

Valley Veterinary Hospital

2090 Vantage Hwy
Ellensburg, WA 98926
509-925-6146 Fax: 509-925-6148



Cascade East Animal Clinic

902 East 1st
Cle Elum, WA 98922
509-674-4367 Fax: 509-674-235

Dr. Mark Hayden Dr. Ben Rizor Dr. Andy Denome Dr. Hannah Willett Dr. Joan Fleming Dr. Daniel Bastian

EQUINE INTERNAL PARASITE MANAGEMENT AND DEWORMING GUIDE

Internal parasites are still a major health concern in horses. In recent years the concern has become parasites that escape traditional deworming methods—encysted small strongyles and tapeworms.

At the same time, concern has arisen with potential development of resistance to traditional dewormers in large animal species, including horses. In some cases, horses are being “over-dewormed.”

For these reasons, newer recommendations focus on “targeted deworming,” based on **fecal egg counts** of parasites in individual horses. We now know that parasite susceptibility varies from horse to horse. Twenty percent of horses in a herd account for 80% of the parasites shed onto the ground. The goal is to identify those equine “shedders” through fecal testing. Testing also allows you to determine how effective your deworming medication is on your horses’ parasites, and how often treatment is needed. In the long run, this can save you time and money and helps slow down the onset of resistance to deworming medications. *For additional information, go to the AAEP website and search “internal parasite guidelines”.*

SPECIFIC RECOMMENDATIONS:

1. Since fecal testing will NOT identify encysted small strongyle larvae and is limited in detecting tapeworms, these two parasites should be targeted at least 1-2 times annually.
 - Tapeworms (acquired through grazing or consuming hay): use *Praziquantel*, available in combination with ivermectin or moxidectin (**Quest Plus**), at least once or twice yearly (at least one treatment Oct 1-Nov 1, after the first frost). **Quest Plus** is also effective against virtually all equine internal parasites, including roundworms, tapeworms, strongyles, and bots.
 - Encysted small strongyles can cause a deadly condition in winter called larval cyathostomiasis characterized by diarrhea and weight loss. Therefore we recommend targeting encysted small strongyles in late Fall with the most effective treatment, moxidectin, (**Quest**, or **Quest Plus**).
2. **Fecal testing** identifies strongyle, roundworms, pinworms, and other parasite eggs. (Again, testing is not greatly effective in detecting tapeworms). We use the most current laboratory procedures in detecting these parasites (sugar-centrifugation/flotation).
 - a) To obtain a baseline egg count, perform a fecal around 12-16 weeks after the last deworming. A very low number of parasite eggs are acceptable, but at a certain threshold we will recommend deworming. The veterinarian will also take into account your horse’s age, environment, and herd size in this recommendation.
 - b) To assess the effectiveness of a recent deworming, perform a **post-treatment** fecal testing 2-3 weeks after a deworming treatment. This may help identify any potential deworming resistance on your farm.

Please Turn Over

- c) After we determine the frequency of deworming needed for a specific horse, **annual** baseline fecal testing is recommended.
- d) To collect a sample, collect several tablespoons (a handful is great) of fresh manure and bring it to the clinic double ziplock bagged within 24 hrs. Refrigeration is advised if sample is not brought in immediately.
- e) Keep in mind that a fecal egg count test is less expensive than the cost of *two* deworming treatments! A common scenario is that testing reveals that less deworming treatments are necessary for your horse, and that saves you time and money.

SUMMARY FOR ADULT HORSES >3 YRS OLD:

Deworm in late October/November, AND April/May with Quest Plus. Bring an annual fecal sample for testing 3-4 months after the last treatment. (NOTE: our Annual Preventative Maintenance Package includes this testing!) If test results are high, we will recommend more frequent treatments.

4. Specific risk category groups:

- Young horses

Horses less than 3 years of age have higher parasite rates. Yearlings and weanlings are most susceptible. All foals should receive their first deworming by 2-3 months of age and may be dewormed with an ivermectin or pyrantel product. After that, use ivermectin or moxidectin (Quest) every 3 to 4 months until age 3, then follow recommendation in (1). Praziquantel (in Quest Plus) should be started by age 9-12 months.

-Pregnant mares

Most commercially available dewormers are labeled safe to use in pregnant mares. We recommend the spring deworming treatment be given 4-6 weeks prior to foaling, as this will help to protect the foal.

-Newly acquired horses

These horses can have a big impact on parasite levels in your pasture and herd. Prevent problems by quarantining until fecal egg testing and deworming can be completed.

5. Other parasite management recommendations:

-Pasture management (also contact Kittitas Co Conservation District)

Manure should be collected and/or dispersed frequently. Grazing more than 1 horse per 2 acres results in higher parasite levels.

Interesting Fact: moxidectin, the ingredient in **Quest** Deworming, is non-toxic to "fecal fauna", such as dung beetles, which are beneficial to pastures. Other dewormers can have a negative effect on these beneficial organisms.

-Separate pastures

Graze yearlings and weanlings on separate pastures from older horses.

-Understanding dosing

Under dosing deworming medications is a frequent problem that allows resistance to develop more rapidly. If in doubt of your horse's weight use a weight tape or schedule a weigh-in on Valley Vet Hospital's equine scale.