



Equine allergies

Introduction

Horses can be allergic to many different substances. Atopy and Insect Bite Hypersensitivity are potential causes for allergic symptoms in horses.



House dust and storage mites

Insect Bite Hypersensitivity (IBH) or 'Sweet itch' is the most common allergic skin disease in horses¹. It is a seasonal recurrent allergic dermatitis caused by hypersensitivity to salivary antigens of biting insects, especially of Culicoides species.

Atopy or atopic dermatitis involves a skin allergy to environmental substances such as pollen, mites, epithelia, fungi and/or yeast. Depending on the allergens, it may be seasonal or nonseasonal.



Pollen from grasses, weeds and trees

Pathogenesis

Very little is known about these equine conditions. Immunological reactions (IBH or atopy) may develop when an allergen-specific IgE antibody on a mast cell binds with an antigen. Potent inflammatory mediators and cytokines are released, resulting in allergy symptoms.

IBH and atopy are IgE mediated allergies (immediate type I), but type IV hypersensitivity reaction (delayed type, T-cell mediated) may be involved^{1,2}.



Prevalence, age of onset and genetic predisposition

As Culicoides and other insects are not present in every region, the percentages of IBH affected horses range from 3-11% in UK³, 37% in regions of Germany⁴ and 0-71% in regions of the Netherlands⁵. The prevalence of atopy in horses is currently unknown.

The average age of onset for IBH and atopy varies from 1 to 6 years 1,2,6,7. It is believed that hereditary predisposition has an important role in both conditions.

IBH may occur in every breed, but Welsh, Shetland and Connemara ponies, Friesian, German Shire,

Arabian, Quarter and imported Icelandic horses seem to be affected more often.

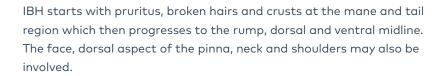
Atopy pre-disposed breeds are Thoroughbreds, Quarter horses, Warmbloods, Arabians and Morgans. Males seem to be almost twice as likely to have atopy as mares.



Clinical Signs

The clinical signs of IBH and atopy can be overlapping, with pruritus as the primary symptom. Some horses can be affected with both conditions.







The clinical signs occur distinctly in warmer months of the year (April-October²) and often worse near dusk and dawn due to the Culicoides feeding times.



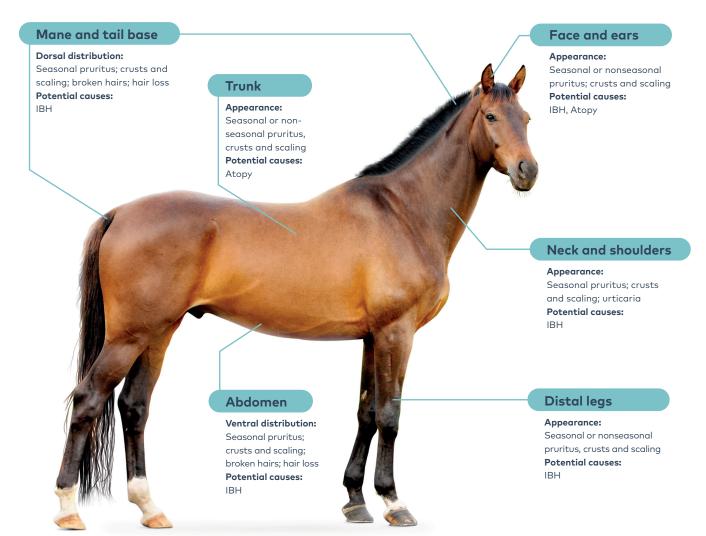
In atopy, pruritus is mainly present at the face, distal legs or trunk. Alopecia, erythema, urticaria and papules may all be present. Atopy symptoms can be seasonal or nonseasonal.



In both conditions self-trauma due to scratching, biting and rubbing may lead to erosions and ulcers, hair loss, excoriations, lichenification and pigmentary disturbances which contribute to the development of a secundary superficial bacterial infection. A pyoderma is typified by excess scaling, small epidermal collarettes or encrusted papules.

Sometimes Recurrent Airway Obstruction (RAO) can occur with or without pruritus. RAO is an allergic-based condition in stabled horses which is characterised by small airway inflammation, airway neutrophilia and obstruction after exposure to, for example moldy hay and straw (allergy to mould spores). It is unclear if IgE-mediated reactions play a role in RAO⁸.

Uncommon symptoms like laminitis and head tossing are also suspected to be associated with allergies6.

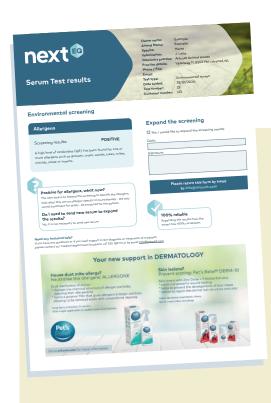


Self-trauma
and chronicity:
Alopecia
Excoriations
Erythema
Papules
Erosions
Ulcers
Thickened skin

Diagnosis

At present, the definitive diagnosis of IBH and atopy is based on the history (seasonality, recurrence and response to insect control), physical examination and exclusion of other pruritic skin diseases such as ectoparasites, bacterial, yeast or fungal infections, food and contact allergy.

Once IBH or atopy has been established, Artuvetrin® Skin Test and/or NextEQ Serum Test can be done to support the diagnosis and identify the responsible allergens. Correlation of the test result to the clinical picture is essential.



mAb derived from a recombinant horse IgE

NextEQ Serum Test

Highly specific and sensitive serological test specially for horses. It uses a monoclonal antibody generated and selected from recombinant horse IgE (rIgE).

The specific horse panel examines for the 32 most relevant indoor and outdoor allergens, including insects. You can choose between a screening and a complete panel. The screening indicates if any of the 32 tested allergens is positive or if all allergens are negative. If positive, a complete panel should be requested.

Grasses

Timothy grass, Perennial ryegrass and Bermuda grass

Crops

Oats and Rye

Mites

House dust mite, Farinae mite, Grain mite, Copra mite and Hay mite

Insects

Culex, Culicoides and Tabanus

Trees

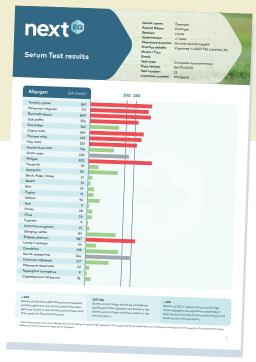
Birch, Alder and Hazel mix Beech, Elm, Poplar, Willow, Ash, Privet, Olive, Cypress

Weeds

Common mugwort, Stinging nettle, English plantain, Lamb's quarter, Dandelion, Red/sheep Sorrel and Common ragweed

Fungi

Alternaria alternata, Aspergillus fumigatus and Cladosporium herbarum



Artuvetrin® Skin Test

With this test small amounts of different allergens are injected intradermal. Subsequently, it is possible to evaluate whether or not a local reaction develops at the site of the injection.

Allergens should be selected based on the clinical history of the horse. There are about 80 different individual allergens or allergen mixtures available.

Each vial contains 3 ml, about 60 tests can be performed. They have a shelf life of 6 months.



Treatment

To successfully treat IBH and/or atopy in horses, a multi-modal approach is often required. This includes environmental control, topical control, systemic treatment and allergen-specific immunotherapy.

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The best treatment is environmental control to avoid or reduce allergen exposure. Although this is often impractical, there are specific recommendations depending on the responsible allergens (refer to the last page of this brochure - Environmental Control).

Ectoparasitic sprays, bath oils and lotions can be used for topical control. Regular grooming and bathing may remove allergens from the skin. Using cool bathing water rehydrates the skin, improves the epidermal barrier and vasoconstriction decreases delivery of mediators to the skin. Shampoos should be selected based on the skin condition.

Antihistamines, corticosteroids, tricyclic antidepressants or a combination can be effective in the control of pruritus or urticaria⁷. However, systemic treatment comes with undesirable adverse effects such as laminitis² and limitations on usage in competition sport.

Allergen-specific immunotherapy works by giving repeated doses of allergens, thereby stimulating an immune response in the body which leads to the build-up of immunological tolerance. It is the only treatment which alters the course of allergic disease while at the same time controlling the symptoms.

Allergen-specific immunotherapy is a safe and effective long-term treatment which has been used successfully for IBH, atopy, urticaria and allergen induced RAO^{7′9′10}. It may also be a consideration when treating allergy induced head shaking and laminitis9.

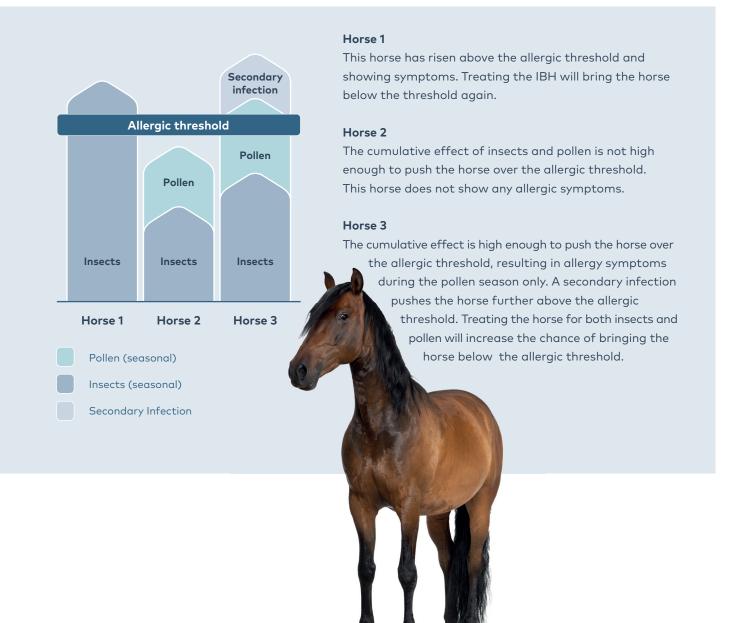
The success rate ranges from 60 - 84%^{7′9′10}. Improvement is seen as early as 2 months, but the treatment should be evaluated for efficacy over a minimum of a 12-month period⁷.

Allergen-specific immunotherapy is the preferred treatment choice¹⁰. It is available in subcutaneous injections or a sublingual spray.

The cumulative effect of allergens

Allergy symptoms start to develop when the horse rises above the allergic threshold, or also known as the itch threshold. The allergic threshold is basically the border between showing and not showing symptoms.

The allergy threshold can be different for every horse depending on the allergens involved. If an allergic horse is treated successfully and symptoms have disappeared, they will return to below the allergic threshold. Horses can have one or multiple allergies. In cases of multiple allergies, combined exposure gives a cumulative effect.



Artuvetrin® Therapy

Administration of Artuvetrin® Therapy is by subcutaneous injections. The treatment starts with low dosages in the induction period and gradually increases to the maintenance period. A vial of 10 ml Artuvetrin® Therapy can last up to 10 months and can have up to 8 allergens per vial.

Artuvetrin® Therapy

Artuvetrin® is the product of choice under the European veterinary medicines regulations (directives 2004/28/EC).



Adviced schedule	Dosage
Week 1	0.2 ml
2 weeks later (week 3)	0.4 ml
2 weeks later (week 5)	0.6 ml
2 weeks later (week 7)	0.8 ml
3 weeks later (week 10)	1.0 ml
3 weeks later (week 13)	1.0 ml
4 weeks later (week 17)	1.0 ml
4 weeks later (week 21)	1.0 ml

Maintenance period: 1.0 ml every 4 weeks.

Sublingual immunotherapy

This treatment is an alternative to the subcutaneous injections. Administration is by spraying in the mouth daily, between the cheek and gum. No food and drink is allowed 10 minutes before and after administration. One vial of sublingual immunotherapy can last up to 6 months and contains a maximum of 12 allergens per vial.

When is sublingual immunotherapy a good alternative?

- Averse to needles (animal or owner)
- Animals that experience adverse events to injections
- Animals that did not show improvement to injections
- · When a daily administration is preferred



Environmental control

Insects (IBH)

Reduce exposure to insects by moving horses away from standing water, manure piles, compost and cattle?.

Stable the horse before dusk and until after dawn?.

Use fly sheets or masks sprayed with permethrin repellant, using a \pm 32 x 32 per 2.5-cm grid meshing.

Place box fans within the stall9.

House dust and storage mites

Minimalise dust in the barn and consider purchasing rubber mats to replace stall bedding⁹.

Wash blankets, saddle pads and leg bandages regularly with 60°C hot water.

Consider keeping the horse outside or restrict stabling⁹.

Use airtight containers to keep food tightly closed and store in a cool, dark and dry environment.

Reduce food stockpiles by buying smaller amounts. Maximum storage time should be less than 30 days.

Wipe the face with a damp cloth after finishing a meal to remove food remains and keep food buckets, bins and tubs clean.

Keep the humidity and temperature in the barn lower than 45% and 21°C, consider using a dehumidifier.



Pollen

Restrict outdoor activity and only put the horse to pasture in the morning, evening or after rainfall when pollen numbers are low.

Move the horse to a different environment or a different barn?.

Keep windows and doors of the barn closed on warm and windy days and open them when pollen numbers are low.

Dry blankets, saddle pads and leg bandages inside.

Molds

Remove molds from damp environments and surfaces with a fungi cleaner.

Lower the humidity and increase ventilation indoors.

Consider keeping the horse outside or restrict stabling.

Avoid forest walks in autumn or in humid weather.

Dry clothes and bedding indoors instead of outdoors.

- 1 Yu A. A., 2006: Insect Hypersensitivity. AAEP Proceedings. Vol. 52, 463-466
- 2 Sloet van Oldruitenborgh-Oosterbaan M., 2013: Huidaandoeningen bij het paard. 193-198
- 3 McCaig. J., 1973: A survey to establish the incidence of sweet itch in ponies in the United Kingdom. Vet Record. 93:444-446
- 4 Littlewood J., 1998: Incidence of recurrent seasonal pruritus ('sweet itch') in British and German Shire horses. Vet Record. 142:66-67
- 5 Grevenhof van, EM et al., 2007: Identification of environmental factors affecting the prevalence of insect bite hypersensitivity in Shetland ponies and Friesian horses in the Netherlands. Equine Veterinary Journal. 39:69-73
- 6 Yu A. A., 2006: Atopy. AAEP Proceedings. Vol. 52, 466-469
- 7 White S.D., 2005: Advances in Equine Atopic Dermatitis, Serologic and Intradermal Allergy. Clin Tech Equine Pract. 4:311-313
- 8 Tahon, L., 2008: In vitro allergy tests compared to intradermal testing in horses with recurrent airway obstruction. Vet Immunol Immunopathol. 2009 Jan 15;127(1-2):85-93
- 9 Yu A. A., 2006: Atopy. AAEP Proceedings. Vol. 52, 469-475
- 10 Stepnik et al. 2011 2?: Equine atopic skin disease and response to allergen-specific immunotherapy: a retrospective study at the University of California-Davis (1991-2008). Vet. Derm. Vol 23, issue 1 (2012) 29-35











