

CORE VACCINATIONS FOR ADULT HORSES

ALL VACCINATION PROGRAMS SHOULD BE DEVELOPED IN CONSULTATION WITH A LICENSED VETERINARIAN

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.

DISEASE	CAUSE/DESCRIPTION	PROTOCOLS				COMMENTS
		BROODMARE Previously vaccinated for indicated disease	BROODMARE Unvaccinated or unknown vaccine history for indicated disease	ADULT HORSE Previously vaccinated for indicated disease	ADULT HORSE Unvaccinated or unknown vaccine history for indicated disease	
Tetanus	<i>Cl. tetani</i> infection of puncture wounds, open lacerations, surgical incisions, and exposed tissues.	Annual, 4-6 weeks pre-partum	2-dose series 2 nd dose 4-6 weeks after 1 st dose Revaccinate 4-6 weeks pre-partum	Annual	2-dose series 2 nd dose 4-6 weeks after 1 st dose Annual revaccination	Booster at time of penetrating injury or prior to surgery if last dose was administered over 6 months previously.
Eastern / Western Equine Encephalomyelitis (EEE/WEE)	Mosquitos (vector) transmit the viruses to horses from wild birds or rodents, the virus' natural reservoirs.	Annual, 4-6 weeks pre-partum	2-dose series 2 nd dose 4 weeks after 1 st dose Revaccinate 4-6 weeks pre-partum	Annual – spring, 3-4 weeks prior to onset of vector season (February-March for the Mid-South)	2-dose series 2 nd dose 4-6 weeks after 1 st dose Revaccinate prior to the onset of the next vector season	Consider 6-month revaccination interval for: 1) Horses residing in endemic areas (EEE confirmed in the Mid-South) 2) Immunocompromised horses
Rabies	Exposure from the bite of an infected (rabid) animal, typically a wildlife source, allows the virus to migrate to the brain. While incidence in horses is low, there is significant public health risk.	Annual, 4-6 weeks pre-partum or prior to breeding	Annual, 4-6 weeks pre-partum or prior to breeding	Annual	Single dose Annual revaccination	*Due to the relatively long duration of immunity, this vaccine may be given post-foaling but prior to breeding and thus reduce the number of vaccines given to a mare pre-partum
West Nile Virus (WNV)	The virus is transmitted by mosquitos (and rarely other bloodsucking insects) to horses from avian reservoir hosts.	Annual, 4-6 weeks pre-partum	It is preferable to vaccinate naive mares when open In areas of high risk, initiate primary series as described for unvaccinated, adult horses	Annual – spring, 3-4 weeks prior to onset of vector season (February-March for the Mid-South)	Inactivated whole virus vaccine: 2-dose series 2 nd dose 4 - 6 weeks after 1 st dose Revaccinate prior to the onset of the next vector season	When using the inactivated or the recombinant product, consider 6-month revaccination interval for: 1) Horses residing in endemic areas (WNV confirmed in the Mid-South) 2) Juvenile (<5 yrs of age) 3) Geriatric horses (> 15 yrs of age) 4) Immunocompromised horses

RISK-BASED VACCINATIONS FOR ADULT HORSES

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		BROODMARE Previously vaccinated for indicated disease	BROODMARE Unvaccinated or unknown vaccine history for indicated disease	ADULT HORSE Previously vaccinated for indicated disease	ADULT HORSE Unvaccinated or unknown vaccine history for indicated disease	
Anthrax	<i>Bacillus anthracis</i> Infection through ingestion, inhalation or contamination of wounds by soil-borne spores of the organism.	Not recommended during gestation	Not recommended during gestation	Annual	2-dose series 2 nd dose 3-4 weeks after 1 st dose Annual revaccination	Do not administer concurrently with antibiotics. Use caution during storage, handling and administration. Consult a physician immediately if human exposure to vaccine occurs by accidental injection, ingestion, or otherwise through the conjunctiva or broken skin
Botulism	<i>Clostridium botulinum</i> infection via wound contamination or ingestion.	Annual, 4-6 weeks pre- partum	3-dose series 1 st dose at 8 months gestation 2 nd dose 4 weeks after 1 st dose 3 rd dose 4 weeks after 2 nd dose	Annual	3-dose series 2 nd dose 4 weeks after 1 st dose 3 rd dose 4 weeks after 2 nd	
Equine Herpesvirus (EHV)	Causes respiratory disease and is spread through direct/indirect contact with nasal secretions or aborted fetuses/placentae	3-dose series with product labeled for protection against EHV abortion Give at 5, 7 and 9 months of gestation	3-dose series with product labeled for protection against EHV abortion Give at 5, 7 and 9 months of gestation	Annual	3-dose series 2 nd dose 4-6 weeks after 1 st dose 3 rd dose 4-6 weeks after 2 nd dose	Consider 6-month revaccination interval for: 1) Horses less than 5 years of age 2) Horses on breeding farms or in contact with pregnant mares 3) Performance or show horses at high risk
Equine Viral Arteritis (EVA)	Transmitted through contact with respiratory secretions	Not recommended unless high risk	Not recommended unless high risk	Annual Stallions, teasers: vaccinate 2-4 weeks before breeding season Mares: vaccinate when open	Single dose	Prior to initial vaccination, intact males and any horses potentially intended for export should undergo serologic testing and be confirmed negative for antibodies to EAV. Testing should be performed shortly prior to, or preferably at, the time of vaccination.
Influenza	Highly contagious virus spread by aerosolized droplets dispersed by coughing	Inactivated vaccine: Semi-annual with one dose administered 4-6 weeks pre-partum	Inactivated vaccine: 3-dose series 2 nd dose 4-6 weeks after 1 st dose 3 rd dose 4-6 weeks pre- partum	Horses with ongoing risk of exposure: semi- annual Horses at low risk of exposure: annual	Modified live vaccine: Single dose administered intranasally. Revaccinate semi- annually to annually Inactivated vaccine: 3-dose series 2 nd dose 4-6 weeks after 1 st dose 3 rd dose 3-6 months after 2 nd dose Revaccinate semi- annually to annually	

RISK-BASED VACCINATIONS FOR ADULT HORSES (cont.)

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Leptospirosis	Leptospiral organisms are shed in the urine of infected horses and a number of wildlife hosts.	Safe in pregnant mares Annual revaccination	2-dose series 2 nd dose 3-4 weeks after 1 st dose	Annual	2 initial doses 2 nd dose 3-4 weeks after 1 st dose Annual revaccination	Commonly associated with Equine Recurrent Uveitis and late-term abortions.
Potomac Horse Fever (PHV)	Infection caused by <i>Neorickettsia risticii</i> resulting in diarrhea and laminitis	Semi-annual, with one dose given 4-6 weeks pre-partum	2-dose series 1 st dose 7-9 weeks pre-partum 2 nd dose 4-6 weeks pre-partum	Semi-annual to annual	2-dose series 2 nd dose 3-4 weeks after 1 st dose Semi-annual or annual booster	A revaccination interval of 3-4 months may be considered in endemic areas (Ohio river valley and the North East) when disease risk is high.
Rotavirus	Rotavirus is transmitted via the fecal-oral route and damages the small intestinal villi.	3-dose series 1 st dose at 8 month gestation 2 nd and 3 rd doses at 4-week intervals thereafter	3-dose series 1 st dose at 8 month gestation 2 nd and 3 rd doses at 4-week intervals thereafter	Not applicable	Not applicable	Vaccinate broodmares to prevent foal diarrhea.
Strangles <i>Streptococcus equi</i>	Organism is transmitted by direct contact with infected horses or sub-clinical shedders, or indirectly by contact with water troughs, hoses, feed bunks, pastures, stalls, trailers, tack, grooming equipment, nose wipe cloths or sponges, attendants' hands and clothing, or insects contaminated with nasal discharge or pus draining from lymph nodes of infected horses.	Killed vaccine containing M-protein: Semi-annual with one dose given 4-6 weeks pre-partum	Killed vaccine containing M-protein: 3-dose series 2 nd dose 2-4 weeks after 1 st dose 3 rd dose 4-6 weeks pre-partum	Semi-annual to annual	Killed vaccine containing M-protein: 2-3 dose series 2 nd dose 2-4 weeks after 1 st dose 3 rd dose (where recommended by manufacturer) 2-4 weeks after 2 nd dose Revaccinate semi-annually Modified live vaccine: 2-dose series administered intranasally 2 nd dose 3 weeks after 1 st dose Revaccinate semi-annually to annually	Vaccination is not recommended as a strategy in outbreak mitigation.

Adapted from the American Associate of Equine Practitioners Adult Vaccination Chart. http://www.aaep.org/custdocs/Adult%20Vaccination%20Chart_8.12.16.pdf.