



CORE VACCINATIONS

protect against diseases that are endemic to a region, are virulent/highly contagious, pose a risk of severe disease, those having potential public health significance, and/or are required by law. Core vaccines have clearly demonstrable efficacy and safety, with a high enough level of patient benefit and low enough level of risk to justify their use in all equids. *AAEP Vaccination Guidelines*

- Tetanus – potentially fatal disease caused by neurotoxin producing bacteria *Clostridium tetani*. *Clostridium tetani* organisms are found in soil all around us, as well as the intestinal tract of many animals and humans. Horses can contract tetanus through wounds, incisions, the umbilicus, or any exposed tissue. However tetanus is not contagious from horse to horse. The average incubation period is 10-14 days, and clinical signs may include: stiffness - “sawhorse stance”, raised tail, visible third eyelid, sweating, hypersensitivity to stimulus, and fever. Booster vaccination is recommended at the time of a wound or surgical procedure if the horse has not been vaccinated within the last 6 months.
- Eastern/Western Equine Encephalitis – potentially fatal neurologic disease caused by mosquito borne alphaviruses. Initially horses may be depressed with neurologic signs developing in approximately 5 days, including: altered mentation, difficulty swallowing, circling, blindness, seizures, head pressing, coma, or death. Even if the horse survives the infection can have long-lasting neurologic effect.
- West Nile Virus – Flavivirus transmitted between birds and mosquitoes and causing encephalomyelitis in horses. Clinical signs are variable and may include: low-grade fever, inappetance, depression, weakness, ataxia (incoordination), muscle tremors, and difficulty swallowing. Clinical signs generally worsen in the first 7-10 days after onset. Case fatality is approximately 30-40%.
- Rabies – relatively rare (horses account for <1% of rabies cases in the US) but usually fatal neurologic disease. Horses show a variety of clinical signs including, but not limited to: fever, inappetance, blindness, difficulty swallowing, hyperesthesia, muscle tremors, lameness, weakness, incoordination, depression, mania, paralysis, and/or sudden death. Decline and death is generally rapid and occurs 5-7 days from onset of clinical signs. Rabies is transmissible to humans! Notify your veterinarian immediately and avoid human contact with the animal if you have any suspicion of rabies infection in your horse.



RISK-BASED VACCINES

are selected for use based on risk assessment** performed by, or in consultation with, a licensed veterinarian. Use of these vaccines may vary between individuals, populations, and/or geographic regions.

AAEP Vaccination Guidelines

- Influenza – rapidly spreading highly contagious virus manifesting as high fever, dry cough, and nasal discharge. Mildly affected horses recover in 2-3 weeks, but are susceptible to secondary bacterial infection (i.e. bacterial pneumonia) during the recovery period.
- Equine Herpes Virus – aka Equine Viral Rhinopneumonitis or Equine Abortion virus. EHV-4 generally causes fever and upper respiratory infection in weanlings and young horses. EHV-1 can cause abortion in the pregnant mare, and in rare occasions neurologic disease. Transmission occurs via inhalation, nasal secretions, aborted fetus, placenta or placental fluids. A 28 day isolation period is recommended after diagnosis, and recovered horses are capable of shedding during times of stress for the rest of their lives.
- Potomac Horse Fever – mild colic, fever, and diarrhea caused by the Gram negative bacteria *Neorickettsia risticii*. It is most commonly seen in spring-early fall and in areas near bodies of water. PHF is thought to be contracted through ingestion of infected aquatic insects, and is not transmitted horse to horse.
- Equine Viral Arteritis – an RNA virus causing fever, vasculitis, edema, hives, respiratory disease, and abortion. It is primarily transmitted through aerosolization, but contact with contaminated objects and venereal transmission can occur. Stallions may become carriers after infected. At risk stallions should be re-vaccinated annually.
- Rotavirus – a major infectious cause of foal diarrhea. A series of vaccinations in the pregnant mare increase colostral antibodies and offer decreased severity of diarrheal disease.
- Strangles – a highly contagious bacterial disease (*Streptococcus equi*) that affects horses of any age. Transmission occurs through direct (i.e. nose to nose) or indirect (i.e. water troughs, grooming supplies) contact. Clinical signs are fever, enlarged lymph nodes which may abscess, difficulty swallowing, and mucopurulent nasal discharge. Only horses in high risk environments should be vaccinated because of significant adverse vaccine reactions or development of purpura hemorrhagica in previously exposed horses.



CORE VACCINES

Disease	Foal (<12mo) of Vaccinated Mare	Foal (<12mo) of Unvaccinated Mare	Broodmare	Adult (>1yr) Vaccinated	Previously Unvaccinated
Tetanus	3 dose series at 4-6mo. age: 2 doses 1mo. apart, 3 rd dose at 1yr	3 dose series at 1-4mo. age, all doses 1mo. apart	1mo. pre-foaling	Annual booster	2 dose series 1mo. apart, annual booster
Eastern/Western Equine Encephalitis (EEE/WEE)	3 dose series at 4-6mo. age: 2 doses 1mo. apart, 3 rd dose at 1yr	3 dose series at 3-4mo. age: 2 doses 1mo. apart, 3 rd dose at 1yr	1mo. pre-foaling	Annual spring booster	2 dose series 1mo. apart, annual spring booster
West Nile Virus (WNV)	3 dose series at 4-6mo. age: 2 doses 1mo. apart, 3 rd dose at 1yr	3 dose series at 3-4mo. age: 2 doses 1mo. apart, 3 rd dose at 1yr	1mo. pre-foaling	Annual spring booster	2 dose series 1mo. apart, annual spring booster
**Note Spring 2010 Intervet's chimeric WNV vaccine Prevenile was recalled					
Rabies	1 dose at 6mo. age	1 dose at 3-4mo. age	Pre-breeding <i>or</i> 1mo. pre-foaling	Annual booster	Single dose, annual booster



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Disease	Foal (<12mo) of Vaccinated Mare	Foal (<12mo) of Unvaccinated Mare	Broodmare	Adult (>1yr) Vaccinated	Previously Unvaccinated
Influenza	3 dose series at 6mo. age: 2 doses 1mo. apart, 3 rd dose at 1yr	3 dose series at 6mo. age: 2 doses 1mo. apart, 3 rd dose at 1yr	1mo. pre-foaling	Booster every 6mo.	3 dose (inactivated) or 2 dose (canary-pox vector) series 1mo. apart, booster every 6mo.
Equine Herpes Virus (EHV)	3 dose series at 4-6mo. age: 2 doses 1mo. apart, 3 rd dose at 1yr	3 dose series at 4-6mo. age: 2 doses 1mo. apart, 3 rd dose at 1yr	Pneumabort-K (killed vaccine); 5, 7, and 9mo. gestation	Booster every 6mo.	3 dose series 1mo. apart, booster every 6 mo.
Potomac Horse Fever (PHF)	2 dose series 1mo. apart, at 6mo. age	2 dose series 1mo. apart, at 6mo. age	1mo. pre-foaling	Annual booster	2 dose series 1mo. apart, annual booster
Botulism	Not applicable	3 dose series 1mo. apart at 1-3mo. age	1mo. pre-foaling; if previously unvaccinated at 8, 9, and 10 mo. gestation	Annual booster	3 dose series 1mo. apart, annual booster
Equine Viral Arteritis (EVA)	Colt – single dose 6-12mo. age	Colt – single dose 6-12mo. age	Not recommended	Stallions/teasers – 1mo. prior to breeding season Annual booster	Single dose, annual booster
Rotavirus	Not recommended	Not recommended	3 dose series 8, 9 and 10mo. gestation	Not applicable	Not applicable