



Lodi Veterinary Care™
CLINIC · MOBILE · EMERGENCY

EQUINE VACCINATIONS

Adult horses should be vaccinated semi-annually or annually, depending on their use and risk level for disease. All horses should receive the core vaccinations, which include EWT/WNV and Rabies. Additional vaccines are given based on risk. Here is a guideline to help you determine which vaccines your horses may need.

For horses kept at home with no exposure to horses outside the farm, we recommend the following:

- **EWT/WNV:** Eastern & Western Encephalomyelitis, Tetanus, and West Nile Virus
Eastern and Western Encephalomyelitis and West Nile viruses can cause fever, neurologic symptoms, and often death. This vaccine also protects against Tetanus, caused by a clostridial bacteria present in dirt and feces that can enter through punctures or other wounds. Symptoms include fever, stiffness, rigidity, and paralysis. Once clinical signs are noted, death often results despite treatment.

This vaccine is given intramuscularly in the spring prior to the onset of mosquito season. When given for the first time, this vaccine needs to be boosted with a second dose 4-6 weeks after the initial dose. This vaccine is typically given annually, but may be given every 6 months if risk is high. Tetanus should be boosted if a horse sustains a wound >6 months after their last tetanus vaccination.

- **RABIES:**
Our inquisitive horses may come into contact with wild animals in the barn or pasture. The rabies virus is carried in saliva, most commonly in Wisconsin by bats and skunks. It may also be carried by other mammals. This vaccine provides excellent protection from disease, which is always fatal. Once infected, the time it takes to show symptoms varies and can be up to months. Symptoms can include colic, discoordination, excessive salivation, depression, self-mutilation, or aggression. Once symptoms start, they progress rapidly to death. Horses suspected of rabies are humanely euthanized and tested post-mortem.

This vaccine is given intramuscularly annually. No booster vaccination is needed.

- **LYME:** *Borrelia burgdorferi*
A large percentage of black-legged or “deer” ticks in Wisconsin carry the bacteria responsible for causing Lyme disease. There is no vaccine currently marketed for equine Lyme prevention. Research has shown that using the canine vaccine provides protection against Lyme disease in the equine population. Symptoms can include mild lameness, joint pain, skin/muscle tenderness, malaise, and general misbehavior. The long-term effects of this disease are unknown.

This vaccine is given off-label intramuscularly every 6 months. When given for the first time, this vaccine needs to be boosted with a second dose 4-6 weeks after the initial dose.



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For trail horses and those that do occasional traveling, we recommend the above vaccines in addition to the following:

- **RHINO/FLU:** Rhinopneumonitis (Equine Herpesvirus-1, Equine Herpesvirus-4) and Influenza
Rhino and influenza are upper respiratory viruses that are very contagious between horses. The viruses are spread through nasal secretions. Symptoms including nasal discharge, fever, loss of appetite, and coughing can last for weeks. In addition to respiratory disease, Equine Herpesvirus can cause abortions and neurologic disease. Vaccination is not 100% effective at preventing disease; however, it may greatly reduce disease severity and the amount of viral particles shed.

This vaccine is given intramuscularly every 6 months. When given for the first time, this vaccine needs to be boosted with a second dose 4-6 weeks after the initial dose.

- **STRANGLES:** *Streptococcus equi subsp. equi*
This highly contagious bacteria is spread directly between horses, and via buckets, equipment, tack, and bedding. Infection targets the lymph nodes of the throat, causing thick nasal discharge, and swelling leading to labored or “strangled” breathing. Abscesses can form in the lymph nodes or elsewhere in the body that can drain purulent and infectious material. Occasionally, these abscesses can form in the chest or abdomen causing fatal infection. Vaccination greatly decreases clinical disease severity.

This vaccine is a modified live product, given intranasally annually. When given for the first time, this vaccine needs to be boosted with a second dose 3 weeks after the initial dose.

Strangles vaccination should not be performed in the face of an outbreak. Horses that have recovered from Strangles disease in the past or have been exposed should have their titers checked prior to vaccination. This is to avoid a serious complication called purpura hemorrhagica, an immune-mediated vasculitis.



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For horses that travel and come into contact with unfamiliar horses routinely (show horses, horses at large boarding barns), we recommend EWT/WNV, Rabies, Lyme, and Strangles, in addition to those listed below:

- **INTRANASAL FLU**

This modified live vaccine is given intranasally every 6 months. A booster is not required when giving for the first time. This vaccine is to be given in place of the rhino/flu intramuscular vaccine, with the Rhino vaccine below.

Benefits of the modified live intranasal vaccine over the intramuscular vaccine include no risk of an injection site reaction, and a strong local immune response in the nasal mucosa where infection occurs.

- **RHINO:** Rhinopneumonitis (Equine Herpesvirus-1, Equine Herpesvirus-4)

This vaccine is given intramuscularly every 6 months. When given for the first time, this vaccine needs to be boosted with a second dose 4-6 weeks after the initial dose. This vaccine is to be given in place of the rhino/flu intramuscular vaccine, with the intranasal Flu vaccine above.

Other optional vaccines:

- **POTOMAC HORSE FEVER:** *Neorickettsia risticii*

Recently becoming more common in Wisconsin, Potomac Horse Fever is a severe gastrointestinal disease that causes profuse diarrhea, inappetence, colic, fever, depression, and laminitis. If left untreated, this disease can be fatal. Horses drinking from fresh water sources such as streams and creeks may be at risk by ingesting water where snails, mayflies, dragonflies, and cicadas are present. Horses traveling south and east may be exposed to this bacteria. Vaccination does not 100% protect against disease, but greatly reduces severity of clinical signs and increases survival rate.

This vaccine is given intramuscularly annually or every 6 months, based on risk. When given for the first time, this vaccine needs to be boosted with a second dose 3-4 weeks after the initial dose.



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Additional information:

- **PREGNANT MARES:**

In addition to their regular vaccine schedule, the Rhinopneumonitis vaccine is recommended at 5, 7, and 9 months of gestation to prevent abortion. We use the Prodigy (Equine Herpesvirus-1) vaccine, specifically designed for pregnant mares.

Pregnant mares should not receive modified live vaccines.

In order to maximize protective antibodies in colostrum, vaccination against EWT/WNV, Rabies, and Flu/Rhino should be performed 1 month prior to foaling.

- **FOALS:**

Foals born to vaccinated mares begin their vaccine schedules at 4-6 months of age. Most foal vaccines require two booster vaccinations after the initial dose.

Foals born to unvaccinated mares, or mares with unknown vaccine history begin their vaccine schedules at 3-4 months of age. Most foal vaccines require two booster vaccinations after the initial dose.

- **COGGINS TEST:**

A Coggins is a yearly blood test for Equine Infectious Anemia, a viral disease carried by biting insects. EIA can cause fever, anemia, weakness, limb swelling, and death. There is no cure for EIA, and an infected horse may become a lifelong carrier. For this reason, an infected horse is a risk to others via insect bites carrying the disease, and must be quarantined for life or euthanized. A negative Coggins test is required for interstate travel, and show grounds or boarding barns often require a Coggins for entry on the premises.

- **HEALTH CERTIFICATE:**

A health certificate, or a certificate of veterinary inspection (CVI) is written by an accredited veterinarian, certifying that your horse is not exhibiting signs of contagious disease on the day of inspection. These certificates are generally good for 30 days. CVI's are required for any interstate travel, and additional import regulations set by individual states may also apply.