Vetlab Supplies
Specialists in Veterinary Laboratory Supplies

FLASH VetID™ FHV

The latent virus that keeps eye disease coming back



Fast test for the qualitative detection of DNA of Feline herpesvirus type 1 (FHV-1) in conjunctival, nasal, or oropharyngeal swabs of the cat.

35 minutes	Detects viral DNA	Room temperature	12 months
TOTAL ASSAY TIME	TEST	STORAGE	SHELF LIFE (FROM MFG)

Sensitivity 100.00% & Specificity 98.59% (n=324)
Supports diagnosis during active or recrudescent shedding
Sample: conjunctival and oropharyngeal swabs (essential), add a nasal swab if secretions are present

Clinical suspicion:

- Paroxysmal sneezing with serous-to-mucopurulent oculonasal discharge
- Conjunctivitis, blepharospasm, and chemosis
- Dendritic or geographic corneal ulceration (pathognomonic for FHV keratitis)
- Fever and anorexia, especially in kittens
- Recrudescent signs after stress, corticosteroid therapy, or hospitalisation

Screening / prevention programs:

- New introductions into shelters, catteries, and multi-cat households
- Kittens presenting with recurrent conjunctivitis or keratitis
- Pre-breeding screening of queens with a history of ocular disease
- Outbreak work-up alongside other agents of the feline URTD complex



FLASH DIAGNOSTICS

FLASH VetID™ FHV

The Pathogen and Transmission

Feline herpesvirus type 1 (FHV-1) is an enveloped, double-stranded DNA alphaherpesvirus and one of the major drivers of feline upper respiratory disease complex. Transmission occurs via direct contact with ocular, nasal, and oral secretions and via short-range aerosols and contaminated fomites. FHV-1 is ubiquitous – most cats are exposed during their lifetime, commonly as kittens. Following primary infection, the virus establishes lifelong latency in the trigeminal ganglia, from which it can reactivate and be re-shed intermittently, particularly under physiological or environmental stress.

Species-Specific Manifestations

Primary infection typically produces sneezing, oculonasal discharge, and conjunctivitis, with keratitis – including the characteristic dendritic corneal ulcer – a hallmark that distinguishes FHV-1 from other agents in the upper respiratory tract disease (URTD) complex. In neonatal and very young kittens, infection can be severe and occasionally fatal. Recrudescent disease in adults is usually milder but chronic, and repeated corneal involvement can lead to sequelae such as corneal sequestrum, symblepharon or eosinophilic keratitis, most often in hospitalised, boarded, or recently rehomed cats.

The Diagnostic Value Proposition

Latently infected cats shed FHV-1 intermittently and often at low copy number, requiring a highly sensitive nucleic-acid method to catch low-level reactivation. A fast result supports same-visit decisions on antiviral therapy and isolation. DNA detection also helps differentiate herpetic keratitis from other causes of feline ocular surface disease when the corneal picture is not classic.

+ Positive Result

Confirms active or recrudescent shedding of FHV-1 DNA at the sampled site and supports a diagnosis of herpetic disease in a cat with compatible clinical signs.

– Negative Result

FHV-1 infection is less likely but does not rule it out: latent carriers shed intermittently, and viral load can fall below the limit of detection between episodes. Repeat sampling during an active flare improves diagnostic yield.

Gold-standard confirmation

Confirm equivocal or clinically important cases with laboratory qPCR.

Differential diagnostics

It is recommended to run alongside FLASH VetID™ FCV, FLASH VetID™ C. felis, and FLASH VetID™ M. felis, since feline URTD complex agents frequently co-circulate and ocular presentations in particular can look alike on examination alone.