

## Equine Vaccination Guidelines

### General Considerations

- *Generally start foal vaccinations around 4-6 months of age. There are great exceptions to the 4-6 month start time. If mares were properly vaccinated throughout their pregnancies, foal vaccination is delayed. Influenza vaccination in foals is not recommended in young foals, i.e. foals less than 7 - 8 months of age. Foals in general receive more boosters than adults; for example, rabies is given three times within the first 12 months of age. Veterinary direction is essential in the vaccination of foals.*
- *Most adult vaccines require an initial inoculation, a booster inoculation 3-4 weeks later, followed by annual boosters. Exception examples: rabies requires only one initial shot followed by annual boosters in the adult; whereas, botulism requires an initial shot followed by two boosters one month apart, followed by an annual booster.*
- *Having said the above, it is essential to assure effective vaccination for your horse, to follow product manufactures recommendations. Under certain conditions, veterinarians will alter recommendations. Example: Flu and Rhino.*
- *No vaccine is 100% effective; some are far below 100%.*
- *Don't vaccinate stressed horses, ill horses, or horses incubating disease.*
- *Any vaccine used should be a United States Department of Agriculture licensed product that has been properly handled to ensure safety and efficacy.*
- *Keep records.*
- *Vaccinations should always be administered under the direction of a veterinarian, and are frequently custom-tailored depending on: sex, use, risk of exposure, and other factors.*

### Vaccinations Available

- *Core Vaccines:*
  - *Tetanus: continues to be an essential core vaccine.*
  - *Equine Encephalomyelitis: Eastern and Western types a must, Venezuelan south of our border. Typically comes mixed with Tetanus.*
  - *Rabies: essential.*
  - *West Nile Virus: as of 2002, essential.*

- *Risk-Assessment Vaccines:*

- *Strangles: intra-nasal vaccine much preferred if you must use. Intra-nasal Strangles vaccination cannot be administered within two weeks of any other vaccine. Intra-nasal Strangles produces slight colostrum protection to neonatal foals; therefore, one must use intramuscular Strangles vaccination in mares to protect neonatal foals.*
- *Equine Influenza: use depends on risk factors including horse age. 2008 reports suggest vaccine booster frequency be limited to no more than every 6 months. (1 – 2 times per year)*
- *Equine Rhinopneumonitis [EHV or Herpes virus]: Two types of vaccine: respiratory diseases preventative vaccine and abortion disease preventative vaccine. All pregnant mares: A core vaccination. Respiratory disease preventative booster frequency: up to every six months, i.e. 1-2 times per year. There are no current Herpes neurological preventive vaccinations claims; however, vaccination is recommended as a sound preventative practice.*
- *EPM Vaccination: A safe vaccine but efficacy vaccine challenge studies lacking.*
- *Botulism: Core for pregnant mares. Additionally, silage exposure risk, exposure to decaying vegetable matter [grass, hay, grains, spoiled silages], or farm history of botulism cases [forage poisoning] make preventative vaccinations necessary.*
- *Potomac Horse Fever: Vaccine efficacy questioned? Give if high risk environment.*
- *Equine Viral Arteritis: certain breeding situations only, Gov't. regulated.*
- *Rota Virus: currently commonly used in Ireland and KY; risk assessment in our area.*
- *Anthrax: Harsh vaccination reactions, only extremely high risk horses in endemic locations.*
- *Lyme Disease, Leptospirosis, Clostridal Enteritis: Extra label risk assessment vaccines.*

#### *Adverse Reactions*

- *Swelling and muscle soreness*

- *NSAID +/-*
- *Cold packs (Hot packs if abscess-plus medical attention.)*
- *DMSO with veterinary recommendation and supervision only*
- *Exercise with discretion.*