Table S1. Outbreak of Hendra virus in horses

Date	Location	Confirmed cases of Horses	Clinical significance	Other evidence
August 1994	Mackay	2	Clinical indications that need verification	It was not until a Mackay resident's HeV infection was confirmed in late 1995 that these cases came to light. Late in 1995, testing was done on horse samples that had been preserved.
September 1994	Hendra, Brisbane	13	Clinical indications that need verification	This event led to the first identification of HeV. Not all horses were evaluated due to missing samples and a lack of diagnostic tests at the time. However, sufficient epidemiological evidence classifies all affected horses as cases.
January 1999	Cairns	1	Clinical indications that need verification	For this horse, strong epidemiological evidence is available. A veterinary surgeon who tested diagnostic for the virus HeV serologically performed a necropsy on an unplanned horse death that had HeV-compatible symptoms. Since no equine samples were recognized as prospective sources, only the horse was available for examination.
December 2004	Townsville	1	Brownish nasal discharge, fever, increased heart and pulmonary rates, and depression	[1]NR
June & July 2008	Redlands	11	Horses 1-3: Undetermined Horse 4: maniacal/erratic behavior, unappetizing, and melancholy. Horses 5 to 8: Recumbent periods, fever, ataxic, circling, inappetent, depressed. Horse 9: Inappetent, sad, severely ataxic, recumbent, thrashing furiously, central neurological symptoms. Horse 10: Downcast and quickly getting worse. Horse 11: Melancholic and febrile.	One month prior to the first verified occurrence, three horses with unresolved HeV status passed away at a veterinary clinic while exhibiting signs that may have been indicative of HeV. Their necropsies were incomplete, and the limited lab samples available tested negative for HeV.
July 2009	Cawarral	4	Excessive breathing, foamy nose, fever, high heart rate, high breathing rate, blood clotting slowly, trouble walking, collapse, and death neuromuscular spasms that worsened with time, loss of consciousness.	For a horse that passed away 12 days prior to the first HeV infection to be reported, there is strong epidemiological evidence. A veterinarian diagnosed HeV infection after a pulmonary endoscopy. HeV positive results were also confirmed on preserved blood samples from a second horse.
June & July 2011	Boonah & Wollongbar (NSW)	14	Fever, dull, depressed, slight nasal discharge, and an increased heart rate. Euthanized because of a fever, swollen mucous membranes, wide-based ataxia, asymmetric facial paralysis, and blindness	Test results verified that a dog on this property had antibodies against HeV. The dog was said to have had no outward symptoms of the disease.
July 2012	Rockhampton	9	Anorexia, a depressed head, unsteady gait, labored breathing (pulmonary rate of 20), a heart rate of sixty, mild bilateral nasal	NR

[1] 'NR' is referred as 'non-relevant'

			discharge, and a progression to recumbency	
September 2015	Gympie	1	An acute disease that progresses quickly within a day, characterized by swollen or injected gingival mucous membranes that are depressed (obtruded) and dark reddish-purple with a darker periapical line and longer capillary refill time.	It wasn't until 2021 that this patient was identified as having the Hendra virus variant (HeV-g2).
December 2016	Casino (NSW)	2	The horse had experienced a time of illness. Among the first clinical symptoms seen were mouth discomfort, weight loss, modest ataxia, nasal discharge, failure to graze, and slight disorientation.	A few days after the death, more samples were collected, and one weak HeV PCR result was positive.
October 2021	West Wallsend near Newcastle (NSW)	1	neurological signs and symptoms. Not given the HeV vaccine, killed when health quickly deteriorated.	A version of the Hendra virus (HeV-g2) was identified in this case.
July 2022	Mackay	1	food poisoning, difficulty chewing, dizziness, stammering, and enlarged muzzle	NR
July 2023	Newcastle	1	injected membranes, depression, ataxia, fever, unappetizing, bilateral serous nasal discharge, and not having received an HeV vaccination. A little initial care was given, but the patient worsened and passed on the next day.	NR