Equine Vaccines and Their Importance to Equine Health

As a result of veterinary vaccines, equine health and public health have been protected and animal suffering is reduced. Vaccination is one of the best ways to prevent illness and disease spread in equine, just as in humans. This preventative measure benefits the equine and their owner by reducing the need for expensive treatment, and potentially resulting in fewer emergency visits.

Vaccinations for the <u>Adult Equine</u>

The American Association of Equine Practitioners (AAEP) divides all vaccines into two categories, core or risk based.

There are products that contain multiple vaccines in one injection, so various combinations can be administered.

There are different protocols for pregnant mares and foals not included below.

All the vaccines below, except for Strangles, is administered as an intramuscular injection.

Core Vaccines

Recommended for all horses

Tetanus

•Exposure is from infection through a puncture, laceration, incision, or wound with spores from the environment

•Initial vaccine needs to be repeated in 4-6 weeks, then can be administered annually as a single dose

·If a horse obtains a wound or undergoes surgery and it has been >6 months since their last tetanus booster, then they should be revaccinated immediately

Eastern and Western Equine Encephalitis

•Exposure is from mosquitoes, ticks, insects, and nasal secretions

•Initial vaccine needs to be repeated in 3-6 weeks, then can be administered annually as a single dose

·Should be given in the Spring before vector season

Rabies

West Nile Virus

•Exposure is from a bite from an infected animal
•Injection must be administered by a veterinarian
•Administer as a single dose and repeat annually

•Exposure is from mosquitoes
•Initial vaccine needs to be repeated in 3-6 weeks, then can be administered annually as a single dose
•Should be given in the Spring before the vector season

Risked-Based Vaccines

Recommended based on the region, equine population, and the individual horse Listed below are the most common and prevalent risk-based vaccines given in New Brunswick, but there are other risk-based vaccines that clients may consider, especially if traveling outside of Canada

Influenza

•Exposure is from infected horses through contact with aerosolized droplets or fomite transmission
•Highly contagious
•Initial vaccine needs to be repeated in 3-4 weeks, then can be administered annually as a single dose

Strangles

•Exposure is from direct contact with an infected horse or sub-clinical shedder, as well as materials contaminated with the bacteria
•Initial vaccine needs to be repeated in 3 weeks, then can be administered annually as a single dose
•Vaccine is administered intranasally

Equine Herpesvirus (Rhinopneumonitis)

Exposure is from direct or indirect contact with respiratory secretions from an infected horse, or contact with an infected aborted fetus, placenta, or fetal fluids
Vaccine contains EHV type 1 and 4
Initial vaccine needs to be repeated in 3-4 weeks, then can be administered annually as a single dose

