EQUINE DISEASE SURVEILLANCE

2026 Q2 QUARTERLY REPORT

Produced by:

EIDS
Equine Infectious Disease Surveillance

UNIVERSITY OF CAMBRIDGE
Department of Veterinary Medicine

EQUINE DISEASE SURVEILLANCE QUARTERLY REPORT

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INTRODUCTION

Welcome to the Equine Disease Surveillance Report for the second 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:

- New partnership delivers near real-time, verified disease alerts to horse owners
- Equine parapoxvirus (EqPPV) confirmed as an emerging cause of coital exanthema-like lesions
- An update on the UK equine influenza outbreak
- Great Britain reopens direct imports of registered horses from South Africa

FOCUS ARTICLE:

- Racing past the post: vaccine-induced antibody thresholds predict protection against strangles

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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

BEVA

Llywodraeth Cymru Welsh Government

Department of Agriculture, Environment and Rural Affairs

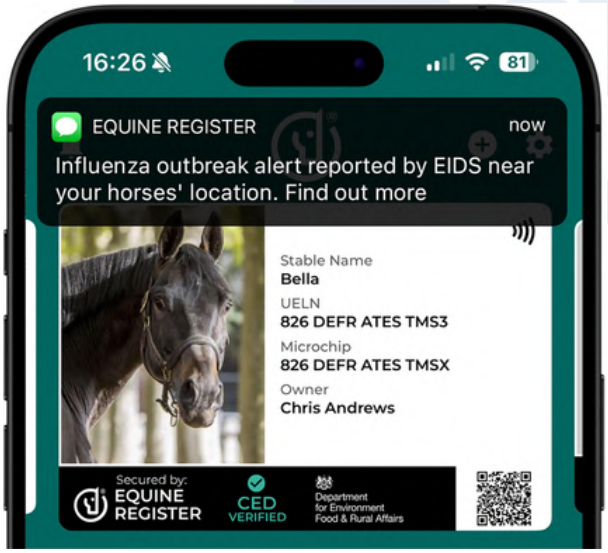
Scottish Government Riaghaltas na h-Alba gov.scot

NEWS ARTICLES

NEW PARTNERSHIP DELIVERS NEAR REAL-TIME, VERIFIED DISEASE ALERTS TO HORSE OWNERS

Equine Register and the Equine Infectious Disease Surveillance (EIDS) have formed a partnership to deliver verified disease alerts directly to horse owners through Equine Register's Digital Stable platform.

With the recent rise in equine influenza and other contagious conditions, the service gives owners timely, evidence-based information so they can take prompt action to protect their horses and reduce the risk of wider outbreaks.



HOW IT WORKS

1. ALERT ISSUED
EIDS issues verified disease alerts based on confirmed surveillance data

2. ALERT DELIVERED
Alerts are delivered to owners via Digital Stable

3. FREE TO JOIN
Owners register for free and opt in to instant alerts using a QR code or sign-up link

BENEFITS FOR HORSE OWNERS

- Rapid, trustworthy notifications when disease threats are identified nearby
- Clear, evidence-based guidance on immediate steps and biosecurity measures
- Accurate horse records and contact details in Digital Stable improve traceability and help protect their animals and yards
- Reduces exposure to misinformation and unnecessary alarm by centralising consistent messaging

WHY THIS MATTERS TO VETERINARY PRACTICES AND INDUSTRY PARTNERS

- Faster owner notification shortens the time between detection and action, helping to limit disease spread
- Owners who receive verified alerts are more likely to implement appropriate biosecurity measures and seek timely veterinary care
- Improved owner record-keeping and traceability supports outbreak investigation and coordinated response
- The partnership fosters consistent communication between surveillance bodies, veterinary practices and the wider equine industry

WHAT VETS SHOULD EXPECT

- More enquiries from owners referencing EIDS alerts, clinics should be ready to provide consistent, evidence-based advice that aligns with EIDS guidance
- Opportunity to reinforce clinic biosecurity protocols and client education, and to update practice communications with sign-up information for Digital Stable
- Better owner awareness may reduce late presentations and make outbreak management more effective

visit **www.equineregister.co.uk** to find out more

Scan the QR code to create your FREE Digital Stable account and discover everything Digital Stable as to offer

NEWS ARTICLES

EQUINE PARAPOXVIRUS (EQPPV) CONFIRMED AS AN EMERGING CAUSE OF COITAL EXANTHEMA-LIKE LESIONS

The Irish Equine Centre (IEC) has identified equine parapoxvirus (EqPPV) as the causative agent of genital lesions in horses that closely resemble equine coital exanthema (ECE), marking an important development in the diagnosis of equine infectious skin disease.

Using metagenomic sequencing and PCR molecular diagnostics, the IEC confirmed EqPPV in horses presenting with papules, vesicles and ulcerative lesions affecting the external genitalia of stallions and mares. The lesions progress to moist crusts and scarring and are clinically indistinguishable from those typically associated with equine herpesvirus-3 (EHV-3), highlighting the importance of laboratory testing to achieve an accurate diagnosis.

EqPPV is transmitted readily through direct contact and contaminated equipment (fomites), while its resistance in the environment means infectious virus may persist for prolonged periods within dried crusts. The IEC advises that povidone-iodine preparations are more effective than chlorhexidine for topical washing of affected horses. As with other parapoxviruses, EqPPV is also considered zoonotic and can cause self-limiting skin lesions in people handling infected animals.

In June 2026, the International Collating Centre (ICC) reported the first three confirmed genital EqPPV cases, beginning with an outbreak investigated by the IEC in Ireland. Two additional cases were subsequently confirmed in England, involving a stallion in Suffolk and a 16-year-old Thoroughbred mare in Oxfordshire, both of which had initially tested negative for EHV-3 before PCR confirmed EqPPV.

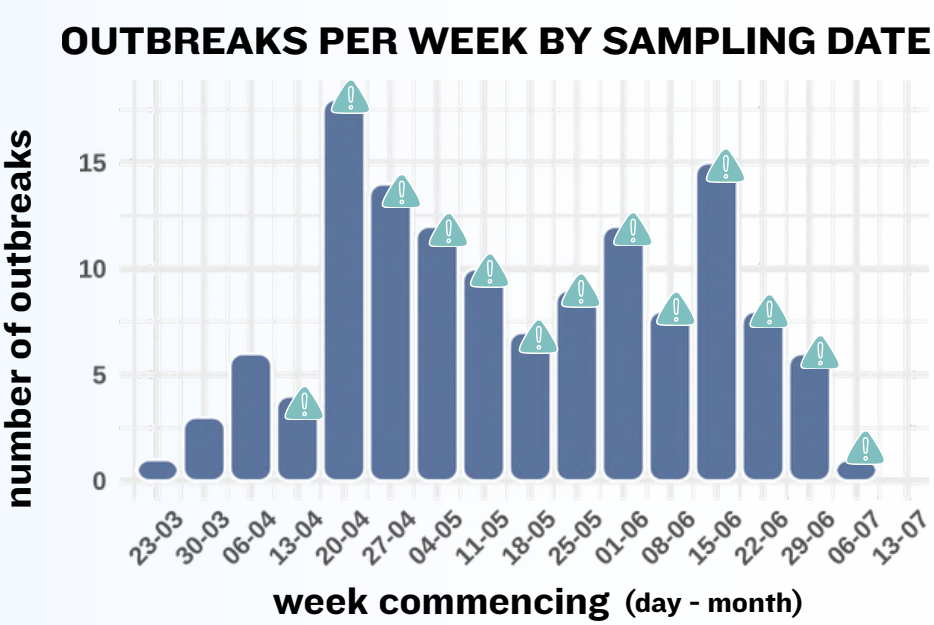
First associated with a severe outbreak of pastern dermatitis in Finland in 2021, EqPPV has since been detected in Sweden and is now confirmed in Ireland and the UK. In response to the emerging UK cases, Rossdales Laboratories has collaborated with Finnish researchers to establish a diagnostic qPCR assay for EqPPV, complementing its existing EHV-3 test and expanding diagnostic options for horses presenting with coital exanthema-like lesions.

AN UPDATE ON THE UK EQUINE INFLUENZA OUTBREAK

Equine influenza has dominated the infectious disease picture in the UK since the end of March 2026 with EIDS reporting 134 laboratory-confirmed equine influenza outbreaks across 57 UK counties up to 9 July, in contrast to only four outbreaks reported through all of 2025. Importantly, EIDS is aware of a total of 185 confirmed outbreaks, but epidemiological information and/or permission for anonymous reporting have not been received for all incidents.

The first cases included horses with recent movement from the Netherlands and Ireland. Importation played an important role here, as the cause of the outbreak has been identified as a novel virus in the UK, previously detected in the USA in 2024/25.

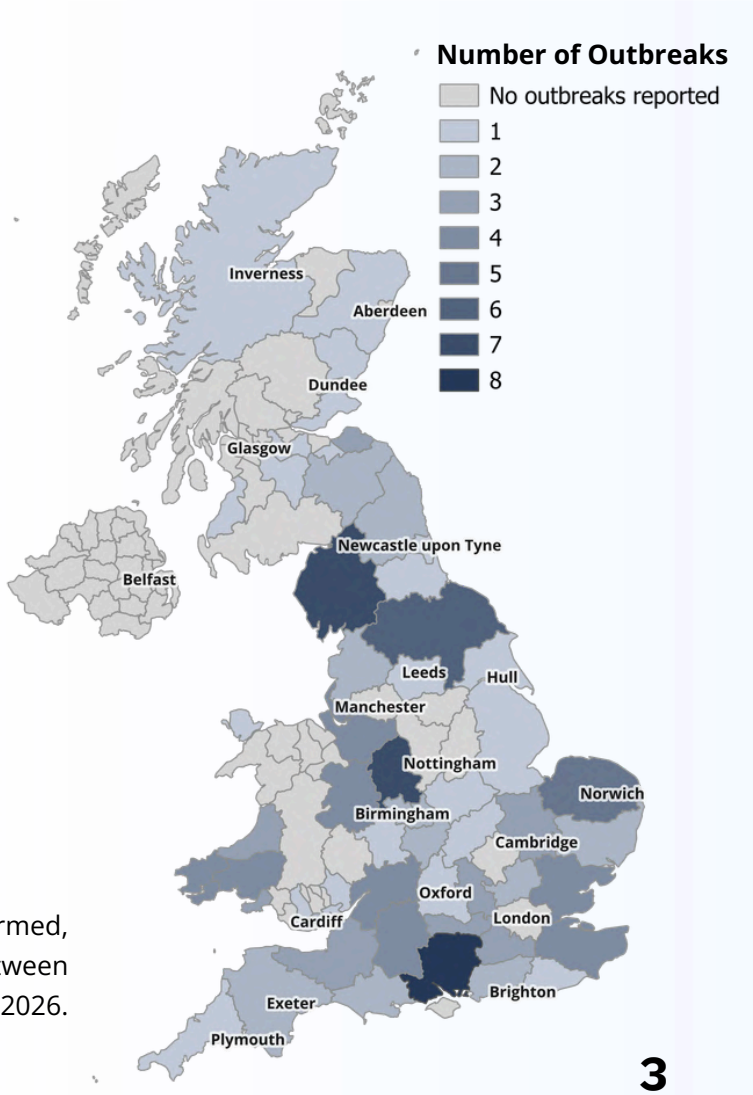
NEWS ARTICLES



Left: an outbreak curve beased on the known sampling dates of reportable outbreaks. 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. *Where bars have an (!), this means other outbreaks were known about but unreportable.*

Northern France saw a surge in cases over the winter period and, although the virus was not characterised at the time, the same variant was subsequently isolated in the Netherlands before cases were identified in the UK. It is therefore likely that the variant was circulating in Europe before making separate introductions into the UK horse population. Movement has since been critical to the progression of the outbreak, with 63% of outbreaks involving either a new horse arriving on the premises or recent movement on or off the property. Cases spread rapidly across the country, with almost all counties affected within three months. Most affected horses were unvaccinated (60%), while vaccination status was unknown in a further 24%; only 13% were reported as vaccinated.

This has been broadly comparable with the 2019 outbreak, and although most major sporting competitions have thankfully been able to continue with careful risk mitigation, there have been reports of large groups of naïve and young animals being affected, with some succumbing to disease. These events demonstrate the potentially devastating impact of equine influenza, particularly in populations with low levels of immunity.



Right: Density map of the 134 laboratory confirmed, reportable, outbreaks of equine influenza between 23rd of March and 9th July 2026.

NEWS ARTICLES

GREAT BRITAIN REOPENS DIRECT IMPORTS OF REGISTERED HORSES FROM SOUTH AFRICA

On 15 July 2026 the Department for Environment, Food and Rural Affairs (DEFRA) confirmed that the direct import of registered horses into Great Britain from the approved vector-protected export quarantine station in Cape Town, South Africa is once again permitted. The decision, communicated in OVS Note 2026/33, follows DEFRA's assessment of the African horse sickness (AHS) control measures operating within South Africa's AHS controlled area, particularly the AHS free zone (territory ZA-1). The UK Office for SPS Trade Assurance updated its equidae country list on the same date, adding registered horses (ImpRH) from ZA-1 as an approved import category.

EIDS's collaborator, Dr John Grewar from jDATA (Pty) Ltd and South African Equine Health & Protocols (SAEHP), provides an important update on direct importation of horses from South Africa to Great Britain and the critical safeguards that underpin this activity.

BACKGROUND

An AHS controlled area was established in the Western Cape Province of South Africa in 1997, and a protocol agreed with the European Commission in the same year allowed registered horses to move directly from the recognised AHS free zone into Europe. Direct trade was suspended on three occasions: in 1999, 2004 and 2011, and on each occasion was due to an AHS incursion into the AHS controlled area. After the 2011 outbreak the EU delisted South Africa and withdrew recognition of the Free zone, and a 2013 EU audit concluded that the control measures then in place were inadequate to support direct trade. Following the UK's withdrawal from the EU, retained assimilated EU legislation meant exports of registered equidae to Great Britain also remained prohibited. South Africa formally asked DEFRA to reconsider the position in 2021.

Direct trade with the EU had already resumed. An EU audit of the South African equine health controls took place in October 2022, and in March 2024 Member States endorsed an amendment to Annex IV of Implementing Regulation (EU) 2021/404 returning the AHS free zone to the list of authorised zones. The first consignment, 32 horses bound for Belgium, left Cape Town in August 2024, the first direct export to the EU since December 2010. Great Britain now aligns with a route that has been operating for close to two years.

THE SYSTEM UNDERPINNING THE DECISION

A DEFRA audit team led by the UK Office for SPS Trade Assurance visited South Africa in early 2024, meeting the central and provincial competent authorities, SA Equine Health and Protocols (SAEHP), and inspecting laboratories, movement quarantine facilities and the export station at Kenilworth.

South Africa is divided into an AHS free zone within the Cape Town metropolitan area, a surrounding surveillance zone of at least 50 km, a protection zone of at least 100 km, and an infected (endemic) zone covering the remainder of the country (Figure 1).

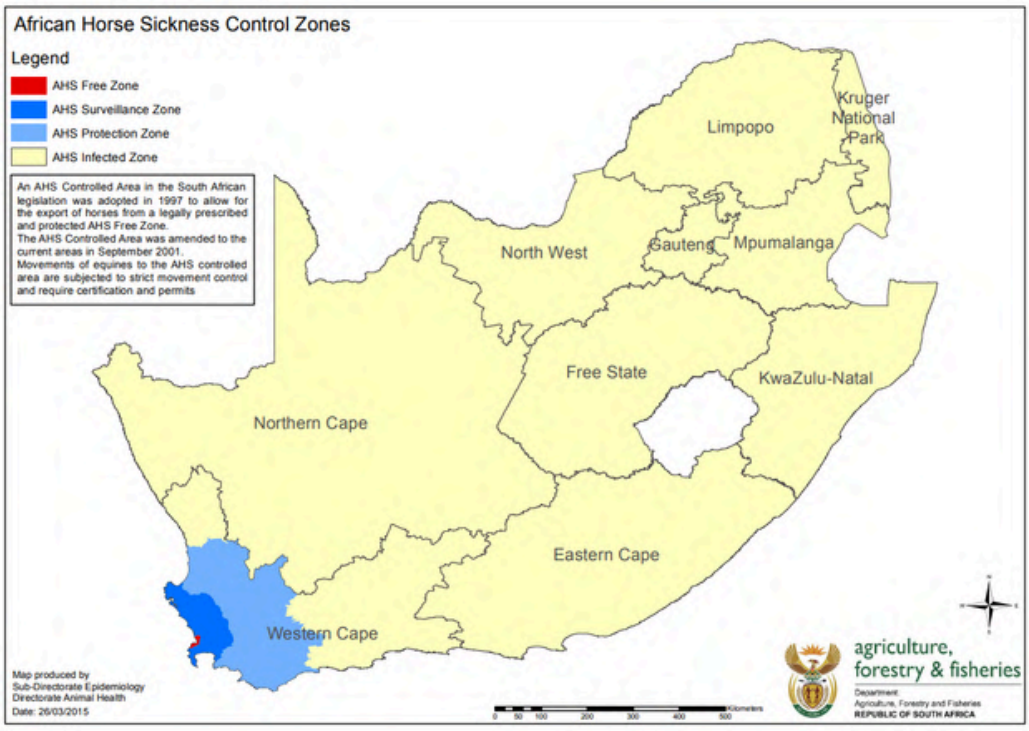


Figure 1: African Horse Sickness Zones across South Africa. Source: Department of Agriculture, Republic of South Africa, www.nda.gov.za.

Controls within the controlled area are delivered through a public-private partnership between the national department, the Western Cape (provincial) Veterinary Services and SAEHP, with delegated functions exercised under official veterinary supervision.

Between them, the partners deliver movement controls and permitting into and within the controlled area, supported by a risk classification system for the state veterinary areas from which horses originate. Vaccination is controlled through a permissions system that confines use of the live attenuated AHS vaccine to the low-vector season. Additional measures include active and passive surveillance, monthly sentinel surveillance across the free and surveillance zones, individual horse identification and traceability, and regulatory compliance activities at holdings, shows, sales and roadblocks.

HOW THE CERTIFICATE MANAGES THE RISK

Imports must satisfy model health certificate GBHC655, completed for sanitary group F. The export certification protocol is based on multiple complementary layers of risk mitigation that collectively provide assurance of freedom from African horse sickness (AHS) amongst other equine diseases. These measures integrate controls on the horse's origin and residency, vector-protected quarantine, vaccination management, and testing, ensuring that both potential exposure and the maximum incubation period of the disease are appropriately addressed before export.

AHS is notifiable in Great Britain, requiring veterinary surgeons to report any suspicion immediately to the APHA, especially when monitoring imported horses and their contacts. DEFRA guidance on AHS, including the relevant legislation, is at gov.uk/guidance/african-horse-sickness.

RACING PAST THE POST: VACCINE-INDUCED ANTIBODY THRESHOLDS PREDICT PROTECTION AGAINST STRANGLES

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STRANGLES, THE EVER-PRESENT THREAT

Strangles is one of the most frequently diagnosed infectious disease of horses in the UK with 479 reported diagnoses in 2025, and a further 290 in the first six months of 2026 [1,2]. The disease is caused by *Streptococcus equi* subspecies *equi* (*S. equi*) and is characterised by fever and the formation of abscesses in the lymph nodes of the head and neck (Figure 1).

Figure 1: Retropharyngeal and head abscesses in Leon, a Gypsy Cob foal diagnosed with strangles (to learn more about Leon's recovery and journey: https://youtu.be/97KucLdQjdU); courtesy of Redwings Horse Sanctuary.

Acute signs of disease can last for several weeks and may lead to life-threatening complications, including purpura haemorrhagica (immune-mediated vasculitis) and bastard strangles (metastatic abscess formation) with mortality rates of up to 10% in some outbreaks [3]. Approximately 10% of recovered horses can remain persistently infected, with the potential to trigger new cases of strangles in horses with which they come into contact [4,5].

Hygiene, biosecurity measures and diagnostic testing can reduce the risk of strangles; however, these measures are not always practical or implemented to a sufficient level to prevent and control outbreaks [6].

Strangvac® is a recombinant fusion protein vaccine that is associated significantly with protection, including in outbreak situations [7–10]. Strangvac® targets seven proteins on the surface of S. equi (CNE, SclC, SclF, SclI, and EAG, which are fused together to form the vaccine antigen CCE, and Eq8 and Eq5, which are combined as the antigen Eq85), and the secreted protein IdeE. While the antibody responses induced by Strangvac®, including the functional inhibition of IdeE enzymatic activity [11], have been well documented [7], their significance in the protection of horses against S. equi was previously unknown.

VACCINATION: WHICH RESPONSES INDICATE PROTECTION?

The levels of antibody titres to equine influenza virus that are induced by vaccination can be utilised to predict protection from clinical disease and virus shedding (single radial haemolysis antibody titres of ≥85 mm^2 and ≥154 mm^2, respectively) [13,14]. These antibody levels as correlates of protection (CoP) are used to develop and update vaccines against EIV, and to monitor their effectiveness in the field over time. Therefore, defining the CoP of strangles vaccines would provide critical insights into protective immunity and serve as a valuable tool for the optimisation of vaccination strategies against this important endemic disease [12].

A recent study, published in Vaccines, analysed data from six independent double-blinded placebo-controlled experimental infection trials of Strangvac®, involving 49 placebo-treated controls, and 80 vaccinated ponies, to determine if the magnitude of the antibody response to the vaccine's components could be utilised as CoP [15].

ONSET OF PYREXIA (OOT): A MARKER OF DISEASE

The measurement of body temperature is routinely performed in the field to identify horses exhibiting early clinical signs of strangles. The onset of pyrexia (rectal body temperature ≥39.0°C) correlated significantly with the development of abscesses in the lymph nodes ($p < 0.001$) making this an ideal disease marker to follow the protection provided by vaccination [7].

Based on the upper 95% limit of the OOT distribution in the control group, a threshold of 10 days post-experimental infection was identified as a clinically meaningful delay in the OOT following experimental infection with *S. equi*. Based on this threshold, 46 of the 49 controls (93.9%), compared with 17 of the 80 vaccinated ponies (21.3%) developed disease, indicating a significant strong effect of vaccination ($p < 0.0001$).

THE MAGNITUDE OF ANTIBODY RESPONSES TO THE COMPONENTS OF STRANGVAC® INDICATES PROTECTION

When measured at the time of challenge with *S. equi*, the antibody titres to the IdeE, Eq85 and CCE proteins were significantly higher in vaccinated animals when compared with controls ($p < 0.0001$) and a strong and highly significant association was demonstrated between the magnitude of the antibody response to each vaccine component and the clinical outcome ($p < 0.0001$). Furthermore, the antibody response to each component significantly discriminated between the protected and unprotected outcomes (ROC curve analysis/Monte Carlo test; area under the curve (AUC) = 0.86-0.88; $p < 0.001$). This model predicted the expected level of protection based on the magnitude of antibody titres, with an accuracy of >80%.

THE PREDICTED PROTECTION IN VACCINATED ANIMALS MATCHES FIELD OBSERVATIONS

Using the data from a seventh clinical study involving 12 vaccinated ponies that received a primary Strangvac® vaccination course followed by a booster administered either 3, 6 or 12 months after second vaccination (V2), the expected protection over time was modelled. Up to 12 months after V2, the lowest antibody titre remained above the thresholds associated with a protection level of >78% in vaccinated horses (Figure 2). Within the range of antibody titres measured at 6 and 12 months after V2, vaccination was associated with significant protective effects ($p < 0.0001$), with vaccinated ponies exhibiting a significantly delayed OOT when compared with controls (log-rank test; $p < 0.001$; Figure 3). Comparatively, the 95% upper limit of OOT distribution in controls (red dotted line in Figure 3) corresponded with 5% of controls, 60% of vaccinates after 12 months and 80% of all vaccinates without onset of pyrexia.

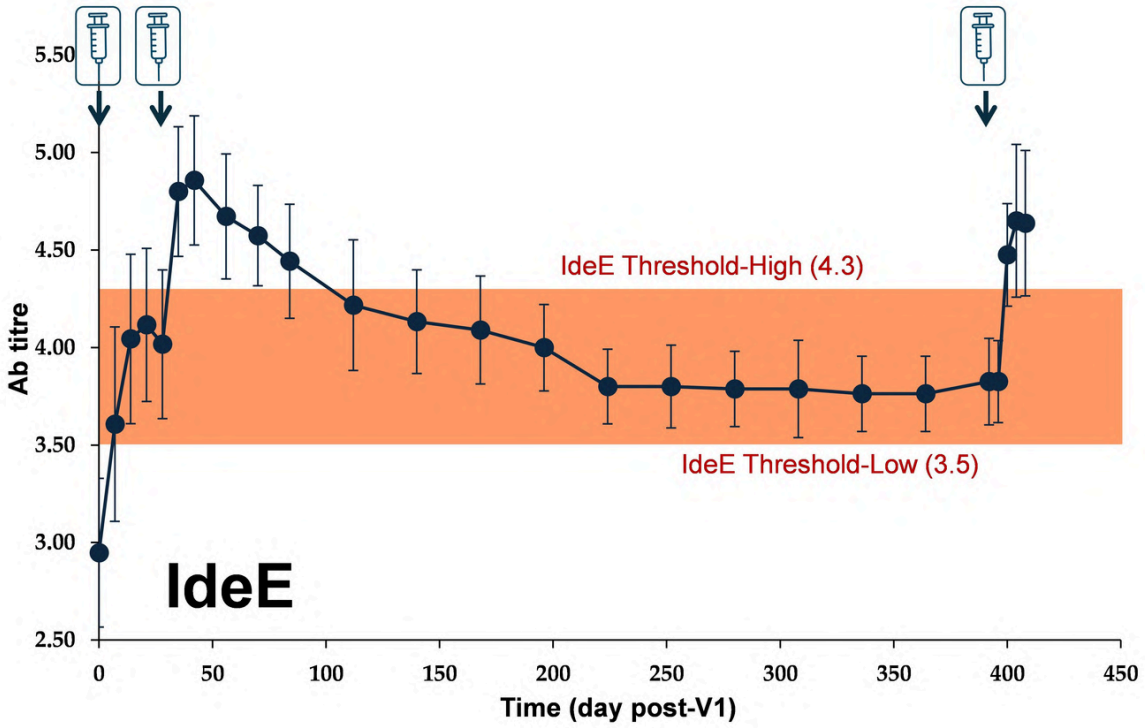

Figure 2: Duration of immunity: Kinetics of the antibody(Ab) response to IdeE, with V1 on D0, V2 on D28 and V3 on D392 (indicated by a syringe symbol). Antibody titres were measured up to 16 days post-V3; Threshold-Low and -High boundaries (predicted with an accuracy ≥80%) are shown for reference (shaded area). Reprinted with permission from reference [15].

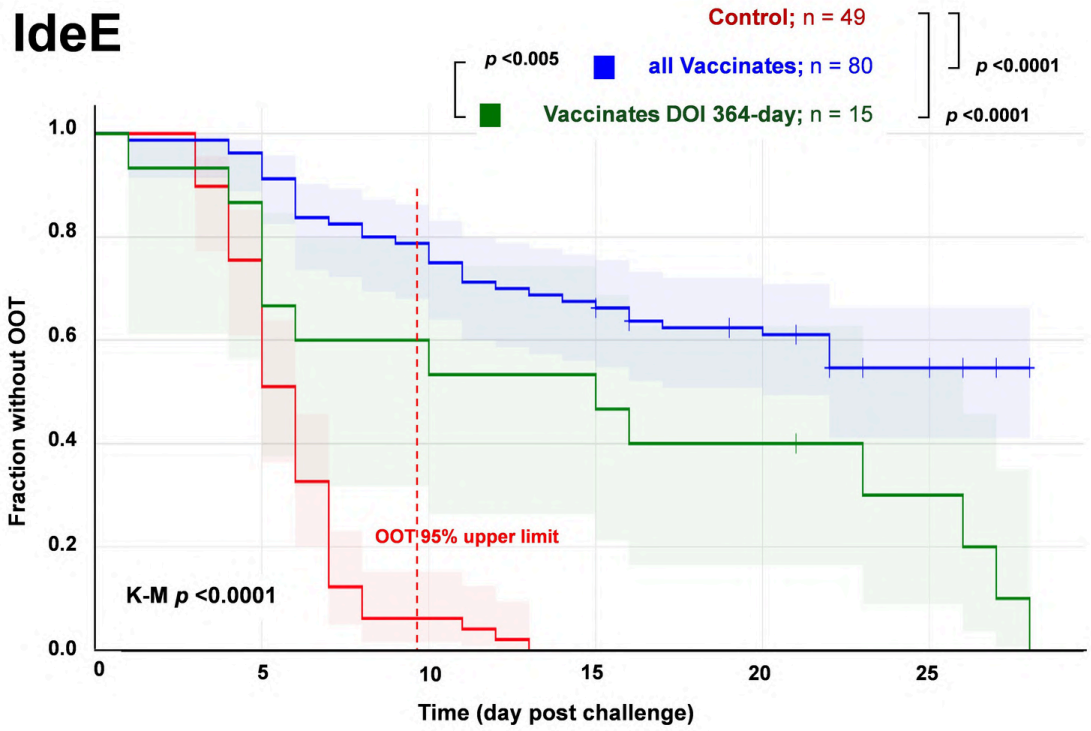

Figure 3: Kaplan-Meier analysis of time to OOT for IdeE. The 95% confidence intervals are indicated by the red, blue and green shading. Controls are shown in red, vaccinates in blue and the duration of immunity (DOI) group (measured antibody titres equivalent to those at 364 days post-V2) in green. The Kaplan Meier analysis (K-M) p values are shown. 'n' is the number of ponies in each group. The 95% upper limit of OOT distribution in controls is represented as a red dotted line. Reprinted with permission from reference [15].

CONCLUSION

Strangvac® induces a protective immune response against *S. equi* infection. The antibody titres for IdeE, Eq85 and CCE are robust CoP against clinical disease and remained above levels associated with protective immunity in vaccinated animals for up to one year, reflecting the vaccine's performance under field conditions.

Beyond its clinical implications, this study also supports the principles of the 3Rs (Replacing, Reducing, and Refining) in animal research. By using historical datasets to define the CoP and associated protective thresholds for strangles, this study was able to determine vaccine performance without the need for additional experimental challenge studies in horses.

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The views expressed in this focus article are those of the author and independent of the Equine Quarterly Disease Surveillance Report.

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 second quarter of 2026. Each reported outbreak refers to an individual affected premises and may involve one or more cases. 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.

EQUINE VIRAL ARTERITIS (EVA):

A private vet reported a non-negative EVA antibody titre from a stallion. The stallion was being tested prior to semen collection. A veterinary investigation was completed, and the official blood sample collected was again non-negative. Two semen samples were collected and tested negative for EVA virus, thereby negating suspicion of disease.

WEST NILE VIRUS (WNV):

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

Equine Herpes Virus

EHV-3 EQUINE COITAL EXANTHEMA

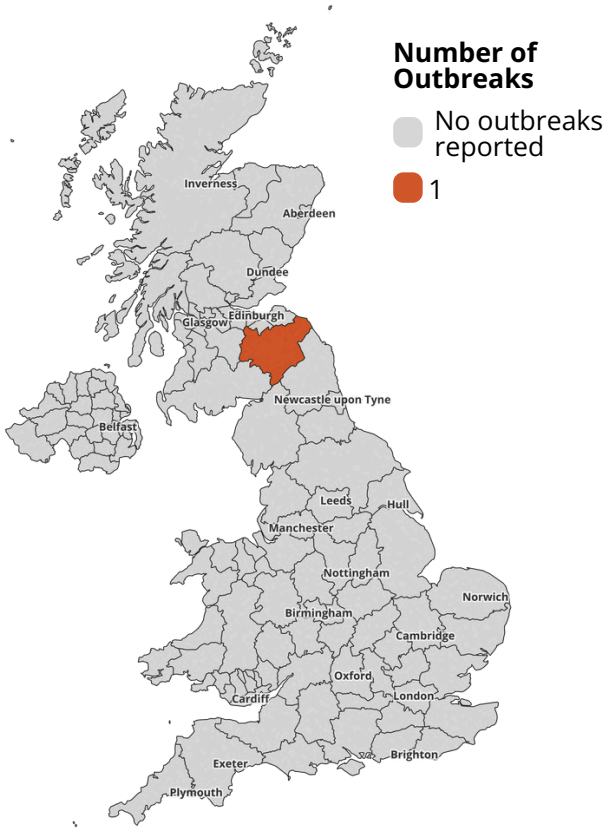
One outbreak *of EHV-3 Equine Coital Exanthema infection was notified to EIDS, however, no epidemiological data could be obtained. This was either due to the submitting veterinary practice not providing the necessary data or a request for the information not to be circulated.*

EHV-1 NEUROLOGICAL INFECTION

No cases of EHV-1 neurological infection were reported to EIDS during Q2 2026.

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.*

EHV-1 REPRODUCTIVE INFECTION



Frequency of reported laboratory diagnosed outbreaks of EHV-1 reproduction infection across the UK during 2026 Q2.

In Q2 2026 one outbreak of EHV-1 reproductive infection was reported in May on a premises in the Scottish Borders. The outbreak involved one 16-year-old non-Thoroughbred mare, who aborted one month prior to her due date. There were other animals also on-site, including in-contacts. Positive diagnosis was confirmed by PCR.

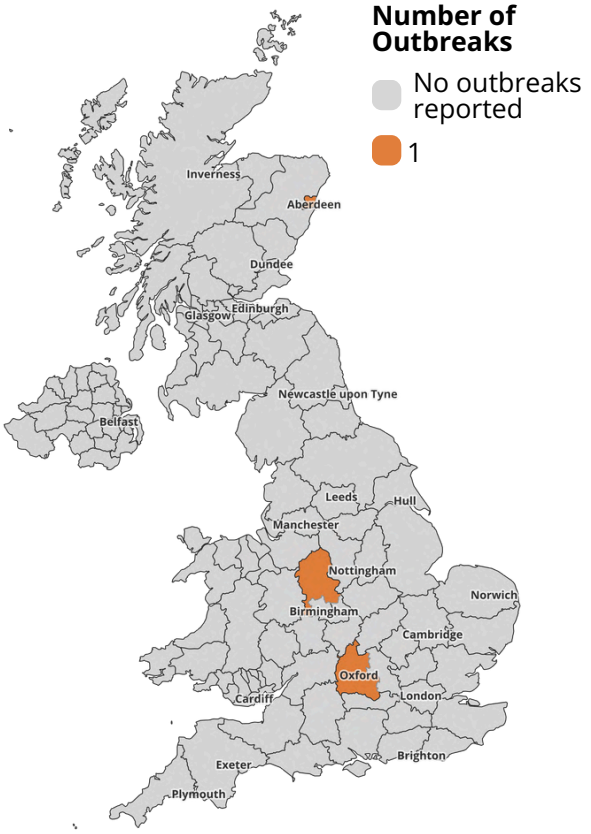
Four additional outbreaks *of EHV-1 reproductive infection were notified to EIDS, however, no epidemiological data could be obtained. This was either due to the submitting veterinary practice not providing the necessary data or a request for the information not to be circulated.*

EHV-1 RESPIRATORY INFECTION

In Q2 2026 three outbreaks of EHV-1 respiratory infection were reported between April and June, with one case each in Oxfordshire, Staffordshire, and Aberdeen.

The outbreaks involved three horses (one colt, one filly, and one mare) ranging in age from four months to four years (median age of one year), all of which were unvaccinated. The affected breeds included two sports horses and one UK native breed.

Clinical signs were reported in all three cases, including nasal discharge (three cases), cough (two cases), and fever (two cases). Positive diagnoses were confirmed by PCR on nasopharyngeal (NP) swabs.



Right: Frequency of reported laboratory diagnosed outbreaks of EHV-1 respiratory infection across the UK during 2026 Q2.

One additional outbreak *of EHV-1 respiratory 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.*

EHV-4 REPRODUCTIVE INFECTION

In Q2 2026 one outbreak of EHV-4 reproductive infection was reported in April on a premises in Perth and Kinross.

The outbreak involved an unvaccinated 12-year-old non-Thoroughbred mare, who presented with clinical signs of a red bag delivery. There were other animals also on the premises, including in-contacts and one further affected animal. Positive diagnosis was confirmed by PCR on placental tissue.

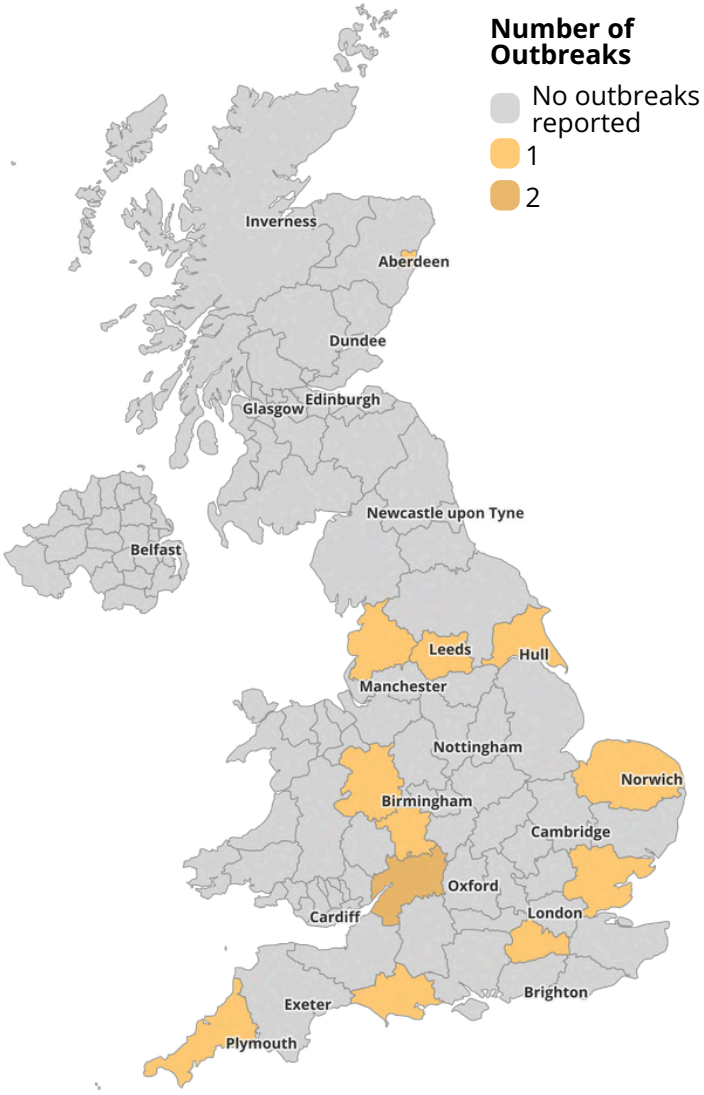
Left: Frequency of reported laboratory diagnosed outbreaks of EHV-4 reproductive infection across the UK during 2026 Q2.

EHV-4 RESPIRATORY INFECTION

SUMMARY

Thirteen outbreaks of EHV-4 respiratory infection were reported to EIDS during Q2 2026, five in April, five in May and three in June.

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 Q2.

Table 1: EHV-4 respiratory infection outbreaks reported 1 Apr to 30 Jun 2026

Total outbreaks reported	**13**	
	n	%
Total horses sampled	15	100%
Sample type*		
Swab	13	87%
Nasopharyngeal	12	92%
Nasal swab	1	8%
Unreported	2	13%
Signalment		
Sex of horse indicated	13	87%
Female	8	62%
Male	5	38%
Breed of horse	13	87%
Native UK pony	2	15%
Native UK horse	4	30%
Sports horses	6	46%
Crossbreed	1	8%
Age of horse	12	92%
Range	2 - 36 years	
IQR range	3 - 5 years	
Median	4 years	
Clinical signs reported**	42	
Lethargy	5	12%
Nasal discharge	12	29%
Inappetance	4	10%
Pyrexia	10	24%
Lymphadenopathy	7	17%
Coughing	4	10%
Vaccination status	8	62%
Unvaccinated	8	100%
Vaccinated	-	-
Month		
April	5	
May	5	
June	3	

*can include multiple entries per submission

**from 13 cases

Sixteen 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.*

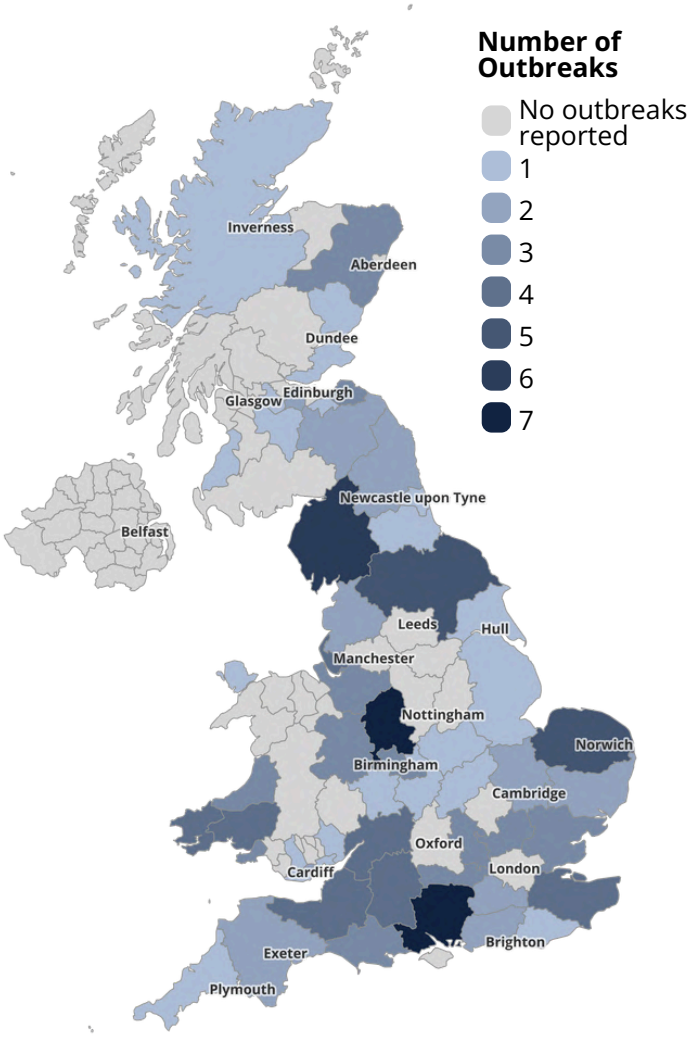
NB: *Figures in the UK Infectious Disease Report may differ, due to EIDS lacking permission to report some outbreaks or not receiving real-time epidemiological data*

Equine Influenza

SUMMARY

129 outbreaks of equine influenza (EI) were reported to EIDS during Q2 2026 with a total of 136 horses with laboratory confirmation of infection. Information regarding the 136 cases reported to EIDS is summarised in Table 2.

Differences between the figures presented here and those in our weekly EI updates for the 2026 UK spring/summer outbreak reflect the different levels of reporting, with the weekly updates summarising outbreaks and this report presenting individual cases.



Frequency of reported laboratory diagnoses of EI across the UK during Q2 2026, totalling 136 diagnoses from 129 outbreaks.

***48 additional outbreaks** of EI 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.*

Table 2: Equine influenza outbreaks reported 1 Apr to 30 Jun 2026

Total outbreaks reported	**129**	
	n	%
Total horses sampled	136	100%
Sample type*	150	
Swab	124	83%
Nasopharyngeal	104	84%
Nasal	20	16%
Unspecified	26	17%
Signalment		
Sex of horse indicated	131	96%
Female	53	40%
Male	78	60%
Breed of horse	131	96%
Sports horse	25	19%
Non-UK native horses	8	6%
UK native horse breeds	44	34%
UK native pony breeds	44	34%
Crossbreeds	7	5%
Donkey	3	2%
Age of horse	120	88%
Range	6 months - 40 years	
IQR	4 - 10 years	
Median	5 years	
Clinical signs reported**	462	
Nasal discharge	121	26%
Coughing	118	25%
Pyrexia	88	19%
Lethargy	60	13%
Inappetance	41	9%
Lymphadenopathy	28	6%
Other	6	1%
Vaccination status	98	72%
Vaccinated	21	21%
Unvaccinated	74	76%
Lapsed vaccinated	3	3%
Month		
April	40	
May	44	
June	52	

*can include multiple samples per horse
**reported from 133 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.*

2026 Q2 EI SEQUENCE ANALYSIS

The Horserace Betting Levy Board-funded Equine Virology team based at Cambridge Vet School have reported that 2026 saw a new variant of equine influenza (EI) H3N8 Florida clade 1 (FC1) virus introduced to the UK. A single EI virus positive sample was obtained from a horse in Surrey in January 2026 and genetic sequencing showed it was a FC1 H3N8 virus, although it was clearly divergent from any EI viruses previously identified in the UK and was more closely related to EI viruses circulating recently in the USA. Subsequent samples analysed from EI cases confirmed in the UK since the end of March 2026, have all been of the same new FC1 type.

Surveillance data from mainland Europe indicated that the region had experienced a large outbreak of EI during the autumn/winter of 2025/26, at a time when there were few EI cases confirmed in the UK. Following genome sequencing by the Irish Equine Centre, Surveillance of Equine Infectious Diseases Netherlands (SEIN) based at GD Animal Health, Deventer, kindly provided sequence data for several EI viruses isolated in the Netherlands, which matched the new UK variant FC1 viruses (E. Dieterman, personal communication). This indicates that the new FC1 virus had probably been introduced from the USA to mainland Europe earlier in 2025, causing a surge in cases later in 2025, and subsequently crossing into the UK towards the end of 2025 or the beginning of 2026. Following the surge in cases in mainland Europe last year, the UK has now also seen a surge, predominantly in the second quarter this year. Viruses from >200 cases have been sequenced, all matching (>99%) the sequence of the Surrey 2026 USA variant virus and strongly suggesting a growth advantage of the USA-like virus compared to the prior UK-European FC1 variant.

Detailed sequence comparison has allowed the Equine Virology team to approximately date the point of divergence from a common ancestor of the previously circulating 2025 UK FC1 variant and the USA-like virus identified this year. This analysis shows the two FC1 viruses have been evolving separately since 2019, the last year that the UK saw a major EI epidemic (Figure 1).

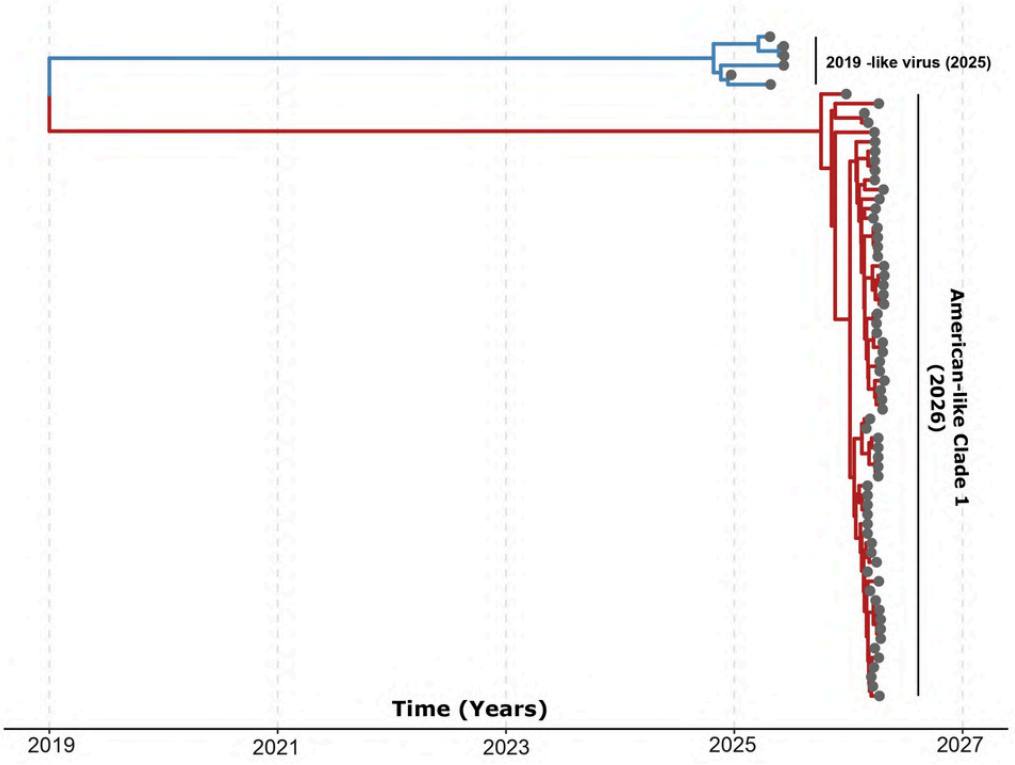


Figure 1: Genome sequencing comparison of USA-like (2026, red branch) and UK-like (2019-2025, blue branch) FC1 variant EI viruses indicates a last common ancestor rooted around 2019, the time of the last large UK and European epidemic.

This fits with a proposal that EI virus is maintained in semi-isolated populations across the world, thereby allowing parallel viral evolution and divergence to occur in these geographically separate populations. This endemic situation is punctuated by periodic introductions from one maintenance population to another, sometimes with unpredictable outcomes. Mixing variants could cause co-circulating viruses with the possibility of genomic reassortment, or competition between variant viruses leading to the extinction of one of them and establishment of a new predominant variant. The surge in infections and apparent loss of the previous FC1 variant is consistent with a greater reproduction number (R value) for the USA-like FC1 variant compared to the 2025 UK FC1 variant, which could be due to an intrinsic change in viral infectivity or reproduction within the host, or an antigenic change allowing partial immune escape.

Genomic sequencing indicates that compared to the existing UK FC1 variant, the USA-like FC1 virus has a total of 338 nucleotide and 68 amino acid changes across all eight RNA segments coding viral proteins (Table 3) and creating many possibilities for different viral properties to exist.

Table 3: Equine influenza viral protein segments (n=8) with numbers of corresponding nucleotide and amino acid changes seen in the new USA-like FC1 virus detected in the UK in 2026 compared to the previous UK-like FC1 virus seen up to 2025.

Segment (acronym)	Segment (full name)	Nucleotide changes (n=338)	Amino Acid changes (n=68)
PB2	Polymerase basic protein 2	56	10
PB1	Polymerase basic protein 1	55	5
PA	Polymerase acidic protein	61	16
HA	Haemagglutinin	47	15
NP	Nucleoprotein	34	4
NA	Neuraminidase	51	12
M	Matrix protein	21	3
NS	Non-structural protein	13	3

The early identification of this new USA-like FC1 variant in the UK, months before the surge in cases has given the Equine Virology team the opportunity to sequence, grow and analyse the virus for assessment of immune evasion, a crucial property with respect to vaccine efficacy.

Haemagglutinin inhibition (HI) assays using strain-specific antisera raised in ferrets conducted on the new variant compared to other FC1 variant viruses has shown no increased antigenic escape from vaccine strain derived antisera. Based on this evidence at least, it appears that the currently available vaccines with FC1 included, should remain effective in protecting against the new US-like FC1 virus. The Equine Virology team will now assess the binding/entry, reproduction, and release of the new FC1 virus (by the haemagglutinin, polymerase protein complex and neuraminidase proteins respectively) to further characterise this new virus and gain a better understanding of its different properties compared to the 2025 variant.

Surveillance of Equine Strangles

	n	%
Total horses sampled	123	100%
Sample type*	133	
Swab	57	43%
Nasopharyngeal	46	81%
Nasal	9	16%
Abscess	1	1%
Unspecified	1	1%
Guttural pouch lavage	65	49%
Other	11	8%
Diagnostic tests		
PCR only requested	97	79%
PCR and culture requested	19	15%
iiPCR	-	-
LAMP	1	1%
Culture only requested	6	5%
Signalment		
Sex of horse indicated	95	77%
Female	34	28%
Male	61	50%
Breed of horse	88	72%
Native UK pony	33	38%
Sports horse	18	21%
Crossbreed	10	11%
Native UK horse	23	36%
Non-UK native horse	4	5%
Age of horse	81	66%
Range	1 month - 32 years	
IQR	5 - 13 years	
Median	9 years	
Clinical signs reported**	90	
Nasal discharge	32	36%
Pyrexia	22	24%
Glandular swelling	3	3%
Abscess	14	16%
Other	6	7%
Coughing	7	8%
Lethargy	2	2%
Guttural pouch empyema	2	2%
Chondroids	2	2%
Reason for sampling reported		
Total reasons*	92	
Clinically ill horse	34	37%
Post infection screening	22	24%
Strangles suspected	6	7%
Post seropositive ELISA	6	7%
Pre/post movement screening	9	10%
In contact	7	8%
Respiratory infection screening	8	9%

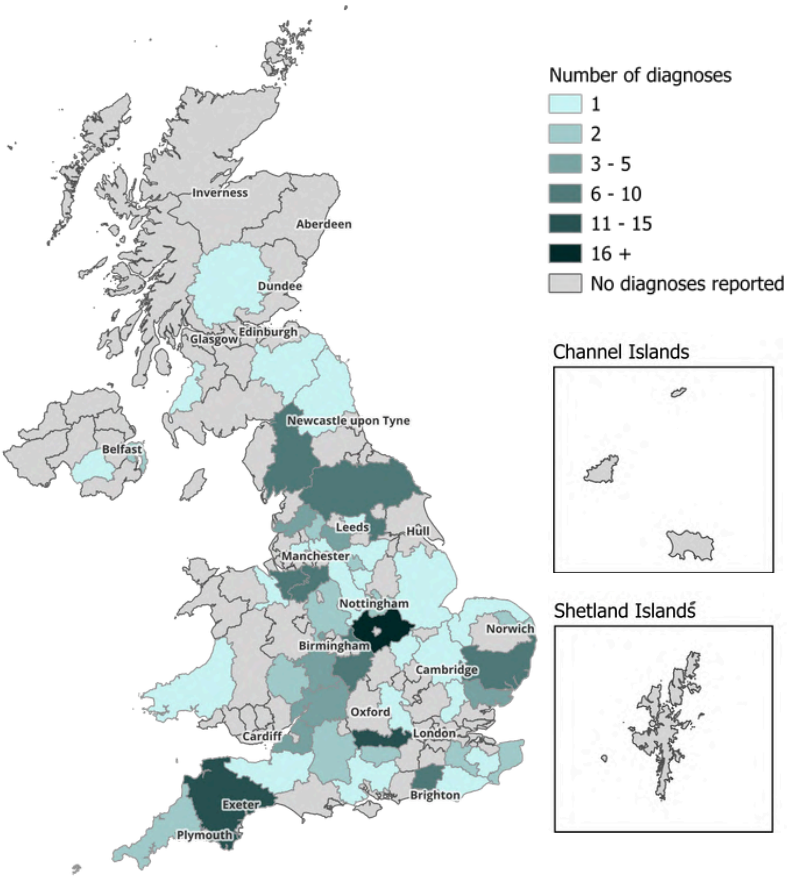
*can include multiple entries per submission
**From 50 diagnoses

Left Table 4: *S. equi* samples reported 1 Apr to 30 Jun 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 123 cases with positive diagnoses of *S. equi* were reported by SES Laboratory during Q2 2026 from samples submitted by 59 veterinary practices in the UK. Information regarding reported samples is summarised in Table 4.

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.*

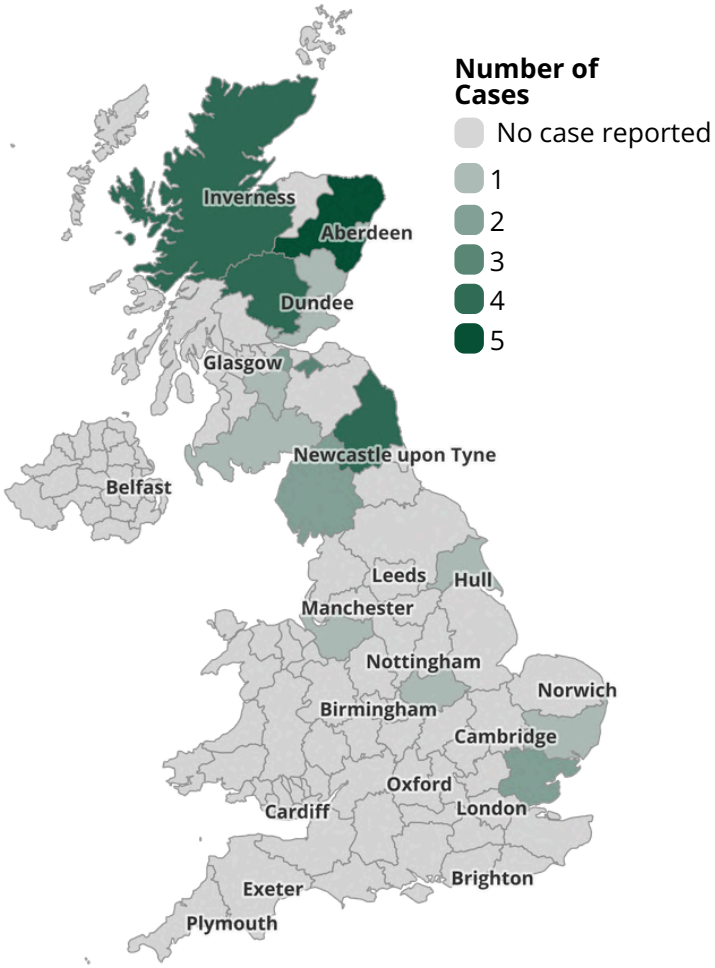


Frequency of reported laboratory diagnoses of *S. equi* across the UK from SES during Q2 2026. Diagnoses are mapped by submitting vet practice location.

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.grasssickness.org.uk/casereports.

Equine Grass Sickness *Fund*
Part of the Moredun Foundation



Frequency of EGS cases reported to the EGSF across the UK during Q2 2026.

In Q2 2026 38 cases of EGS were reported to the EGSF. Cases were reported across England (n= 12, 33%) and Scotland (n= 24, 67%). Information regarding reported cases is summarised in Table 5.

Table 5: Equine Grass Sickness cases reported to the EGSF 1 Apr to 30 Jun 2026

	n	%
Total cases reported	38	100
EGS presentation	35	92%
Acute	24	69%
Subacute	9	26%
Chronic	2	6%
EGS outcome	33	87%
Survivor	0	-
Non-survivor	33	100%
EGS diagnoses	35	92%
Clinical signs alone	23	66%
Histological confirmation	12	34%
Month of diagnosis	38	100
April	8	21%
May	23	61%
June	7	18%
Signalment		
Sex of horse indicated	36	95%
Female	16	44%
Male	20	56%
Breed of horse	36	95%
Native UK pony	14	39%
Native UK horse	13	36%
Sports horse	7	19%
Non-UK native horse	1	3%
Crossbreed	1	3%
Age of horse	35	92%
Range	1 - 22 years	
IQR Range	4 - 10.5 years	
Median	6	

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 cyathostominosis 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.

During Q2 2026, **one** clinical case report, diagnosed in April.

The case involved a four year old mare cob that presented with colic, diarrhoea, fever, lethargy, and visible red worms in the faeces. Diagnosis was based on clinical signs.

Case history revealed a lack of pasture faeces control on the property. Due to acute clinical concerns, an anthelmintic was actively administered, with the horse ultimately responding well to dexamethasone and worming. Furthermore, in-contact co-grazers were also reported to be displaying clinical signs.

Right: Frequency of redworm cases reported to RedWatch across the UK during Q2 2026.

POST-MORTEM EXAMINATIONS: During Q2 2026 there was one PME report which included findings of cyathostominosis, although it was not reported as the sole cause of death.

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 Q1 and Q2 2026**.

REPORT NEW OR RESTROPECTIVE CLINICAL CASES OF REDWORM

www.equinesurveillance.org/redwatch

VIROLOGY

The results of virological testing for April to June 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 Apr to 30 Jun 2026. CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
Adenovirus HI	Antibody	101	0	1
Coronavirus PCR	Agent	30	1	1
Rotavirus ELISA	Antibody	0	0	^
Rotavirus-A PCR	Agent	129	18	2
Rotavirus-B PCR	Agent	131	0	3
Rotavirus PCR (type unspecified)	Agent	6	0	1
Rotavirus antigen ELISA/Strip test/LFT	Agent	66	5	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 Apr to 30 Jun 2026. CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
EHV-2 PCR	Agent	44	3	3
EHV-5 PCR	Agent	46	11	3
Influenza HI	Antibody	101	0	1
Influenza PCR (APHA)	Agent	78	0	1
Influenza PCR	Agent	1550	235	10
Influenza LAMP	Agent	19	0	1
ERV-A/B CFT	Antibody	26	0	1
ERV PCR	Agent	7	0	1

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

Table 8: Results of virological testing for multiple/miscellaneous/neurological diseases between 1 Apr to 30 Jun. CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
EHV-1 LAMP	Agent	36	1	1
EHV-1 PCR	Agent	1495	26	9
EHV-1 VI	Agent	0	0	^
EHV-4 PCR	Agent	1495	48	9
EHV-4 LAMP	Agent	36	1	1
EHV-4 VI	Agent	0	0	^
EHV-1 IFAT - Ag	Agent	0	0	^
EHV-1 IFAT	Antibody	0	0	^
EHV-1/-4 CFT	Antibody	272	2	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	27	1	1
EIA ELISA	Antibody	1709	0	6
EIA Coggins (APHA)	Antibody	6328	0	1
EIA Coggins	Antibody	77	0	3
Equine parapoxvirus PCR**	Agent	1	0	1
Hepacivirus PCR	Agent	28	0	1
Parvovirus PCR	Agent	28	1	1
Papilloma virus PCR	Agent	2	1	1
WNV IgM ELISA (APHA)	Antibody	6	0	1
WNV IgG ELISA (APHA)	Antibody	6	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

***As reported in the News Article on page 2 of this report, the equine parapoxvirus (EqPPV) PCR is a new test being reported in the quarterly report for the first time and reflects the detection of EqPPV in coital exanthema-like lesions this quarter in horses in Ireland and subsequently in the UK*

Table 9: Results of virological testing for reproductive diseases between 1 Apr to 30 Jun 2026.
CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
EHV-3 PCR	Agent	13	2	2
EHV-3 VI	Agent	0	0	^
EHV-3 VN	Antibody	6	1	1
EVA ELISA*	Antibody	2635	21	7
EVA PCR (APHA)	Agent	6	0	1
EVA PCR	Agent	2	0	1
EVA VN (APHA)**	Antibody	223	11	1
EVA VN**	Antibody	41	27	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. Fourteen 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 Apr to 30 Jun 2026. CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
CEM *Taylorella equigenitalis* PCR (BEVA)	Agent	2102	0	8
CEM *Taylorella equigenitalis/asinigenitalis* culture* (BEVA)	Agent	3626	0	14
CEM *Taylorella equigenitalis* PCR (APHA)	Agent	110	0	1
CEM *Taylorella asinigenitalis* PCR (APHA)	Agent	110	0	1
CEM *Taylorella equigenitalis/asinigenitalis* culture* (APHA)	Agent	545	0	1
Klebsiella pneumoniae PCR (BEVA)	Agent	2102	42	8
Klebsiella pneumoniae culture (APHA)	Agent	27	0	1
Klebsiella pneumoniae culture (BEVA)	Agent	3846	22	14
Klebsiella pneumoniae capsule types 1 PCR	Agent	17	0	1
Klebsiella pneumoniae capsule types 2 PCR	Agent	17	0	1
Klebsiella pneumoniae capsule types 5 PCR	Agent	17	1	1
Pseudomonas aeruginosa PCR (BEVA)	Agent	2102	29	8
Pseudomonas aeruginosa culture (APHA)	Agent	27	0	1
Pseudomonas aeruginosa culture (BEVA)	Agent	3846	15	14

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 Apr to 30 Jun 2026. CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
Streptococcus equi ELISA Antigen A/C (ISL)†	Antibody	3462	331	4
Streptococcus equi ELISA Antigen A/C (IDVET)†	Antibody	1280	211	1
Streptococcus equi PCR	Agent	2611	174	12
Streptococcus equi LAMP	Agent	27	1	1
Streptococcus equi culture	Agent	621	37	10
Rhodococcus equi ELISA#	Antibody	19	7	2
Rhodococcus equi PCR	Agent	41	13	4
Rhodococcus equi culture	Agent	560	15	6
Streptococcus zooepidemicus PCR	Agent	524	207	5
Streptococcus zooepidemicus culture	Agent	402	72	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 Apr to 30 Jun 2026. CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
MRSA culture	Agent	874	11	6
Borrelia burgdorferi ELISA	Antibody	73	15	3
Borrelia burgdorferi PCR	Agent	0	0	^
Burkholderia mallei (Glanders) CFT (APHA)	Antibody	282	0	1
Leptospira MAT	Antibody	1	1	1
Leptospira PCR	Agent	0	0	^
Anaplasma ELISA	Antibody	44	23	3
Anaplasma 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 Apr to 30 Jun 2026. CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
Campylobacter culture	Agent	38	8	5
Clostridium perfringens ELISA	Toxin	214	7	2
Clostridium perfringens LFT	Toxin	64	9	3
Clostridium perfringens PCR	Agent	13	2	2
Clostridium difficile ELISA	Toxin	159	19	2
Clostridium difficile LFT	Toxin	124	7	4
Clostridium difficile PCR	Agent	16	3	2
Lawsonia intracellularis IPMA	Antibody	15	4	1
Lawsonia intracellularis PCR**	Agent	18	0	2
Salmonella Typhimurium PCR‡	Agent	110	0	3
Salmonella Typhimurium WGS (APHA)‡	Agent	7	7	1
Salmonella Typhimurium culture‡	Agent	229	4	6
Salmonella Other *spp* PCR‡	Agent	130	10	7
Salmonella Other *spp* WGS (APHA)‡	Agent	1	1	1
Salmonella Other *spp* culture‡	Agent	391	9	8
Enterobacter culture	Agent	2655	111	6
E. coli culture	Agent	2657	305	6

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

Eight samples were submitted this quarter to the Animal and Plant Health Agency (APHA) and all were positive for Salmonella. Of these, the serovars reported were *S*. Typhimurium (7 isolates) and *S*. Gueuletapee (1 isolate).

S. Typhimurium has been associated with a number of different sources including livestock, dogs, wildlife and feed, whereas *S*. Gueuletapee is much rarer and not usually detected in GB livestock or feed, but has been linked to outbreaks in humans. The detection of both serovars this quarter 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.

ECTOPARASITES AND OTHER SKIN PATHOGENS

Table 14: Results of ectoparasitology testing between 1 Apr to 30 Jun 2026.
CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
Mange *Sarcoptes scabiei*	Agent	357	0	8
Mange *Chorioptes spp*	Agent	357	2	8
Mange *Trombicula spp*	Agent	339	0	6
Mange *Demodex equi*	Agent	349	0	7
Lice *Damalinia equi*	Agent	338	13	5
Lice *Haematopinus asini*	Agent	353	4	5
Ringworm PCR	Agent	174	58	3
Ringworm culture	Agent	151	20	5
Ringworm microscopy	Agent	392	108	7
Dermatophilosis culture	Agent	33	0	2
Dermatophilosis microscopy	Agent	35	4	3
Dermatophyte PCR	Agent	3	1	2
Candida culture	Agent	64	5	2
Candida microscopy	Agent	0	0	^

^ no laboratories reporting tested samples this quarter

Table 15: Results of endoparasitology testing between 1 Apr to 30 Jun 2026.
CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
Ascarids faecal exam	Agent	44043	242	13
Strongyles (large/small) faecal exam	Agent	44768	10937	14
Strongyloides faecal exam	Agent	42856	164	10
Craterostomum acuticaudatum culture	Agent	0	0	^
Strongylus edentatus culture	Agent	18	0	1
Strongylus equinus culture	Agent	18	0	1
Strongylus vulgaris culture	Agent	18	0	1
Tapeworm ELISA saliva	Antibody	12952	4327	1
Tapeworm ELISA serum	Antibody	1491	593	1
Tapeworm faecal exam	Agent	41981	495	9
Oxyuris equi faecal exam	Agent	38537	14	5
Oxyuris equi tape strip	Agent	312	29	6
Dictyocaulus arnfieldi Baermanns	Agent	76	0	4
Fasciola hepatica faecal exam	Agent	106	2	6
Fasciola hepatica sedimentation	Agent	41	1	2
Fasciola hepatica serology	Antibody	0	0	^
Cryptosporidia mZN	Agent	15	0	2
Cryptosporidia PCR	Agent	8	0	1
Cryptosporidia snap test	Agent	142	9	3
Cryptosporidia faecal exam	Agent	14	0	2
Cryptosporidia strip test	Agent	15	0	1
Giardia snap test	Agent	112	8	2
Giardia smear test	Agent	13	0	1
Coccidia faecal exam	Agent	2193	1	4

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 Apr to 30 Jun.
CLs = laboratories contributing tested samples

Test	Samples tested (n)	Positive (n)	CLs (n)
Grass Sickness*	19	15	1
Atypical myopathy/Seasonal Pasture Associated Myopathy	1	0	1
Hepatic Toxicosis - Ragwort	51	9	1
Hepatic Lipidosis	3	2	1
Hepatic Encephalopathy	2	2	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 Apr to 30 Jun.
CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
Babesia caballi cELISA (APHA)	Antibody	280	2	1
Babesia caballi IFAT (APHA)	Antibody	283	0	1
Babesia caballi cELISA	Antibody	53	1	2
Theileria equi cELISA (APHA)	Antibody	280	3	1
Theileria equi IFAT (APHA)	Antibody	283	3	1
Theileria equi cELISA	Antibody	49	3	1
Dourine CFT (APHA)*	Antibody	270	4	1
Dourine IFAT (APHA)	Antibody	5	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

LABORATORY REPORT END

UK Post-Mortem Examination Reports

Details about *post-mortem* examinations (PME) were reported by **three 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 six aborted fetuses, four neonates and 42 adult horses.

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

ABORTIONS

Between April and June 2026 there were a total of six abortions reported. A summary of their details are provided below in Table 18.

Table 18: Post-Mortem Examination (PME) details for placental, umbilical and stillborn abortions reported between 1 Apr to 30 Jun 2026.

PME Diagnosis	Diagnostic certainty		Region of PME contributor
	Suspect	Certain	
Placental	**1**		
Placentitis (bacterial) and amnionitis	1	-	East & South East
Umbilical	**3**		
Funisitis (bacterial) and intrapartum stillbirth	1	-	East & South East
Umbilical cord torsion	2	-	East & South East
Stillbirth	**2**		
Intrapartum stillbirth	2	-	East & South East

NEONATES

Between April and June 2026 there were four neonatal deaths reported.
A summary of their details are provided below in Table 19.

Table 19: Post-Mortem Examination (PME) details for musculoskeletal and gastrointestinal reports between 1 Apr to 30 Jun 2026.

PME Diagnosis	Total	Region of PME contributor
Musculoskeletal	**2**	
Pathological fracture (*Rhodococcus equi*)	1	East & South East
Osteomyelitis of shoulder, umbilical infection	1	East & South East
Gastrointestinal	**2**	
Gastric ulceration and duodenal perforation, peritonitis	2	East & South East

ADULT DEATHS

Between April and June 2026 there were a total of 42 adults deaths reported.
A summary of their details are provided below in Tables 20 - 22.

Table 20: Post-Mortem Examination (PME) details for adult deaths relating to gastrointestinal reports between 1 Apr to 30 Jun.

PME Diagnosis	Total	Region of PME contributor
Gastrointestinal		
Gastric	**1**	
Gastric impaction, pyrrolizidine alkaloid intoxication	1	East & South East
Small intestinal	**4**	
Enteritis lymphocytic/plasmacytic, small Intestine strangulation	1	East & South East
Small intestinal torsion/volvulus	1	East & South East
Lipoma - intestinal, strangulating/pedunculated	1	East & South East
Haemoperitoneum (haemoabdomen), Lipoma - intestinal, non-strangulating	1	East & South East

Table 21: Post-Mortem Examination (PME) details for adult deaths relating to gastrointestinal, cardiovascular, hepatic and renal reports between 1 Apr to 30 Jun.

PME Diagnosis	Total	Region of PME contributor
Gastrointestinal cont...		
Large intestinal	**9**	
Necrotising enterocolitis	1	Northern Ireland
Colitis, NSAID-associated	2	East & South East
Ileocaecal intussusception, Intestinal nematode/cestode infection	1	East & South East
Impaction - large colon	1	East & South East
Impaction - large colon , Lipoma - intestinal, strangulating/pedunculated	1	East & South East
Intestinal displacement - right dorsal displacement	1	East & South East
Intestinal torsion/volvulus - large intestine	1	East & South East
Haemoperitoneum (haemoabdomen), Post-operative complication	1	East & South East
Cardiovascular	**8**	
Haemorrhage, vascular rupture	1	East & South East
Heart (cardiac) disease	1	West & South West
Myocarditis	1	East & South East
Haemorrhage, phaeochromocytoma	1	East & South East
Haemoperitoneum (haemoabdomen), Vascular rupture of iliac artery	1	East & South East
Endocarditis (cause unspecified), Myocarditis, Sudden death - cause unknown	1	East & South East
Endocarditis, Renal infarcts	1	East & South East
Endocarditis (bacterial), pneumonia, septicaemia	1	East & South East
Hepatic	**2**	
Hepatopathy (liver disorder), Intoxication (poisoning) - pyrrolizidine alkaloid (Ragwort)	1	Northern Ireland
Hepatic (liver) cirrhosis, Laminitis, Tracheal collapse	1	East & South East
Renal	**1**	
Pyelonephritis, urinary bladder rupture	1	East & South East

ADULT DEATHS CONT...

Table 22: Continued Post-Mortem Examination (PME) details for adult deaths relating to musculoskeletal, nervous system, respiratory and dermal reports between 1 Apr to 30 Jun 2026.

PME Diagnosis	Total	Region of PME contributor
Musculoskeletal system	**11**	
Abscess - foot (solar/subsolar)	1	East & South East
Fracture of pelvic limb - tibia	1	North West of England
Fracture of forelimb - metacarpal III	1	East & South East
Fracture of vertebral column - cervical	1	East & South East
Fracture of vertebral column - lumbar	1	East & South East
Laminitis, Osteoarthritis (osteoarthrosis, degenerative joint disease [DJD], unspecified)	1	West & South West
Musculoskeletal injury	1	West & South West
Osteoarthritis - tarsus (unspecified)	2	West & South West
Necrotising myositis	1	East & South East
Tenosynovitis SDFT	1	East & South East
Nervous system	**3**	
Cervical injury, Neurological (nervous system) disorder	1	West & South West
Ataxia - spinal, Parasite - cyathostominosis*	1	East & South East
Equine Grass Sickness	1	East & South East
Respiratory	**2**	
Equine asthma	2	West & South West
Dermal	**1**	
Cellulitis, Myositis (cause unspecified)	1	East & South East

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

PME REPORT END

International Collating Centre

ICC 2026 Q2 SHORT REPORT

The International Collating Centre (ICC) Q2 2026 report has been circulated to subscribers. A short summary is presented below with the full version available online (https://equinesurveillance.org/iccview/resources/2026Q2summ.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 Q2

597 reports issued
averaging 10 reports per working day

RESPIRATORY CONDITIONS (450 reports)

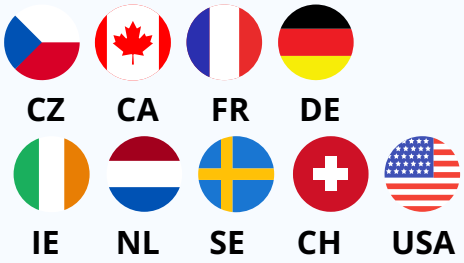
EHV-1
(n=39)

EHV-4
(n=72)

RHODOCOCCUS EQUI (n=18)

S. ZOOEPIDEMICUS
(n=2) SE

STRANGLES
(n=118)



EHV-5
(n=4)

EHV-2
(n=2)

EQUINE INFLUENZA
(n=194)

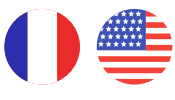
STRANGLES/S. ZOOEPIDEMICUS (n=1) SE

NEUROLOGICAL CONDITIONS (19 reports)

EEE
(n=2)

EHV-1
(n=15)

WNV
(n=2)



GASTROINTESTINAL CONDITIONS (17 reports)

SALMONELLOSIS (n=10)

IE NL USA

CLOSTRIDIA SPP. (n=1)

DE

CORONAVIRUS (n=5)

NL

RHODOCOCCUS EQUI (n=1)

FR

REPRODUCTIVE CONDITIONS (30 reports)

EHV-1 (n=15)

BE CA FR DE IE

NL SE UK

EHV-4 (n=2)

IE UK

S. ZOOEPIDEMICUS (n=1)

BE

CEM (n=7)

DE

EHV-3 (n=1)

FR

EQUINE PARAPOX VIRUS (n=3)

IE UK

Q-FEVER (n=1)

BE

MISCELLANEOUS CONDITIONS (81 reports)

PIROPLASMOSIS (n=9)

IT NL CH

AHS (n=1)

LS

EGS (n=40)

UK

EIA (n=12)

CA HU USA

ANAPLASMOSIS (n=8)

DE NL CH

CORONAVIRUS (n=7)

NL

TRYPANOSOMA EVANSI (n=1)

UY

PIGEON FEVER (n=1)

USA

EVA (n=2)

FR

International Collating Centre

The ICC continues to be a vital resource in the ongoing monitoring and management of equine health worldwide.

ACKNOWLEDGEMENTS

We are extremely grateful to the following 30 laboratories for contributing data for this report

- Agri-Food & Biosciences Institute of Northern Ireland
- Animal and Plant Health Agency
- Ashbrook Equine Hospital
- Austin Davis Biologics Ltd
- Axiom Veterinary Laboratories Ltd
- B&W Equine Group Ltd
- BioTe Veterinary Laboratories
- The Donkey Sanctuary
- Donnington Grove Veterinary Group
- The Horse Trust
- IDEXX Laboratories
- 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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