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## **Equine Vaccination Guidelines**

The following is based on the experience of our veterinarians and the guidelines published by the **AAEP** (American Association of Equine Practitioners). The current practice of equine vaccination continues to change as research brings us new knowledge every year. The following is intended to be a framework of guidelines; **specific recommendations for each horse or farm should be discussed with the veterinarian.**

*Key points to keep in mind:*

- 1. Vaccinations should be administered at least 2-4 weeks before travel, shows, & exposure to new horses to provide maximum protective effect.*
- 2. Newly arriving horses should be quarantined from the rest of your herd for at least 14 days.*
- 3. Each horse's immune system is different; each horse is not protected to an equal degree or for an equal duration following vaccination.*
- 4. Core vaccinations (recommended for all horses) are **Tetanus**, and sleeping sickness or **Encephalomyelitis** (East/West + West Nile). All of the above are available at our hospital in one combination injection.*

*The American Association of Equine Practitioners now recommends **Rabies** as a core vaccine. Because of the low incidence of **Rabies** in our area, our doctors still consider this vaccination as optional for horses staying in the Northwest, but we recommend **Rabies** protection for horses traveling outside the Northwest. We carry the vaccination if you choose to include it, but it must be administered by a veterinarian. Please consult with the*

*doctor regarding the vaccine schedule.*

- 5. Vaccination is a medical procedure; any medical procedure carries risk. If an adverse reaction does occur, our vaccine manufacturers strongly support our doctors in helping to resolve the matter; this support may not occur if the vaccine is administered by someone other than the veterinarian.*

### **LOW RISK PREVIOUSLY VACCINATED ADULT HORSES**

**(isolated with no exposure to new or travelling horses):**

- 1. Tetanus Toxoid:** Vaccinate every 12 months. Revaccinate if a wound or surgery occurs more than 6 months after the last Tetanus vaccination.
- 2. Sleeping Sickness/Encephalomyelitis ( East/West and West Nile):** Vaccinate every 12 months, preferably in the spring.

**\*\*\*\*West Nile virus is spread through mosquito bites and has been identified as a cause of death in horses in Yakima and Kittitas counties. The vaccine is strongly recommended for all horses. If your horse has not previously received the vaccine or it has been longer than 18 months since receiving the last dose, it will need to**

**start the two dose series, 3-6 weeks apart. \*\*\*\***

### **MEDIUM RISK PREVIOUSLY VACCINATED ADULT HORSES**

**(isolated, except one exposure event per year; i.e. annual poker ride):**

- 1. Tetanus Toxoid:** as outlined above.
- 2. Sleeping Sickness (East/West and West Nile):** as outlined above.
- 3. Rhinopneumonitis (Eq Herpes virus) + influenza [Rhino/flu ]:** Vaccinate 2-4 weeks before exposure event, usually spring time.

### **YOUNG ADULT AND HIGH RISK PREVIOUSLY VACCINATED ADULT HORSES**

**(horses less than 5 years of age, performance and competition horses, horses in boarding, or exposure to large number of horses or to travelling horses):**

- 1. Tetanus Toxoid:** as outlined above.
- 2. Sleeping Sickness (East/West and West Nile):** as outlined above.
- 3. Rhinopneumonitis (Eq Herpes virus) and Influenza [Rhino/flu]:** Vaccinate every 6 months.
- 4. Strangles-intranasal:** + Vaccinate every 12 months. **Please turn over**

### **YOUNG ADULT + ADULT HORSES UNVACCINATED OR OF UNKNOWN VACCINATION HISTORY**

- 1. Tetanus Toxoid :** Give 2 doses, 3 weeks apart.
- 2. Sleeping Sickness (East/West and West Nile):** Give 2 doses, 3 weeks apart.  
(If determined that the horse will be at risk for the following):
- 3. Rhino/flu:** Give 3 doses, 3 weeks apart.
- 4. Strangles:** (optional) + Give 2 doses, 3 weeks apart.

### **PREGNANT MARES**

- 1. Rhinovirus (Equine Herpes virus 1) [Pneumabort]:** Vaccinate at 5, 7, and 9 months of gestation.

*The following, given 4-6 weeks before foaling (parturition), are vital to protect the newborn:*

- 2. Tetanus Toxoid**
- 3. Sleeping Sickness (East/West and West Nile)**

**\*\*Note:** While there is currently no West Nile vaccination specifically labeled for use in pregnant mares. Most veterinarians recommend vaccinating, as the risk of West Nile infection outweighs the limited adverse effects of using the vaccine.

- 4. Rhino/flu**

## **BREEDING STALLIONS**

1. Equine Viral Arteritis: Please consult with the veterinarian.

## **FOALS OF MARES NOT VACCINATED DURING PREPARTUM PERIOD**

### **Newborns:**

1. **Tetanus Antitoxin** ( please consult with the veterinarian first)

### **At 3-4 months of Age:**

1. **Tetanus Toxoid** : Give 3 doses, 4-6 weeks apart.

2. Sleeping Sickness (**East/West and West Nile**): Give 3 doses, 4-6 weeks apart.

### **At 6 months of Age:**

1. **Rhino/flu**: Give 3 doses, 3-4 weeks apart.

2. **Strangles**: + if determined that the foal will be at risk give 2 doses, 3 weeks apart.

## **FOALS OF MARES VACCINATED DURING PREPARTUM PERIOD**

### **At 6 months of Age:**

1. **Tetanus Toxoid**: Give 3 doses, 4-6 weeks apart.

2. Sleeping Sickness (**East/West and West Nile**): Give 3 doses 4-6 weeks apart.

\*\*Note: initial vaccination of foal born later in the season (May or later) may be delayed until the following spring.

3. **Rhino/flu**: Give 3 doses, 3-4 weeks apart.

4. **Strangles**: + if determined that the foal will be at risk give 2 doses, 3 weeks apart.

### **+STRANGLES VACCINE NOTES**

1. This intranasal vaccine should be considered for young horses, high risk adults( see above category), or for any horse kept at premises where Strangles has previously occurred.

It is recommended that this vaccine be administered only by a veterinarian.

2. Horses previously infected with Strangles and recovered have a good immunity that persists in over 75% of horses 5 years or longer. A diagnostic test is available and may be used to assess the level of a horse's immunity, to provide a guideline in determining the need for future vaccination.

