EQUINE DISEASE SURVEILLANCE



2026 Q3 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 third 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:

- Shamonda virus: a new emerging vector-borne threat to equine health
- Summaries of UK laboratory-diagnosed strangles cases delivered weekly, directly to your inbox
- Atypical myopathy risk in autumn: environmental drivers, species identification, and preventive strategies
- Great Britain suspends equine imports following African horse sickness case in South Africa’s protection zone

FOCUS ARTICLE:

- Tracking equine antibiotic use: the shift from wholesale data to the 'Monitor ME' dashboard

TABLE OF CONTENTS

NEWS ARTICLES	1
FOCUS ARTICLE: TRACKING EQUINE ANTIBIOTIC USE: THE SHIFT FROM WHOLESALE DATA TO THE 'MONITOR ME' DASHBOARD	8
UK INFECTIOUS DISEASE REPORTS	13
EQUINE HERPES VIRUS	14
EQUINE INFLUENZA	16
SURVEILLANCE OF EQUINE STRANGLES	18
EQUINE GRASS SICKNESS SURVEILLANCE	19
REDWATCH REDWORM SURVEILLANCE	20
UK LABORATORY REPORT	21
UK REPORT ON POST-MORTEM EXAMINATIONS	30
ICC 2026 Q3 SUMMARY REPORT	34
ACKNOWLEDGEMENTS	36

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

SHAMONDA VIRUS: A NEW EMERGING VECTOR-BORNE THREAT TO EQUINE HEALTH

Shamonda virus (SHAV) is an emerging arthropod-borne orthobunyavirus belonging to the Simbu serogroup, which includes Schmallenberg, Akabane and Shuni viruses. First identified in Nigeria in the 1960s, SHAV has subsequently been detected sporadically in Africa and Japan. However, its emergence, particularly in cattle in central Europe during summer 2026, including the identification of two distinct European clades (SHAV-EU1 and SHAV-EU2), has raised new concerns regarding its geographical distribution, host range and potential veterinary significance.

Recent investigations in Switzerland, Germany, the Netherlands and France have identified horses among the species susceptible to SHAV infection, with neurological disease reported among infected animals (Figure 1).

These observations suggest that SHAV should now be considered a potential emerging cause of equine neurological disease, although its pathogenicity, clinical spectrum and epidemiology in horses are yet to be fully characterised.



Figure 1: Map taken from the International Collating Centre (ICC) disease analysis platform showing four countries (France, Germany, Netherlands and Switzerland) from which reports of Shamonda virus associated neurological disease in horses have been made in 2026

TRANSMISSION AND EPIDEMIOLOGY

Shamonda virus is presumed to be transmitted predominantly by Culicoides biting midges, consistent with other members of the Simbu serogroup. The virus has previously been isolated from Culicoides populations in Africa and Japan, and its recent seasonal emergence and transmission supports vector-mediated transmission.

There is currently no evidence for direct transmission between animals, although transplacental infection is recognised in susceptible pregnant livestock species. The emergence of SHAV in European horses raises questions regarding the potential for local transmission, geographical spread and the role of different host species in maintaining virus circulation.

CLINICAL SUSPICION

Acute or subacute onset of otherwise unexplained neurological dysfunction should raise suspicion of possible SHAV infection, particularly where other infectious causes such as EHV-1, louping ill or West Nile virus (WNV) have been excluded.

Potential neurological signs include ataxia, weakness, paresis, paralysis, tremors, seizures, altered mentation, abnormal behaviour or recumbency and concurrent systemic signs, such as pyrexia, may or may not be present. Suspicion should be heightened during periods of biting-midge activity, particularly if SHAV has also been detected in local livestock species.

It is important to note that on 2 November 2026, the UK's Animal and Plant Health Agency (APHA) reported that SHAV had been detected in dairy cattle in Great Britain for the first time (www.gov.uk/government/news/shamonda-virus-detected-in-livestock-in-great-britain-for-first-time). Although the infection had already been detected in the British Isles in Jersey and the Republic of Ireland, infections had recently been detected in cattle on two dairy farms, one in Powys, Wales and the other in Shropshire, England.

DIAGNOSTIC INVESTIGATION

Laboratory confirmation may involve virus-specific or pan-Simbuvirus real-time RT-PCR followed by sequencing. EDTA whole blood collected during acute infection may be suitable for ante-mortem molecular investigation such as with the equine cases detected in the Netherlands and France, while brain tissue is preferred for fatal cases of equine neurological disease. Serological interpretation requires caution because of substantial cross-reactivity between related Simbu viruses, especially Schmallenburg virus, which is not associated with clinical disease in horses.

Defra and APHA have confirmed that diagnostic testing for SHAV is available at APHA Weybridge. Veterinary surgeons in Great Britain encountering unexplained acute equine neurological presentations are advised to consider WNV and SHAV in their differential diagnoses and where appropriate utilise diagnostics now available at APHA.

THE FOLLOWING DETAILS HAVE BEEN PROVIDED BY THE APHA:

If WNV is suspected as a notifiable animal disease in GB, suspicion must be reported immediately to APHA In England, contact the Defra Rural Services Helpline on 03000 200 301. In Wales, contact 0300 303 8268. In Scotland, contact the local Field Services Office. Details can be found here: West Nile fever: how to spot and report the disease - GOV.UK

If WNV is low on the differential list, veterinary surgeons can alternatively submit samples directly via the WNV Testing to Exclude Process. Details can be found here: Test to exclude West Nile Virus in horses - GOV.UK

Once WNV has been ruled out, through receipt of negative serology results vets will have the opportunity when results are communicated to consent for those same samples to progress through SHAV testing. This subsequent testing will currently be offered free of charge and there will be no implications for horse owners if a positive SHAV result is detected. Currently, testing for SHAV only is not permitted, as WNV must be ruled out first.

If veterinary surgeons have any queries or wish to discuss a case, they should reach out to either colleagues at EIDS (equinesurveillance@vet.cam.ac.uk, telephone 01223 766496) or APHA vets via the Defra Rural Services Helpline as outlined above.

NEWS ARTICLES

SUMMARIES OF UK LABORATORY-DIAGNOSED STRANGLES CASES DELIVERED WEEKLY, DIRECTLY TO YOUR INBOX

Surveillance of equine strangles across the United Kingdom is undertaken by the Surveillance of Equine Strangles (SES) network, overseen by EIDS. SES monitors laboratory diagnoses confirming *S. equi* infection based on agent detection assays, including culture, qPCR, insulated isothermal PCR (iiPCR) and Loop-mediated isothermal amplification (LAMP).

SES is comprised of 15 diagnostic laboratories and equine practices across the UK (Figure 2).

An online dashboard is available which presents near real-time data regarding laboratory confirmed diagnoses and can be accessed here: www.equinesurveillance.org/ses.



Figure 2: The diagnostic laboratories and equine veterinary practices that contribute to the Surveillance of Equine Strangles (SES) network.

The dashboard provides insights into temporal, geographical and patient demographics defaulting to viewing data from the current calendar year, but the option to filter data is available back to January 2015.

Knowing what infectious disease activity is happening in your practice area is key for keeping your clients informed. Therefore, we wanted to make it even easier for equine vets and industry professionals to stay one step ahead of strangles, so we have developed a system that will deliver a weekly summary of UK diagnoses collated by SES straight to your inbox. With thanks to Intervacc for funding the development of this system.

This surveillance report offers timely updates on geographical shifts and localised disease risks. By evaluating near real-time diagnostic data, we can note shifting case distributions, supporting evidence-based discussions on biosecurity, movement protocols, and targeted vigilance.

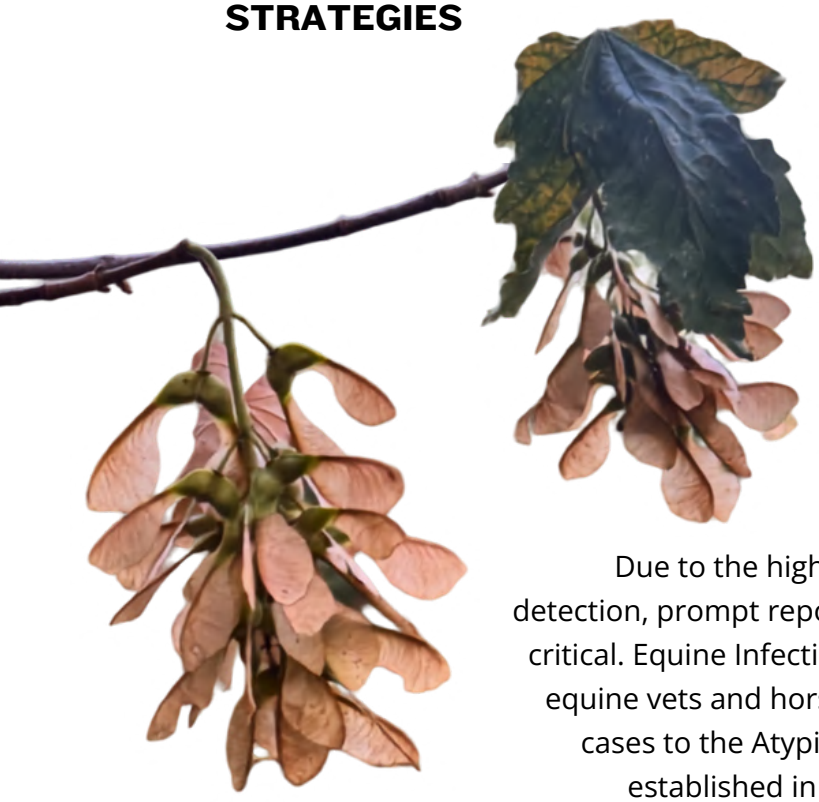
Click below to sign up for free to our new alert service:

SIGN UP HERE

Or follow this link: www.ses-alerts.equinesurveillance.org

NEWS ARTICLES

ATYPICAL MYOPATHY RISK IN AUTUMN: ENVIRONMENTAL DRIVERS, SPECIES IDENTIFICATION, AND PREVENTIVE STRATEGIES



Atypical myopathy (AM) cases can increase during the autumn months caused by horses ingesting hypoglycin A (HGA), a toxin found in the seeds, seedlings, and leaves of sycamore (*Acer pseudoplatanus*). Clinically, poisoned horses present with acute depression, muscle weakness, stiffness, muscle trembling, sweating, and lateral recumbency. These clinical signs reflect non-exertional rhabdomyolysis of postural, respiratory, and cardiac muscles.

Due to the high mortality rate of approximately 74%, early detection, prompt reporting, and robust preventive measures are critical. Equine Infectious Disease Surveillance (EIDS) encourages equine vets and horse owners to report suspect and confirmed cases to the Atypical Myopathy Alert Group (AMAG) network, established in 2004 at the University of Liège, Belgium, to maintain active surveillance and alerts.

SYCAMORE FRUIT YIELD AND OUTBREAKS

While seasonal temperature stress and weather fluctuations may influence toxin production, research demonstrates a strong relationship between tree fruit yields and disease outbreaks. A study by González-Medina *et al.* (2025) reported a statistically significant, positive correlation between the botanical "fruit score" (*representing the abundance of fertilised seeds - recorded as follows: 1 = no fruit; 2 = meagre; 3 = moderate; 4 = good crop and 5 = exceptional*) and the number of AM outbreaks reported across UK locations.

Analysis of fruit score data across 48 counties in England revealed the following case distributions:

- Fruit Score 3: 5% of reported cases (n= 11/222)
- Fruit Score 4: 46% of reported cases (n= 102/222)
- Fruit Score 5: 27% of reported cases (n= 61/222)
- Unscored Counties: 22% of cases (n= 49/222) occurred across 25 counties where fruit score data were unavailable

Overall, a moderate positive correlation was observed with significantly more AM cases recorded in counties with a fruit score of 4 or 5 (p= 0.02) compared to those with lower scores.

ECOLOGICAL AND SEASONAL INFLUENCES

The generation of high fruit scores is linked to favourable pollination conditions and insect activity in warm-temperate climates, leading trees to bear substantial quantities of pollinated, fertilised seeds. This distinction is critical because unfertilised seeds (lacking developed fruit inside) do not contain toxin, whereas fertilised seeds carry high levels of HGA within the fruit tissue (González-Medina *et al*. 2025).

Seasonal environmental pressures can further complicate risk levels. Following a dry summer with poor grass growth and reduced pasture availability horses may be more likely to graze closer to the areas where sycamore seeds have fallen and ingest them.

DISTINGUISHING TOXIC SYCAMORE FROM NON-TOXIC MAPLES

A common challenge in field risk assessments is distinguishing sycamore (*Acer pseudoplatanus*) from non-toxic lookalikes. Not all winged seeds ("helicopters") pose an AM hazard. In particular, Norway maple (*Acer platanoides*) and Field maple (*Acer campestre*) are frequently misidentified as sycamore.

Key morphological differences include:

- **Sycamore (*Acer pseudoplatanus*)**: characterised by rounded, plump fertilised seeds joined at an angle
- **Norway Maple (*Acer platanoides*)**: features distinctively flat seed pods with wide, elongated horizontal wings
- **Field Maple (*Acer campestre*)**: possesses smaller, flat seeds with horizontally aligned wings



Photo credit: www.woodlandtrust.org.uk



Photo credit: www.woodlandtrust.org.uk

Photo credit: www.woodlandtrust.org.uk



FRUIT TESTING AND IDENTIFICATION SERVICES

Where there is uncertainty regarding tree species or seed toxicity, owners can submit plant samples to the Royal Veterinary College (RVC) for testing using the official RVC Plant Submission Form

NEWS ARTICLES

PASTURE MANAGEMENT GUIDELINES

Prevention remains the primary strategy for managing atypical myopathy risks. Owners are advised to implement the following controls:

- **Field inspections**: regularly inspect paddocks to locate sycamore (*Acer pseudoplatanus*) trees and monitor seed drop
- **Pasture clearance**: clean pastures thoroughly by vacuuming, sweeping, or collecting fallen seeds, leaves, and spring seedlings
- **Turnout restrictions**: limit turnout in high-risk pastures to less than 6 hours per day, or move horses away from affected fields during peak times when seeds may fall
- **Supplemental feeding**: provide adequate supplementary forage (such as clean hay) off the ground to reduce grazing on bare, seed-contaminated pasture, particularly following dry summer seasons

PLEASE REPORT CASES

Equine Infectious Disease Surveillance urges both horse owners and equine vets to report suspect and confirmed cases of AM directly to the Atypical Myopathy Alert Group (AMAG) network at the University of Liège.

This autumn we have seen many local warning posts online from vet practices and yard managers about an increase in cases. Whilst there are very valuable for immediate awareness, informal social media updates alone don't build a complete picture. **Logging cases through official channels ensures the wider equine community stays protected**.

Reporting to AMAG allows surveillance networks to:

- Maintain active surveillance and build an accurate, real-time map of AM activity across regions
- Support ongoing research and help track environmental drivers, fruit yield correlations, and toxicity trends

If you suspect or have a confirmed case in your practice, please make sure it is submitted directly to the AMAG network: www.myopathie-atypique.uliege.be/cms/c_7998081/en/myopathie-report-a-case

GREAT BRITAIN SUSPENDS EQUINE IMPORTS FOLLOWING AFRICAN HORSE SICKNESS CASE IN SOUTH AFRICA'S PROTECTION ZONE

Defra suspended imports of registered horses from South Africa on 30 October 2026, following confirmation of African horse sickness (AHS) in the Western Cape's protection zone. The suspension affects the approved vector protected export quarantine facility in Cape Town, just three months after direct imports to Great Britain resumed.

The outbreak was confirmed on 27 October in a non-vaccinated mule on a premises near Clanwilliam, approximately 200km from the designated AHS free zone in Cape Town, with AHS virus serotype 7 identified. South Africa's AHS protection zone forms part of a wider controlled area designed to safeguard the free zone and facilitate international equine trade.

Annual vaccination with a live attenuated vaccine is compulsory within the protection zone, alongside strict movement controls, although the affected mule was reportedly not vaccinated. Vaccination is restricted to the period of lower vector activity, from June to October, to minimise the risk of vaccine virus transmission. South African authorities have implemented quarantine, movement restrictions, epidemiological tracing and enhanced surveillance. As of 2 November, there was no evidence of spread into the adjacent surveillance or free zones.

TRACKING EQUINE ANTIBIOTIC USE: THE SHIFT FROM WHOLESALE DATA TO THE 'MONITOR ME' DASHBOARD

Bruce Bladon[1*]

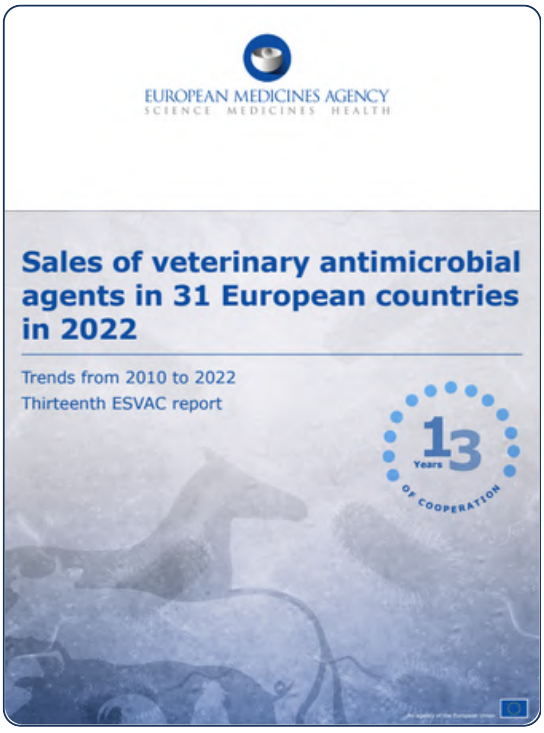
[1]British Equine Veterinary Association (BEVA) President 2025

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INTRODUCTION

Veterinary antibiotic consumption has been monitored and published as part of the Veterinary Antibiotic Resistance and Surveillance Survey (VARSS) since 2013 [1]. This report has focused on the usage in food animal practice and has reported in terms of milligrams (mg) of active antibiotic per kilogram (kg) bodyweight of livestock. The report is based around wholesale sales data and uses a "population correction unit" to calculate the likely average weight of animals treated.

This report was part of the European Surveillance of Veterinary Antibiotic Consumption, ESVAC, a pilot study, which was deemed successful and has been incorporated into EU Law. While the latest phytosanitary agreement between the EU and UK is still being negotiated it is likely that the UK will be following many of these regulations including that of antibiotic monitoring.



There are specific complications in monitoring equine antibiotic usage. Firstly, wholesale data will be inaccurate. Due to limitations of the Veterinary Medicines Regulations, minimal products are licensed for equine usage. As a result practitioners use large amounts of non-licensed products under veterinary prescribing cascade regulations. Therefore, some agents included in the VARSS report for agricultural use are actually used on horses.

Two such products are Karidox® and Baytril®. Karidox® is an oral doxycycline which can be used following intravenous medication with oxytetracycline (licensed for use in the horse as well as cattle and sheep, therefore also counting as agricultural use in the VARSS report). Baytril® is an oral and an intravenous preparation of enrofloxacin, licensed for use in cattle and poultry and as a fluoroquinolone, it is a class designated by the World Health Organisation as a Highest Priority Critically Important Antibiotic (HPCIA) for human medicine.

A second consideration is the measurement metric. In food animal practice mg/kg is reported. This depends on the weight of the animal and a population correction unit (PCU) is used. In horses this is reported by VARSS to be 400kg. The reference for this is cited but tracing this simply identifies an article which states that a horse weighs 600kg while a pony weighs 250kg, so 400kg appears to have been chosen in between these values. Based on our data it appears highly unlikely this is an accurate PCU for the equine population of the UK. The concentration of the antibiotics used in equine practice is highly variable. Potentiated sulphonamides, the most commonly used antibiotics, are typically prescribed with a dose of 30g/day (despite many data sheets recommending 15g/day). Ceftiofur, a third generation cephalosporin, is commonly prescribed at 2.2g/day. Therefore, focus on the mg/kg metric actually acts as an incentive to use more reserved antibiotics.

An alternative metric appears preferable, the Defined Daily Dose (DDD). This is commonly used to report human antibiotic usage, typically as the DDD/1000/day, a measure of how many people per 1000 are taking antibiotics on any given day. For no discernible reason a variation of this appears to be recommended for veterinary usage, the DDD/yr, a measure of how many days per year the average animal receives antibiotics.

METHODS

Tallon *et al*. (2023) reported antibiotic usage from 14 UK equine practices [2]. Distinct from the VARSS report these authors used retail data, extracted from the computerised records of each practice. A specific query was generated from the Eclipse® Practice Management System. This required initial identification of each antibiotic "product" combined with defining how many mg of active antibiotic was present per "sales unit" and finally which antibiotic class each product represented. This was less time consuming than initially imagined as only about 60 antibiotic products were identified which had been used in horses in the previous decade. The report then identified how many units of each product had been sold during the specified time period, along with a calculation of how many mg this represented. The report also identified how many horses had been treated that year, for any procedure, whether antibiotics were used or otherwise. The mean weight of horses was reported when more than 10 horses had a recorded weight, otherwise a proxy of 500kg was used.

This permitted a calculation of mg/kg consumption. As each product was classified by category, it also permitted calculation of the DDDVet/year, using a dose rate reported in the British Equine Veterinary Association (BEVA) Equine formulary app. The calculation is simple, mg/kg is total mg of any antibiotic product divided by the total number of horses treated (with or without antibiotics) and by the average weight of a horse. The mg/kg can be summed for each product to give a total antibiotic usage figure. The DDDVet/year figure is calculated by dividing the mg/kg figure by the daily dose in mg/kg, and again can be summed to produce a total figure, or subtotals for categories of antibiotics.

Tallon *et al.* (2023) chose to follow the WHO classification for antibiotic groups. This is similar but different to the European Medicines Agency (EMA) classification. Both classifications agree that the top group, named Highest Priority Critically Important or Cat B Avoid by the EMA, includes third and fourth generation cephalosporins, (ceftiofur and cephquinome) and quinolones (enrofloxacin and marbofloxacin).

BEVA took this project forward, by contacting individual practices they were able to obtain reports for both 2024 and 2025. The project was christened MonitorME, to parallel the highly successful written antibiotic usage protocol, ProtectME.

RESULTS

These data are now published as part of the BEVA website, www.beva.org.uk/Resources/Medicines/Antibiotics/MonitorME and formed part of the 2024 VARSS report. The total usage reported involved 4.5 tonnes of antibiotics, equivalent to 44.5mg/kg. This represents a DDDVet/year of 1.227 - the average horse would have received a daily dose of antibiotics on 1.227 days of 2024 (Figure 1). Usage of HPCIA antibiotics accounted for 9% of antibiotic usage, at 0.109 DDDVet/yr.

In 2025, antibiotic usage was 3% lower, at 2.9 tonnes, 41.3mg/kg and 1.175 DDDVet/year. Horse numbers were lower as the invaluable EVSNET data was not present this year due to a change of computer system by a very large client. In 2024 the 48 practices who submitted data had provided veterinary services to 205,608 horses, in 2025 35 practices had cared for 143,170 horses. It is, surprisingly, unknown how many horses there are in the UK, but the British Equestrian Trade Association survey suggested there might be 760,000, while other estimates suggest somewhere short of one million.

Some comparative data are available, though the primary strength of this survey will beas data for subsequent years are available, showing trends in antibiotic usage. VARSS does report small animal antibiotic usage, as DDDVet. The report does acknowledge that there are limitations with these data, using a considerable amount of wholesale data. Nevertheless equine practice compared favourably, using approximately 55% of the amount, measured by DDDVet, of that used in dogs and cats.

Human usage has been reported in DDD/1000/day for many years. The comparison is therefore slightly opaque, but DDDVet x 2.74 is equivalent to DDD/1000. Thus equine DDD/1000 in 2024 was 3.361. Human usage is not completely defined, but global antibiotic consumption was estimated to be 14.3 DDD per 1000 population per day in 2018, an increase of 46% from 9.8 in 2000 [3].

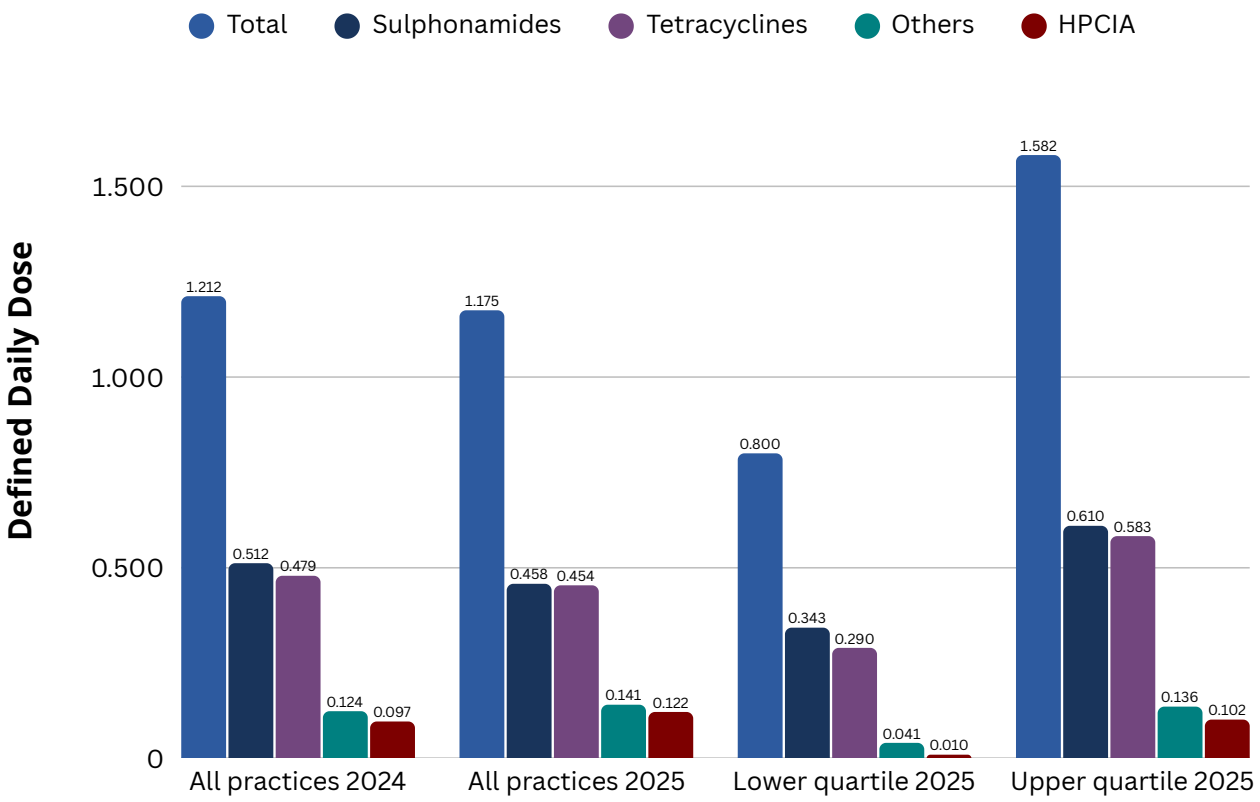


Figure 1: Antibiotic consumption in 2024 and 2025 from practices registered with the MonitorME project. Each contributing practice is provided with their own results. HPCIA = Highest Priority Critically Important Antibiotic

PROGRESS

In 2026 BEVA obtained funding from the Veterinary Medicines Directorate to continue the MonitorME Project. This has been directed to the development of a website with a dashboard, https://beva.connectanimalhealth.com/beva/landing.



Practices can upload data directly to a central database. This provides immediate feedback, with information on antibiotic consumption in DDDVet/year as well as comparison with the national average. The next sophistication is anticipated to be data parsing, to identify antibiotic sales from the whole, unedited sales data for any given year. This would save practices from the chore of identifying individual antibiotic preparations, and will be particularly helpful for practices using other Practice Management Systems (PMS). These other PMS software providers have proved surprisingly disinterested in developing a comparable query to the Eclipse model, despite the fact that antibiotic monitoring will form part of the RCVS Practice Standards Scheme in 2027.

BEVA has received considerable interest concerning this scheme from abroad. In 2026 EU member countries are supposed to report antibiotic consumption in the equine sector, followed by the small animal sector in 2028.

A refinement for the future will be to identify duplicated horses. This is superficially quite simple. Veterinary surgeons only prescribe for animals "under their care". The commonest occasion when a Veterinary surgeon would examine a horse not "under their care" is the pre-purchase examination. It should be a relatively straightforward matter to exclude such examinations from the total number of equines examined, and obviously no such horses should have been treated with antibiotics. However, there are other duplications less easily dealt with. Some clients will use multiple veterinary surgeons and veterinary practices - calling one to deal with a lameness issue, another to deal with a dental issue, and potentially a third for any emergencies. Sadly, another reason a client might use multiple veterinary surgeons is less scrupulous, to maintain a "clean" veterinary history of vaccinations and dentals, to be provided when a horse is sold, with other more troubling history such as repeated joint injections performed by another veterinary practice. This is further compounded as most horses have two names: their stable name and their official passport name. A technological solution may be available for this issue, as horses are mostly now microchipped and this information is increasingly stored on PMSs.

CONCLUSION

Equine practice antibiotic usage is relatively limited. Based on the data publicly available on the MonitorME antimicrobial usage surveillance dashboard (accessed on 11 November 2026), in 2023 antibiotic consumption reported by 35 practices caring for 150,206 horses was 1.27 DDDVet/year. This overall annual figure compared with 1.21 DDDVet/year for 37 practices and 202,847 horses in 2024 and 1.29 DDDVet/year for 32 practices and 128,627 horses in 2025, which are relatively consistent with previous years reported by Tallon *et al*. (2023). Highest Priority Critically Important Antibiotic (HPCIA) usage was much lower at 0.08 DDDVet/year (6.6% of total usage) in 2023, 0.11 DDDVet/year (8.7%) in 2024 and 0.13 DDDVet/year (10.4%) in 2025. This project has established a practical and reasonably accurate system for monitoring antibiotic consumption which is compatible with UK Practice Standards and with EU law.

REFERENCES

[1] Browne, Annie J., Michael G. Chipeta, Georgina Haines-Woodhouse, *et al*. 'Global Antibiotic Consumption and Usage in Humans, 2000–18: A Spatial Modelling Study'. *The Lancet Planetary Health* 5, no. 12 (2021): e893–904. https://doi.org/10.1016/S2542-5196(21)00280-1.

[2] Tallon, Rose E., Brian Whitt, and Bruce M. Bladon. 'Antibiotic Usage in 14 Equine Practices over a 10-year Period (2012–2021)'. *Equine Veterinary Journal*, 16 August 2023, evj.13988. https://doi.org/10.1111/evj.13988.

[3] UK-VARSS (2025). Veterinary Antibiotic Resistance and Sales Surveillance Report (UK-VARSS 2024). New Haw, Addlestone: Veterinary Medicines Directorate

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 third 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.

GLANDERS:

Non-negative serology results were reported from one horse during routine pre-export testing. Following an APHA investigation and testing of official samples, 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.

BRUCELLA*:

Clinical suspicion of Brucella was reported in two horses presenting with discharging sores on the withers and back. An APHA investigation was undertaken and official samples collected. After consideration of the serology results, clinical presentation and history, suspicion of notifiable disease was negated.

**these cases were investigated in May 2026 (Q2). Therefore inclusion in this Q3 report report is for completeness of reporting*

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 outbreaks of EHV-1 neurological infection were reported to EIDS during Q3 2026.

EHV-1 REPRODUCTIVE INFECTION

No outbreaks of EHV-1 reproductive infection were reported to EIDS during Q3 2026.

EHV-1 RESPIRATORY INFECTION

No outbreaks of EHV-1 respiratory infection were reported to EIDS during Q3 2026.

EHV-4 REPRODUCTIVE INFECTION

No outbreaks of EHV-4 reproductive infection were reported to EIDS during Q3 2026.

EHV-4 RESPIRATORY INFECTION

SUMMARY

Four outbreaks of EHV-4 respiratory infection were reported to EIDS during Q3 2026, one July, two in August and one in September.

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 Q3.

Table 1: EHV-4 respiratory infection outbreaks reported 1 Jul - 30 Sep 2026

Total outbreaks reported	**4**	
	n	%
Total horses sampled	4	100%
Sample type*		
Swab	4	100%
Nasopharyngeal	4	100%
Nasal swab	-	-
Unreported	-	-
Signalment		
Sex of horse indicated	4	100%
Female	2	50%
Male	2	50%
Breed of horse		
Native UK pony	2	50%
Native UK horse	1	25%
Sports horses	1	25%
Age of horse	4	100%
Range	1 - 22 years	
IQR range	2.5 - 8.5 years	
Median	3.5 years	
Clinical signs reported**	6	
Lethargy	1	17%
Nasal discharge	3	50%
Coughing	2	33%
Vaccination status	3	75%
Unvaccinated	3	100%
Vaccinated	-	-
Month		
July	1	
August	2	
September	1	

*can include multiple entries per submission

**from 3 cases

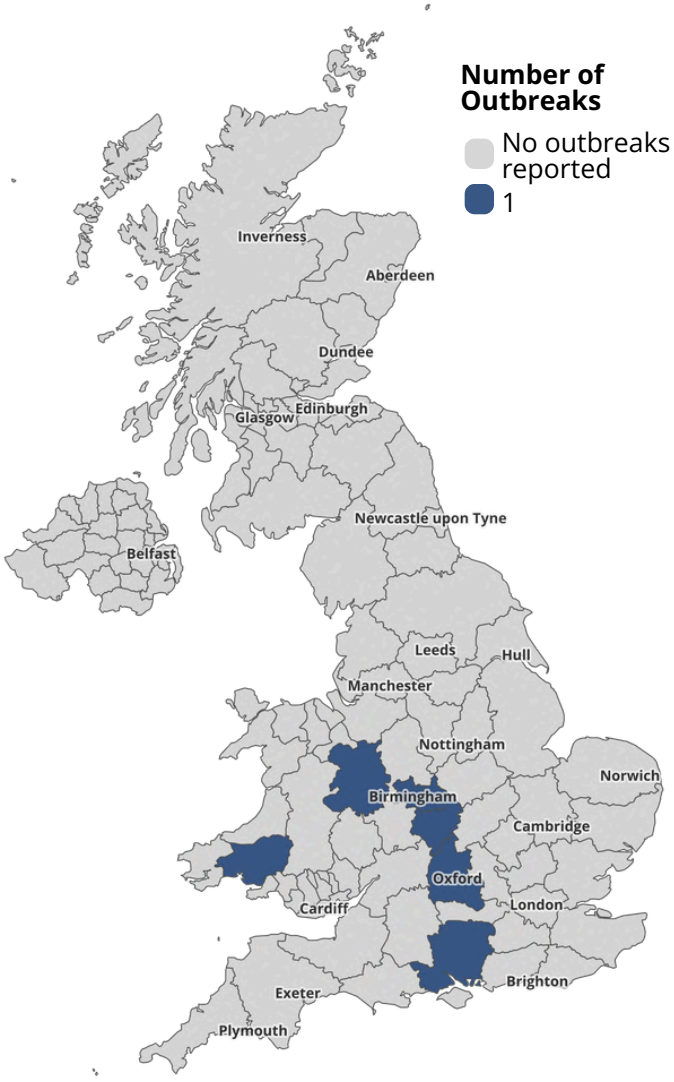
Seven additional outbreaks *of EHV-4 respiratory infection were notified to EIDS, however, no epidemiological data could be obtained. This was either due to the submitting veterinary practice not providing the necessary data or a request for the information not to be circulated.*

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

Six outbreaks of equine influenza (EI) were reported to EIDS during Q3 2026 with a total of six horses with laboratory confirmation of infection. Information regarding the six cases reported to EIDS is summarised in Table 2.



Frequency of reported laboratory diagnoses of EI across the UK during Q3 2026, totalling 6 diagnoses from 6 outbreaks.

Table 2: Equine influenza outbreaks reported 1 Jul - 30 Sep 2026

Total outbreaks reported	**6**	
	n	%
Total horses sampled	6	100
Sample type*	7	
Swab	6	86%
Nasopharyngeal	6	100%
Nasal	-	-
Unspecified	1	14%
Signalment		
Sex of horse indicated	6	100%
Female	4	66%
Male	2	33%
Breed of horse	6	100%
Sports horse	3	50%
UK native horse breeds	1	17%
UK native pony breeds	2	33%
Age of horse	5	83%
Range	3 - 16 years	
IQR	3 - 9 years	
Median	4	
Clinical signs reported**	5	
Nasal discharge	2	40%
Coughing	2	40%
Pyrexia	1	20%
Vaccination status	4	66%
Vaccinated	1	25%
Unvaccinated	3	75%
Lapsed vaccinated	-	-
Month		
July	5	
August	1	
September	-	

*can include multiple samples per horse
**reported from 3 diagnoses

Four 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.*

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 Q3 EI SEQUENCE ANALYSIS

In 2026, the Horseracing Betting Levy Board funded equine-influenza (EI) surveillance group at the University of Cambridge identified a new influenza H3N8 Florida Clade 1 (FC1) variant circulating in the UK, which is most closely related to FC1 viruses currently circulating in the USA. This virus was first identified in March 2026, and its genome was sequenced using next-generation nanopore nucleotide sequencing and provides the reference sequence for all 228 subsequent viruses isolated from horses throughout the UK. All viruses sequenced this year have been related to the US-like FC1 virus, which appears to have completely replaced the FC1 virus circulating in the UK prior to 2026. Analysis of the sequences of the UK virus from this year and previous years indicates that the European and US viruses have been evolving separately since a last common ancestor from 2019, which also coincided with an epidemic in the UK also derived from a virus introduced from the USA via Europe.

The genomic sequences of the virus from the UK over the past decade have shown that the virus in the UK co-circulates with viruses in other European countries, with limited barriers to entry across borders within Europe. Meanwhile, incursions from the US are much less frequent, as biosecurity measures are evidently more effective at reducing incursions of EI between continents.

The 2026 US-like FC1 virus from the UK has been assessed by haemagglutination inhibition (HI) assays against post-infection ferret antisera raised to a range of EI viruses (Table 3). HI assays show the greatest dilution of each antisera able to inhibit cell binding by each tested virus and so the larger the number, the more protective the antisera. Results demonstrate that 2026 UK viruses are susceptible to inhibition by ferret antisera raised to FC1 viruses from 2003 onwards, suggesting that appropriate levels of vaccine induced antibodies in horses are likely to continue to offer protection against the current variant of the FC1 virus.

Two of the three vaccines typically available in the UK include a SA/4/03-like virus, which is the currently recommended vaccine strain for Clade 1. In the HI assay this serum still shows high levels of inhibition against the 2026 US like Clade 1 viruses (≥512), comparable to that shown against the SA/4/03 virus itself (1024 in bold). Ferret sera raised to a 2023 UK FC1 virus (last antisera column) shows only slightly greater protection than the SA/4/03 virus (middle antisera column) to recent UK FC1 viruses including the three US like 2026 viruses (2x1024 and 1x512 as opposed to 1x1024 and 2x512). This suggests that the current vaccines are likely to afford good protection against the US-like FC1 viruses.

Table 3: Haemagglutination inhibition (HI) titres detected in post-infection ferret antisera raised to three H3N8 equine influenza (EI) viruses from 1993, 2003 and 2023, against a panel of five Florida Clade 1 EI viruses, including three from the UK in 2026. Homologous titres are shown in **bold**.

		Ferret antisera raised to		
		European (NM/2/93)	Clade 1 (SA/4/03)	Clade 1 (GL/243/2023)
Equine influenza viruses in HI test	Clade 1 (SA/4) 2003	16	**1024**	1024
	Clade 1 (GL/243) 2023	16	1024	**1024**
	Clade 1 (Suffolk) 2026	64	1024	1024
	Clade 1 (N Yorks) 2026	32	512	1024
	Clade 1 (Surrey) 2026	16	512	512

Surveillance of Equine Strangles

Table 4: *S. equi* samples reported 1 Jul to Sep 30 2026

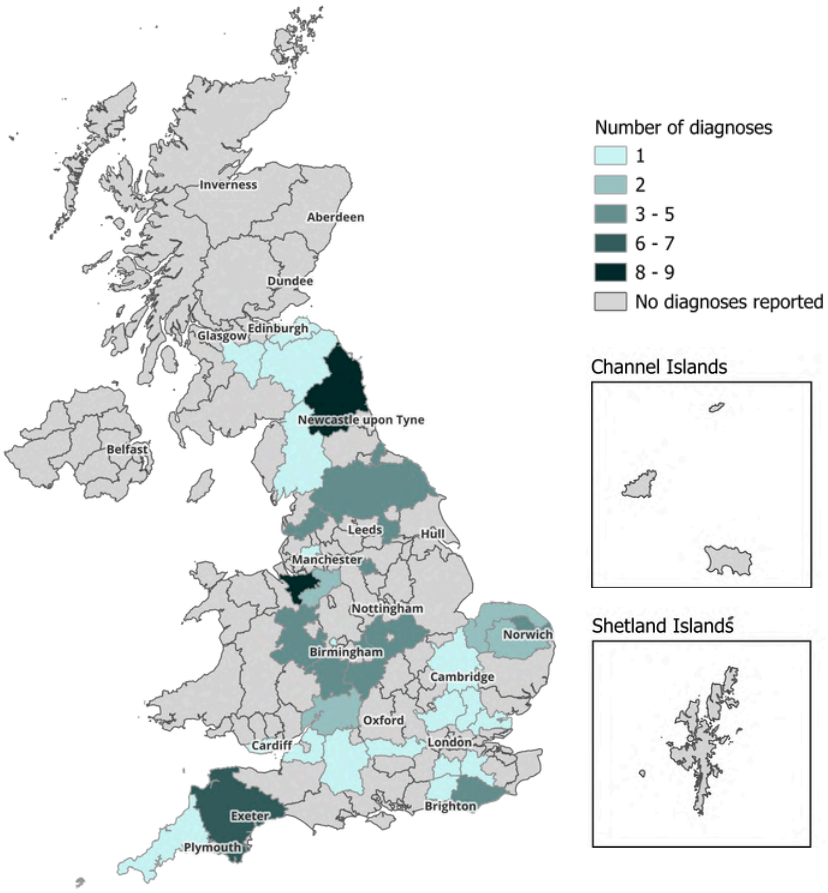
	n	%
Total horses sampled	85	100
Sample type*	90	
Swab	29	32%
Nasopharyngeal	27	93%
Nasal	2	7%
Guttural pouch lavage	56	62%
Other	5	6%
Diagnostic tests		
PCR only requested	68	80%
PCR and culture requested	14	17%
iiPCR	1	1%
LAMP	1	1%
Culture only requested	1	1%
Signalment		
Sex of horse indicated	56	66%
Female	23	41%
Male	33	39%
Breed of horse	48	57%
Native UK pony	11	23%
Sports horse	18	38%
Crossbreed	4	8%
Native UK horse	15	31%
Age of horse	48	57%
Range	6 months - 27 years	
IQR	4 - 15 years	
Median	7 years	
Clinical signs reported**	51	
Nasal discharge	19	37%
Pyrexia	13	26%
Glandular swelling	4	8%
Abscess	4	8%
Other	5	10%
Coughing	4	8%
Lethargy	2	4%
Reason for sampling reported	57	67%
Total reasons*	61	
Clinically ill horse	17	28%
Post infection screening	11	18%
Strangles suspected	1	2%
Post seropositive ELISA	14	23%
Pre/post movement screening	10	16%
In contact	2	3%
Respiratory infection screening	6	10%

*can include multiple entries per submission
**From 26 diagnoses

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 fifteen diagnostic laboratories based across the UK.

A total of 85 cases with positive diagnoses of *S. equi* were reported by SES Laboratory during Q3 2026 from samples submitted by 51 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.*

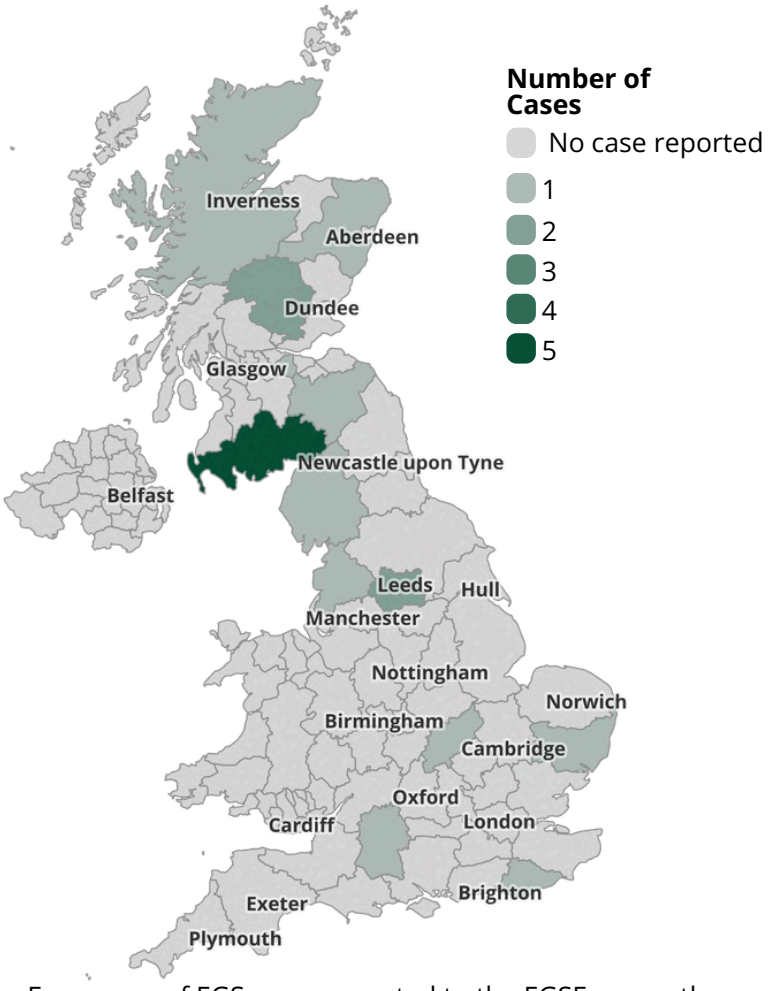


Frequency of reported laboratory diagnoses of *S. equi* across the UK from SES during Q3 2026. Diagnoses are mapped by submitting vet practice location.

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 Q3 2026.

In Q3 2026 20 cases of EGS were reported to the EGSF. Cases were reported across England (n= 8, 40%) and Scotland (n= 11, 55%) and Cardiff, Wales (n= 1, 5%). Information regarding reported cases is summarised in Table 5.

Table 5: Equine Grass Sickness cases reported to the EGSF 1 Jul - 30 Sep 2026

	n	%
Total cases reported	20	100%
EGS presentation	20	100%
Acute	17	85%
Subacute	3	15%
Chronic	-	-
EGS outcome	20	100%
Survivor	-	-
Non-survivor	20	100%
EGS diagnoses	17	85%
Clinical signs alone	11	65%
Histological confirmation	6	35%
Month of diagnosis		
July	5	
August	9	
September	6	
Signalment		
Sex of horse indicated	20	100%
Female	13	65%
Male	7	35%
Breed of horse	18	90%
Native UK pony	7	39%
Native UK horse	4	22%
Sports horse	3	17%
Non-UK native horse	2	11%
Crossbreed	2	11%
Age of horse	19	95%
Range	4 - 24 years	
IQR Range	6.5 - 14 years	
Median	7 years	

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.

No cases were reported to EIDS during Q3 2026.



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 all of 2026**.

REPORT CASES HERE

www.equinesurveillance.org/redwatch

VIROLOGY

The results of virological testing for July - September 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 Jul to 30 Sep 2026. CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
Adenovirus HI	Antibody	118	1	1
Coronavirus PCR	Agent	50	1	2
Rotavirus-A PCR	Agent	31	5	2
Rotavirus-B PCR	Agent	31	0	2
Rotavirus PCR (type unspecified)	Agent	1	0	1
Rotavirus antigen ELISA/Strip test/LFT	Agent	19	2	4

HI Haemagglutination inhibition, LFT Lateral flow test

RESPIRATORY DISEASE

Table 7: Results of virological testing for respiratory diseases between 1 Jul to 30 Sep 2026. CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
EHV-2 PCR	Agent	25	1	2
EHV-5 PCR	Agent	27	4	2
Influenza HI	Antibody	113	10	1
Influenza PCR (APHA)	Agent	152	0	1
Influenza PCR	Agent	940	22	9
Influenza LAMP	Agent	30	0	1
ERV-A/B CFT	Antibody	10	0	1
ERV PCR	Agent	0	0	^

CFT Complement fixation test, EHV Equine herpes virus, ERV Equine rhinitis virus, HI Haemagglutination inhibition, LAMP loop mediated isothermal amplification, ^ no laboratories reporting tested samples this quarter

Table 8: Results of virological testing for multiple/miscellaneous/neurological diseases between 1 Jul to 30 Sep 2026. CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
EHV-1 LAMP	Agent	24	0	1
EHV-1 PCR	Agent	750	5	9
EHV-1 VI	Agent	0	0	^
EHV-4 PCR	Agent	778	35	9
EHV-4 LAMP	Agent	24	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	240	1	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	0	0	^
EIA ELISA	Antibody	239	0	7
EIA Coggins (APHA)	Antibody	6835	0	1
EIA Coggins	Antibody	5	0	2
Equine parapoxvirus PCR	Agent	2	0	1
Hepacivirus PCR	Agent	17	0	1
Parvovirus PCR	Agent	17	0	1
Papilloma virus PCR	Agent	4	3	1
WNV IgM ELISA (APHA)	Antibody	10	0	1
WNV IgG ELISA (APHA)	Antibody	10	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

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

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
EHV-3 PCR	Agent	3	1	1
EHV-3 VI	Agent	0	0	^
EHV-3 VN	Antibody	1	0	1
EVA ELISA*	Antibody	414	2	6
EVA PCR (APHA)	Agent	0	0	^
EVA PCR	Agent	77	0	1
EVA VN (APHA)**	Antibody	411	5	1
EVA VN**	Antibody	11	7	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
^ 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 Jul to 30 Sep 2026. CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
CEM *Taylorella equigenitalis* PCR (BEVA)	Agent	253	0	8
CEM *Taylorella equigenitalis/asinigenitalis* culture* (BEVA)	Agent	236	0	9
CEM *Taylorella equigenitalis* PCR (APHA)	Agent	352	0	1
CEM *Taylorella asinigenitalis* PCR (APHA)	Agent	352	0	1
CEM *Taylorella equigenitalis/asinigenitalis* culture* (APHA)	Agent	1232	0	1
Klebsiella pneumoniae PCR (BEVA)	Agent	256	13	8
Klebsiella pneumoniae culture (APHA)	Agent	43	0	1
Klebsiella pneumoniae culture (BEVA)	Agent	272	8	9
Klebsiella pneumoniae capsule types 1 PCR	Agent	5	0	2
Klebsiella pneumoniae capsule types 2 PCR	Agent	5	0	2
Klebsiella pneumoniae capsule types 5 PCR	Agent	5	0	2
Pseudomonas aeruginosa PCR (BEVA)	Agent	253	3	8
Pseudomonas aeruginosa culture (APHA)	Agent	272	2	9
Pseudomonas aeruginosa culture (BEVA)	Agent	43	0	1

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 Jul to 30 Sep 2026. CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
Streptococcus equi ELISA Antigen A/C (ISL)†	Antibody	3242	312	4
Streptococcus equi ELISA Antigen A/C (IDVET)†	Antibody	1162	212	1
Streptococcus equi PCR	Agent	2181	128	9
Streptococcus equi LAMP	Agent	25	0	1
Streptococcus equi culture	Agent	687	24	9
Rhodococcus equi ELISA#	Antibody	30	11	1
Rhodococcus equi PCR	Agent	45	6	3
Rhodococcus equi culture	Agent	605	13	5
Streptococcus zooepidemicus PCR	Agent	322	130	3
Streptococcus zooepidemicus culture	Agent	566	174	4

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 4, which represents individual cases

MISCELLANEOUS DISEASE

Table 12: Results of miscellaneous bacteriological testing between 1 Jul to 30 Sep 2026. CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
MRSA culture	Agent	945	11	8
Borrelia burgdorferi ELISA	Antibody	57	15	3
Borrelia burgdorferi PCR	Agent	1	0	1
Burkholderia mallei (Glanders) CFT (APHA)	Antibody	686	0	1
Leptospira MAT	Antibody	0	0	^
Leptospira PCR	Agent	5	1	1
Anaplasma ELISA	Antibody	48	17	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 Jul to 30 Sep 2026. CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
Campylobacter culture	Agent	20	2	3
Clostridium perfringens ELISA	Toxin	136	1	3
Clostridium perfringens LFT	Toxin	48	6	3
Clostridium perfringens PCR	Agent	7	0	2
Clostridium difficile ELISA	Toxin	99	14	1
Clostridium difficile LFT	Toxin	88	0	4
Clostridium difficile PCR	Agent	10	1	3
Lawsonia intracellularis IPMA	Antibody	13	6	1
Lawsonia intracellularis PCR**	Agent	20	0	2
Salmonella Typhimurium PCR‡	Agent	140	0	3
Salmonella Typhimurium WGS (APHA)‡	Agent	7	7	1
Salmonella Typhimurium culture‡	Agent	154	5	6
Salmonella Other *spp* PCR‡	Agent	148	1	5
Salmonella Other *spp* WGS (APHA)‡	Agent	13	13	1
Salmonella Other *spp* culture‡	Agent	353	4	9
Enterobacter culture	Agent	2222	179	6
E. coli culture	Agent	2222	300	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

Twenty 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 monophasic *Salmonella* Typhimurium (9 isolates), *S*. Typhimurium (7 isolates), *S*. Anatum (2 isolates), *S*. Hessarek (1 isolate) and *S*. Newport (1 isolate).

Seven of the nine isolations of monophasic *S*. Typhimurium were identified from a single premise. This serovar is typically associated with pigs. In contrast, *S*. Typhimurium has been isolated from a variety of sources, including livestock, dogs, wildlife and feed. *S.* Anatum and *S*. Newport are also found in wildlife reservoirs, particularly wild birds and badgers. The detection of all serovars identified this quarter highlights the zoonotic potential of *Salmonella* infection, which is of particular importance in companion animals such as horses.

For more information from APHA about Salmonella in Great Britain, please see the newly published 2025 Salmonella in animals and feed surveillance report 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 Jul to 30 Sep 2026.
CLs = laboratories contributing tested samples

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
Mange *Sarcoptes scabiei*	Agent	293	0	7
Mange *Chorioptes spp*	Agent	293	2	7
Mange *Trombicula spp*	Agent	257	0	5
Mange *Demodex equi*	Agent	275	0	6
Lice *Damalinia equi*	Agent	261	1	5
Lice *Haematopinus asini*	Agent	223	0	5
Ringworm PCR	Agent	143	43	3
Ringworm culture	Agent	92	11	6
Ringworm microscopy	Agent	335	67	7
Dermatophilosis culture	Agent	13	0	2
Dermatophilosis microscopy	Agent	71	15	4
Dermatophyte PCR	Agent	4	1	1
Candida culture	Agent	53	1	3
Candida microscopy	Agent	2	0	1

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

Test	Detection	Samples tested (n)	Positive (n)	CLs (n)
Ascarids faecal exam	Agent	43369	368	13
Strongyles (large/small) faecal exam	Agent	44129	10220	14
Strongyloides faecal exam	Agent	43189	1578	11
Craterostomum acuticaudatum culture	Agent	0	0	^
Strongylus edentatus culture	Agent	7	0	1
Strongylus equinus culture	Agent	7	0	1
Strongylus vulgaris culture	Agent	14	0	2
Tapeworm ELISA saliva	Antibody	8905	2686	1
Tapeworm ELISA serum	Antibody	1953	947	2
Tapeworm faecal exam	Agent	41470	365	8
Oxyuris equi faecal exam	Agent	39150	10	6
Oxyuris equi tape strip	Agent	399	24	4
Dictyocaulus arnfieldi Baermanns	Agent	25	0	4
Fasciola hepatica faecal exam	Agent	35	1	5
Fasciola hepatica sedimentation	Agent	21	0	2
Fasciola hepatica serology	Antibody	0	0	^
Cryptosporidia mZN	Agent	16	0	2
Cryptosporidia PCR	Agent	0	0	^
Cryptosporidia snap test	Agent	37	4	3
Cryptosporidia faecal exam	Agent	14	0	1
Cryptosporidia strip test	Agent	7	0	1
Giardia snap test	Agent	30	1	2
Giardia smear test	Agent	14	0	1
Coccidia faecal exam	Agent	1985	0	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 Jul to 30 Sep 2026.
CLs = laboratories contributing tested samples

Test	Samples tested (n)	Positive (n)	CLs (n)
Grass Sickness*	12	3	1
Atypical myopathy/Seasonal Pasture Associated Myopathy	0	0	^
Hepatic Toxicosis - Ragwort	31	5	1
Hepatic Lipidosis	2	0	1
Hepatic Encephalopathy	0	0	^
Tetanus	0	0	^
Botulism	1	1	1

*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	427	0	1
Babesia caballi IFAT (APHA)	Antibody	567	0	1
Babesia caballi cELISA	Antibody	30	0	1
Theileria equi cELISA (APHA)	Antibody	428	0	1
Theileria equi IFAT (APHA)	Antibody	567	23	1
Theileria equi cELISA	Antibody	30	0	1
Dourine CFT (APHA)*	Antibody	672	0	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

LABORATORY REPORT END

UK Post-Mortem Examination Reports

Details about *post-mortem* examinations (PME) were reported by **four UK Veterinary Schools and two 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, one neonate, three foals and 24 adult horses.



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

ABORTIONS

Between July and September 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 Jul to 30 Sep 2026.

PME Diagnosis	Diagnostic certainty		Region of PME contributor
	Suspect	Certain	
Placental			
Mineralisation of the chorioallantois, suspect placental vascular compromise	1	-	East & South East
Umbilical			
Umbilical cord torsion	2	2	East & South East
No diagnosis reached			
	-	1	East & South East

NEONATES

Between July and September 2026 there was one neonatal death reported. A summary of their details are provided below in Table 19.

Table 19: Post-Mortem Examination (PME) details for neonatal deaths reported between 1 Jul to 30 Sep 2026.

PME Diagnosis	Total	Region of PME contributor
Miscellaneous		
Botulism, aspiration pneumonia	1	Northern Ireland

FOALS

Between July and September 2026 there were three foal deaths reported. A summary of their details are provided below in Table 20.

Table 20: Post-Mortem Examination (PME) details for foal deaths reported between 1 Jul to 30 Sep 2026.

PME Diagnosis	Total	Region of PME contributor
Cardiovascular & Respiratory		
Pneumonia, endocarditis, *Streptococcus zooepidemicus* infection	1	East & South East
Gastrointestinal		
Large colon impaction	1	North West
Sudden death		
Suspect colitis, autolysis, no diagnosis reached	1	East & South East

ADULT DEATHS

Between July and Septemeber 2026 there were a total of 24 adults deaths reported. A summary of their details are provided below in Tables 21-22.

Table 21: Post-Mortem Examination (PME) details for adult deaths relating to cardiovascular, gastrointestinal, hepatic, musculoskeletal, nervous and respiratory reports between 1 Jul to 30 Sep 2026.

PME Diagnosis	Total	Region of PME contributor
Cardiovascular		
Ventricular septal defect, patent ductus arteriosus	1	Scotland
Gastrointestinal		
Gastric		
Oesophageal rupture	1	East & South East
Gastric rupture	1	East & South East
Intestinal		
Multifocal ulcerative rhodococcal enteritis, pyelonephritis, sepsis	1	East & South East
Eosinophilic enteritis	1	East & South East
Hepatic		
Chronic liver failure	1	Scotland
Hepatic fibrosis	1	East & South East
Hepatopathy and acute interstitial nephritis	1	Nothern Ireland
Musculoskeletal		
Fracture of base of skull	1	East & South East
Fracture of vertebral column	1	East & South East
Neck and brain abscess (*Streptococcus equi)*	1	East & South East
Muscle abscess (site unspecified)	1	East & South East
Nervous		
Encephalitis (mononuclear)	1	East & South East
Cervical verterbral stenotic myelopathy (CVSM)	1	East & South East
Equine Grass Sickness	1	East & South East
Neuronal necrosis of uncertain aetiology	1	East & South East
No diagnosis reached	1	East & South East
Respiratory		
Pneumothorax and subcutaneous emphysema, secondary to tracheostomy tube displacement	1	East & South East

ADULT DEATHS CONT...

Table 22: Continued Post-Mortem Examination (PME) details for adult deaths relating to miscellaneous, neoplastic and welfare reports between 1 Jul to 30 Sep 2026.

PME Diagnosis	Total	Region of PME contributor
Miscellaneous		
Haemothorax, rib fractures, ileal strangulation	1	East & South East
Protein-losing enteropathy (site unspecified), suspected	1	North West
Neoplastic		
Malignant melanoma	1	West & South West
Lung adenocarcinoma	1	East & South East
Skeletal muscle melanoma	1	East & South East
Welfare		
Poor dentition, emaciation, sand impaction, cyathostome burden	1	East & South East

PME REPORT END

International Collating Centre

ICC 2026 Q3 SHORT REPORT

The International Collating Centre (ICC) Q3 2026 report has been circulated to subscribers. A short summary is presented below with the full version available online (https://equinesurveillance.org/iccview/resources/2026Q3summ.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 Q3

831 reports issued
averaging 13 reports per working day

RESPIRATORY CONDITIONS (198 reports)

EHV-1
(n=5)



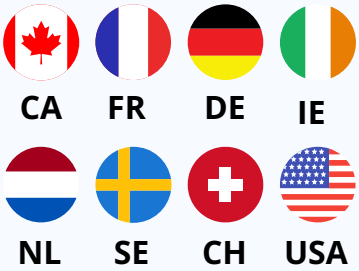
EHV-4
(n=44)



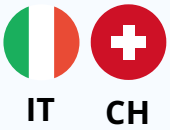
RHODOCOCCUS EQUI (n=27)



STRANGLES
(n=91)



EHV-5
(n=2)



EQUINE INFLUENZA
(n=27)



STRANGLES/EHV-1 (n=1)



EQUINE RHINITIS VIRUSES (n=1)



GASTROINTESTINAL CONDITIONS (18 reports)

SALMONELLOSIS
(n=14)



CORONAVIRUS
(n=3)



LAWSONIA INTRACELLULARIS (n=1)



NEUROLOGICAL CONDITIONS (516 reports)

WNV
(n=499)



SHAMONDA VIRUS
(n=2)



EEE
(n=9)



EEV
(n=1)



EHV-1
(n=3)



EQUINE PROTOZOAL MYELOENCEPHALOPATHY
(n=1)



TICK-BORNE ENCEPHALITIS VIRUS
(n=1)



REPRODUCTIVE CONDITIONS (9 reports)

EHV-1
(n=2)



EHV-3
(n=1)



CEM
(n=6)



MISCELLANEOUS CONDITIONS (90 reports)

PIROPLASMOSIS
(n=6)



AHS
(n=3)



EGS
(n=27)



EIA
(n=16)



ANAPLASMOSIS
(n=5)



POTOMAC HORSE FEVER
(n=6)



PIGEON FEVER
(n=16)



NEW WORLD SCREW WORM
(n=2)



VESICULAR STOMATITIS
(n=5)



EVA
(n=4)



International Collating Centre

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

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- Agri-Food & Biosciences Institute of Northern Ireland
- Animal and Plant Health Agency
- 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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