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VACCINATION GUIDELINES FOR ADULT HORSES

This is an abbreviated recommendation protocol for the vaccination of adult horses. For clarity we can categorize horses into two major groups. The first would be **sport/show/performance horses**. This group of horses is considered to be at a higher risk of being exposed to and propagating the spread of contagious diseases; therefore, they need to be vaccinated more often and with products that provide superior protection. The second group would be **back-yard or pleasure type horses**. This group is considered to be at a lower risk of being exposed too or spreading contagious diseases because they do not travel much nor are they exposed to other horses. We will start by listing the “core” vaccination protocol currently adopted by most practicing equine veterinarians. In addition to the core vaccines we recommend to give Flu and Rhino which are grouped as a “risk based vaccine”. We recommend both groups to be vaccinated with the following **core and the risk based vaccines** given in the spring (March, April, or May) of each year on an annual basis.

Core Vaccines:

- **Eastern and Western Equine Encephalomyelitis** (Sleeping Sickness)
- **Tetanus Toxoid**
- **West Nile**
- **Rabies**

Risk Based Vaccines: These are usually given with the core vaccines in the spring

- **Influenza** (Flu)
- **Rhinopneumonitis** (respiratory EHV1 and EHV4)
- **Strangles**

The core and risk based vaccines listed above, come as individual vaccines, or may come in many different combinations. The more common combinations are a “5-way” or “EWT” which includes Eastern and Western Equine Encephalomyelitis, Tetanus, Influenza, and Rhinopneumonitis and West Nile or a combination with Rabies.

After the spring vaccinations, variations between the different groups of horses arise based on disease exposure risks. Generally, the **Influenza** and **Rhinopneumonitis** portion outlined above is repeated at 4 to 6 month intervals. Therefore they are given again in the fall and in some circumstances during the winter months. This interval varies depending on the vaccine product given and the exposure risk of the individual horse.

In addition to the above core vaccines it is highly recommended to give **Intra-nasal Strangles** (also a risk based vaccine) on an annual basis for the protection against *Streptococcus equi equi*. Again vaccinating for “Strangles” is based on risk of exposure of the individual horse. There are other vaccines available and given depending on risk, but these will not be discussed at this time.

On a final note it is virtually impossible to design a comprehensive vaccination protocol for all horses. Thus this has been intended to be a general guideline. It is wise to consult with your veterinarian while developing your own vaccination schedule. Veterinarians have an understanding of what your horse needs for optimum protection, and their knowledge of the different vaccines available will ultimately offer your horse better immunity and protection. There are significant differences in efficacy between vaccines manufactured by different companies.