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# Vacillating on vaccination

**I**F you have been following our veterinary columns on Equine Herpes Virus, last month by Neil Mechie and a few months ago by Charlie, you are probably very confused. Well, don't worry, you're not the only one.

Our attention focussed on EHV last year when there was a serious outbreak of the, often fatal, neurological form of the disease in Jean-Claude Rouget's French yard and then a confirmed case in Kevin Ryan's North Yorkshire yard which, although it was confined to just one animal, had serious implications for the trainer and his neighbours Bryan Smart and Michael Herrington. Kevin Ryan's yard was closed down for more than three weeks in mid-season and the other two yards were closed for more than a week.

I was of course concerned by this but, having considered and sought advice on Equine Herpes Virus vaccination many times over the years and having always decided against it, we did not alter our policies on

biosecurity or vaccination.

Now, however, we are forced to look again because France Galop has introduced a new ruling on EHV vaccination and horses will not be allowed to run in France after April 1 unless they have been vaccinated against EHV according to France Galop's approved vaccination regime which, they have decided, presumably for ease of administration, will be the

respiratory form of the disease and there is no conclusive evidence that they offer any protection against the neurological form. No matter that, even if they were effective vaccines, the manufacturers' protocol for their use is vastly different from that being imposed by France Galop.

No matter, if they don't do any good, they won't do any harm. But that's where the real sting comes in the tail of

this new ruling. There is a little evidence, albeit from just one American outbreak and circumstantial at best, to suggest that there might actually be an increased risk of developing the neurological form of

this disease in horses that have recently been vaccinated. It is really only anecdotal evidence but it does get some support from the fact that the neurological form of the disease is much more prevalent in France, where vaccination is common in racehorses and mandatory for breeding stock, than it is in Britain, where there are no such rules and vaccination is fairly uncommon in all but broodmares. The

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same as that for influenza.

So, there isn't much choice. If you want to race in France or even think you might want to race in France, you have to vaccinate. It's more money for the drug companies and vets but that's life and, if your horse is trained by Mark Johnston, the cost will be covered in the inclusive daily training rate. No matter that these vaccines aren't particularly effective against the

one British case last year, at Kevin Ryan's, had just been imported from France.

If there is a risk associated with vaccination, I have been assured that it is a very low risk and may not be a risk at all, but even that might not be a risk worth taking.

I am a huge believer in the use of vaccines in disease control and when advised that the yellow fever vaccine, which I was required to have when visiting Tanzania two years ago, carried a 1 in 1,000 risk of serious side-effects, I didn't hesitate to have the vaccine. Neither did Deirdre. The risk of contracting the disease without vaccination was far greater.

## Infection

But, in the case of EHV vaccination in young racehorses, there does not appear to be any advantage in being vaccinated. The vaccination will not prevent disease and herpes infection is pretty much endemic in young thoroughbreds. There probably is little or no risk attached to vaccination but, is 'probably' good enough when there is no benefit?

I'm really not sure.

France Galop, presumably, has experienced veterinary advisors just like the BHA and they have, presumably, decided that this is a good idea. It would be too cynical, even for me, to suggest that they are doing it for the financial benefit of their veterinary colleagues. They must believe that it is going to help prevent spread of the disease but I have, so far, been advised that there is no evidence to suggest that that is the case.

Our advisor on biosecurity, Professor Tim Morris, is seeking clarification from France Galop on our behalf as to what evidence they have to support the case for vaccination. We are open to the idea that they may have some evidence that we have overlooked and we will reserve judgement until we have heard from them.

I can say that, on the evidence available to me at present, if it were not for the French legislation, I would not be considering EHV vaccination as a routine for horses under my care. I will, therefore, be putting it to owners that, if they think they may wish their horse to race in France during 2018, it will need to be vaccinated. If they want that done, we will be happy to do it at no cost to the owner.

## The combinations that clicked

**A**N interesting question from Lawrence Best about Joe Fanning and trainer-jockey combinations in Kingsley Kickback this month (p.6) and some interesting figures supplied by our editor in reply. I immediately guessed that Richard Hughes-Richard Hannon might be the Flat jockey-trainer combination to challenge Joe's position at the top of the tree, but it was interesting to note that you have to include both the senior and junior versions of the trainer to put Richard Hughes just four winners ahead of Joe.

The phenomenal 31% strike rate of A P McCoy when

combined with Martin Pipe over a total of 3,698 rides is a joy to behold and I guess Silvestre de Sousa is included in the reply because, with 241 wins, he is the second most prolific winning jockey still riding for the yard.

The subject intrigued me and I started to delve through the Racing Post tables from which the figures are taken. It was no surprise to discover that Franny Norton has ridden 224 winners for the yard and not entirely surprising to discover that we notched up 205 winners with Darryll Holland. The relatively short associations with Jason Weaver and Kevin Darley

produced quite remarkable totals of 234 and 237 respectively and the sadly short period with Keith Dalglish brought 139 winners. How many might he have had if his natural body weight wasn't greater than my own?

However, the one who, as far as I can see, surpassed all bar Joe Fanning was quite a surprise to me. Greg Fairley rode 262 winners for the stable from 1,476 rides.

One thing common to all eight (Fanning, Fairley, de Sousa, Darley, Weaver, Norton, Holland and Dalglish) of these jockeys is that their combination with me was more fruitful than with any other trainer.



Joe Fanning

## Tracking the wind stats

**S**TICKING to the veterinary theme, I'd like to remind you that the BHA's new rule on the declaration of 'wind' surgery since a horse's last start came into effect on January 19, and the Racing Post reported on January 26 that, by that date, the BHA had been notified of 226 'wind' surgeries. Considering that the only horses being declared are those that have had surgery since their last start (not those that had surgery before their last start or before they ever ran) that sounds like a huge number to me. Clearly a lot of people think these operations need doing.

I haven't been following the results but it has been suggested to me that first indications are that the information is of little or no value to punters (surprise, surprise) as the horses aren't generally showing marked improvement. That will be music to the ears of those who think information gained as a result of this ruling will help prove that these surgeries are of no benefit and will result in their demise.

I am sure they will be studying the form of these horses very carefully and will be aiming to make an objective assessment of the efficacy of the procedures, but the numbers notified already tell me that there is very widespread belief in 'wind' operations and I think my fear, that the ruling will lead to many more Flat-bred horses having 'prophylactic' surgery before their first start in order to avoid the declaration, is a real one.

We surely need to consider that if 226 were declared as having had surgery since their last start, in the space of just one week from the introduction of the rule, the overall number that have had surgery in jump races must be enormous.