine the animal identification systems necessary to maintain animal disease programs in the United States. USAHA is a national non-profit organization working with state and federal animal health officials, veterinarians, livestock producers, national livestock and poultry, and research scientists to control livestock diseases.

The ID task force determined that 48-hour traceback capability is the ultimate goal of a national ID system, especially in the event of a foreign animal disease outbreak in the U.S. It concludes that a national ID system should have the capability to identify all premises (livestock operations, feedyards, markets or other stops in the food production chain) that had direct contact with a disease within two days after discovery. It recommends that movement of individual animals or units of animals be recorded into a central database, or a seamlessly linked database infrastructure.

The ID task force recommends the integration of radio frequency identification technology as the most feasible means to achieve a 48-hour traceback system. The National Identification Work Plan also outlines a phase-in program.

To request a copy of the 34-page National Identification Work Plan, contact NIAA at (270) 782-9798, or visit: www.animalagriculture.org/ID.

NY Horse Health Assurance Program

(continued from page 1)

As part of NYSHHAP, a standards and certification manual was developed to incorporate management and facility standards that are consistent with the promotion of equine health and welfare. To become a certified NYSHHAP operation, you must request an application and standards and certification manual from the department, complete a "self-study" form and schedule a premise visit with the department, which will validate consistency with the facility and operational standards.

Approved horse operations that participate in NYSHHAP will receive a New York State Horse Health Assurance Program Member sign and a certificate recognizing their exceptional commitment to horse health management. Certified farms will also receive a notebook filled with articles addressing various management areas outlined in the manual, as well as a biosecurity sign and medical waste container, which are both required as part of the program.

New York State has nearly 170,000 horses of all types, valued at \$1.7 billion.

"We're pleased that a number of horse groups, 4-H clubs and colleges are now using the program as a teaching tool," said Dr. Lyda Denney, field veterinarian, New York State Department of Agriculture. "Education is our main goal."

For more information on the NYSHHAP, contact Dr. Denney at 315-829-4282; or e-mail: lyda.denney@agmkt.state.ny.us.

West Nile Virus Report

Veterinary Scientists Address Lingering Questions

The National Institute for Animal Agriculture asked a panel of veterinary scientists to address a few lingering questions from the West Nile virus (WNV) equine epidemic of 2002. The questions originate from practicing veterinarians and horse owners.

NIAA realizes that many unknowns exist with this emerging disease, but hopes posing these questions will spur on more research efforts and funding to battle it.

Q: *Based on currently available laboratory tests for West Nile virus infection, what criteria must be met to establish a diagnosis of this infection in a horse displaying neurological signs of acute onset?*

Dr. Ostlund: Clinical signs of West Nile encephalitis in horses are quite variable in severity and can mimic other diseases. Diagnostic criteria for equine West Nile encephalitis must always include a combination of laboratory tests and clinical signs. Depending on the

samples available, a number of laboratory tests may be applied.

Laboratory tests detect either the WNV agent (intact virus or a viral component) or antibodies that the infected horse has produced in response to infection. It's critical to employ tests that are well characterized for equine samples as tests that are applied to bird, mosquito or human samples may not perform adequately.

Because the currently available WNV vaccine is a killed virus product, vaccinated horses should not test positive in assays that detect the WNV agent. Vaccinated horses do mount an antibody response, however. Some WNV antibody tests are positive in WNV vaccinated horses.

Q: *Which WNV diagnostic test is best—IgM capture test (MAC-ELISA) or IgG?*

Dr. Ostlund: In the vast majority of clinical cases, testing acute-phase serum or CSF by IgM capture ELISA provides confirmation of recent

exposure to WNV. Most horses test positive at the time that clinical signs are first observed and the IgM response persists for a few weeks.

Evidence from testing a number of vaccinated (but not exposed) horses indicates that horses receiving the WNV killed virus vaccine do not develop IgM antibody detectable at the serum dilutions used in diagnostic testing. Therefore, detection of IgM antibody even in a vaccinated horse indicates recent exposure to WNV.

Q: *Initial West Nile virus symptoms may mimic EPM, equine herpes virus, EEE, VEE, or even rabies. How is it differentiated?*

Dr. Long: Diagnosis should be made through a combination of thorough physical and neurological examination coupled with ancillary diagnostic testing.

Regarding physical examination, 60% to 65% of horses develop fever, anorexia and depression consistent with a viral infection. Skin and

Meet Our WNV Expert Panel

Dr. Randall Crom is a senior staff veterinarian with Emergency Programs of Veterinary Services in USDA's Animal and Plant Health Inspection Service (APHIS-VS).

In February 2000 he was named West Nile virus coordinator for APHIS-VS. He also works on issues related to detection of, and response to,



Dr. Randall Crom

suspected outbreaks of exotic or foreign animal disease.

After joining APHIS-VS in 1984, Dr. Crom worked in Puerto Rico on programs to eradicate brucellosis, tuberculosis and cattle ticks from the island. He also served as an epidemiologist with the Center for Emerging Issues of APHIS-VS' Centers for Epidemiology and Animal Health, Fort Collins, Colo.

Dr. Crom received his DVM from Iowa State University.

Dr. Thomas Lenz is the new president of the American Association of Equine Practitioners (AAEP). He earned his DVM from the University of Missouri, holds a MS degree from Texas A&M University, and is a Diplomate of the American College of Theriogenologists.



Dr. Thomas Lenz

Dr. Lenz has 30+ years of equine veterinary medicine experience. He is director of strategic science and technology for Bayer Animal Health, Shawnee, Kan.

Dr. Maureen Long is a faculty member of the University of Florida College of Veterinary Medicine, teaching in the Department of Large Animal Clinical Sciences.

She received her DVM at Iowa State University in 1986, after which she was in private practice at Suffolk Downs Racetrack in

muscle fasciculations are apparent in approximately 60% to 65% of horses. Almost all horses demonstrate some degree of weakness and ataxia, which is frequently asymmetrical and diffuse (front can be worse than hind). Cranial nerves vary, but facial paresis and a weak tongue are common symptoms.

In eastern and Venezuelan equine encephalomyelitis (EEE, VEE), spinal signs can occur, but abnormalities of the cerebral cortex are more common and include extreme behavioral changes, head pressing, coma, and seizures. These can occur in WNV horses but not as commonly.

Rabies can look like any other neurological disease and all encephalitic horses must have a post-mortem to rule out this disease.

WNV probably mimics Equine Protozoal (EPM) the most. In absence of fever and muscle fasciculations, ancillary testing consisting of Western blot analysis on CSF for EPM and WNV IgM capture test must be performed.

Cerebrospinal fluid analysis is helpful and can aid in diagnosis. In EEE, horses usually have a neutro-

philic pleocytosis with high protein. In WNV horses over 70% will have either a high protein or a mononuclear pleocytosis.

In equine herpes virus infection, horses will have a very xanthochromic CSF with high protein. There's little increase in the protein.

Confirmatory testing is very important in WNV testing. A serum sample should be sent to the state diagnostic laboratory for testing. A positive result on the WNV IgM capture ELISA test indicates that the horse has been exposed within 30 days.

The combination of appropriate clinical signs and a positive result would be confirmatory for WNV infection. Since horses are vaccinated for EEE, paired serum must be sent. Although there is questionable specificity, Western Blot analysis performed on EPM suspect horses can be helpful to decide if treatment for EPM is necessary.

Dr. Ostlund: Laboratory testing is critical to establish the correct diagnosis. WNV is the only flavivirus in the U.S. known to cause clinical disease in horses. Tests specific for

WNV do not cross-react with those for EEE, WEE, VEE, EPM, EHV-1 or rabies. Since 1999 in the U.S., we have encountered "West Nile Virus suspect" cases in horses that were actually infected with EEE virus, EPM, EHV-1 or rabies virus.

Q: *What is the incubation time of West Nile virus in a horse?*

Dr. Crom: The incubation period is believed to be from 3 to 15 days. This is based on a limited amount of data, because it's usually impossible to know when a horse is actually infected by a mosquito. It's possible that some horses have a longer incubation than 15 days.

Q: *What has been the success rate of treating a horse with suspect West Nile encephalitis where the affected individual is already recumbent when treatment is instigated?*

Dr. Lenz: Most veterinary hospitals are recording a mortality rate of approximately 30%. Horses that are recumbent at admissions experience nearly a 70% mortality rate.

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Massachusetts, at Rockingham Park in New Hampshire, and then at Andover Ambulatory Clinic in Massachusetts. She then completed a residency in large animal internal medicine at the University of Illinois in 1993, where she also earned a M.S. degree.

From 1993-1998 she was a resident in the Department of Veterinary Microbiology and Immunology at Washington State University, which awarded her a PhD in 1998. She served as an assistant professor at Washington



Dr. Maureen Long

State University until 1999.

Dr Long's clinical interests are infectious diseases, immunology, and endocrine diseases. She's studied several equine diseases, including West Nile virus.

Dr. Eileen Ostlund joined USDA's Veterinary Services in 1998. She is head of the equine and ovine viruses section, Diagnostic Virology Laboratory, at the National Veterinary Services Laboratories in Ames, Iowa. She is a recipient of a USDA Group Honor Award for Excellence for her efforts in West Nile virus diagnostics.

Ostlund received her DVM (1980) and MS (1982) from the University of Illinois and then spent five years in private veterinary practice. She received her PhD



Dr. Eileen Ostlund

in Veterinary Science from the University of Kentucky in 1992 and completed postdoctoral research in infectious diseases at the Animal Health Trust, Newmarket, England and

the National Institutes of Health, Bethesda, MD. Prior to becoming a federal employee, Eileen was a faculty member at the University of Missouri College of Veterinary Medicine's Veterinary Medical Diagnostic Laboratory at Columbia, Mo.

Lingering Questions of WNV (continued from page 5)

It's important to inform owners that the disease can progress very rapidly. We've seen horses that demonstrated only mild skin twitching in response to touch that were recumbent within 12 hours.

Dr. Long: At the University of Florida's Large Animal Clinic the mortality of recumbent horses, regardless of treatment, is between 65% and 70%.

Q: *In areas where West Nile virus is known to be circulating, what is the earliest age considered appropriate to initiate vaccination of foals?*

Dr. Lenz: Because of the potential for maternal antibody block (if the mare has been vaccinated against or exposed to WNV), foal vaccination is usually started at around 6 months of age. I recommend that foals receive three primary vaccinations, 3 to 6 weeks apart, rather than the two primary vaccinations recommended on the vaccine label.

Dr. Long: Foals are susceptible to WNV, however, it is unknown how long maternal antibody is present and if it's transferred to the foal at birth. If the mare has had the disease or is vaccinated, a three-injection series should commence at 4 months and be repeated every four weeks (4, 5, 6 months).

In the non-vaccinated mare (never vaccinated nor had WNV), owners should consider starting

vaccinating their foals as young as 3 months of age in areas of intense WNV activity. All foals should be boosted again between 10 and 12 months of age.

Q: *How frequently should horses be boosted following receipt of their initial course of two doses of vaccine?*

Dr. Crom: The manufacturer of the currently available vaccine recommends an annual booster. State veterinarians in some states have been recommending more frequent boosters. Consult your state veterinarian's office for recommendations.

Dr. Lenz: Like WEE, EEE and VEE, horses in areas of the country where mosquitoes are a year-round problem should be vaccinated early spring and again in early fall. In the Midwest, we see our greatest number of encephalitis cases (EEE, WEE) in September and October. I suspect that's because the immunity of horses vaccinated in February or March is wearing down.

Dr. Long: We recommend every 4 to 6 months. Until epizootic spread of WNV in the U.S. is over, one cannot identify a "non-endemic area."

Q: *Are other new vaccines for WNV being developed?*

Dr. Crom: Other WNV vaccines will likely become available in the future, but I am not aware of any

specific vaccines that are imminent. **Dr. Lenz:** I've read that the Centers for Disease Control (CDC) is developing a DNA WNV vaccine for horses and eventually for humans.

Q: *Do scientists have new insight or a better understanding of how bird transmission, type of birds and their migratory patterns played a part in the rapid spread of West Nile virus during the 2002 epidemic?*

Dr. Crom: The pattern of spread observed with West Nile virus since 1999 is consistent with the movement of wild birds, including both seasonal north-south (and south-north) migratory patterns and more local movements of birds during the summer and fall transmission season.

There are probably many species of wild birds involved in the spread of West Nile virus. Several passerine birds, such as sparrows, finches and robins, have been shown to develop high levels of circulating virus after West Nile infection and yet do not appear to die in large numbers from such infection. These characteristics make such birds likely candidates for having some kind of involvement in WNV spread.

Corvids, such as crows and blue jays, are less likely to play a significant role in long distance spread of West Nile virus due to the fact that a high percentage of such birds are rather quickly incapacitated and die from their infections.

WNV Vaccine Efficacy Study Is Positive

Since an equine vaccine for West Nile virus (WNV) was conditionally approved in August 2001, more than 6 million doses have been distributed in the U.S. by manufacturer Fort Dodge Animal Health.

A report on the efficacy of the killed WNV vaccine was presented to the Infectious Disease of Horses Committee at the 2002 United States Animal Health Association

meeting Oct. 21 in St. Louis.

In studies carried out by the manufacturer for licensing purposes, 95% of vaccinates were protected against infection, while 82% of controls developed viremia (virus circulating in the bloodstream) when challenged with WNV infection 12 months after the initial two-dose vaccination. Results in the field are still being evaluated.

Salmonella is Serious Concern for Horsemen

Horse owners beware: *Salmonella* is one bad bacteria. It causes a multitude of diseases, including diarrhea, abscesses and septicemia.

More than 2,200 serotypes of *salmonellae* are known and can be identified at the APHIS-VS National Veterinary Services Laboratories (NVSL) in Ames, Iowa. With the exception of *S. typhi*, which affects humans, all other *salmonellae* are zoonotic, posing possible transmission from animals to people.

In a NVSL report for isolates serotyped from July 1, 2000 to June 30, 2001, the most frequently isolated serotypes from clinical cases, herd and flock monitoring, and meat inspection of all species were *S. typhimurium*, Heidelberg, Newport, Agona, and Kentucky; all have been isolated from horses.



From equine clinical cases reporting a primary or secondary *Salmonella* infection during this same time period, the most frequent serotypes recorded were: *S. Agona* (213), *typhimurium* (207), *typhimurium* var Copenhagen (52), Newport (211), and Newington (54). Another 287 samples accounted for 44 serotypes.

The emergence of a new serotype

of significant equine importance emphasizes the need for veterinarians and horse owners to be aware of the problem and take preventive measures. Animals coming onto a farm should be isolated for a minimum of two weeks to prevent the introduction of infections. Routine, rigorous disinfection of stalls with chemicals known to be effective against *salmonellae* in the presence of organic matter is essential.

Since no commercially available vaccine exists for *salmonellae*, disinfection and biosecurity are the primary preventive measures that must be undertaken. Horse owners need to be aware of the zoonotic potential of any *Salmonella*-positive horse and take precautions such as isolation, protective clothing and hand washing.

SOURCE: Maxwell H. Gluck Equine Research Center, University of Kentucky

Veterinary Services Staff Continues WNV Surveillance

As part of the ongoing effort to detect the introduction of a foreign animal disease (FAD) into the U.S., specially trained FAD diagnosticians from the USDA Animal and Plant Health Inspection Service, Veterinary Services (APHIS-VS), investigate suspect cases of neurologic illness in equines. Since late 1999, such equines have usually been tested for West Nile virus (WNV) infection at the APHIS-VS' National Veterinary Services Laboratories (NVSL), reported Dr. Randall Crom, APHIS-VS senior staff veterinarian.

In addition to FAD investigation testing, NVSL performs primary WNV testing on hundreds of equine submissions from private veterinary practitioners, teaching hospitals, and labs in states without WNV testing capability.

NVSL also does confirmatory testing in support of state veteri-

nary diagnostic labs where screening tests for WNV are performed, and provides training to state veterinary diagnostic personnel on WNV testing protocols, Dr. Crom said.

Since the detection of WNV in the United States in 1999, APHIS-VS worked to facilitate the development of an equine WNV vaccine. In August 2001, APHIS-VS' Center for Veterinary Biologics granted a conditional license for a WNV vaccine to Fort Dodge Animal Health.

To date, more than six million doses of the killed virus product have been distributed from the manufacturer to veterinary practitioners nationwide.

Case count. The total number of equine cases of illness caused by West Nile virus and confirmed at the NVSL in Ames, Iowa, or reported by state officials as of Dec. 1, 2002 was 14,358.

The cases are from 40 states: Alabama (88), Arkansas (146), Colorado (378), Connecticut (3), Delaware (8), Florida (415), Georgia (145), Idaho (1), Illinois (1,084), Indiana (688), Iowa (1,039), Kansas (675), Kentucky (512), Louisiana (362), Maryland (17), Massachusetts (2), Michigan (342), Minnesota (969), Mississippi (297), Missouri (914), Montana (134), Nebraska (1,099), New Jersey (47), New Mexico (61), New York (36), North Carolina (22), North Dakota (569), Ohio (647), Oklahoma (954), Pennsylvania (97), South Carolina (10), South Dakota (672), Tennessee (141), Texas (1,478), Vermont (5), Virginia (45), Washington (1), West Virginia (3), Wisconsin (156), and Wyoming (96).

Editor's note: For the latest West Nile virus information go to: www.aphis.usda.gov/oa/wnv

USAHA Subcommittee Develops New EIA Standards

The Equine Infectious Anemia Subcommittee of the United States Animal Health Association (USAHA) Infectious Diseases of Horses (IDOHC) Committee was asked to develop standards for a program to address the fact that there are currently no federal requirements to have a negative EIA test status for horses moving interstate.

The Code of Federal Regulations (CFR) has requirements regulating movement of reactors only. Most states have their own requirements but they vary from state to state.

In its report to the IDOHC, at its annual meeting in St Louis, Mo., on Oct 20, the subcommittee made the following recommendations, which were approved by the parent committee:

a. Reviewed and updated Memorandum 555.8 strengthening interstate movement testing and laboratory standards.

b. Endorsed EIA testing standards. These standards will be developed by National Veterinary Services Laboratories at Ames, Iowa in cooperation with the University of Kentucky's Gluck Equine Center and the EIA Subcommittee, to be presented at the next USAHA meeting in October 2003.

These standards will create a hierarchy of laboratory system that will be far more efficient and have a built in system to quickly define questionable results. It will also have built in safeguards to guarantee private laboratory performance.

c. That USDA's Animal and Plant Health Inspection Service, Veterinary Services (APHIS-VS) initiate a dialogue to develop a cooperative program with industry representatives, states and/or regions based on the most current information contained in the EIA Uniform Methods & Rules and VS memoranda to include permanent ID of equids.

Plan of action. Items "a" and "b" were passed by the general membership of USAHA and will be enacted by USDA-APHIS in the near future.

Item "c" was sent back to the subcommittee for more work. Mandatory identification of horses is currently not acceptable to all segments of the horse industry and needs further study.

An equine ID group is working through the National Institute for Animal Agriculture to bring the various equine breed groups together to develop a more unified system of identification for use in the national equine arena (*see article on page 2*). The EIA subcommittee hopes progress of this equine ID group will coincide with advancement of a national EIA program.

—Ernest Zirkle, chair
USAHA EIA Subcommittee
New Jersey State Veterinarian

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