

EQUINE VACCINATION GUIDE

		MATURE HORSE: PREVIOUSLY VACCINATED	MATURE HORSE: UNVACCINATED OR UNKNOWN HISTORY	FOALS/ WEANLINGS*	SPECIAL CONSIDERATIONS
CORE VACCINES Recommended for all horses	EEE/WEE (eastern/western equine encephalomyelitis): inflammation of the brain and spinal cord caused by mosquito-borne viruses, characterized by fever, lethargy and erratic behavior.	once annually, prior to the start of mosquito season	two-dose series, four to six weeks apart, with annual boosters thereafter	three-dose series: one at 4 to 6 months of age, the second four to six weeks later, the third at 10 to 12 months of age	Boosters may be suggested at six-month intervals in areas where mosquitoes are active year-round or for horses with compromised immunity
	rabies: fatal disease of the central nervous system transmitted via the saliva of infected animals. Signs include convulsions, erratic behavior and recumbency.	once annually	single primary dose, with annual boosters thereafter	two-dose series, at a four- to six-week interval	
	tetanus: paralytic disease caused by toxins of <i>Clostridium tetani</i> , an anaerobic bacterium that can infect wounds, especially punctures that heal over on the surface. Signs include extreme sensitivity to light and touch, followed by rigid paralysis.	once annually	two-dose series, four to six weeks apart, with annual boosters thereafter	three-dose series: one at 4 to 6 months of age, the second four to six weeks later, the third at 10 to 12 months of age	Vaccinations will need to begin earlier for foals of unvaccinated mares.
	West Nile virus (WNV): disease caused by a mosquito-borne virus that may affect the central nervous system. Signs may include weakness and incoordination, fever, behavioral changes, paralysis and recumbency.	once annually, prior to the start of mosquito season	two-dose series, the timing of which will vary depending on the particular vaccine formula used, with annual boosters thereafter	three-dose series: one at 4 to 6 months of age, the second four to six weeks later, the third at 10 to 12 months of age	Veterinarians may recommend boosters at more frequent intervals for vulnerable horses.
RISK-BASED VACCINES Recommended based on likely exposure to the disease agent	anthrax: rapidly fatal systemic infection caused by the bacterium <i>Bacillus anthracis</i> , which is found in the soil in certain regions. Spores may be ingested, inhaled or enter through wounds.	once annually	two-dose series, three to four weeks apart, with annual boosters thereafter	no age-specific information is available	Vaccination is recommended only for horses in areas of the country where <i>B. anthracis</i> is present in the soil.
	botulism: paralytic neuropoisoning caused by toxins of <i>Clostridium botulinum</i> bacteria, which can contaminate feed, water or wounds.	once annually	three-dose series, at four-week intervals	three-dose series, at four-week intervals	
	equine influenza: highly contagious respiratory infection marked by inflammation of the nasal mucous membranes, the pharynx, the lungs and sometimes the heart muscle	annually or semiannually, depending on risk of exposure	options include a single-dose intranasal vaccine or a two- or three-dose intramuscular series	options include a two-dose intranasal vaccine or a two- or three-dose intramuscular series	Vaccination is recommended for nearly all horses, except those kept isolated in stable herds.
	Potomac horse fever: disease caused with a horse consumes aquatic insects infected with the bacterium <i>Neorickettsia risticii</i> . Signs include severe fever, diarrhea and laminitis.	annually or semiannually, depending on risk of exposure	two-dose series, at a three-to four-week interval	two-dose series, at a three-to four-week interval, at 5 months of age	
	rhinopneumonitis (equine herpesvirus): highly contagious respiratory disease that causes coughing, nasal discharge and lethargy. In rare cases, the virus can lead to abortions in broodmares or neurological disease, with progressive weakness and incoordination.	annually or semiannually, depending on risk of exposure	three-dose series, at four- to six-week intervals	three-dose series: one at 4 to 6 months of age, the second four to six weeks later, the third at 10 to 12 months of age	
	strangles (distemper): highly contagious infection of the lymph nodes caused by exposure to the bacterium <i>Streptococcus equi</i> . An affected horse may develop pus-filled abscesses that become large enough to obstruct the airway.	annually or semiannually, depending on risk of exposure	two- or three-dose series, with timing determined by product recommendations	three-dose series, with timing determined by product recommendations	
<p>Note: A horse's vaccination program must be developed by a licensed veterinarian. Core vaccines are those recommended for all horses. Risk-based vaccines are recommended only for horses most likely to be exposed to the disease agent. A veterinarian will assess a horse's risk factors based on age, lifestyle and geographic area and suggest an appropriate schedule based on individual needs.</p>				<p>* From mares who were previously vaccinated.</p> <p>Sources: American Association of Equine Practitioners vaccination guidelines for horses and foals; "Your Vaccination Questions Answered," EQUUS 402 (March 2011)</p>	