

Vaccination Programs For Your Horse

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Every horse owner is confronted with the need to vaccinate the horses in their care. Do you do it yourself or involve your veterinarian? There are several reasons for having your veterinarian involved with your vaccinations even if you administer the vaccine yourself. Not every horse or every farm will have the same vaccination program. A risk assessment needs to be done and will depend on the use of the horses, management of the horses, housing, nutrition and general health. For instance, a show horse boarded at a public barn or in a trainer's barn in Georgia, will have very different vaccination needs from a ranch horse in Montana. If your horse goes to trail rides, shows or other public places, you will have to consider vaccination for diseases that can be passed from horse to horse. The same applies if you are in the habit of bringing in horses from such places or if you visit sale barns regularly. Remember that you too can be a source of contamination when it comes to some horse communicable diseases. So you need to consider in your risk assessment what class your horse is in. Is it a broodmare breeding stallion, trail horse, show horse or pasture ornament? Is your horse under 2 years old, or an aged gelding? What is your management situation? Do you have the horse at home and rarely go anywhere, do you attend shows, trail rides, clinics, do you regularly or even occasionally bring in new horses, do you yourself attend the local sales barns? What is the general state of the horses' health under your care? Are they parasite free, on a good nutritional program and in optimal health?

Once the risk assessment is done, you can go on to choosing a vaccine. If you don't buy your vaccine from your veterinarian consider how it may be handled before you buy it. Most vaccines are very light and temperature sensitive. Can you be sure that your local feed store or coop has handled the vaccine properly? I have noted boxes of vaccines sitting on the dock at the local coop and often wondered how long they had been there. I do know that when I order vaccine for the clinic, I do so specifying that it be overnighed and will reject anything that comes warm. I also make sure that the vaccine doesn't freeze in cold weather. If you buy your vaccine from your veterinarian, you will have established a relationship with him, he can help you assess your needs and you will have a guarantee on the vaccine. If you have a reaction or a vaccination failure, your veterinarian can help you if he sold you the vaccine – even if he didn't give it himself. Try to buy vaccines from one manufacturer especially if you will be giving them at the same time. Most killed vaccines are adjuvanted and the adjuvant may differ from vaccine brand to brand. This is a potential source of vaccination problems if you bombard the animal's immune system. We don't know how many vaccines can be safely administered at the same time. A 5 way is probably the most I'd want to give at one time. I would space out the administration of vaccines at least two weeks apart. So if you give a eastern/western/tetanus and west nile on week one, wait at least two weeks before giving an influenza/herpes vaccine or other non core vaccines.

Core vs Non Core Vaccine

The last several years have seen the concept of core and non core vaccine crop up in veterinary medicine. Core vaccines are diseases that virtually any horse can get and may have serious consequences. These are the mosquito borne diseases like eastern/western and west Nile encephalitis, tetanus and rabies. The non-core vaccines are those which are mainly transmitted by other horses or have a regional distribution or may be necessary due to the horses' use or lifestyle. These would include influenza, herpes virus, strangles, Potomac horse fever, and equine viral arteritis in breeding horses. Canine Lyme vaccine has been used off label in areas of the country where it is a serious problem. Use of these non core vaccines should be discussed with your veterinarian.

Frequency of vaccination

How often to administer booster vaccinations and the number of initial vaccinations in a series is an important consideration and will depend on the age of the horse and the vaccine that is used. Most veterinarians now acknowledge that foals probably shouldn't be started on any vaccinations until they are 5 to 6 months of age to avoid interference with colostral antibodies they may be carrying. If a killed vaccine is used, a series of three injections is recommended for the initial series. The first injection is followed in 3 to 4 weeks with a booster and another booster is given three months later. In older horses, a two injection series is usually adequate. Read the vaccine label to determine the booster interval recommended. Intervet's Prevenile West Nile vaccine is labeled for annual boosting but other west Nile vaccines may require boosters every six months especially in warmer areas of the country. Tetanus is usually annual as is rabies but influenza and herpes virus needs to be boosted more often for horses at risk. The time of year the vaccine is administered may also be crucial to good protection from disease. Broodmares should be boosted about 4 to 6 weeks prior to anticipated foaling dates to ensure good quality colostrums. Again, diseases the foal will be exposed to are needed and in some cases this may include botulism and rotavirus. As you can see, there are too many variables to set up a vaccination program for everyone and your veterinarian should be involved in your program planning.

Vaccination Problems

You must have realistic expectations for your vaccination program and realize that no vaccine is 100% effective all the time. Horses must be in good health and relatively parasite free to benefit fully from the vaccine. Any horse running a fever should not be vaccinated until seen and evaluated by your veterinarian. For killed vaccines, immunity is not fully conferred until about 2 weeks AFTER the second injection. Don't vaccinate your horse a few days before a show or trail ride and expect protection. Give the full dose as recommended on the vial and don't split doses for foals or smaller horses, use clean syringes and needles for every horse and inject the vaccine as recommended by the manufacturer. If you get an adverse reaction, report it to the manufacturer and your veterinarian. You will need the vaccine Lot number and other label

information. Always keep this information with your records for at least a year. For horses suffering from moon blindness or periodic ophthalmia remember that vaccination can trigger an attack as can any other assault to the immune system. Use the minimum number of vaccines, minimize the use of vaccines with adjuvants and space the vaccinations over a period of time. Good management is essential to disease control. Remember that poor management can overcome the best vaccination program. Always isolate new additions to your herd for 30 days and keep visitors to your barn to a minimum. Go to the internet and look up biosecurity measures and see how you can implement them on your farm. A good web site to visit is www.foalcare.com.

Finally, do have your veterinarian involved in the management and health care of your horses. It will be money well spent.