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*A Tradition of Leadership and Excellence in Equine Medicine*

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## VACCINATION RECOMMENDATIONS (Revised June 2011)

These vaccination guidelines are organized into the core vaccines recommended for ALL horses in Florida (Tetanus, EEE, WEE, WNV and Rabies) and risk based vaccinations.

Risk based vaccinations are appropriate for many horses after weighing the risks and benefits of administration. Horses that will be travelling to sales or shows have increased risk of acquiring various infectious diseases. Horses that travel to specific areas of the country where certain diseases are prevalent may require additional vaccines. The American Association of Equine Practitioners (AAEP) has very comprehensive vaccination guidelines and information about vaccine technology and principles available on their website. ([http://www.aaep.org/vaccination\\_guidelines.htm](http://www.aaep.org/vaccination_guidelines.htm))

These recommendations do not name specific vaccines or makers. Vaccine makers and pharmaceutical companies are constantly changing, and vaccines are sometimes unavailable due to back orders; or ceased vaccine production. Please consult your veterinarian for currently recommended vaccines.

### **CORE VACCINES**

The following vaccines are recommended for ALL horses in Florida. The diseases are endemic to our area and pose a serious risk:

#### **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**

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 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 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.

### **Rabies**

1. Yearly vaccination of adult horses is recommended in our area.
2. Vaccinate mare 4-6 weeks prior to foaling.
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.

### **RISK BASED VACCINES**

These vaccines are given to horses after weight the risk/benefit of each vaccination. Things to consider include the risk of exposure, cost, and safety of use.

Included in this list are:

- Equine Herpes Virus (Rhinopneumonitis)
- Equine Influenza
- Strangles
- Rotavirus
- Botulism
- Potomac Horse Fever

Others listed on the AAEP vaccination guidelines are:

- Anthrax
- Equine Viral Arteritis

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

EHV-1 can cause abortion, a neurologic disorder, and/or respiratory disease.

EHV-4 causes respiratory disease. All horses on breeding farms, attending horse shows or sales, and in training barns should be regularly vaccinated for rhinopneumonitis. There are many killed products and one modified live vaccine.

1. EHV-1 vaccine should be given during the 5<sup>th</sup>, 7<sup>th</sup>, and 9<sup>th</sup> month of pregnancy to prevent the abortion form of the disease.
2. Vaccinate dam 4-6 weeks prior to foaling.
3. Start foal vaccination at 4-6 months of age with 2 doses one month apart followed by 3<sup>rd</sup> booster 2 months later; then booster every 3 to 4 months until > 2 years of age.
4. Adult horses should be vaccinated every 4 to 6 months, young horses in training may benefit from boosters every 3 to 4 months.

## **Influenza**

All horses on breeding farms, attending horse shows or sales, 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. 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:**

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 6 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.

### **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 6 months of age using 3 or more doses in the primary series given every 4-6 weeks with the last dose between 10-12 months of age.
4. Booster young horses at 3-4 months intervals until they are older than 2 years of age.

## **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. The intranasal vaccine is a modified live vaccine and when used, no other vaccines should be given within 10 days. Alternatively, the M-protein intramuscular vaccine is used. 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:**

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 intramuscularly.

### **Intramuscular vaccine recommendations:**

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 12 months thereafter.
3. Vaccinate broodmares 4-6 weeks prior to foaling.

## **Rotavirus**

Only indicated if dam and/or foal will be in an endemic area. Consult your veterinarian. Dam is vaccinated during 8<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> month of gestation. Repeat each pregnancy.

**Botulism**

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

1. Vaccinate dam during the 8<sup>th</sup>, 9<sup>th</sup>, and 10<sup>th</sup> month of gestation. Vaccinate 4-6 weeks before foaling in subsequent pregnancies.
2. Foals of vaccinated mares: administer a primary series of 3 doses every 30 days starting at 2-3 months of age. Can begin as early as 2 weeks of age.

**Potomac Horse Fever (PHF)**

Use is only indicated for horses that will be in endemic areas. Consult your veterinarian for recommendations. This vaccine's efficacy is questionable due to the many strains of PHF being discovered. There is a seasonal incidence to this disease (late spring to early fall) and vaccination should be timed to precede the peak challenge during the host summer months.

1. Booster dam 4-6 weeks prior to foaling.
2. Begin foal vaccination at 5 months of age using a 3 dose primary series.
3. Booster vaccinate at 4 to 6 month intervals thereafter.

VACCINATION SCHEDULE RECOMMENDED FOR FOALS, WEANLINGS AND FOALING MARES\*

	MARE 4-6 weeks prior to foaling	FOAL								
		4 months	5 months	6 months	7 months	8 months	9 months	10 months	11 months	12 months +
Influenza IN	X <sup>A</sup>				X -	to	- X <sup>B</sup>	X- to	- X <sup>B</sup>	
Influenza IM	X <sup>C</sup>						X <sup>C</sup>	X	X <sup>D</sup>	
<b>Eastern Equine Encephalitis (EEE)</b>	X	X	X		X				X <sup>N</sup>	
<b>Western Equine Encephalitis (WEE)</b>	X	X	X		X				X <sup>N</sup>	
<b>West Nile Virus (WNV)</b>	X	X	X		X				X <sup>N</sup>	
<b>Tetanus</b>	X			X	X		X			
Rhinopneumonitis (EHV 1/4)	X	X	X		X			X <sup>D</sup>		
Rotavirus	X <sup>(8,9,10)E</sup>									
Botulism	X <sup>(8,9,10)E,F</sup>	See text for foal recommendations								
<b>Rabies</b>	X <sup>G</sup>			X		X				X <sup>H</sup>
Strangles IN <sup>I</sup>	X <sup>J</sup>			X	X					X <sup>K</sup>
Strangles IM <sup>I</sup>	X	X	X			X				X <sup>K</sup>
PHF <sup>L</sup>	X	X	X		X					X <sup>M</sup>

- A. The intranasal influenza vaccine is **not** labeled for pregnant mares. Discuss with your veterinarian.
- B. These recommendations are for the **intra-nasal** vaccine. The 7 to 9-month recommendation is off-label. The vaccine is labeled for administration to horses 11 months and older. Boosters then given every 6 months. This vaccine is considered more effective than the intramuscular vaccines.
- C. Either intranasal or intramuscular influenza vaccine should be given, not both.
- D. Continue to vaccinate every 3 to 4 months.
- E. Numbers indicate the month of pregnancy when vaccination is indicated; only used when foal will be in endemic area.
- F. For mares that have been vaccinated against botulism in previous pregnancies, administer single booster dose 4-6 weeks before foaling; only used when foal will be in endemic area.
- G. Giving this vaccination to pregnant mares is considered off-label, an alternative is to vaccinate mare before breeding.
- H. Booster vaccinate as yearlings and then annually thereafter.
- I. Only indicated for horses likely to experience exposure such as being introduced to farm where the problem is endemic. Use either the intranasal **or** intramuscular vaccine.
- J. The vaccine is not labeled for pregnant mares, but has been shown to be safe.
- K. Boosters should be continued every 12 months depending on risk of exposure.
- L. Only indicated in endemic areas. Consult your veterinarian to see if indicated.
- M. Booster vaccinations are indicated at 4-6 month intervals thereafter.
- N. Booster vaccinations are indicated at 4 month intervals thereafter through yearling year.
- \* The foal recommendations assume the dam was appropriately vaccinated. Consult your veterinarian if the dam is unvaccinated as many of the initial series should begin sooner.

VACCINATION SCHEDULE FOR YEARLINGS, TRAINING HORSES, AND PERFORMANCE HORSES  
LESS THAN 3 YEARS OF AGE

	11-13 months of age	Every 3-4 months	Every 6 months	Annually
Influenza <sup>A</sup> IN	X		X	
Influenza <sup>A</sup> IM	X	X		
<b>Eastern Equine Encephalitis (EEE)</b>	X		X <sup>E</sup>	
<b>Western Equine Encephalitis (WEE)</b>	X		X <sup>E</sup>	
<b>West Nile Virus (WNV)</b>	X		X	
<b>Tetanus</b>	X			X
Rhinopneumonitis (EHV 1/4)		X		
<b>Rabies</b>	X			X
Strangles <sup>B</sup> IN				X <sup>C</sup>
Strangles <sup>B</sup> IM	X			X <sup>C</sup>
PHF <sup>D</sup>	X <sup>D</sup>		X <sup>D</sup>	

- A. Use either intranasal OR intramuscular vaccine.
- B. Use either intranasal OR intramuscular vaccine. Vaccination only recommended with high risk exposure.
- C. Boosters should be continued every 12 months depending on risk of exposure. Consult your veterinarian.
- D. Vaccine only indicated if horse will be in an endemic area. Consult your veterinarian. Boosters given every 4-6 months.
- E. Preferably January, February or March; and July, August or September. **Yearlings should receive booster every 4 months until 2 years of age.**

VACCINATION SCHEDULE FOR MARES, GELDINGS, STALLIONS, AND PERFORMANCE HORSES ≥ 3 YEARS

	Every 4-6 months	Every 6 months	Annually	Pregnant Mares	
				Additional to first 3 columns	4-6 weeks prior to foaling
Influenza <sup>A</sup> IN		X			X <sup>D</sup>
Influenza <sup>A</sup> IM	X				X <sup>E</sup>
<b>Eastern Equine Encephalitis (EEE)</b>		X			X
<b>Western Equine Encephalitis (WEE)</b>		X			X
<b>West Nile Virus (WNV)</b>	X				X
<b>Tetanus</b>			X		X
Rhinopneumonitis (EHV 1/4)	X			X <sup>(5,7,9)J</sup>	X
Rotavirus				X <sup>(8,9,10)F</sup>	
Botulism				X <sup>(8,9,10)G,F</sup>	
<b>Rabies</b>			X		X <sup>H</sup>
Strangles <sup>B</sup> IN			X		X <sup>I</sup>
Strangles <sup>B</sup> IM			X		X
PHF <sup>C</sup>		X			

- A. Use either intranasal or intramuscular vaccine.
- B. Use either intranasal or intramuscular vaccine. Only indicated for horses likely to experience exposure such as being introduced to farm where strangles is endemic.
- C. Only indicated in endemic areas. Consult your veterinarian to see if indicated.
- D. The intranasal influenza vaccine is **not** labeled for pregnant mares. Discuss with your veterinarian.
- E. Either intranasal or intramuscular influenza vaccine should be given, not both.
- F. Numbers indicate the month of pregnancy when vaccination is indicated; only used when foal will be in endemic area.
- G. For mares that have been vaccinated against botulism in previous pregnancies, administer single booster dose 4-6 weeks before foaling; only used when foal will be in endemic area.
- H. Giving this vaccination to pregnant mares is considered off-label, an alternative is to vaccinate mare before breeding.
- I. The vaccine is not labeled for pregnant mares, but has been shown to be safe.
- J. Give EHV-1 vaccine in these months of pregnancy.