

WEST NILE VIRUS—THE FUTURE

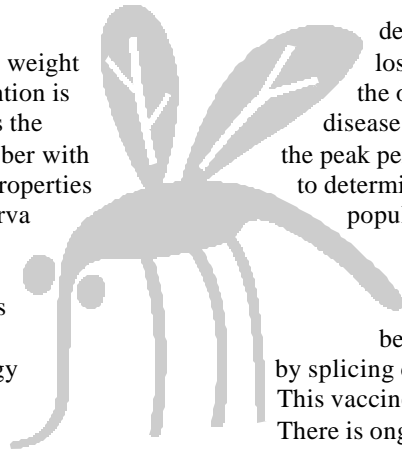
by Robert Morgan, DVM

The number of West Nile Virus (WNV) cases in both our practice area and in California declined significantly between the high water marks of 2004, 2005 and this year. This was also true in the human population. The number of human cases has always greatly surpassed the equine cases in California. Even when California was the epicenter of WNV for horses, the number of cases as a percentage of the horse population was lower than other parts of the country, perhaps due to the lead time we enjoyed in vaccinating our horses.

Although WNV has become endemic in California (a consistent part of the disease profile of horses and humans), it does not now appear that it will decline to an insignificant level. This is highlighted by data from 2006 which shows large disease spikes in states such as Idaho and Utah (which had few cases in the past) to states such as Texas and Missouri which had gone from epidemics in earlier years to show spikes of equine disease again in 2006. Researchers are now beginning to acknowledge that WNV in the United States is not the benign disease seen previously in other countries.

While the mortality rate in horses is residual problems which can include weight other neurological problems. Prevention is West Nile problem. Mosquitoes pass the primarily in the months of July-October with control agencies can assess equine properties mosquito fish to control mosquito larva

Vaccination is a large part of are currently two West Nile vaccines regular use, and a third vaccine has new vaccine utilizes DNA technology the vaccine virus for Yellow Fever. has not yet seen wide clinical use. human WNV vaccine.



devastating (30-40%), survivors can have loss, decreased stamina, incoordination, and the only rationale approach to solving the disease from birds to horses and humans the peak period being August and September. Vector to determine mosquito risk and some may provide populations.

preventing the disease in horses. There (developed by Fort Dodge and Merial) in been approved very recently (Intervet). This by splicing components of the West Nile virus into This vaccine has been proven safe and effective, but it There is ongoing work to use similar technology for a

At this point, our clinic will continue to recommend twice a year vaccination against WNV. The strategy would be to vaccinate the horse early in the calendar year with West Nile as well as other annual and semi -annual vaccines and then booster the West Nile (and other semiannual vaccines) in late June or early July before the onset of the West Nile season. Visit our website at www.loomisbasinlargenanimal.com (“Health” button) for a summary of our vaccine program. Also take a look at the “Success Stories” button for the story of Echo who has survived West Nile Virus. It is interesting to note that he had been vaccinated about one year before he became infected. Under current thinking, he was not a fully vaccinated horse.

Our Staff is happy to answer your vaccination protocol questions or schedule a vaccination appointment or clinic to meet your needs.