

Issued: 15th November 2007

Press Release

Cheltenham Seminar gives plenty of food for thought

This year's highly regarded Thoroughbred Racing & Breeding Seminar was held at Cheltenham Racecourse on Thursday 15th November. A wide range of top quality speakers gave a series of fascinating talks on topics of a highly practical nature, with relevance for breeders, owners and trainers.

The seminar was founded in 2001 by Intervet UK Ltd and has been supported by the Horserace Betting Levy Board, Cheltenham Racecourse and Dodson & Horrell Ltd from the outset. These founder sponsors all maintain their commitment, with the welcome addition of Weatherbys GSB from 2005. It is organised by R&W Communications and is directed by representatives of organisations with interests in the racing and breeding industries. Attracting increasing numbers each year, it has become the largest forum in the UK for all sectors of the industry to meet and exchange views.

This year's Cheltenham Seminar left none of us in doubt that, as an industry, we need to be more vigilant than ever with regard to infectious diseases. The Seminar speakers focused on African Horse Sickness, West Nile Fever, Equine Infectious Anaemia and Strangles and the message was loud and clear. We need to be on the look out for them, we need to learn to recognise them and, in the event of their occurrence, we need to know how to act rapidly and to manage them effectively.

Not so long ago, diseases such as African Horse Sickness was regarded as an 'exotic disease' and was not considered a threat to us. But, as Paul Jepson from The Horse Trust pointed out, this is now seen as a real threat as it is spread by the same *Culicoides* species of midge as that which transmits Bluetongue Virus, and we are now aware that the midges have been present in the UK this summer. Although it is hoped that some hard winter weather will kill them off, we must remember that they over-wintered in northern Europe last year and the same could happen here. Given that the mortality rate associated with this virus can be up to 90%, it is imperative that we all do everything possible to keep the disease out of the UK and, if it were to occur, that it is identified immediately. The Horse Trust has set up a working party to raise awareness of the disease and the International Agri-Technology Centre is organising a study tour to facilitate communication with vets and stable staff in South Africa.

West Nile Fever is another cause for concern because, as Richard Newton from the Animal Health Trust explained, even though a number of vaccines have been used in the USA, none of them are currently available in Europe. Dr Newton called for them to be licensed at least for use in an emergency situation. Introduction of the disease, through the migration of birds cannot be controlled, and if it should occur in the UK, preventive measures would need to be implemented, such as reduction of mosquito numbers through destruction of their breeding sites and increased stabling/netting procedures.

EIA, of course, has already had a major impact in Ireland, with 28 diagnosed cases between June and December last year. An intensive programme of testing over 57,000 blood samples was undertaken before the movement restrictions were lifted. It is essential that every effort is made to prevent the introduction of EIA into the UK because the only effective method of control is detection and destruction of infected animals. This is because they remain carriers of the virus for life and can therefore continually infect other animals via biting flies. Dr Peter Webbon highlighted the fact that the EIA status of most of the European horse population is unknown because there is no surveillance. Therefore, it is possible that clinically normal horses, with inapparent infection, could introduce the virus to the UK from other Member States.

Strangles is the most frequently diagnosed infectious disease of horses throughout the world. It is easily transmitted, either directly from horse to horse, or via water troughs, bedding, tack, equipment and personnel. Andrew Waller, also from Animal Health Trust, discussed the infection control methods which can be used to minimise the associated risks and explained that good management and hygiene measures can have a profound effect on the severity and duration of an outbreak.

His presentation was followed by Jamie Gartside, of Tay Valley Veterinary Centre, describing a recent Strangles outbreak in a livery and school yard. The impact of this outbreak was huge, with a movement restriction in place for over 2 months, and the economic impact was estimated to be at least £20,000. He concluded that the most important aspects of handling an outbreak are preparation, rapid response, effective isolation and communication.

In addition to infectious diseases, National Hunt horses were under the spotlight at the Seminar. Dr James Wood from the Cambridge Infectious Diseases Consortium presented the results of a collaborative research project on bone and tendon injuries in this group. Based on a study of 1,200 National Hunt horses in 14 training establishments, he reported that rates of fracture were not significantly different between males and females, ex-flats and ex-stores or different age groups. The incidence of tendon and ligament injuries was twice that of fractures, and higher in older horses. Interestingly, ex-store horses were more likely to incur a tendon or ligament injury on the racecourse, although there was no difference during training. Dr Wood emphasised that the results are still being analysed and the research group will be looking specifically for findings that are likely to be most informative to trainers, such as the effects of different training surfaces on injury risk. It is hoped that the final conclusions will facilitate the design of exercise regimes that will lessen the risk of injury.

Dr Richard Newton cited respiratory disease as the second most common reason for horses failing to train and he and his colleagues had looked at when National Hunt horses are most at risk from inflammatory airway disease. He concluded that the overall frequency of the condition was lower than in flat racehorses, and that time in training is an important risk factor; the risk diminishing with increased time in training. He summarised that inflammatory airway disease is a multifactorial condition and, to some degree, an inevitable consequence of race training. Increased understanding of the condition, however, could lead to improved preventive management.

Other speakers at the Seminar included Andy Bathe from Rossdale and Partners who described experimental studies of shockwave therapy. This had shown an anabolic effect on soft tissues, such as cartilage and tendons, but no ability to detect microfractures. With regard to the practical use of the technique on racehorses, he has found treatment of suspensory desmitis to be most rewarding, although it also appears to have analgesic effects in cases of sore shins and back problems. To date, the use of shockwave therapy to treat sore joints has been disappointing. Although it does appear to have some beneficial applications, this is still an emerging therapy and does not negate the need for rest in acute injuries.

Lynn Hillyer discussed the British Horseracing Authority's medication control policy which is aimed at ensuring 'drug-free' racing without inhibiting the ability of vets to administer appropriate treatments. She described the Authority's research programme and described the way in which detection times and withdrawal times are determined. Detection times for 14 commonly used medications have now been published and further drugs will be added to this list as the information becomes available.

The final speaker of the day was Dr David Marlin who addressed the issue of supplementing electrolytes. Because horses cannot make electrolytes, those lost in urine, faeces, sweat and breath must be replaced by feed intake but getting the right balance is crucial. Too high an intake can result in excessive water intake, gastric ulceration and diarrhoea; too low an intake can lead to poor performance or 'tying up'. Although there are many supplementary products on the market, Dr Marlin warned that the quality of these is variable. The only reliable way to assess an individual horse's electrolyte status is for a vet to carry out a creatinine clearance test which measures concentrations of electrolytes in urine.

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