



HAWKESBURY EQUINE VETERINARY CENTRE

formerly Parbery & Robson

Veterinary Surgeons in Equine & Alpaca Practice

A.B.N. 31 737 600 787

226 Hawkesbury Valley Way, Clarendon 2756 • PO Box 14 Windsor NSW 2756

TEL (02) 4577 4611 • FAX (02) 4587 7279 • EMAIL hevc@bigpond.com • WEB www.hevc.com.au

John Parbery BVSc

Anthony Drew BVSc (hons) MACVS

Cris Clark BVSc (hons) MRCVS

Doug Fountain BVMS (hons) MRCVS

Gary Lai BBus BVSc MRCVS

Emily Streckfuss BVSc (hons)

VACCINATIONS FOR HORSES

Methods of controlling infectious diseases are important components of equine management where the outcome is to maximise the health, productivity and performance of horses. The use of vaccines to enhance a horse's ability to resist infection is an integral component to preventing disease.

However management practices must also be incorporated to reduce the challenge of an infectious pathogen presented to a horse. Examples of these include minimising factors that diminish resistance and also reducing the level of exposure to infectious agents in a horse's environment. Thus maintaining a healthy stable with good quarantine management and veterinary diagnostics along with up to date vaccination programs should substantially reduce the risk of any infectious diseases developing.

There is no "standard" vaccination program that can be recommended for all horses and each situation must be evaluated individually. It is essential that you are aware that whilst vaccination minimises the risk of infection, it does not prevent disease in all circumstances and all horses are not protected equally nor for an equal duration after vaccination.

TETANUS – Is an often, fatal disease caused by a potent neurotoxin produced by the bacteria *Clostridium tetani*. All horses should be actively immunised against tetanus using the tetanus toxoid because the spores of this bacteria are present everywhere in the environment and the disease is very expensive to treat with a high mortality rate.

STRANGLES – Is a highly contagious disease caused by the bacteria *Streptococcus equi spp equi*. Strangles primarily affects young horses (yearlings and weanlings) although a horse of any age can be infected if not protected by previous exposure to the organism or by vaccination. *S. equi* is transmitted directly by contact with infected horses or subclinical carriers or indirectly by contact with water troughs, feed bins, pastures, stalls or tack that are contaminated with nasal discharge or pus draining from the lymph nodes of infected horses.

EQUINE HERPES VIRUS INFECTION (Rhinopneumonitis) – EHV1 and EHV2 are pathogens that are result in primary and secondary respiratory disease as well as abortion of virus-infected foetuses from infected mares, at birth of weak, non viable, infected foals and in mature horses a severe myeloencephalopathy that occurs secondary to vasculitis of the spinal cord and brain

SALMONELLA – outbreaks of the disease are caused by a myriad of *Salmonella* strains and these bacteria may cause diarrhoea or septicemia or both.

TIME	DISEASE	VACCINE	FOALS	ANY HORSE
First Vaccination	<ul style="list-style-type: none"> • Strangles/ Tetanus • Herpesvirus • Salmonella 	<ul style="list-style-type: none"> • Equivac 2in1 (Tetanus / Strangles) • Duvaxyn EHV • Salmonella 	12 weeks	Any age
Second Vaccination	<ul style="list-style-type: none"> • Strangles 	<ul style="list-style-type: none"> • Equivac Strangles 	14 weeks (2 weeks later)	2 weeks later
Third Vaccination	<ul style="list-style-type: none"> • Strangles/ Tetanus • Salmonella • Herpesvirus 	<ul style="list-style-type: none"> • Equivac 2in1 (Tetanus / Strangles) • Duvaxyn EHV • Salmonella 	16 weeks (2 weeks later)	2 weeks later
Yearly booster	<ul style="list-style-type: none"> • Strangles/ Tetanus • Herpesvirus • Salmonella 	<ul style="list-style-type: none"> • Equivac 2 in 1 (Tetanus and Strangles) • Duvaxyn EHV • Salmonella 	2in1 = every 12 months. Herpes and Salmonella can be given at 12 months but for max immunity every 6 months for booster	12 months later (T/S) or every 6 months for Herpes and Salmonella
Pregnant mares	<ul style="list-style-type: none"> • Strangles/ Tetanus • Herpesvirus • Salmonella 	<ul style="list-style-type: none"> • Equivac 2 in 1 (Tetanus and Strangles) • Duvaxyn EHV • Salmonella 		2in1 = give 2-4 weeks before foaling Herpes=give in the 5 th , 7 th and 9 th month of pregnancy Salmonella = give 4 weeks before foaling
Vaccination required in case of injury	<ul style="list-style-type: none"> • Tetanus 	<ul style="list-style-type: none"> • EquivacT (toxoid) • Equivac TAT (Antitoxin) 		If horse is fully vaccinated for tetanus = give Equivac T as booster If horse is not vaccinated = give Equivac T and an Equivac TAT

Other vaccinations such as Equine Influenza, Equine Encephalomyelitis, (Sleeping sickness) Rabies, Equine Monocytic Ehrlichiosis (Potomac Horse Fever), Botulism, Equine Viral Arteritis, Equine Rotaviral Diarrhea and Anthrax are available but only really required in countries excluding Australia or if a diagnosed outbreak occurs.

STALLIONS: Should be vaccinated well before the stud season

PERFORMANCE HORSES: Should be vaccinated during a spell, not during training

SITE OF VACCINATIONS: Should be given by deep injection into the muscle, unless otherwise stated.