



Equine Vaccinations

The Educated Horseman: Health Series



Vaccination is considered the most cost-effective method of preventing infectious diseases, but vaccines do have limitations. It is important to recognize that vaccines are not 100 percent effective and cannot prevent all horses from becoming ill.

Generally, vaccines need to be administered to a horse at least two to four weeks prior to shipping your horse to a new location, hauling it to an event or exposing it to new horses. This ensures the horse has time to generate enough antibodies for protection from diseases.

That being said, however, there is no “vaccine schedule” that works for all horses and all farms. For the most complete protection for your farm and your horses, consult your veterinarian for a core vaccine program that will suit your specific needs.

Core Vaccines

Tetanus – Causes a progressive stiffness and paralysis that can be fatal in 80 percent of cases if not treated properly. Tetanus is caused by the bacteria *Clostridium*



tetani, which is found in abundance in the soil where horses live. These bacteria will infect wounds and release a potent neurotoxin.

West Nile Virus – A neurologic disease that affects horses and people. West Nile virus causes encephalomyelitis. This disease is transmitted by mosquitos and is not contagious. About one-third of all horses that contract West Nile virus will die, and approximately 40 percent of the ones that survive will have residual neurologic effects.

Rhinopneumonitis – Equine herpes virus 1 and equine herpes virus 4 (otherwise known as EHV-1 and EHV-4) result in a respiratory disease that is highly contagious and may persist in the environment for two weeks. This virus causes a variety of clinical issues, including neurological disease, upper respiratory disease, abortion and weak and stillborn foals. There is no vaccine for the neurologic form of the disease.

Strangles – Caused by the bacteria *Streptococcus equi*. It is highly contagious and is persistent in the environment. This bacteria causes high fever, mucopurulent nasal discharge and swelling and abscesses of the lymph nodes of the head and neck. Intramuscular and intranasal vaccines are available.

Western Equine Encephalomyelitis and Eastern Equine Encephalomyelitis – Neurologic diseases that affect both horses and people that are commonly known as sleeping sickness. The diseases are transmitted by mosquitos and other blood-sucking insects and are not contagious from horses to humans. Several causes of western equine encephalomyelitis and eastern equine encephalomyelitis are reported annually in the South. Eastern encephalomyelitis is 90 percent fatal, and western encephalomyelitis is 50 percent fatal. Clinical signs include fever, depression, recumbence, seizures, mental dullness and death.

Influenza – One of the most common respiratory diseases. It is highly contagious between horses and is transmitted via respiratory secretions. Clinical signs include fever, depression, nasal discharge and coughing.

Rabies – Rare, but 100 percent fatal disease in horses. People often are exposed to the infected horse before the disease can be diagnosed and that creates a serious public health concern.

Suggested Equine Vaccination Schedule

Pregnant Mares – Rhino is given at 3, 5, and 7 months of gestation. A full set of vaccinations (Flu, eastern equine encephalomyelitis and western equine encephalomyelitis, tetanus, West Nile virus, rhino and rabies) should be given at 10 months gestation to ensure transfer of antibodies to the foal.

Foals – Foals born to mares vaccinated in the 10th month of gestation will require a set of vaccinations (eastern encephalomyelitis and western encephalomyelitis, tetanus, West Nile virus and rhino/flu) at 6, 7 and 8 months of age, with the addition of rabies at 8 months. Foals born to mares that were not vaccinated in the 10th month of gestation should receive the same treatment except at 4, 5 and 6 months of age, with the addition of rabies at 6 months. All foals should be revaccinated with all vaccines at 1 year.

Yearlings and Older – Eastern encephalomyelitis and western encephalomyelitis, tetanus, flu, rhino, strangles, West Nile virus and rabies should be given yearly. Booster flu/rhino and West Nile virus should be given every 6 months. Horses that travel or have high exposure to unfamiliar horses should receive boosters of flu/rhino every 4 months.

Visit our website: www.LSUAgCenter.com

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References

AAEP Vaccination Guidelines: Core Vaccination Guidelines Factsheet. www.aaep.org
Photo Credit: Neely Walker

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Pub. 3376 (online only) 3/15
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Horse Health Checklist

Horse:	
Owner :	
Coggins (Annually)	
Date:	
EEE/WEE/Tetanus (Annually)	
Date:	
Rabies (Annually)	
Date:	
Strangles (Annually)	
Date:	
Rhino/Flu (Every 6 Months)	
Date:	
Date:	
WNV (Every 6 Months)	
Date:	
Date:	
Teeth Check (Every 6 Months)	
Date:	
Date:	
Comments:	