

VACCINATION FOR YOUR HORSE

	DISEASE	VACCINE	FOALS	ADULT HORSES*
1st Vaccination	Strangles	Equivac 2in1	12 weeks of age	Any age
	Tetanus			
2nd Vaccination	Strangles	Equivac 2in1 or Equivac S	14 weeks of age (2 weeks after 1st)	2 weeks after 1st -
	Tetanus		(2 weeks after 2nd)	
3rd Vaccination	Strangles	Equivac 2in1	16 weeks of age	2 weeks after 2nd
	Tetanus		(2 weeks after 2nd)	
First Yearly Booster	Strangles	Equivac 2in1	16 mths of age	12 mths after last
	Tetanus		(12 mths after last vac)	vaccination
Ongoing Protection	Strangles	Equivac 2in1	Every 12 months**	
		or Equivac S	Competition horses - every 6 months	
	Tetanus	Equivac 2in1	Every 4-5 years	
		or Equivac T	Every 1 - 3 years	
Pregnant Mares	Strangles	Equivac 2in1	4-6 weeks before foaling	
	Duvaxyn	Duvaxyn EHV 1	5, 7 and 9 months of gestation	

* Unvaccinated adult horses (or horses with unknown vaccination history) should receive initial vaccinations followed by yearly boosters.

** 6 monthly boosters for Strangles should be considered in high risk situations.

Following traumatic injury, all horses should receive a Tetanus Antitoxin (Equivac TAT) injection to provide added protection against Tetanus, irrespective of vaccination history.

When foals are born, an injection of tetanus Anti-toxin should be given for immediate coverage. The vaccine course starts at 12 weeks.

Mares in foal

Pregnant mares need Tetanus/Strangles (2in1) 4-6 weeks prior to foaling

Duvaxyn vaccine (herpes) should be administered at 5, 7, and 9 months of gestation during each pregnancy.

Injured Horses with no vaccination History

Horses with no history need a Tetanus Antitoxin (TAT) immediately with a Tetanus Toxoid (TT) as well to give immediate cover. Each injection is to be given either side of the neck opposite each other so they don't interact. The horse can then follow the same protocol as horses with no history.

Tetanus (Equivac T): I/M route of administration

Primary course of 2 injections 4 weeks apart, then third injection one year after the second primary injection

Tetanus occurs when a wound becomes infected with spores of bacteria called *Clostridium tetani*. Wounds of any size can become infected with spores - even small wounds. These spores are commonly found in the soil. After the spores enter a wound, they rapidly multiply and produce a potent toxin which affects nerves and muscles. Tetanus is highly fatal disease; it is not contagious but difficult and expensive to treat successfully.

Strangles (Equivac S): I/M route of administration

Primary course of 3 injections, 2 weeks apart, then annual booster, or six monthly booster in high risk areas.

**Vaccination against strangles will not prevent horses from becoming infected, however clinical signs will be less severe.

Strangles is a highly contagious respiratory disease which is caused by bacteria called *Streptococcus equi*. In its normal form it causes an acute infection of the upper respiratory tract and abscess formation in lymph glands of the head and upper neck. Strangles infection is easily spread by direct contact between horses, equipment, tack, feed and water, which have been contaminated by nasal discharges from an infected horse. Some horses can be carriers of the bacteria for many months and large outbreaks of the disease can occur. Except in very old, young or otherwise debilitated animals, strangles is not usually fatal and responds to treatment well.

Duvaxyn (herpes) Virus: I/M route of administration

a . vaccination for horses to reduce herpes viral respiratory infection.

Primary course of 2 injections 4 weeks apart, then 6 monthly booster

** Manufacturer suggests starting primary vaccination at 6 months of age.

Vaccination against herpes will not prevent horses from becoming infected with herpes virus, however clinical signs will be significantly less severe.

b. Vaccination for pregnant mares to reduce herpes virus abortion.