

Insects and Allergy Control

Warmer weather is here, and with it comes more insects and pollen. For horses, this often means increased skin irritation and risk of disease infection. To minimize the spread of disease it is recommended to vaccinate every 6 months (spring and fall is



optimal) for West Nile virus (WNV), Eastern, Western and Venezuelan encephalomyelitis. Blood feeding insects are also a vector of equine infectious anemia (EIA), although it is more commonly spread by blood contamination. Testing for presence of EIA antibodies, commonly known as the Coggins test, is mandatory for traveling and some stabled horses.

(<http://www2.state.tn.us/health/FactSheets/wnv.htm>)

Minimizing the local insect population takes some planning on barn layout and day-to-day management. Key points to keep in mind include:

- (1) minimize standing water sources
- (2) keep horses inside at dawn and dusk when the insects are in abundance
- (3) clean stalls and turn-outs regularly to reduce the fly population
- (4) provide fly masks and/or a fly sheet
- (5) use overhead insect sprayers or apply insect repellent during the dawn and dusk periods
- (6) install overhead fans and/or plan the location of the barn so that a breeze can blow through the alleyways
- (7) hang fly strips and
- (8) apply fly repellent/thuja around the periphery of wounds to decrease the incidence of habronemiasis infestation.



(<http://www.valleyvet.com/>)

Minimizing insects will not only reduce the spread of disease, it will help reduce irritation and subsequent loss of weight in your horses.

Skin irritation can have a serious impact on a horse's health. Horses are often found in the spring and summer with extreme agitation, loss of weight and hives.



Ruling out a parasite overload and placing the horse on a deworming schedule every 3 months is the first step. It is recommended to administer ivermectin in the spring and fall. Differential diagnoses for the allergies include:

- (1) a contact hypersensitivity reaction (eg. shavings)
- (2) food allergies
- (3) atopy
- (4) or, more commonly, insect bite reaction.

Intradermal skin testing (<http://www.liphookequinehosp.co.uk/Hospital.htm>)

Atopy is a Type I hypersensitivity reaction that is first seen between 1 to 4 years of age and is in response to pollens or mold or dusts. It often manifests as pruritus (itchiness) and alopecia (loss of hair). If the horse does not respond to insect control, further diagnostics include blood work, skin scraping and biopsy or intradermal skin testing. Intradermal skin testing is considered the diagnostic 'gold standard' for allergens. Insect and food hypersensitivities and atopy are managed similarly. Clinically, it has been shown that oral steroid therapy at a tapering dose, in combination with insect management factors, mentioned previously are the most effective. Antihistamines, such



as Hydroxyzine, can be administered orally in combination with steroids and are effective in 30 to 40% of cases. Food hypersensitivities are managed by diet elimination and oral steroids. Depending on the age and health status of the horse, it may be indicated to perform a complete blood count (CBC) and chemistry first before starting steroid therapy.

Skin biopsy (<http://www.liphookequinehosp.co.uk/Hospital.htm>)

Help both your horse and yourself be comfortable in the warmer weather. Take some time this spring to reduce insect populations around your stalls, and get your horse up to date with its vaccinations.

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