

EQUINE DISEASE SURVEILLANCE

2026 Q1 QUARTERLY REPORT



Produced by:



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INTRODUCTION



Welcome to the Equine Disease Surveillance Report for the first quarter of 2026. This report is produced by Equine Infectious Disease Surveillance (EIDS), based within the Department of Veterinary Medicine at the University of Cambridge.

National disease data are gathered from multiple diagnostic laboratories and veterinary practices across the United Kingdom, offering a detailed overview of the occurrence of equine infectious diseases. Because the global equine population is highly interconnected through international trade and travel, countries routinely collaborate on infectious disease surveillance to share information and issue timely alerts. This report summarises both national and international findings.

We welcome comments and feedback, as well as suggestions or contributions for future focus articles. Previous reports can be found at www.equinesurveillance.org, and you can receive future quarterly reports free of charge by contacting equinesurveillance@vet.cam.ac.uk.

HIGHLIGHTS IN THIS ISSUE

NEWS ARTICLES:

- Updates from the equine grass sickness fund
- REIN In AMR launches national equine AMR analytics dashboard
- Be alert! Sudden rise in equine influenza outbreaks detected in the UK in April

FOCUS ARTICLE:

- Parasite Control: Are we all on the same page? Current consensus and controversies

TABLE OF CONTENTS

<u>NEWS ARTICLES</u>	1
<u>FOCUS ARTICLE: PARASITE CONTROL: ARE WE ALL ON THE SAME PAGE? CURRENT CONSENSUS AND CONTROVERSIES</u>	6
<u>UK INFECTIOUS DISEASE REPORTS</u>	12
<u>EQUINE HERPES VIRUS</u>	13
<u>EQUINE INFLUENZA</u>	16
<u>SURVEILLANCE OF EQUINE STRANGLES</u>	18
<u>EQUINE GRASS SICKNESS SURVEILLANCE</u>	19
<u>REDWATCH REDWORM SURVEILLANCE</u>	20
<u>UK LABORATORY REPORT</u>	21
<u>UK REPORT ON POST-MORTEM EXAMINATIONS</u>	30
<u>ICC 2026 QI SUMMARY REPORT</u>	36
<u>ACKNOWLEDGEMENTS</u>	38

NOTE:

The data presented in this report must be interpreted with caution, as there is likely to be some bias in the way that samples are submitted for laboratory testing. For example, they are influenced by factors such as owner attitude or financial constraints, or are being conducted for routine screening as well as clinical investigation purposes. Consequently, these data do not necessarily reflect true disease frequency within the equine population of UK.

WITH THANKS TO THE FOLLOWING SUPPPORTERS



Department
for Environment
Food & Rural Affairs



Llywodraeth Cymru
Welsh Government



Department of
Agriculture, Environment
and Rural Affairs



Scottish Government
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UPDATES FROM THE EQUINE GRASS SICKNESS FUND

The Equine Grass Sickness Fund (EGSF) was pleased to welcome delegates along to the Moredun Institute on March 25th for the EGSF Conference. Dr Richard Newton from the Equine Infectious Disease Surveillance (EIDS) team gave a fascinating talk on disease surveillance throughout the UK, including topics such as strangles, equine influenza and the worrying trend of increasing parasite burdens. A number of excellent speakers also gave fascinating talks about grass sickness from a clinical, surveillance and research perspective.

Given that spring is upon us, it seems prudent to mention the upcoming grass sickness season. Typically, equine grass sickness cases are recorded throughout the year, but the vast majority of cases are seen between April and July with a peak in May. Owners can take a number of precautions to reduce the risk of grass sickness, although this is not an absolute guarantee. Management practices should be targeted towards individuals with a “higher risk” of contracting the disease. This includes younger horses between the ages of 2 to 7, horses that have recently gone through periods of stress (such as a yard or paddock move or transport to/from an event), use of de-wormers, dietary change and horses with a good body condition (i.e. not obese or severely underweight).

Risk Factors Associated with Equine Grass Sickness



AGE: young equines between 2 and 7 are more likely to contract the disease.



STRESS: causing changes to the gastro-intestinal tract microbiome. Horses which have recently had a change in diet, treatment such as anthelmintics, moved premises, pasture, travelled or had a change in routine.



WEATHER: prolonged periods of drought followed by heavy rainfall and large fluctuations in diurnal temperature are more closely linked to EGS cases. A higher incidence of cases occurs during April to July with a peak in May.



ACCESS TO GRASS: Most cases of EGS are implicated on horses with access to a grass pasture, there are a very small number of documented cases of EGS occurring in stabled horses.

Current research advises minimising exposure to pastures where previous cases have occurred, but if this is not possible due to limited grazing such as on a livery yard then supplementary forage would be advised.

Minimising any pasture or soil disturbance such as harrowing, mechanical faeces removal, pipe laying, construction work or close grazing and poaching of fields should also be avoided if possible.

Owners can consult the Equine Grass Sickness Fund website here: www.grasssickness.org.uk/advice/potential-management-practices-which-may-reduce-the-risk-of-grass-sickness



Equine Grass Sickness Fund



Part of the Moredun Foundation

Owners can implement potential protective factors such as co-grazing with ruminants, regular grass cutting on pastures, hand removal of droppings, and supplementary forage feeding (or bringing in for hay). Patterns of weather including periods of drought followed by heavy rainfall and large fluctuations in diurnal temperature have been observed to increase the risk of an EGS case occurring.

To understand the risk of weather associated with EGS in their area, owners can sign up to the free EGS Whatsapp weather alert system here:

<https://moredun.connectanimalhealth.com/apps/egssubscribe>



Owners should consult their vet straight away if EGS signs appear, and consider reporting the case and submitting samples to the EGSF biobank if a case occurs. The EGSF is grateful for the continued collaboration with EIDS.

REIN IN AMR LAUNCHES NATIONAL EQUINE AMR ANALYTICS DASHBOARD

EIDS is pleased to announce that REIN In AMR (**R**eporting **E**quine **I**nfections and **N**on-susceptibility using **I**n-vitro **A**ntimicrobial **R**esistance testing) has launched a new analytics dashboard to strengthen surveillance of equine antimicrobial resistance (AMR) across the UK (www.equinesurveillance.org/reininamr_public_dashboard). Supported by the Veterinary Medicines Directorate (VMD), the analytics dashboard platform harmonises fragmented data from private veterinary laboratories (PVLs) into accessible, clinically relevant surveillance data.

Until recently, equine AMR surveillance in the UK has been limited. While individual PVLs across the UK conduct essential antimicrobial susceptibility testing (AST), the resulting data have remained inaccessible for broader national surveillance.



The lack of real-time monitoring has meant that emerging resistance patterns could potentially go undetected. REIN In AMR addresses this surveillance gap by securely aggregating and standardising data between PVLs, EIDS and the VMD. This collaborative initiative provides a national perspective on the resistance landscape.

The primary function of the analytics dashboard is to explore the potential value of the data by converting raw AST data into a straightforward, understandable format that supports better AST veterinary engagement, alongside future research and development. Before appearing on the dashboard, all data undergo standardisation mapping and validation, ensuring that results from various PVLs, which may use different recording formats, are translated into a consistent dataset. The dashboard provides equine veterinarians and researchers with access to aggregated AST data, enabling them to identify emerging resistance trends.

THE DASHBOARD

Upon accessing the dashboard, users are presented with a high-level summary of the UK's equine resistance status. Key metrics include the total number of samples processed, the overall proportion of resistance, and the top antimicrobials and organisms sampled. The dashboard features filtering tools that allow users to define date ranges (with data currently available back to January 2023) and isolate specific organisms or antimicrobials to identify nuanced trends.



The interface includes multiple tabs, each enabling the user to access various data views:



The patient and sample characteristics tabs allow users to examine sample distributions by sampling method and horse demographics, including age, sex, and breed.



The spatial analysis tab provides a regional heat map of both sample and resistance distribution, offering insights into data coverage and potential geographic clusters.



The temporal analysis tab is valuable for monitoring specific organism-antimicrobial combinations over time, enabling early detection of rising resistance levels.



The resistance profiles tab allows the user to select any organism-antimicrobial combination to instantly view susceptibility and resistance distributions.

NEWS ARTICLES

THE FUTURE OF REIN IN AMR

With confirmation that funding for REIN In AMR will continue through the next two financial years, EIDS is focused on developing the project's scope and technical depth. Future objectives focus on expanding the laboratory network to achieve comprehensive UK-wide coverage, while working towards timely, clinically relevant research and outputs. Additionally, REIN In AMR will focus on the development of secure, private dashboards that will provide collaborating laboratories with their own AST data alongside anonymised benchmarking to evaluate internal trends against the aggregated dataset.

The analytics dashboard reflects EIDS's long-term commitment to improving equine health through data-driven surveillance. By combining the expertise of PVLs and national surveillance bodies, the project enables the equine sector to protect the effectiveness of antimicrobials and combat the threat of AMR.

USEFUL LINKS

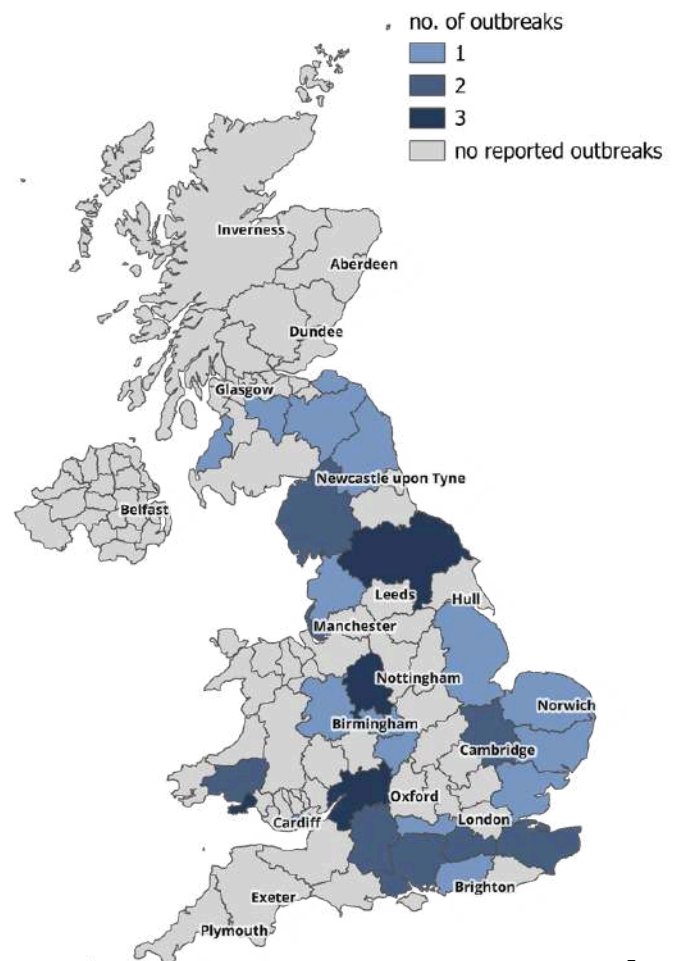
Website: www.equinesurveillance.org/reininamr

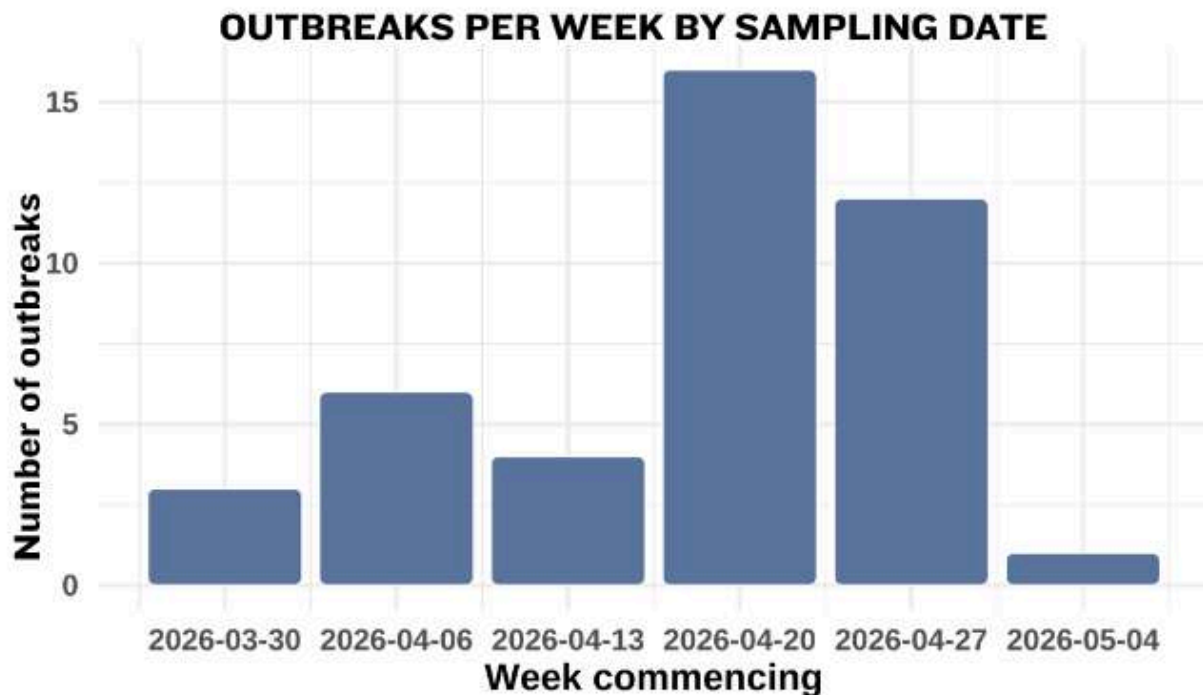
Analytics dashboard: www.equinesurveillance.org/reininamr_public_dashboard

BE ALERT! SUDDEN RISE IN EQUINE INFLUENZA OUTBREAKS DETECTED IN THE UK IN APRIL

Following a relatively quiet first quarter, with four outbreaks recorded nationwide, April 2026 saw a marked increase in confirmed cases, highlighting the continued importance of EI as an endemic yet episodically emergent respiratory pathogen of equids.

By mid-April 2026, EIDS had reported at least six confirmed EI outbreaks across the six English counties of Berkshire, Hampshire, Kent, Lincolnshire, North Yorkshire and Suffolk. This rose to 44 outbreaks across 28 counties by 7 May 2026, demonstrating rapid temporal and spatial expansion (right). The clustering of outbreaks within a short period contrast with earlier months and suggests increased viral transmission after recent introduction, possibly combined with improved detection through surveillance.





The sampling date reflects when horses showed clinical signs, prompting veterinary investigation and sample collection, and may therefore differ from the date the outbreak was reported to/by EIDS

Virological analyses provide further context. Sequencing indicates that the virus currently circulating in the UK is closely related to a strain identified in the United States in 2024-25, which was subsequently detected in Japan (Nemoto *et al.*, 2025) and Europe before appearing in the UK. This pattern supports stepwise geographical spread, driven by international horse movement, and emphasises the value of molecular surveillance in understanding virus evolution and dissemination. Haemagglutination inhibition assays showed that antibody titres against these new viruses were comparable to those against viruses circulating in the UK during 2024–2025.

Infection has been confirmed in vaccinated horses in six outbreaks since the beginning of April 2026. While vaccination remains central to EI control, it may not fully prevent infection or viral shedding, particularly where antigenic differences exist. These observations underline the importance of maintaining high vaccination coverage while recognising its limitations.

In conclusion, the rise in EI outbreaks in the UK during April 2026 highlights the dynamic nature of this endemic disease and the importance of surveillance. The association with horse movement, occurrence in vaccinated animals, and evidence of transboundary viral spread underscore the need for sustained vigilance, robust biosecurity and continued evaluation of vaccination strategies.

Nemoto, M., Kawanishi, N., Kamei, R., Furusho, K., Kawauchi, K., Yabuuchi, Y., Oue, Y., Uchida, Y., Nishiura, H., Reedy, S.E., Chambers, T.M., Li, F., Bannai, H., Yamanaka, T. and Tsujimura, K., 2025. Genetic and serological analyses of equine influenza viruses isolated in Kumamoto and Hokkaido, Japan in 2025. *Veterinary Microbiology*, 310, 110701. <https://doi.org/10.1016/j.vetmic.2025.110701>

PARASITE CONTROL: ARE WE ALL ON THE SAME PAGE? CURRENT CONSENSUS AND CONTROVERSIES

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Introduction

There has been a lot of discussion and significant updates to promote more sustainable equine parasite control practices in the UK in the last few years, including the formation of a pan-industry group, CANTER, in 2023 (www.canterforhorses.org.uk). There have been two notable publications in 2024 aimed at helping prescribers:



BEVA PROTECTME TOO ANTHELMINTIC TOOLKIT
(www.beva.org.uk/Resources/Medicines/Anthelmintic-Toolkit)



CANTER GUIDELINES
(www.canterforhorses.org.uk/guidelines)

The focus article author has been involved in both initiatives and here aims to summarise some of the main areas of agreement and ongoing debate, stating their personal views at the time of writing.

IT IS NO LONGER ACCEPTABLE TO GIVE ANY DEWORMER WITHOUT RISK ASSESSMENT AND/OR TESTING

Experts agree that all anthelmintic treatments need to be justified, given the evidence that blanket administration of these drugs accelerates resistance to them among parasites [1] and the resistance involves every class of drug, with no new equine anthelmintics on the horizon.

A risk-assessment should be performed, assessing individual and herd factors, before any anthelmintic prescribing decision. BEVA's ProtectMEtoo risk table is shown overleaf. CANTER have published a similar table, based on the CANTER acronym; **C**linical history, **A**ge profile, **N**umber of horses, **T**est results and **E**nvironment, giving an overall **R**isk profile.

Risk factor	Factors supporting low risk	Factors supporting medium risk	Factors supporting high risk
Exposure based on individual horse test results*	Low exposure for the individual horse: defined by repeated negative or low egg shedding from FEC/low tapeworm ELISA titres over at least one year	Moderate exposure for the individual horse: defined by mixed moderate egg shedding from FEC/ borderline tapeworm ELISA titres in the past year	Highest exposure risk for the individual horse: defined by high egg shedding from FEC/moderate to high tapeworm ELISA titres in the past year
Exposure based on herd test results*	Low exposure for co-grazing group defined by repeated negative or low egg shedding from FEC/low tapeworm ELISA titres over at least one year	Moderate exposure for co-grazing group defined by repeated mixed moderate egg shedding from FEC/ borderline tapeworm ELISA titres over at least one year	High exposure risk for co-grazing group defined by repeated high egg shedding from FEC/moderate or high tapeworm ELISA titres over at least one year
Age profile	5-20 years old (although younger/ older individuals may be considered low risk based on other factors in this column)	>20 years of age (although older individuals may be considered low risk based on other factors in this table)	<5 years of age
Removal of faeces from pastures**	≥2 times per week**	Sporadic**	No faecal removal from pasture
Horse movements	Stable population	Some individual horse movement in/ out of grazing group	Transient population of horses co-grazing together
Stock density	Low	Medium	High
Presence of youngstock	No youngstock (although see above under 'age profile')	N/A	Grazing with youngstock
Quarantine protocol	High level of quarantine: <ul style="list-style-type: none"> FECRT (or FEC 2 weeks posttreatment) prior to co-grazing with resident population Known histories of new entrants, demonstrated by FEC results indicating low shedding for >12 months prior to arrival on yard 	Moderate quarantine: <ul style="list-style-type: none"> 1 or more FEC results prior to arrival on yard 	No quarantine of new entrants
History of clinical disease caused by parasitism	No history	N/A	History of clinical disease caused by parasitism, e.g.: <ul style="list-style-type: none"> Larval cyathostomiasis Parascaris jejunal obstruction Infarctive colic (strongylus vulgaris)
History of colic	No history	N/A	History of colic
History of anthelmintic resistance	No history	N/A	Anthelmintic resistance documented on premises by way of: <ul style="list-style-type: none"> FECRT Parasitic-related clinical disease confirmed in spite of definite appropriate deworming

KEY ***Strongyle egg shedding categories:**

ELISA	Enzyme-linked immunosorbent assay	Low egg shedding	0-200 epg
FEC	Faecal egg count	Moderate egg shedding	200-500 epg
FECRT	Faecal egg count reduction test	Higher egg shedding	>500 epg

***Tapeworm ELISA test scores**

Tapeworm diagnosis	Low	Borderline	Moderate/High
Tapeworm treatment recommended	No	Yes	Yes

****Removal of faeces from pastures**

Please note moving faeces to another part of the grazing area (e.g. heaping in corner of paddock) is not considered adequate 'removal' to reduce risk of exposure to cyathostomins



ANNUAL, AUTUMN/WINTER, MOXIDECTIN SHOULD NOT BE GIVEN TO HORSES IN THE LOW-RISK CATEGORY

The risk of larval cyathostominosis in “low risk” horses, which by definition are well-managed, regularly tested and have no additional risk factors (see table above), is very low. In these horses a routine autumn/winter moxidectin treatment is no longer thought to be necessary, nor justified.

REDWORM SEROLOGY HAS LIMITED USE IN A PARASITE CONTROL PROGRAM

This is a contentious area with differing opinions amongst experts. It should be noted that at this time it is not known what level of redworm burden should be considered pathogenic and that this test is not specific for larval stages. Its use is not recommended in “high risk” horses, in which experts agree that an annual moxidectin treatment is justified. Using this test in “low risk” horses is likely to lead to over-treatment as routine moxidectin is no longer recommended in this group (see above). The author considers this test only in specific cases e.g. medium risk or owner factors.

TAPEWORM TESTING IS AN ESSENTIAL PART OF PARASITE CONTROL PROGRAMS

There have been recent reports of emerging anthelmintic resistance to praziquantel and pyrantel [2]. All authorised tapeworm treatments in the UK will also inadvertently expose strongyles to pyrantel or macrocyclic lactones, meaning tapeworm treatments should no longer be interval based. Prevalence reports vary, but approximately half of all horses do not have a tapeworm burden in the UK [3]. There is consensus that tapeworm ELISA tests (blood and saliva) are reliable and that quantitative tests of exposure to tapeworm significantly reduce anthelmintic use compared to annual treatments (85% reduction [4]). Matthews *et al.*, (2024) reported that of >200,000 saliva samples submitted to Austin Davis Biologics, treatment was not recommended for more than two-thirds of horses.

REEMERGENCE OF LARGE STRONGYLE SPECIES, ESPECIALLY STRONGYLUS VULGARIS IS A CONCERN

The large redworm, *Strongylus vulgaris* is currently considered rare in the UK, since the introduction of ivermectin in the 1980s. It is likely, as has been documented in countries such as Denmark and Sweden which have had a substantial decline in anthelmintic use due to tight regulations, that large strongyle species will become more prevalent again. Reassuringly, prevalence studies generally confirm it is low in well managed horses globally and there is no resistance reported worldwide, with ivermectin and moxidectin appearing to be effective.

There is now a UK laboratory offering larval culture for identification of large strongyle species. At the time of writing there is no clear consensus or guidelines on approach to monitoring and testing UK horses. It is likely that testing will need to be considered for horses that never receive a macrocyclic lactone due to being considered low risk of cyathostomins with regular low worm egg counts.



If any clinical disease is suspected to be caused by large strongyles (or cyathostomes) it should be reported to RedWatch (www.equinesurveillance.org/redwatch), a surveillance initiative, aiming to better understand disease patterns and risk factors.

NEW HORSES SHOULD BE QUARANTINED AND TESTED BEFORE BEING TURNED OUT

There is no clear consensus or guidelines (at the time of writing) on exact recommendations but a nuanced and considered risk-based approach with testing should be used as an alternative to blanket treating all new horses with moxidectin and praziquantel.

THE THRESHOLD TO TREAT BASED ON FAECAL WORM EGG COUNT

It is widely understood that faecal worm egg counts are a sensitive and reliable method to detect strongyle (and ascarid) eggs, enabling treatment to be targeted to high egg shedders and reduce pasture contamination rather than reduce clinical disease per se. The “threshold to treat” in mature horses has historically, and arbitrarily, been set at around 200-250 eggs per gram (epg), but modelling studies show resistance slows with higher cut offs [6]. There is no clear evidence to inform the optimum threshold, but many experts agree that a threshold of 500 epg should be encouraged where adult horses are kept in low-medium risk environments.

PASTURE HYGIENE IS A CRITICAL COMPONENT OF PARASITE CONTROL

Removing faeces twice weekly was demonstrated to be more effective at reducing parasite burden than regular anthelmintic treatments [7]. Most experts agree that for strongyle control, once weekly is sufficient except at temperatures over 25°C, when strongyle eggs develop to infective third stage larvae within 3-4 days, and twice weekly faecal collection is recommended.

The optimum frequency for tapeworm control is unclear. Resting pastures is likely to become ever more important in the future for parasite control, but there is limited evidence, and therefore no consensus, on the length of time required for any of the parasite species. Experts agree that resting pastures in warmer temperatures is more effective at reducing strongyle contamination than colder temperatures. The consensus within the CANTER group was to rest strongyle-contaminated fields from at least the end of one season to mid-way through the following grazing season.

THERE ARE SIGNIFICANT ECOTOXIC EFFECTS OF ANTHELMINTIC TREATMENTS

The effects of anthelmintics on biodiversity, especially ivermectin and moxidectin, are becoming more widely known and considered [8]. Anthelmintics are excreted in the faeces with lethal and sublethal effects on invertebrates, including dung beetle. Stabling or very strict pasture hygiene following administration of anthelmintics will help reduce the negative ecotoxic effects but there is no consensus on the number of days that should be applied. There is also no clear consensus on the best way to manage faeces from treated horses on the pasture to support dung fauna whilst reducing the risk to the horse.

SURVEILLANCE IS ESSENTIAL



Submitting data on faecal egg count testing and clinical cases of cyathostomiasis and large strongyles through [RedWatch](#) will help support efforts to prevent these devastating diseases.

Faecal worm egg count reduction tests are vital to assess anthelmintic efficacy and monitor resistance patterns. Two faecal worm egg counts are performed, the first immediately prior to treatment and a second 14 days after treatment. For good reliability, a low multiplication factor is advised so at least 40 eggs are counted per horse on average in the group in the pretreatment samples. Further information on the thresholds can be found in the World Association for the Advancement of Veterinary Parasitology (WAAVP) guidelines [9] and are summarised in chapter 4 of the CANTER Guidelines.

EDUCATION ALONE IS NOT ENOUGH

Experts have agreed for decades that a diagnostic-led approach is required but significant behaviour change is still needed. It is the author's opinion, that we all have a responsibility to help make it as easy and attractive as possible for horse owners to make responsible decisions, including making this topic part of everyday discussions with horse owners.

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UK Infectious Disease Reports



This section summarises notifiable disease investigations followed by laboratory confirmed endemic infectious disease outbreaks reported in the United Kingdom during the first quarter of 2026. Each reported outbreak may involve more than one animal. To view current outbreak reports, see www.equinesurveillance.org/iccview.

No reported outbreak(s) in a region does not necessarily mean the area is free from the disease. When a particular disease is reported as 'endemic', disease outbreaks are common and at an expected level.

NOTIFIABLE DISEASES

The APHA Veterinary Exotic Notifiable Disease Unit (VENDU) co-ordinates the investigation of suspected exotic notifiable disease in Great Britain on behalf of Defra, Welsh Government and Scottish Government. Further information about notifiable diseases is available on <https://www.gov.uk/government/collections/notifiable-diseases-in-animals>.

It should be noted that all information relating to equine notifiable disease investigations (including suspect cases that are subsequently negated) will appear in this section and are not broken down by body system. APHA non-negative test results that are referred to below do not equate to confirmed positive cases and are therefore not included in quarterly laboratory results tables. Confirmed positive results are based on APHA investigations and follow confirmation on official samples. Non-notifiable diseases will appear in their relevant system section.

SURRA:

Non-negative serology results were reported from one horse during routine pre-export testing. Following an APHA investigation official samples tested negative, thereby negating disease.

EQUINE VIRAL ARTERITIS (EVA):

There have been no new EVA reports in this quarter. For the case reported in Q4 2025, the owner elected to castrate the stallion and following a further six weeks of restrictions, the investigation was closed.

VESICULAR STOMATITIS:

Clinical suspicion of vesicular stomatitis was reported in a 12-year-old gelding presenting with pyrexia and multiple erosive lesions on the mouth, tongue and lower lip. An APHA investigation was undertaken and official samples collected. All official testing returned negative results, and in combination with the clinical presentation and travel history, suspicion of notifiable disease was negated.

WEST NILE VIRUS (WNV):

There were four test to exclude (TTE) cases for WNV, with testing completed in this quarter, all of which were negative.

Equine Herpes Virus

EHV-1 NEUROLOGICAL INFECTION

In Q1 2026 two separate outbreaks of EHV-1 neurological infection were reported in England.

The first occurred in Oxfordshire in March, involving a vaccinated non-Thoroughbred gelding with acute central neurological signs resulting in recumbency and euthanasia. The affected premises implemented voluntary movement restrictions and heightened biosecurity protocols and outbreak clearance testing.

The second outbreak was in West Yorkshire also in March in a 17-year-old mare, with unknown vaccination status and a co-infection of EHV-4. Clinical signs included proprioceptive deficits, ataxia, and recumbency. There were other confirmed infected animals and in-contacts on-site.

Diagnoses were confirmed via PCR testing for one outbreak and in-house point of care insulated isothermal PCR (iiPCR) for the other.

Two additional outbreaks of EHV-1 neurological infection were notified to EIDS, however, no epidemiological data could be obtained. This was either due to the submitting veterinary practice not providing the necessary data or a request for the information not to be circulated.



Frequency of reported laboratory diagnosed outbreaks of EHV-1 neurological infection across the UK during 2026 Q1.

EHV-1 RESPIRATORY INFECTION

No cases of EHV-1 respiratory were reported to EIDS during Q1 2026.

Three additional outbreaks of EHV-1 respiratory infection were notified to EIDS, however, no epidemiological data could be obtained. This was either due to the submitting veterinary practice not providing the necessary data or a request for the information not to be circulated.

EHV-1 REPRODUCTIVE INFECTION



Frequency of reported laboratory diagnosed outbreaks of EHV-1 reproduction infection across the UK during 2026 Q1.

In Q1 2026 one outbreak of EHV-1 abortion was reported in March on a premises in Berkshire. The outbreak involved four mares, aged between 11 and 16-years-old, two were vaccinated, the vaccination status of the other two were unknown. There were other animals also on-site.

Three cases were part of a group of five mares and the fourth case did not have contact with these cases. Positive diagnoses were confirmed by PCR.

***One additional outbreak** of EHV-1 reproductive infection was notified to EIDS, however, no epidemiological data could be obtained. This was either due to the submitting veterinary practice not providing the necessary data or a request for the information not to be circulated.*

REPORT AN OUTBREAK
via our online platform

DISEASE REPORTING MADE SIMPLE!

Vets and vet nurses, click above to confidentially report UK laboratory confirmed equine infectious disease diagnoses. EIDS has an online reporting platform which is integral to our work to detect early warning signs of disease outbreaks. Help support disease surveillance and protect equine and industry health today by reporting.

EIDS ENCOURAGES VETERINARY SURGEONS AND NURSES RECEIVING POSITIVE LABORATORY RESULTS TO COMPLETE EIDS' ONLINE REPORTING FORM

and provide additional details allowing for anonymised reporting of disease occurrence, thereby greatly enhancing the level of ongoing surveillance of equine infectious diseases in the UK



EHV-4 RESPIRATORY INFECTION

SUMMARY

Six outbreaks of EHV-4 respiratory infection were reported to EIDS during Q1 2026, one in January, three in February and two in March.

Information regarding these reported outbreaks is summarised in Table 1.



Frequency of reported laboratory diagnosed outbreaks of EHV-4 respiratory infection across the UK during 2026 Q1.

Table 1: EHV-4 respiratory infection outbreaks reported 1 Jan to 31 Mar 2026

Total outbreaks reported	6	
	n	%
Total horses sampled	6	100%
Sample type*		
Swab	5	71%
Nasopharyngeal	4	80%
Nasal swab	1	20%
Unreported	2	29%
Signalment		
Sex of horse indicated	6	100%
Female	5	83%
Male	1	17%
Breed of horse	6	100%
Native UK pony	1	17%
Native UK horse	1	17%
Sports horses	4	67%
Age of horse	6	100%
Range	2 - 14 years	
IQR range	5 - 11.5 years	
Median	9 years	
Clinical signs reported**	13	
Lethargy	4	31%
Nasal discharge	3	23%
Inappetance	3	23%
Pyrexia	3	23%
Vaccination status	6	100%
Unvaccinated	4	67%
Vaccinated	1	17%
Lapsed vaccinated	1	17%
Month		
January	1	
February	3	
March	2	

*can include multiple entries per submission
**from 6 cases

Nine additional outbreaks of EHV-4 respiratory infection were notified to EIDS, however, no epidemiological data could be obtained. This was either due to the submitting veterinary practice not providing the necessary data or a request for the information not to be circulated.

Equine Influenza

SUMMARY

Four outbreaks of equine influenza (EI) were reported to EIDS during Q1 2026, two in January and two in March. Outbreaks were sampled and confirmed in January and March and reported by EIDS in February and April.

All cases were new arrivals to their premises.

Information regarding these four reported outbreaks is summarised in Table 2.



Frequency of reported laboratory diagnoses of EI across the UK during Q1 2026, totalling four diagnoses from four outbreaks.

Table 2: Equine influenza outbreaks reported 1 Jan to 31 Mar 2026

Total outbreaks reported	4	
	n	%
Total horses sampled	4	100%
Sample type	4	
Swab	4	100%
Nasopharyngeal	4	100%
Signalment		
Sex of horse indicated	3	75%
Female	2	67%
Male	1	33%
Breed of horse	2	50%
Sports horse	2	100%
Age of horse	3	75%
Range	4 - 15 years	
Clinical signs reported*	6	
Coughing	1	17%
Inappetence	1	17%
Nasal discharge	3	50%
Pyrexia	1	17%
Vaccination status	4	100%
Vaccinated	2	50%
Unvaccinated	1	25%
Lapsed vaccinated	1	25%
Month		
January	2	
February	0	
March	2	

*can include multiple entries per submission
**From 4 diagnoses

NB: Figures in the UK Infectious Disease Report may differ, due to EIDS lacking permission to report some outbreaks or not receiving real-time epidemiological data.



Please note that these figures differ from those presented on the ICC website, which visualises data by report date. This can give the impression that there were two outbreaks in Q1. However, when analysed by case date, there were actually four outbreaks, which have been summarised here.

HBLB SURVEILLANCE SCHEME



Veterinary surgeons suspecting EI can submit samples for PCR testing with **the scheme covering the cost of the laboratory testing**. Veterinary surgeons wishing to use this scheme can sign up here: www.equinesurveillance.org

2026 Q1 EI SEQUENCE ANALYSIS

The first quarter of 2026 saw a single influenza sample reported to the Equine Virology team from a horse in Surrey. Sequencing its genome revealed it to be a virus most closely related to those now circulating in the USA rather than those that had been circulating for the past few years in the UK and Europe (Figure 1).

A phylogenetic analysis of viral haemagglutinin segments shows the Surrey/2026 isolate is closely related to Indiana/2024 (and other equine viruses from the USA), and is quite distinct from the UK and other European viruses isolated in recent years.

The haemagglutinin protein shows 18 amino acid substitutions between Surrey/6/2026 and the most recent viruses isolated in the UK (2025), with 8 of these shared by Indiana/2024.

These extensive changes will require further investigation to determine if the virus is effectively neutralised by current vaccines. Continued surveillance will reveal whether the virus has established itself in Europe and its interaction with the previously circulating equine influenza virus strain.

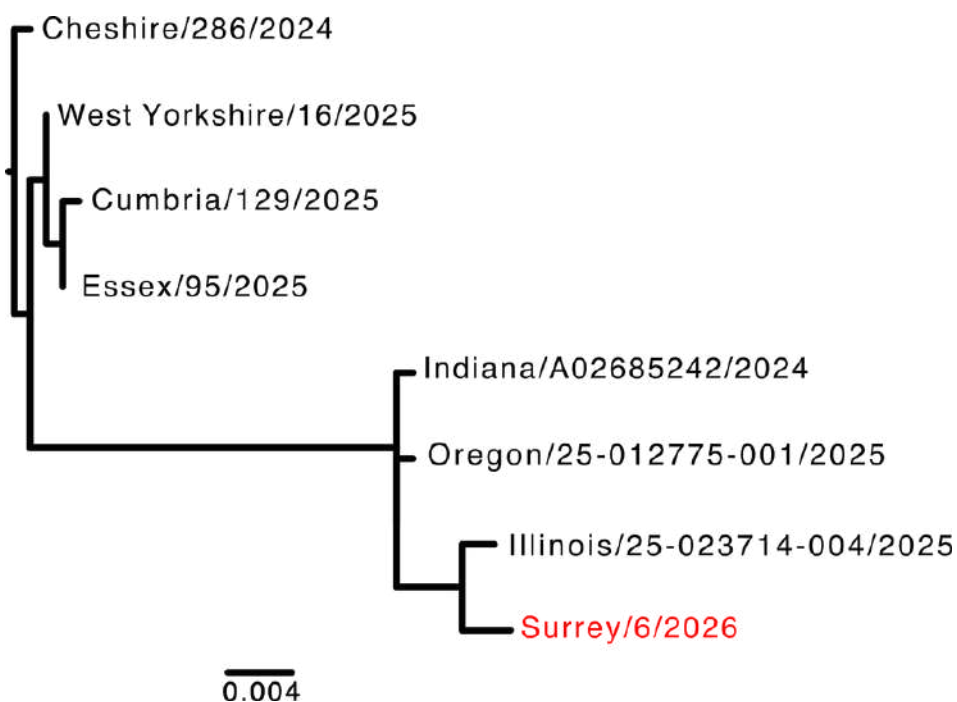


Figure 1: Maximum likelihood phylogenetic tree based on nucleotide sequences of the HA1 gene. Phylogenetic reconstruction was performed using RAXML-NG via raxmlGUI 2.0.

The latest UK viral isolate from 2026 Q1 is highlighted in red.

Surveillance of Equine Strangles

	n	%
Total horses sampled	150	100%
Sample type*	157	
Swab	50	32%
Nasopharyngeal	40	80%
Nasal	7	14%
Abscess	2	4%
Unspecified	1	2%
Guttural pouch lavage	93	59%
Other	14	9%
Diagnostic tests		
PCR only requested	122	81%
PCR and culture requested	18	12%
iiPCR	5	3%
LAMP	1	0.7%
LAMP and qPCR	1	0.7%
Culture only requested	3	2%
Signalment		
Sex of horse indicated	81	54%
Female	31	38%
Male	50	62%
Breed of horse	77	52%
Native UK pony	26	34%
Sports horse	22	29%
Crossbreed	8	10%
Native UK horse	19	25%
Non-UK native horse	2	3%
Age of horse	70	47%
Range	6 months - 29 years	
IQR	3 - 12 years	
Median	7 years	
Clinical signs reported**	92	
Nasal discharge	25	27%
Pyrexia	19	21%
Glandular swelling	7	8%
Abscess	15	16%
Other	8	9%
Coughing	4	4%
Lethargy	8	9%
Guttural pouch empyema	4	4%
Inappetence	2	2%
Reason for sampling reported	84	56%
Total reasons*	93	
Clinically ill horse	35	38%
Post infection screening	30	32%
Strangles suspected	12	13%
Post seropositive ELISA	5	5%
Pre/post movement screening	4	4%
In contact	5	5%
Other	2	2%

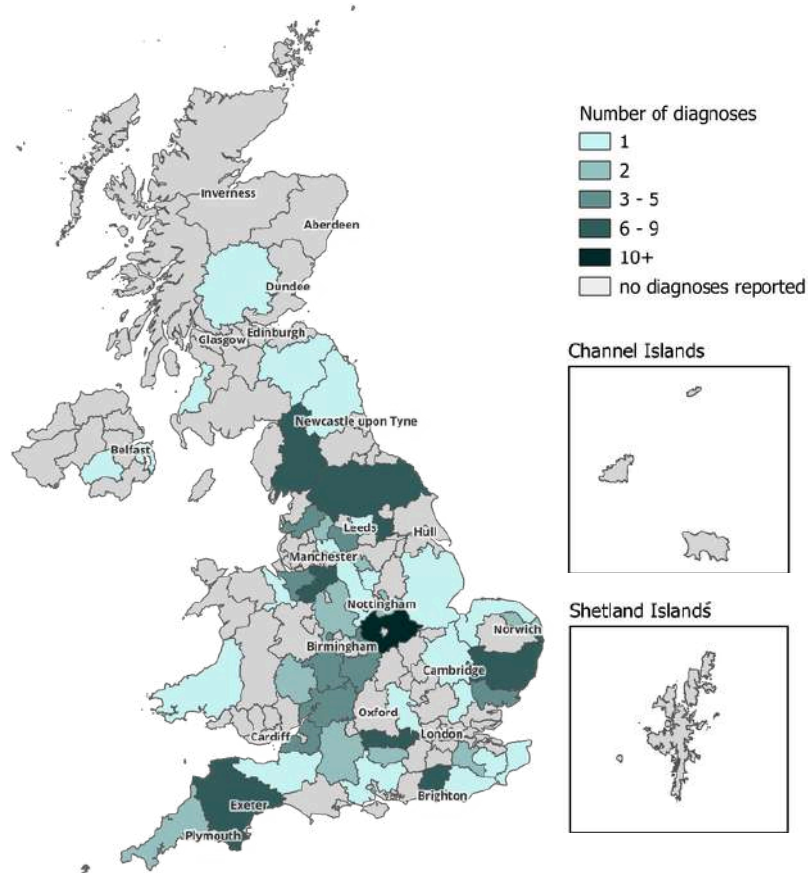
*can include multiple entries per submission
**From 47 diagnoses

Left Table 3: *S. equi* samples reported 1 Jan to 31 Mar 2026

The Surveillance of Equine Strangles (SES) network enables the ongoing assessment of the disease's true welfare impact, highlighting trends over time and different geographical areas. The SES network is comprised of twelve diagnostic laboratories based across the UK.

A total of 150 cases with positive diagnoses of *S. equi* were reported by SES Laboratory during Q1 2026 from samples submitted by 80 veterinary practices in the UK. Information regarding reported samples is summarised in Table 3.

NB: Figures in the UK Infectious Disease Report may differ, due to EIDS lacking permission to report some outbreaks or not receiving real-time lab data.



Frequency of reported laboratory diagnoses of *S. equi* across the UK from SES during Q1 2026. Diagnoses are mapped by submitting vet practice location.

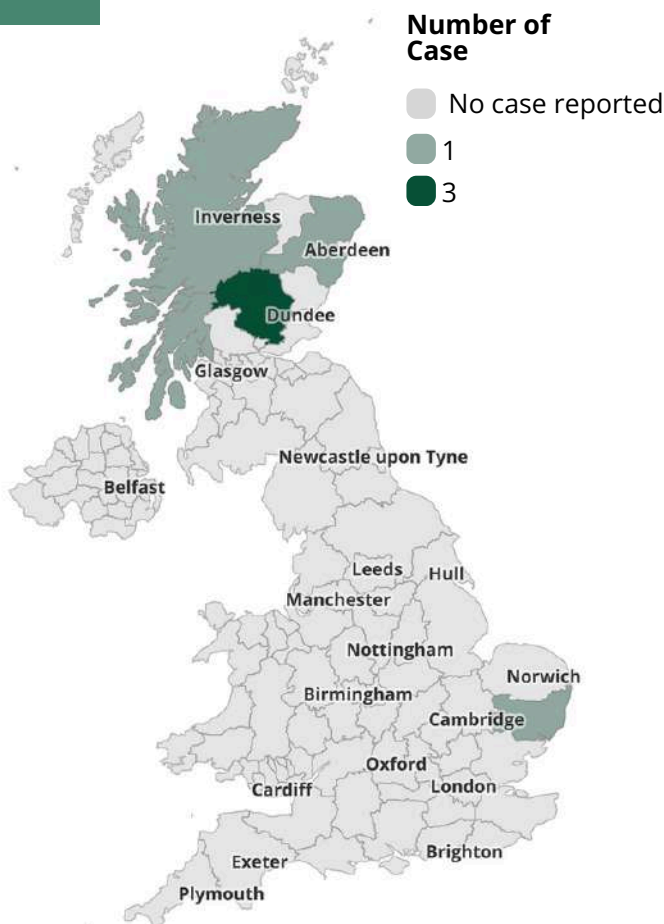
Equine Grass Sickness

An equine grass sickness (EGS) surveillance scheme was established in spring 2008 facilitating the investigation of changes in geographical distribution and incidence of EGS in Great Britain. Having up to date anonymised reports from across the country provide accurate representation of EGS cases nationwide and is vital to help continue epidemiological research into the disease. Reporting cases of EGS to the Equine Grass Sickness Fund (EGSF) can be done by either the attending veterinary surgeon or the owner, at www.grassickness.org.uk/casereports.

In Q1 2026 seven cases of EGS were reported to EGSF. Cases were reported across England (n= 1, 14%) and Scotland (n= 6, 86%). Information regarding reported cases is summarised in Table 4.

Table 4: Equine Grass Sickness cases reported to the EGSF 1 Jan to 31 Mar 2026

	n	%
Total cases reported	7	100%
EGS presentation	4	57%
Acute	1	25%
Subacute	3	75%
Chronic	-	-
EGS outcome	7	100%
Survivor	-	-
Non-survivor	4	57%
Unreported	3	43%
EGS diagnoses	3	43%
Clinical signs alone	1	33%
Histological confirmation	2	66%
Month of diagnosis	7	100%
January	3	43%
February	2	29%
March	2	29%
Signalment		
Sex of horse indicated	5	71%
Female	2	40%
Male	3	60%
Breed of horse	6	86%
Native UK pony	2	33%
Native UK horse	2	33%
Sports horse	2	33%
Age of horse	6	86%
Range	1 - 10 years	
IQR Range	6.25 - 8 years	
Median	7.5 years	



Frequency of EGS cases reported to the EGSF across the UK during Q1 2026.

Please note that figures for EGS contained in the laboratory report may differ to the number of cases reported here, which are reported by both owners and veterinary surgeons.

RedWatch

A targeted surveillance scheme for cyathostomiasis and *Strongylus vulgaris*, RedWatch aims to support the equine industry in monitoring potential changes in the incidence and presentation of clinical parasite-associated disease, particularly in the context of reduced anthelmintic use.

National reporting of anonymised clinical cases is essential to gain a clearer understanding of current disease patterns and inform future control strategies.



No cases were reported to EIDS during Q1 2026.

POST-MORTEM EXAMINATIONS: During Q1 2026 there were four PME reports which included findings of cyathostomiasis, with this reported as the sole cause of death for one animal.



By engaging with RedWatch, equine vets strengthen the national understanding of small redworm-related disease and support more accurate risk modelling. To help us build this comprehensive picture, **we welcome retrospective reports of clinical cases from across 2025 and Q1 2026.**

**REPORT NEW OR RESTROPECTIVE CLINICAL
CASES OF REDWORM**

www.equinesurveillance.org/redwatch

**HELPS US BETTER UNDERSTAND HOW CYATHOSTOMINOSIS
IS PRESENTING IN PRACTICE**



The Equine Infectious Disease Surveillance (EIDS) team are conducting a short, two minute, anonymous survey of UK equine vets to better understand current experiences and management practices of cyathostomiasis, if you would like to get involved please [click here to complete the survey.](#)

UK LABORATORY REPORT

VIROLOGY

The results of virological testing for January to March 2026 are summarised in Tables 6 to 9. Please note, APHA's sample population is different to the other contributing laboratories as their tests are principally in relation to international trade.

GASTROINTESTINAL DISEASE

Table 6: Results of virological testing for gastrointestinal diseases between 1 Jan to 31 Mar 2026.
CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
Adenovirus HI	Antibody	30	0	1
Coronavirus PCR	Agent	100	10	1
Rotavirus ELISA	Antibody	0	0	^
Rotavirus-A PCR	Agent	53	5	2
Rotavirus-B PCR	Agent	57	0	3
Rotavirus antigen ELISA/Strip test/LFT	Agent	17	1	5

HI Haemagglutination inhibition, LFT Lateral flow test, ^ no laboratories reporting tested samples this quarter

RESPIRATORY DISEASE

Table 7: Results of virological testing for respiratory diseases between 1 Jan to 31 Mar 2026.
CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
EHV-2 PCR	Agent	23	5	2
EHV-5 PCR	Agent	22	3	2
Influenza HI	Antibody	30	0	1
Influenza PCR (APHA)	Agent	160	0	1
Influenza PCR	Agent	645	3	10
Influenza LAMP	Agent	19	0	1
ERV-A/B CFT	Antibody	18	0	1
ERV PCR	Agent	1	0	1

CFT Complement fixation test, EHV Equine herpes virus, ERV Equine rhinitis virus, HI Haemagglutination inhibition, LAMP loop mediated isothermal amplification

MULTIPLE/MISCELLANEOUS/NEUROLOGICAL DISEASES

Table 8: Results of virological testing for multiple/miscellaneous/neurological diseases between 1 Jan to 31 Mar 2026. CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
EHV-1 LAMP	Agent	19	0	1
EHV-1 PCR	Agent	1125	19	9
EHV-1 VI	Agent	1	0	1
EHV-4 PCR	Agent	1128	27	9
EHV-4 LAMP	Agent	19	0	1
EHV-4 VI	Agent	1	0	1
EHV-1 IFAT - Ag	Agent	1	0	1
EHV-1 IFAT	Antibody	1	0	1
EHV-1/-4 CFT	Antibody	264	4	1
EHV-1/-4 CFT (APHA)	Antibody	0	0	^
EHV-1/-4 PCR (APHA)	Agent	0	0	^
EHV-1/-4 IFAT - Ag	Agent	0	0	^
EHV-8 PCR	Agent	5	0	1
EIA ELISA	Antibody	5333	0	6
EIA Coggins (APHA)	Antibody	5093	0	1
EIA Coggins	Antibody	76	0	3
Hepacivirus PCR	Agent	22	1	1
Parvovirus PCR	Agent	22	0	1
Papilloma virus PCR	Agent	2	1	1
WNV IgM ELISA (APHA)	Antibody	4	0	1
WNV IgG ELISA (APHA)	Antibody	4	0	1
WNV PCR (APHA)	Agent	0	0	^

CFT Complement fixation test, EHV Equine herpes virus, EIA Equine infectious anaemia, IFAT immunofluorescent antibody test, LAMP loop mediated isothermal amplification, VI Virus isolation, WNV West Nile Virus
 *EHV figures reported here may differ to the endemic section figures due to non-reporting by vets,
 ^ no laboratories reporting tested samples this quarter

REPRODUCTIVE DISEASE

Table 9: Results of virological testing for reproductive diseases between 1 Jan to 31 Mar 2026.
CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
EHV-3 PCR	Agent	4	0	2
EHV-3 VI	Agent	1	0	1
EHV-3 VN	Antibody	1	0	1
EVA ELISA*	Antibody	6161	23	7
EVA PCR (APHA)	Agent	0	0	^
EVA PCR	Agent	105	0	1
EVA VN (APHA)**	Antibody	341	1	1
EVA VN**	Antibody	191	118	1

EVA Equine viral arteritis, EHV Equine herpes virus, VI Virus isolation, VN Virus neutralisation

*Positive samples then undergo VN testing as the confirmatory test

** EVA Artervac vaccine is now available (June 2025) but due to the unavailability since March 2023, all stallions will have lapsed vaccination status at the time of re-vaccination. If sero-positivity at the time of first vaccination cannot be attributed to prior vaccination and confirmed by testing alongside archived serial samples that show a stable or declining titre, the case must be reported to APHA for investigation under the EVA Order 1995. Additionally, mares that are sero-positive within two weeks of mating must also be investigated.

^ no laboratories reporting tested samples this quarter

BACTERIOLOGY

A summary of the diagnostic bacteriology testing undertaken by different contributing laboratories is presented in Tables 10 to 13. The BEVA laboratory registering scheme is for the testing of CEM (*Taylorella equigenitalis*), *Klebsiella pneumoniae* and *Pseudomonas aeruginosa*.

Granting and maintenance of approval depends on a laboratory achieving correct results in quality assurance tests and reporting data to this report. BEVA publishes a list of approved laboratories annually. Fifteen BEVA approved laboratories in the UK contributed data for this report, either by providing testing figures from PCR and/or culture testing or by confirming that no tests or positive diagnoses were recorded during the reporting period.

REPRODUCTIVE DISEASE

Table 10: Results of bacteriological testing for reproductive diseases between 1 Jan to 31 Mar 2026. CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
CEM <i>Taylorella equigenitalis</i> PCR (BEVA)	Agent	2078	2	8
CEM <i>Taylorella equigenitalis/asinigenitalis</i> culture* (BEVA)	Agent	8577	0	15
CEM <i>Taylorella equigenitalis</i> PCR (APHA)	Agent	221	0	1
CEM <i>Taylorella asinigenitalis</i> PCR (APHA)	Agent	221	0	1
CEM <i>Taylorella equigenitalis/asinigenitalis</i> culture* (APHA)	Agent	789	0	1
<i>Klebsiella pneumoniae</i> PCR (BEVA)	Agent	2084	16	8
<i>Klebsiella pneumoniae</i> culture (APHA)	Agent	54	1	1
<i>Klebsiella pneumoniae</i> culture (BEVA)	Agent	8709	25	15
<i>Klebsiella pneumoniae</i> capsule types 1 PCR	Agent	19	0	1
<i>Klebsiella pneumoniae</i> capsule types 2 PCR	Agent	19	0	1
<i>Klebsiella pneumoniae</i> capsule types 5 PCR	Agent	19	4	1
<i>Pseudomonas aeruginosa</i> PCR (BEVA)	Agent	2084	24	8
<i>Pseudomonas aeruginosa</i> culture (APHA)	Agent	54	0	1
<i>Pseudomonas aeruginosa</i> culture (BEVA)	Agent	8709	14	15

BEVA British Equine Veterinary Association approved laboratories, CEM contagious equine metritis (*Taylorella equigenitalis*), **Taylorella asinigenitalis* and *Taylorella equigenitalis* are morphologically indistinguishable by culture and therefore if a sample is positive by culture, it should be screened for both species by multiplex PCR

RESPIRATORY DISEASE

Table 11: Results of bacteriological testing for respiratory diseases between 1 Jan to 31 Mar 2026.
CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
<i>Streptococcus equi</i> ELISA Antigen A/C (ISL)†	Antibody	3298	267	4
<i>Streptococcus equi</i> ELISA Antigen A/C (IDVET)†	Antibody	1072	163	1
<i>Streptococcus equi</i> PCR	Agent	2558	198	10
<i>Streptococcus equi</i> LAMP	Agent	28	1	1
<i>Streptococcus equi</i> culture	Agent	673	33	9
<i>Rhodococcus equi</i> ELISA#	Antibody	5	3	1
<i>Rhodococcus equi</i> PCR	Agent	12	0	1
<i>Rhodococcus equi</i> culture	Agent	28	0	3
<i>Streptococcus zooepidemicus</i> PCR	Agent	479	158	5
<i>Streptococcus zooepidemicus</i> culture	Agent	334	70	5

LAMP loop mediated isothermal amplification, †seropositivity may be attributed to disease exposure, infection or carrier states, #seropositives include exposure to the virulent form of *R. equi* or the presence of maternally derived antibodies, the *S. equi* agent detection tests presented here are for individual tests, not individual horses. Therefore, they differ from the SES data presented in Table 3, which represents individual cases

MISCELLANEOUS DISEASE

Table 12: Results of miscellaneous bacteriological testing between 1 Jan to 31 Mar 2026.
CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
MRSA culture	Agent	660	1	7
<i>Borrelia burgdorferi</i> ELISA	Antibody	38	9	3
<i>Borrelia burgdorferi</i> PCR	Agent	0	0	^
<i>Burkholderia mallei</i> (Glanders) CFT (APHA)	Antibody	205	0	1
<i>Leptospira</i> MAT	Antibody	1	0	1
<i>Leptospira</i> PCR	Agent	9	1	1
<i>Anaplasma</i> ELISA	Antibody	25	7	3
<i>Anaplasma</i> PCR	Agent	0	0	^

CFT Complement fixation test, LFT Lateral flow test, MAT microagglutination testing antibody, MRSA methicillin resistant *Staphylococcus aureus*, ^ no laboratories reporting tested samples this quarter

GASTROINTESTINAL DISEASE

Table 13: Results of bacteriological testing for gastrointestinal diseases between 1 Jan to 31 Mar 2026. CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
<i>Campylobacter</i> culture	Agent	35	1	6
<i>Clostridium perfringens</i> ELISA	Toxin	219	5	2
<i>Clostridium perfringens</i> LFT	Toxin	60	1	3
<i>Clostridium perfringens</i> PCR	Agent	14	2	2
<i>Clostridium difficile</i> ELISA	Toxin	166	13	2
<i>Clostridium difficile</i> LFT	Toxin	117	1	4
<i>Clostridium difficile</i> PCR	Agent	14	1	2
<i>Lawsonia intracellularis</i> IPMA	Antibody	34	10	1
<i>Lawsonia intracellularis</i> PCR**	Agent	56	6	3
<i>Salmonella</i> Typhimurium PCR‡	Agent	111	0	3
<i>Salmonella</i> Typhimurium WGS (APHA)‡	Agent	6	6	1
<i>Salmonella</i> Typhimurium culture‡	Agent	208	2	6
<i>Salmonella</i> Other spp PCR‡	Agent	136	7	7
<i>Salmonella</i> Other spp WGS (APHA)‡	Agent	14	14	1
<i>Salmonella</i> Other spp culture‡	Agent	406	23	8
<i>Enterobacter</i> culture	Agent	1975	90	6
<i>E. coli</i> culture	Agent	2007	234	7

LFT Lateral flow test, IPMA immunoperoxidase monolayer assay, WGS whole genome sequencing, **identified using PCR applied to faeces, ‡Under the Zoonoses Order 1989, it is a statutory requirement to report and serotype positive cases for *Salmonella* spp. A positive case may have repeat samples taken.

APHA SALMONELLA RESULTS

Twenty suspect salmonella isolates were submitted this quarter to the Animal and Plant Health Agency (APHA) and all were confirmed as Salmonella. Of these, the serovars reported were *S. Typhimurium* (6 isolates), Monophasic *Salmonella* Typhimurium (6 isolates), *S. Enteritidis* (3 isolates), *S. Newport* (3 isolates) and single isolations of *S. Bonn* and *S. Colindale*. *S. Enteritidis*, *S. Typhimurium* and its monophasic variants are of particular public health concern being the most common causes of non-typhoidal salmonellosis in people.

S. Typhimurium has been associated with a number of different sources including livestock, dogs, wildlife and feed, and monophasic *S. Typhimurium* is often attributed to pigs. *S. Newport* is found in wildlife including badgers and *S. Enteritidis* is typically associated with humans and poultry.

This wide range of associations highlights the zoonotic potential of Salmonella infections which is particularly important in companion animals such as horses. For more information from APHA about Salmonella in Great Britain, please see the 2024 Salmonella in animals and feed surveillance report <https://www.gov.uk/government/publications/salmonella-in-animals-and-feed-in-great-britain>

PARASITOLOGY

A summary of parasitology testing undertaken by contributing laboratories is presented in Tables 14 and 15.

NB: one laboratory was unable to provide figures for their parasitology testing for Q1 2026 due to technical difficulties.

ECTOPARASITES AND OTHER SKIN PATHOGENS

Table 14: Results of ectoparasitology testing between 1 Jan to 31 Mar 2026.
CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
Mange <i>Sarcoptes scabiei</i>	Agent	227	0	9
Mange <i>Chorioptes spp</i>	Agent	227	1	9
Mange <i>Trombicula spp</i>	Agent	205	0	7
Mange <i>Demodex equi</i>	Agent	215	0	8
Lice <i>Damalinia equi</i>	Agent	193	12	6
Lice <i>Haematopinus asini</i>	Agent	204	1	6
Ringworm PCR	Agent	149	21	3
Ringworm culture	Agent	84	9	5
Ringworm microscopy	Agent	220	28	7
Dermatophilosis culture	Agent	34	0	2
Dermatophilosis microscopy	Agent	43	10	3
Dermatophyte PCR	Agent	3	2	1
<i>Candida</i> culture	Agent	53	3	2
<i>Candida</i> microscopy	Agent	0	0	^

^ no laboratories reporting tested samples this quarter

ENDOPARASITES

Table 15: Results of endoparasitology testing between 1 Jan to 31 Mar 2026.
CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
Ascarids faecal exam	Agent	28295	316	13
Strongyles (large/small) faecal exam	Agent	29082	9985	15
Strongyloides faecal exam	Agent	28303	87	12
<i>Craterostomum acuticaudatum</i> culture	Agent	0	0	^
<i>Strongylus edentatus</i> culture	Agent	15	0	1
<i>Strongylus equinus</i> culture	Agent	15	0	1
<i>Strongylus vulgaris</i> culture	Agent	15	0	1
Tapeworm ELISA saliva	Antibody	12251	4494	1
Tapeworm ELISA serum	Antibody	3633	1757	2
Tapeworm faecal exam	Agent	27225	369	10
<i>Oxyuris equi</i> faecal exam	Agent	24212	3	5
<i>Oxyuris equi</i> tape strip	Agent	205	19	5
<i>Dictyocaulus arnfieldi</i> Baermanns	Agent	41	5	4
<i>Fasciola hepatica</i> faecal exam	Agent	39	0	6
<i>Fasciola hepatica</i> sedimentation	Agent	39	1	2
<i>Fasciola hepatica</i> serology	Antibody	0	0	^
Cryptosporidia mZN	Agent	11	0	1
Cryptosporidia PCR	Agent	0	0	^
Cryptosporidia snap test	Agent	46	1	3
Cryptosporidia faecal exam	Agent	11	0	1
Cryptosporidia strip test	Agent	3	0	1
Giardia snap test	Agent	46	3	2
Giardia smear test	Agent	11	0	1
Coccidia faecal exam	Agent	1510	0	5

mZN Modified Ziehl-Neelsen stain , ^ no laboratories reporting tested samples this quarter

TOXICOSIS

A summary of diagnostic toxicosis testing undertaken by contributing laboratories is presented in Table 16. Results for toxicosis are based on histopathology or clinical signs.

Table 16: Results of toxicosis testing between 1 Jan to 31 Mar 2026.
CLs = laboratories contributing tested samples

Test	Samples tested (n)	Positive (n)	CLs (n)
Grass Sickness*	6	0	1
Atypical myopathy/Seasonal Pasture Associated Myopathy	0	0	^
Hepatic Toxicosis - Ragwort	36	5	1
Hepatic Lipidosis	9	3	1
Hepatic Encephalopathy	1	1	1
Tetanus	0	0	^
Botulism	0	0	^

*Figures for EGS contained in the EGSF Report may differ to the number of cases reported here, which are laboratory reported cases only, ^ no laboratories reporting tested samples this quarter

MISCELLANEOUS

A summary of miscellaneous testing undertaken by contributing laboratories is presented in Table 17.

Table 17: Results of miscellaneous testing between 1 Jan to 31 Mar 2026.
CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
<i>Babesia caballi</i> cELISA (APHA)	Antibody	270	33	1
<i>Babesia caballi</i> IFAT (APHA)	Antibody	238	0	1
<i>Babesia caballi</i> cELISA	Antibody	19	1	1
<i>Theileria equi</i> cELISA (APHA)	Antibody	271	37	1
<i>Theileria equi</i> IFAT (APHA)	Antibody	238	6	1
<i>Theileria equi</i> cELISA	Antibody	19	0	1
Dourine CFT (APHA)*	Antibody	207	3	1
Dourine IFAT (APHA)	Antibody	4	0	1

CFT Complement fixation test, IFAT Immunofluorescent antibody test, *CFT suspect/positive samples are then tested by IFAT as a confirmatory test for Dourine

UK Post-Mortem Examination Reports

Details about *post-mortem* examinations (PME) were reported by **four UK Veterinary Schools and three other contributing laboratories**. In this section PME cases are summarised by age stage and the main body system involved.

During this quarter, PME reports were provided for 49 abortions, two neonates, one foal and 34 adult horses.



Right: Regional locations of PME surveillance contributors. Purple shading indicates regions where contributing laboratories are located

ABORTIONS

Between January and March 2026 there were a total of 49 abortions reported. A summary of their details are provided below in Tables 18 and 19.

Table 18: Post-Mortem Examination (PME) details for umbilical and other abortions reported between 1 Jan to 31 Mar 2026.

PME Diagnosis	Diagnostic certainty		Region of PME contributor
	Suspect	Certain	
Umbilical	10		
Excessive umbilical cord length	2	-	East & South East
Umbilical cord torsion	3	1	East & South East
Umbilical cord compromise	-	2	East & South East
Funisitis (bacterial)	1	1	East & South East
Other	6		
Congenital malformation - malignant neoplasm	1	1	East & South East
EHV-1 infection	-	4	East & South East

ABORTIONS CONT...

Table 19: Continued Post-Mortem Examination (PME) details for placental, dystocia, stillbirth and no diagnosis reached abortions reported between 1 Jan to 31 Mar 2026.

PME Diagnosis	Diagnostic certainty		Region of PME contributor
	Suspect	Certain	
Placental	17		
Placental insufficiency	-	1	North West England
Placentalitis (bacterial)	1	9	East & South East
Placentalitis (fungal)	-	1	East & South East
Placental mineralisation - with umbilical torsion	1	-	East & South East
Placental mineralisation - ischaemia	1	1	East & South East
Premature placental separation	1	-	East & South East
Premature placental separation, placentalitis (bacterial)	1	-	East & South East
No diagnosis reached	3		
No diagnosis reached	1	-	Northern Ireland
No diagnosis reached	1	-	Scotland
No diagnosis reached	1	-	East & South East
Dystocia	9		
Flexural deformity, placentalitis, scoliosis	1	1	East & South East
Funisitis, Intrapartum stillbirth, meconium aspiration	2	1	East & South East
Cranial malformation, funisitis	1	1	East & South East
Intrapartum stillbirth - dystocia	1	1	East & South East
Stillbirth	3		
Intrapartum stillbirth	2	1	East & South East

NEONATES

Between January and March 2026 there were two neonatal deaths reported. A summary of their details are provided below in Table 20.

Table 20: Post-Mortem Examination (PME) details for Neonates reported between 1 Jan to 31 Mar 2026.

PME Diagnosis	Total	Region of PME contributor
Musculoskeletal	2	
Rhabdomyolysis	1	North West England
Bronchopneumonia, rib fractures, pericarditis	1	East & South East

FOALS

Between January and March 2026 there was one foal death reported. A summary of the details are provided below in Table 21.

Table 21: Post-Mortem Examination (PME) details for foal deaths reported between 1 Jan to 31 Mar 2026.

PME Diagnosis	Total	Region of PME contributor
Gastrointestinal	1	
Small intestinal rupture	1	East & South East

ADULT DEATHS

Between January and March 2026 there were a total of 34 adults deaths reported. A summary of their details are provided below in Tables 22 - 24.

Table 22: Post-Mortem Examination (PME) details for adult deaths relating to gastrointestinal reports between 1 Jan to 31 Mar 2026.

PME Diagnosis	Total	Region of PME contributor
Gastrointestinal		
<i>Gastric</i>	3	
Gastric rupture, peritonitis (septic)	1	North West of England
Gastric ulceration, parasite infestation (unspecified)	1	West & South West
Gastric ulceration, hepatitis - parasitic	1	West & South West
<i>Small intestinal</i>	4	
Small intestinal perforation, septic peritonitis, verminous arteritis	1	East & South East
Small intestinal strangulation, mesenteric defect, on-strangulating incidental lipoma	1	East & South East
Intestinal haemorrhage and oedema, post-operative complication - unspecified	1	East & South East
Mesenteric metastatic (bastard) strangles	1	East & South East
<i>Large intestinal</i>	8	
Intestinal displacement - right dorsal displacement	1	East & South East
Parasite - cyathostominosis*	1	West & South West
Parasite - cyathostominosis*, pneumonia - bacterial	1	North West of England
Large intestinal oedema, venous distension/congestion	1	West & South West
Endotoxaemia, parasite - cyathostominosis*, typhlocolitis	1	East & South East
Enterocolitis (unspecified), parasite infestation - anoplocephalidae, systemic inflammatory response syndrome (SIRS)	1	East & South East
Large colon perforation, septic peritonitis	1	East & South East
Typhlitis and peritonitis with tapeworm infestation, oesophageal angioleiomyoma (incidental)	1	East & South East

*Cyathostominosis figures reported here may differ to the endemic section figures due to non-reporting by vets

ADULT DEATHS CONT...

Table 23: Continued Post-Mortem Examination (PME) details for adult deaths relating to cardiovascular, hepatic, musculoskeletal, respiratory and nervous system reports between 1 Jan to 31 Mar 2026.

PME Diagnosis	Total	Region of PME contributor
Cardiovascular	1	
Parasite infestation - Strongylosis, Vascular rupture - aorta	1	North West of England
Hepatic	1	
Encephalopathy	1	South & South East
Musculoskeletal system	6	
Pelvic fracture - ilium, lumbar vertebral fracture, haemoperitoneum, haemothorax	1	East & South East
Laminitis, parasite - cyathostominosis*	1	West & South West
Laminitis, parasite infestation (unspecified)	1	West & South West
Osteomyelitis (unspecified)	1	West & South West
Impingement of dorsal spinous processes (kissing spines), osteoarthritis - distal interphalangeal joint, osteoarthritis - tarsus (unspecified)	1	West & South West
Fracture of vertebral column - cervical	1	East & South East
Respiratory	2	
Equine asthma	1	West & South West
Respiratory tract infection - parasitic	1	West & South West
Nervous	4	
Oedema - CNS, uveitis (unspecified)	1	East & South East
Cervical vertebral stenotic myelopathy (CVSM)	2	East & South East
Cryptococcal meningoencephalitis	1	East & South East

*Cyathostominosis figures reported here may differ to the endemic section figures due to non-reporting by vets

ADULT DEATHS CONT...

Table 24: Continued Post-Mortem Examination (PME) details for adult deaths relating to welfare, no diagnosis reached, systemic/multisystemic and dermal reports between 1 Jan to 31 Mar 2026.

PME Diagnosis	Total	Region of PME contributor
Welfare	1	
Emaciation (primary), pyrrolizidine alkaloid poisoning (Ragwort)	1	East & South East
No diagnosis reached	1	
No diagnosis reached	1	West & South West
Systemic/multisystemic	2	
Sudden death - cause unknown	1	East & South East
Adverse drug reaction	1	East & South East
Dermal	1	
Melanoma/melanosis (cutaneous) perianal	1	West & South West



International Collating Centre

ICC 2026 Q1 SHORT REPORT

The International Collating Centre (ICC) Q1 2026 report has been circulated to subscribers. A short summary is presented below with the full version available online (www.equinesurveillance.org/iccview/resources/2026Q1summ.pdf), countries are coded according to ISO 3166 international standard. The ICC provides almost daily email updates on national and international equine disease outbreaks, contact equinesurveillance@vet.cam.ac.uk to subscribe. Current and previous outbreak reports can be found online in an interactive platform www.equinesurveillance.org/iccview/.

ICC 2026 Q1

452 reports issued
averaging 7 reports per working day

RESPIRATORY CONDITIONS (302 reports)

EHV-1 (n=48)



EHV-4 (n=63)



EHV-5 (n=7)



S. ZOOEPIDEMICUS (n=1)



STRANGLES (n=107)



RHODOCOCCLUS EQUI (n=3)



EQUINE INFLUENZA (n=73)



NEUROLOGICAL CONDITIONS (25 reports)

EEV (n=1)



EHV-1 (n=24)



GASTROINTESTINAL CONDITIONS (30 reports)

SALMONELLOSIS
(n=10)



CLOSTRIDIA SPP. (n=1)



CORONAVIRUS
(n=18)



LAWSONIA INTRACELLULARIS
(n=1)



REPRODUCTIVE CONDITIONS (58 reports)

CEM
(n=10)



EHV-1
(n=36)



S. ZOOEPIDEMICUS
(n=5)



EHV-4
(n=4)



KLEBSIELLA PNEUMONIAE
(n=1)



LEPTOSPIROSIS
(n=2)



MISCELLANEOUS CONDITIONS (37 reports)

PIROPLASMOSIS
(n=4)



AHS
(n=1)



EGS
(n=7)



EIA
(n=20)



ANAPLASMOSIS
(n=1)



NEW WORLD SCREW WORM
(n=2)



ATYPICAL MYOPATHY
(n=1)



EQUINE PARAPOX VIRUS
(n=1)



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- Axiom Veterinary Laboratories Ltd
- B&W Equine Group Ltd
- BioTe Veterinary Laboratories
- The Donkey Sanctuary
- Donnington Grove Veterinary Group
- Hampden Veterinary Hospital
- The Horse Trust
- IDEXX Laboratories
- Langford Veterinary Services
- Liphook Equine Hospital
- MBM Equine
- Nationwide Laboratories
- Newmarket Equine Hospital
- Rainbow Equine Hospital
- Rossdales Laboratories
- Royal Veterinary College
- Sussex Equine Hospital
- Three Counties Equine Hospital
- University of Bristol
- University of Cambridge
- University of Edinburgh
- University of Glasgow
- University of Liverpool
- University of Surrey
- Valley Equine Hospital
- VPG (Veterinary Pathology Group) Exeter
- VPG (Veterinary Pathology Group) Leeds
- Westgate Laboratories Ltd

All laboratories contributing to this report operate Quality Assurance schemes. These schemes differ between laboratories; however, all the contagious equine metritis testing reported was accredited by BEVA, with the exception of the APHA, which acts as the reference laboratory.

We are extremely grateful to the Horserace Betting Levy Board (HBLB), Racehorse Owners Association (ROA) and Thoroughbred Breeders' Association (TBA) for their continued combined contribution to Equine Infectious Disease Surveillance.



We welcome feedback including contributions on focus articles to the following address:

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THE THOROUGHBRED BREEDERS' ASSOCIATION

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