



JULY 2005

Previous VET NOTES

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VACCINATION RECOMMENDATIONS* (Revised June 2005)

Our vaccination protocol was last updated in 2003. Since that time the following changes have occurred:

1. More research has allowed us to better time the initial vaccination of foals to minimize maternal antibody interference.
2. A very effective “high antigen load” killed influenza vaccine (Calvenza®) has shown to be about as effective as the intranasal product.
3. Recent research has suggested that better, longer lasting protection occurs when using the modified live rhinopneumonitis vaccine (Rhinomune® Pfizer), and it may afford better protection from the neurologic form of the disease.

Influenza

All horses on breeding farms and in training barns should be regularly vaccinated for influenza. Horses aged 2 years and younger are particularly susceptible to this virus. However, maternal antibodies seem to interfere with vaccination for longer than many other disease antibodies; therefore, the first vaccination is delayed. The intranasal vaccine and Calvenza® killed product have been shown to give superior protection when compared with the other intramuscular vaccines. No other modified live vaccination should be given within 10 days of the intranasal vaccine. Use either the intranasal vaccine or intramuscular vaccine for influenza.

Intranasal vaccine recommendations (FluAvert I.N.®):

1. The vaccine is not labeled for use in horses less than 11 months of age. However, a foal’s immunity may wane earlier. Therefore, an off-label dose at 7 to 9 months can be given and then repeated again at 10 or 11 months of age. After this series, boosters should be given every 6 months.
2. Adult horses only need 1 dose every 6 months.
3. The vaccine is not labeled for pregnant mares, consult your veterinarian to see if indicated. Pregnant mares should be boosted 4-6 weeks prior to foaling to ensure high colostral antibodies.

* Quick reference tables of vaccine recommendations for all age groups are available at the hospital or on line at www.petersonsmith.com (see vet notes)

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Intramuscular vaccine recommendations :

1. Maintain adult horses (> 2 years of age) on a program of booster vaccinations at 4-6 month intervals.
2. Booster vaccinate mares 4-6 weeks prior to foaling.
3. Begin foal vaccination at 9 months of age using 3 or more doses in the primary series given every 30 to days.
4. Booster young horses at 3-4 months intervals until they are older than 2 years of age.

Eastern Equine Encephalitis (EEE) and Western Equine Encephalitis (WEE)

(Also known as sleeping sickness.)

1. Any horses coming on to a farm with an unknown vaccination history should receive this vaccine immediately (especially horses coming from out of state).
2. Boosters should be given in late winter / early spring and repeated 6 months later (early fall).
3. Pregnant mares should also be vaccinated 4-6 weeks prior to foaling.
4. Foals should be vaccinated beginning at 4 months of age and given 3 or more doses in the primary series, 4-6 weeks apart, then every 4 months through their yearling year. Semi-annual doses can begin at 2 years..

West Nile Virus

There are two vaccines currently available - one is an inactivated product (West Nile Innovator ®) the other is a live canary pox vector vaccine (Recombitek®). Our worst time for cases is August through October - timing at least one dose immediately before this is encouraged.

1. Any adult horse arriving on a farm with an unknown vaccination history (or horses that have never received the vaccines) should be vaccinated immediately and give a booster in 2-6 weeks. Thereafter, boosters should be given every 4-6 months.
2. Pregnant mares should be vaccinated 4-6 weeks prior to foaling.
3. Foals should begin an initial series of 3 doses beginning at 3-4 months, every 4-6 weeks, with the last dose being up to 8-10 weeks after the second. The fourth dose should occur at 1 year then every 4-6 months.

Tetanus

1. Any horse that sustains a wound should be given a booster unless vaccinated for tetanus in the last 30-60 days.
2. Vaccinate pregnant mares 4-6 weeks prior to foaling.
3. Begin foal vaccination at 6 months. Administer at least 3 doses in the primary series given every 30 to 60 days, then annually.
4. Booster vaccinate adult horses annually.

Rhinopneumonitis [Equine Herpes Virus - 1 (EHV-1) and Equine Herpes Virus - 4 (EHV-4)]

1. EHV-1 can cause abortion, a neurologic disorder, and/or respiratory disease.
2. EHV-4 causes respiratory disease. All horses on breeding farms on in training barns should be regularly vaccinated for rhinopneumonitis. There are many killed products and one modified live vaccine (Rhinomune ® Pfizer). Recent research shows the modified live vaccine may be most effective.
3. EHV-1 vaccine should be given during the 5th, 7th, and 9th month of pregnancy to prevent the abortion form of the disease.
4. Vaccinate dam 4-6 weeks prior to foaling.
5. Start foal vaccination at 4-6 months of age with 2 doses one month apart followed by 3rd booster 2 months later; then booster every 3 to 4 months until > 2 years of age.

6. Adult horses should be vaccinated every 4 to 6 months, young horses in training may benefit from boosters every 3 to 4 months.

Rotavirus

Only indicated if dam and/or foal will be in an endemic area. Consult your veterinarian.

Dam is vaccinated during 8th, 9th and 10th month of gestation. Repeat each pregnancy.

Botulism

Only indicated if foal will be in endemic area. Consult your veterinarian.

Vaccinate dam during the 8th, 9th, and 10th month of gestation. Vaccinate 4-6 weeks before foaling in subsequent pregnancies.

Rabies

1. Yearly vaccination of adult horses is recommended in our area.
2. Vaccinate mare 4-6 weeks prior to foaling (off-label) OR vaccinate mare before breeding.
3. Begin foal vaccination at 6 months or older using 2 doses in the primary series given 30 to 60 days apart; booster as yearlings and then continue on an annual basis.

Strangles (Streptococcus Equi)

Strangles vaccination is only indicated for horses likely to have exposure to the disease, such as being introduced to a farm where the disease is endemic. An intranasal vaccine has been shown to be 70 - 80% effective. When used, no other vaccines should be given within 10 days. Alternatively, the M-protein intramuscular vaccine is used; it has been shown to be 60 - 70% effective. If a horse has actually had the disease, vaccination is not recommended for at least 1 year or until a blood test has shown that the natural immunity has waned. This precaution is suggested to avoid a rare but serious immune-mediated vasculitis.

Intranasal vaccine recommendations (Pinnacle I.N.®):

1. Horses that have never received it: start with a 2 dose primary series 2-4 weeks apart followed by yearly boosters.
2. Begin the intranasal vaccine in foals at 6 to 9 months with the initial 2 doses followed by a booster 6 months later and yearly thereafter.
3. Mare should be vaccinated 4-6 weeks prior to foaling (use of intranasal vaccine is off-label but shown to be safe). Alternatively, give a dose of the M-protein vaccine (StrepGuard[®]) intramuscularly.

Intramuscular vaccine recommendations (StrepGuard®):

1. Adults are vaccinated every 10-12 months; Consult your veterinarian for recommendations.
2. In foals, begin the intramuscular vaccine at 4-6 months followed by a booster 1 month later and then 3 months later (optional) and then at 1 year of age. Vaccinate every 6-12 months thereafter.
3. Vaccinate broodmares 4-6 weeks prior to foaling.

Potomac Horse Fever (PHF)

1. Use is only indicated for horses that will be in endemic areas. Consult your veterinarian for recommendations.
2. This vaccine's efficacy is questionable due to the many strains of PHF being discovered.
3. Booster dam 4-6 weeks prior to foaling.
4. Begin foal vaccination at 3 to 5 months of age using a 3 dose primary series.
5. Booster vaccinate at 4 to 6 month intervals thereafter.

Announcements

We are pleased to announce that our three ambulatory intern veterinarians will remain with Peterson and Smith as ambulatory associates. They are:

Ryan Meeks, DVM, a graduate of the College of Veterinary Medicine, University of Florida, has a Bachelor Degree in Animal Science from the University of Florida.

Jennifer Munroe, DVM, a graduate of the College of Veterinary Medicine, University of Missouri-Columbia, has a Bachelor of Science in Animal Science from the College of Agriculture, Food and Natural Resources, University of Missouri-Columbia.

Tanya Thacker, DVM, a graduate of Auburn University College of Veterinary Medicine, also has a Bachelor of Science in Agricultural Biotechnology from the University of Kentucky College of Agriculture.

We are saying goodbye to our hospital interns: Drs. Bunita Eichelberger, Phil Jones and Karen Rusiecki who have now completed their one-year internship; and to Dr. Amy Barnes who has completed a three-year surgery residency;

and welcoming our three new hospital interns: Drs. Matt Nimmo, Silvia Stocker-Gulden, and Paul Zimprich; our two new ambulatory interns: Drs. Lingley and Trimble; and our new surgery resident: Dr. Christina Ellis.

2005 PETERSON & SMITH HORSEMAN'S SEMINAR

The second Peterson & Smith horseman's seminar will be held on November 19 & 20, 2005. Watch out for more information in the coming months.

News brief

Eastern equine encephalitis (EEE) - There are already over 60 confirmed cases of EEE this year in Florida. Florida's Division of Animal Industry are urging Florida veterinarians to report any possible cases of the disease. Symptoms of EEE may include fever and neurologic signs such as ataxis, head pressing or muscle fasciculations.

Vesicular Stomatitis (VS) - Utah's state veterinarian has issued mandatory quarantines of livestock in the vicinity of two horses confirmed to have vesicular stomatitis (Davis and Garfield counties). Utah joins Arizona, New Mexico and Texas in having horses with positive VS tests in 2005.

- December 2003 - Internal parasites - the hidden battle
- November 2003 - Equine tapeworms - The forgotten parasite
- October 2003 - Blister beetle poisoning
- September 2003 - The horse owners' role in wound care
- August 2003 - West Nile update: Broodmare vaccinations
- July 2003 - Stifle radiographs
- June 2003 - A newly emerging cause of diarrhea in weanling foals
- May 2003 - Vaccination recommendation
- April 2003 - Flexural deformity of the distal interphalangeal joint or "clubfoot" and the distal check desmotomy
- January 2003 - Poor performance and clinical sports medicine

We're on the web:
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