

Spring Vaccinations:

Vaccination is a vital part of keeping your horse healthy throughout the year. In general, if mares are vaccinated in their 10th month of gestation their foals will not need vaccination until they are 5-6 months of age. For more specific information on mare and foal vaccines please call the office or consult the vaccine guidelines designated by the American Association of Equine Practitioners (website listed below)

Why vaccinate in spring:

Ideally, horses should be vaccinated before the onset of the disease vectors, which for multiple diseases include mosquitos and flies. Therefore, we recommend having your horse vaccinated in March-May to give your horse's immune system adequate time to become protective before mosquito and fly season. Spring is also a time when owners are excited to take their horses trail riding, to horse shows, or change barns which means they will be at an increased risk of disease spread by direct contact with other horses (flu/rhino).

What vaccines are recommended?

CORE VACCINES: recommended for every horse yearly as the diseases are highly infectious or can cause serious illness (including death) and the vaccines have proven to be highly safe and effective with a low risk of side effects.

◇ **Rabies-** While often forgotten horses are susceptible to rabies as they are in areas that can frequently expose them those animals that may carry the disease (bat, raccoons, opossums). It is rare but possible for horses to spread the disease to human through their saliva. Symptoms of rabies vary among horses, but some include fever, weakness, colic, lethargy, inability to swallow and behavior changes. Rabies vaccines are recommended annually as there is no cure for an infected animal and the vaccine is extremely effective at preventing disease.

◇ **Eastern Equine Encephalitis (EEE)/Western Equine Encephalitis (WEE)** - Both Eastern & Western Encephalitis viral neurologic diseases spread by mosquitoes and other biting insects and causes severe neurologic disease. Transmission from horse-to-human and horse-to-horse is rare, but possible. Once infected, the disease is potentially fatal and vaccination is recommended annually to semi-annually (spring and/or fall) depending on the severity of the mosquito/fly season.

◇ **Tetanus-** Tetanus is a neurological disease caused by a toxin released by the bacteria, *Clostridium tetani*. *Clostridium tetani* is considered to be everywhere in the soil and can easily be contracted by open wounds such as foot abscesses, lacerations, surgical incisions or a foal's umbilicus. Horse are one of the most susceptible species for contracting tetanus which means they require at least an annual vaccine and potentially a booster if they have a cut or laceration.

◇ **West Nile-** West Nile is a viral neurologic disease that is also spread by mosquitoes. Symptoms include: fever, incoordination, depression, weakness, muscle twitching, convulsions and death. Affected horses have a high risk of death and survivors often have residual neurological effects. Since this disease is so serious we recommend your horse be vaccinated annually in the spring. If you are planning on travel south or if the mosquito season is abnormally long your horse may need a booster in the fall.

RISK-BASED VACCINES: recommended based on your horse's individual risk of disease depending on location, horse's use, and age. It is best to consult a veterinarian to determine if your horse is at risk for these diseases and require vaccination.

◇ **Flu/Rhino- Equine Influenza virus** is one of the most common infectious diseases of the equine respiratory tract. Symptoms include nasal discharge, cough, fever, lethargy, and inappetence. The disease also destroys the horses respiratory defense mechanism in the trachea making them more susceptible to bacterial infection. Flu is highly

contagious via nasal secretions/coughing or through contaminated objects such as; water buckets, pitch forks, grooming supplies, or humans. **Equine Herpes Virus (EHV)** can infect the respiratory tract (rhinopneumonitis) similarly to flu, but can also cause abortion and neurological disease. It is spread via coughing, contaminated objects, nasal secretions, and contact with aborted fetuses/placentas when abortions occur.

We recommend a Flu/Rhino vaccine twice a year, especially for:

Young horses <5 years of age.

Show horses, boarded horses, or if you plan on doing any activities in which your horse will have contact with another horse.

◇ **Potomac Horse Fever (PHF)** - PHF is a non-contagious disease caused by *Neorickettsia risticii*, which is an intracellular bacteria that usually occurs seasonally (late summer and early fall). Clinical signs are variable and may include fever, diarrhea, colic, laminitis (founder), and mid-gestation abortion. The effectiveness of vaccination is controversial and field efficacy of the vaccination is unclear. However vaccination may lessen the severity of disease and is therefore recommended if you are in an area of higher risk.

◇ **Strangles**- Strangles is a highly contagious disease cause by the bacteria *Streptococcus equi subspecies equi*. Clinical signs include: fever (>102.0 F), difficulty swallowing/anorexia, enlarged lymphnodes, and thick nasal discharge. It is transmitted by direct contact with infected horses or sub-clinical carriers (infected but not showing signs) or by indirect contact via pastures, stalls, tack, water troughs, or clothing contaminated with nasal discharge. Vaccination is recommended in places with high risk of exposure or on facilities that have previously had an outbreak.

Vaccination against strangles is not without risk and does have the potential to cause adverse reactions including Purpura hemorrhagica. Purpura Hemorrhagica is an immune-mediated, generalized vasculitis that can develop 2-4 weeks following vaccination or natural infection with Strangles. Common signs include are swelling of the limbs, abdomen, and head, and bruising of the gums, and at times sloughing of swollen areas. Horses previously infected with strangles have been shown to retain immunity for up to 5 years and are therefore more susceptible to adverse reaction. There is a blood test available to determine your horses level of immunity to Strangles if you are unsure of its previous medical history.

For more information visit the vaccination guidelines section of aaep.org at: <http://www.aaep.org/info/guidelines>