



Movement of horses: health requirements

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Content

- Rationale for health certification
- Reasons for international movement
- Associated risks
- Import health requirements
 - Challenges
 - Options developed by OIE – IHSC
- Risk mitigation
 - HHP conditions
 - 6 diseases
- HHP Veterinary Certificate – new EU Health Certificate
- Discussion
- Conclusion



Recap on Rationale

- Minimise the risk of introducing disease into the importing country
- Maximising ease of international horse movement
- **Many impediments to this seemingly simple rationale**
- FEI¹ and IFAH² together with OIE work on appropriate solutions
 - The HHP framework
 - The diseases for compulsory control
 - EDFZ





Reasons for international movements

- For competition purposes (majority of all movements)
- For breeding purposes (“shuttle stallions”)
- Change of ownership
- For processing

Impediments:

- Horses face welfare problems during extensive quarantine periods
- No permission to stop-over and offload at non-approved countries
- Testing and retesting
- Excessive paper work
- Long delays at customs





Risks associated with international horse movement

- single most important factor responsible for spread of infectious diseases
 - Risk is higher for countries with high “throughput”
- Horses imported for long-term or permanent residency likely represent greatest risk of introducing a disease
- Risk of disease transfer compounded by progressive growth in volume of international horse movements over past 50-60 years

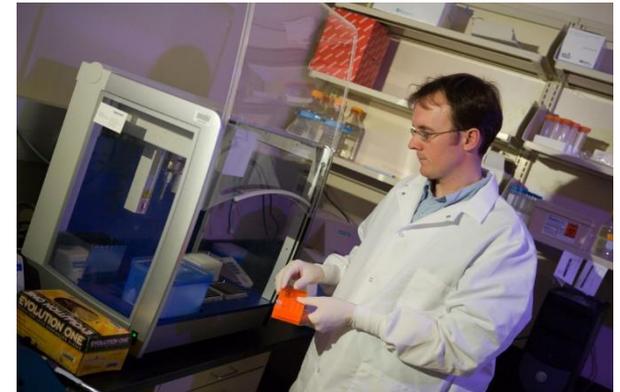




Diseases imported through movement

1963 to 2018, Peter Timoney

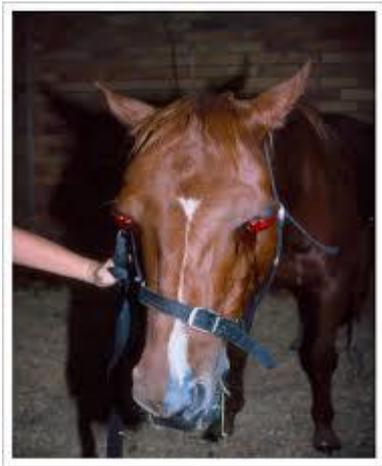
- African horse sickness
- Contagious equine metritis
- Dourine
- Equine herpes virus -1
- Equine infectious anaemia
- Equine viral arthritis
- Glanders
- Piroplasmosis
- Venezuelan equine encephalitis
- Equine influenza





Sources of infection

- Sub-clinically infected animals (e.g. AHS, EI, EHV, EVA)
- Carrier animals (e.g. CEM, EVA, dourine, EIA, glanders, strangles, piroplasmosis, EHV)
- Semen/embryo (e.g. CEM, EVA)



AHS



Glanders



Link between level of risk and T or P import



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Equine disease events resulting from international horse movements: Systematic review and lessons learned

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Literature review on imported cases from 1995 to 2014



Results of the study

- Fifty-four equine disease events identified.
- Type of importation not determined for 13 disease events.
- Other 41 events resulted from permanent (>90 day) entries or illegal horse movements.
- **No event associated with temporary (<90 day) horse importations.**
- **And yet, the EU under the new AHL will import horses on a permanent basis (as of 4/2021)**



Import health requirements - challenges

- No distinction between temporary and permanent import, e.g. for intra-regional movement
- Import policies still zero-risk based
- Countries may not have reported survey results of their resident equine populations for diseases for which they restrict entry
- Counter the terms of the WTO Sanitary Phyto-Sanitary Agreement
- Frequency and kind of lab tests required excessive



Harmonisation of requirements

- Development of the HHP framework
 - Study on minimum requirements **globally** – “six diseases”

Rev. Sci. Tech. Off. Int. Epiz., 2015, 34 (3), 837-848

‘High-health, high-performance’ horses: risk mitigation strategies for OIE-listed diseases

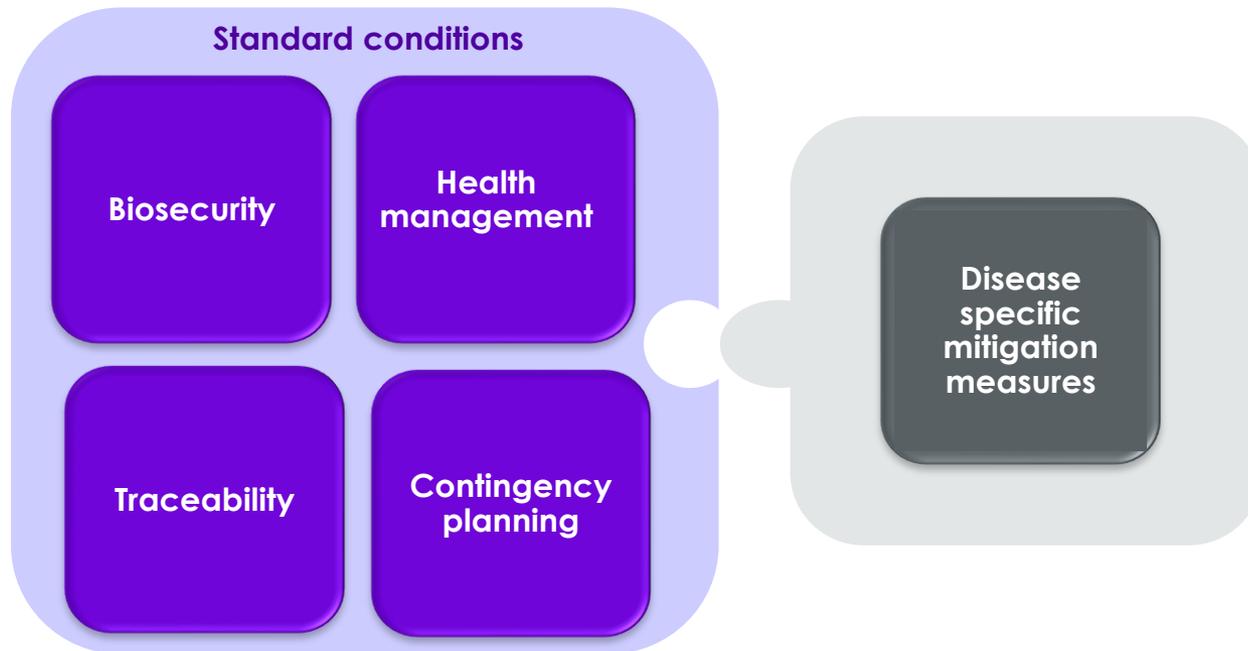
M. Dominguez ⁽¹⁾, S. Münstermann ⁽¹⁾, G. Murray ⁽²⁾ & P. Timoney ⁽³⁾

- Industry and OIE efforts to harmonise requirements at regional level
 - Regional workshops



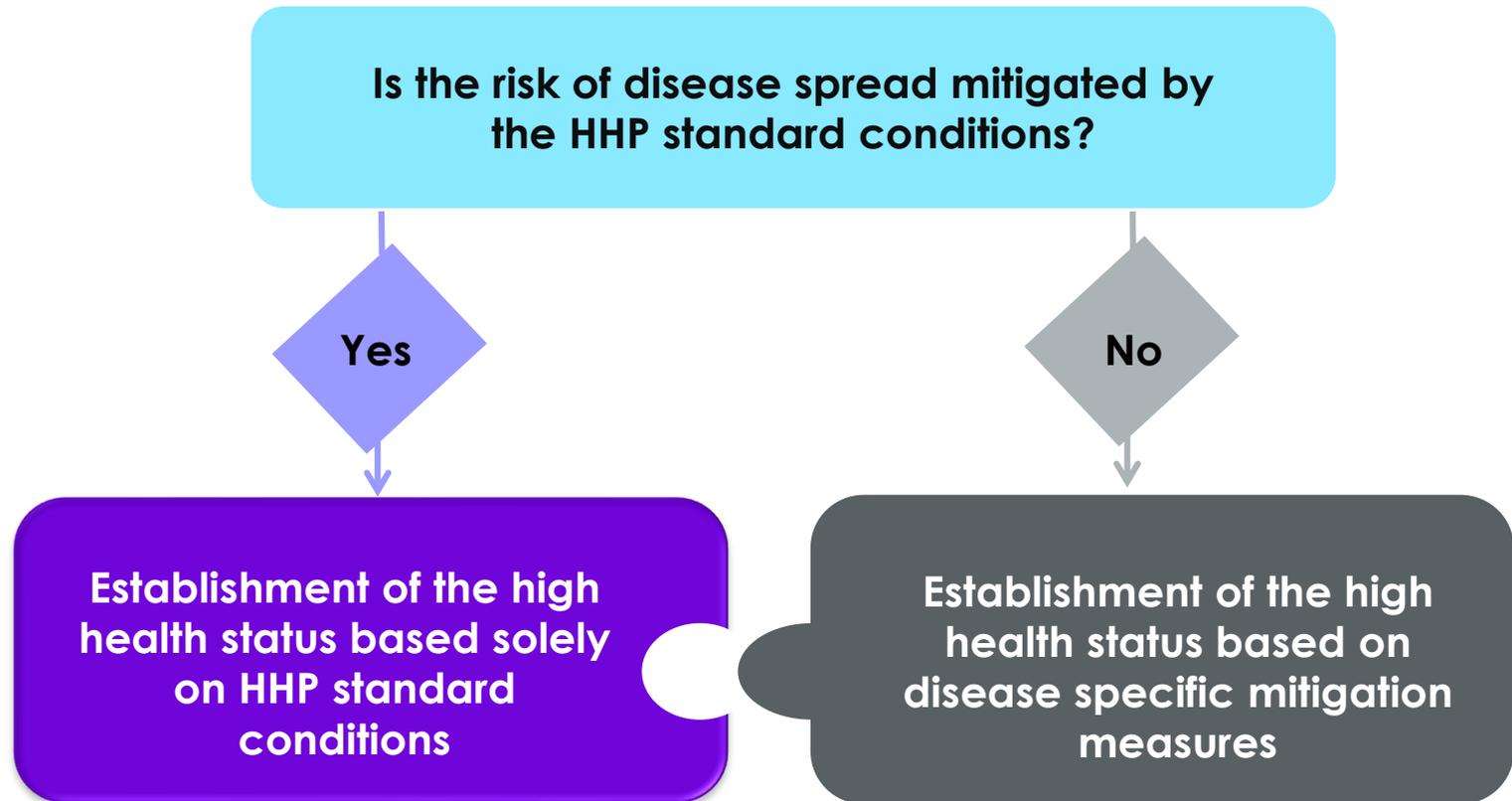
Risk mitigation

- General risk mitigation – HHP concept



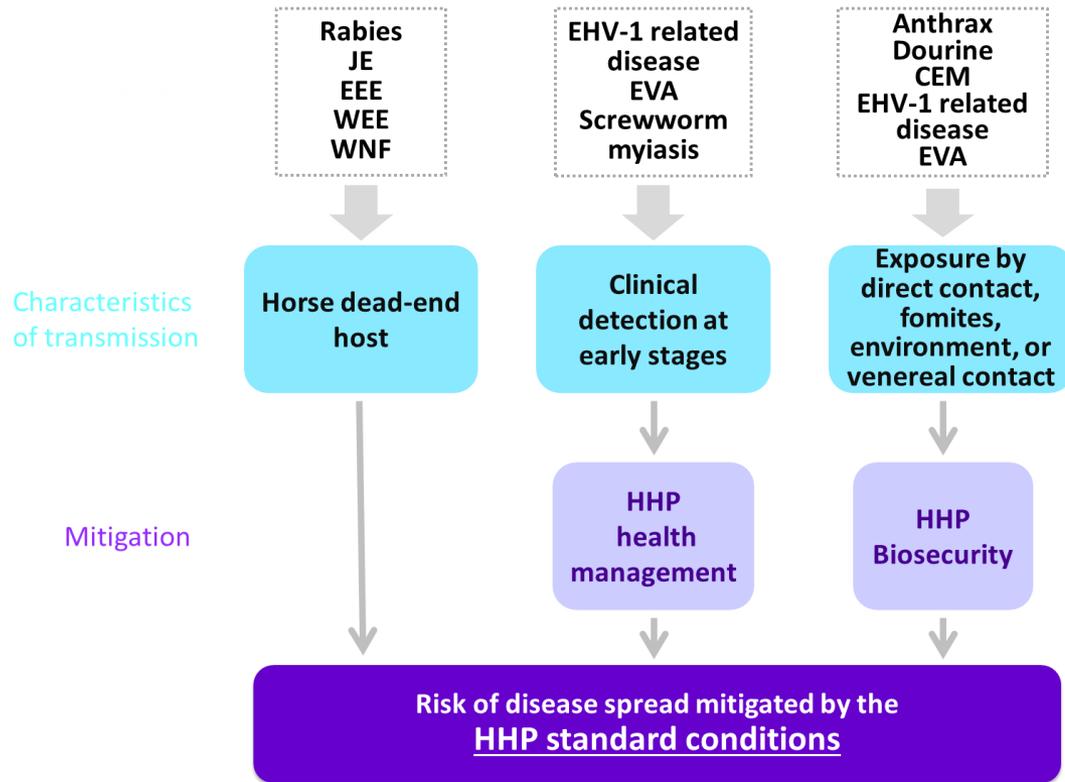


Decision tree for risk mitigation



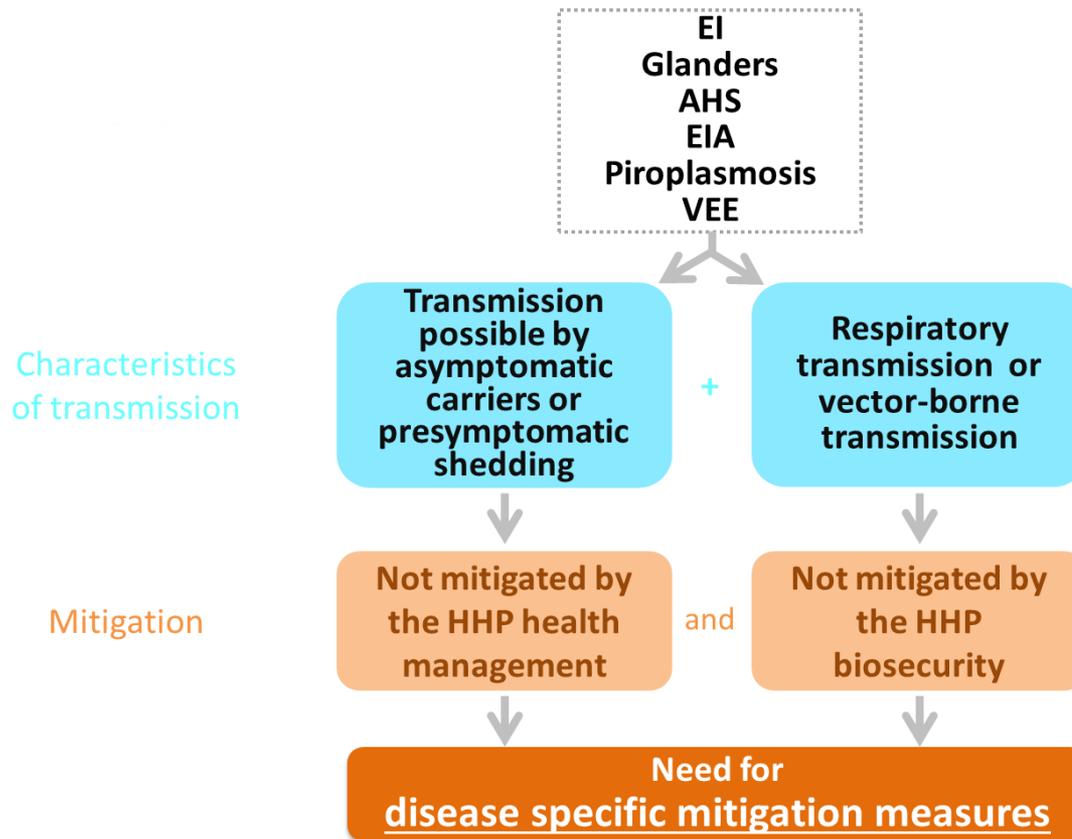


Diseases mitigated by HHP standard conditions





6 diseases requiring specific measures





Specific measures to mitigate risk

- Level of risk of these diseases to
 - Be undetected in the population
 - Be introduced into the population
 - Be transmitted within the populationhave been assessed and described.
- The respective measure is prescribed (vaccination, testing) and forms part of the requirements stipulated in the **Health Certificate**



1) HHP Initial Veterinary Certificate

HHP INITIAL VETERINARY CERTIFICATE

[Model for the temporary export of not more than 90 days of a High health-high performance (HHP) horse dispatched from its country of usual residence⁽¹⁾ to a country of temporary residence for competition or races]



Part II: Zoosanitary information

Certificate reference number:

The undersigned Official Veterinarian certifies that the horse described above satisfies the following requirements:

1. has been examined today, this being within 48 hours prior to shipment, and found free from clinical signs of infectious or contagious disease, free from obvious signs of ectoparasitic infestation, and fit to travel in accordance with the proposed itinerary;
2. is a registered HHP horse accompanied by its passport in which all vaccinations related to this Certificate are documented;
3. after due enquiry and to the best of my knowledge, during the 90 days prior to shipment
 - 3.1. has not been used for natural or artificial reproduction and has not been kept on a premises where natural or artificial reproduction activities are carried out during this period;
 - 3.2. has not come into contact with any equidae not of equivalent health status and has continuously been resident on qualified HHP premises⁽¹⁾;
 - 3.3. has not visited premises under official restriction for equine health reasons;
4. after due enquiry and to the best of my knowledge, for at least 15 days prior to shipment has not come into contact with equidae showing signs of infectious or contagious disease;
5. comes from a country /zone of dispatch,
 - ⁽¹⁾ either which has been recognised officially free from African horse sickness (AHS) by the OIE;
 - ⁽²⁾ or where AHS is compulsorily notifiable, and the horse was not vaccinated within 40 days prior to the introduction into an approved AHS vector-protected quarantine station⁽⁵⁾ where it was isolated for at least 14 days and was subjected to a validated PCR test carried out with negative result on a blood sample taken after at least 14 days after introduction into the quarantine and not more than 5 days before release from quarantine on⁽⁶⁾, and the horse is transported directly from the quarantine station to the place of dispatch in a vector-protected vehicle and appropriate vector protection is applied during transportation⁽⁵⁾;
6. comes from a country of dispatch
 - ⁽¹⁾ either in which Venezuelan equine encephalomyelitis is compulsorily notifiable and which has been free from Venezuelan equine encephalomyelitis for at least the last two years;
 - ⁽²⁾ or not known to have been free from Venezuelan equine encephalomyelitis for at least the last two years, and the horse for three weeks prior to shipment has not shown a rise in temperature (taken at least once daily), or if it has shown a rise in temperature, it has been subjected to a blood test for virus isolation with negative result, and
 - ⁽³⁾ either has been vaccinated not less than 60 days prior to shipment with an inactivated vaccine against Venezuelan equine encephalomyelitis in accordance with the recommendations of the manufacturer;
 - ⁽⁴⁾ or for three weeks prior to shipment, has been kept under vector protection at all times and was subjected to a haemagglutination inhibition test for Venezuelan equine encephalomyelitis carried out on⁽⁶⁾ on paired samples taken on⁽⁶⁾ and on⁽⁶⁾, no less than 14 days apart, with either negative results or a stable or declining titre, the second sample having been taken during the 7 days prior to shipment, and is transported directly to the place of dispatch in a vector-protected vehicle and appropriate vector protection is applied during transportation;
7. has been kept for six months prior to shipment

AHS



Residence, isolation, PCR

VEE



Temp., vector protection, HI test



glanders



⁽²⁾ either in a country or zone in which glanders (*Burkholderia mallei*) is compulsorily notifiable, where there has been no case of glanders for at least the past 3 years, and where a surveillance programme has demonstrated no evidence of infection with *Burkholderia mallei* in the past 12 months;

CFT

⁽²⁾ or in establishments where no case of infection with *B. mallei* was reported during the 12 months prior to shipment, and the horse has been permanently resident for at least 30 days prior to shipment on a single premises where no case of glanders was reported during the 12 months prior to shipment and has been subjected to a complement fixation test for glanders carried out with negative results at a serum dilution of 1 in 5 on blood samples taken on two occasions on⁽⁶⁾ and on⁽⁶⁾, at least 30 days apart with the second sample having been taken within 10 days prior to shipment;

piro



8. has been subjected to an indirect fluorescent antibody test (IFAT) or competitive enzyme-linked immunosorbent assay (c-ELISA) for equine piroplasmosis (*Babesia caballi* and *Theileria equi*) carried out

IFAT

⁽²⁾ either within 30 days prior to shipment with negative result on a blood sample taken on⁽⁶⁾ and was maintained free from ticks, by preventive treatment when necessary, during the 30 days prior to shipment;

EIA

Coggins



⁽²⁾ or previously with positive results and has been examined for, and treated against, ticks during the seven days prior to shipment;

9. has been subjected to an agar gel immunodiffusion test for equine infectious anaemia carried out with negative result on a blood sample taken on⁽⁶⁾ no more than 30 days prior to shipment;

EI

vaccination



10. after due enquiry and to the best of my knowledge, no equids showed clinical signs of equine influenza in any premises in which the horse has been resident for the 21 days prior to shipment, and

⁽²⁾ either comes from a country or zone in which equine influenza is compulsorily notifiable, which is free from equine influenza, and in which it has been resident for at least 21 days;

⁽²⁾ or comes from a country or zone not known to have been free from equine influenza and has been vaccinated against equine influenza within 21 to 90 days prior to shipment with

⁽²⁾ either a primary vaccination consisting of two consecutive inoculations with the same vaccine given 21 to 42 days apart on⁽⁶⁾ and on⁽⁶⁾

⁽²⁾ or a booster vaccination given on⁽⁶⁾ within 6 months of a certified primary course or within 6 months of a certified booster vaccination where it, and any previous booster vaccinations, had been administered at least annually;

Ext. parasites



11. was found free from external parasites following a systematic and thorough examination with particular attention paid to the ears, false nostrils, intermandibular space, mane, lower body areas, including the axillae, and inguinal region, and the perineum and tail, and was treated according to the manufacturer's recommendations within 48 hours of shipment with a broad spectrum parasiticide licensed or registered for use on horses.

12. I have received the route plan and declaration from the transporter or designated person responsible for the horse to ensure that:

12.1. the horse will be consigned directly from the HHP premises of dispatch to the HHP premises of destination;

12.2. during transport to destination the horse will not come into direct contact with equidae that are not of equivalent health status;

12.3. the vehicle or container in which the horse will be transported has been cleansed, disinfected and disinfected prior to embarkation with an insecticide and a disinfectant approved in the country of dispatch;

12.4. during transport to destination the health and welfare of the horse will be protected effectively.



Changes in Europe

- Europe is an important partner for Third countries in horse sport (racing and competition)
- The “new” Animal Health Law was adopted in March 2016 and will be in force as of 21.4.2021 – will replace all previous regulations, including for horse certification for movement.
- Sanitary groups for Third countries remained; categories of “registered” horses, horses for slaughter and horses for breeding remained; need for countries to get on the “list of third countries” (2018/659/EU) remained; however:
- No more “temporary” importation into the EU! Only permanent importation, which thereafter allows free movement in EU Member States
- The *new import health certificate* has a number of changes to the health requirements, most importantly the ability of Veterinary Services to demonstrate surveillance for glanders, surra, dourine, EIA to be able to declare parts of the country free of the disease



Discussion

- Could the use of one single Import Health Certificate at regional level reduce intra-regional movement issues for you?
- Level of testing might need to be harmonized – inter-laboratory ring tests?
- Follow OIE recommendations concerning EI vaccine





Conclusion

- Mitigation of risk for the majority of diseases of importance can be met through observance of the HHP standard conditions.
- The HHP Health Certificate is based on risk analysis and regulates the “six diseases” with specific measures
- Allows for harmonization of import conditions for Temporary import





Thank you for your attention





The major changes in the EU health certificate

As of April 2021	Disease	Current regulation (2018/659/EU)
Country free for 3 yrs or surveillance program and establishments free for 6 months and test	Glanders	Country free for 6 mths or test neg after 6 mths of infection in establishment
No longer requirement	VS	Country free from 6 mths or test neg after 3 weeks of infection in establishment
Country free for 2 yrs or surveillance program and establishments free for 6 months and test	Surra	Was no requirement
Country free for 2 yrs or surveillance program and establishments free for 6 months and test	Dourine	Country free for 6 months; 30 days after last infected animal was slaughtered
Country free for 1 yrs or quarantine plus 2 tests for 3 mths	EIA	Country free for 6 months; 3 mths after last case was slaughtered, confirmed by test
Country free plus two years	AHS	Country free for 2 years
Country free for 2 yrs or surveillance program and insect proof quarantine... different options	VEE	Country free for 2 years
No longer a requirement	All EEM	6 mths after slaughter of diseased animal