



## **Ballybrown Equine Clinic**



Ballybrown Equine Clinic, Ballybrown, Clarina, Co. Limerick, Ireland.

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## VACCINATIONS (IMMUNISATION)

Few things will help protect your horse from the ravages of some infectious diseases as easily and effectively as immunisation. The vaccines administered by your vet to your horse place a protective barrier between the horse and several diseases such as tetanus, influenza and rhinopneumonitis to name the most common.

Vaccinations are a vital part of proper equine management. If incorporated into a programme that includes regular deworming, ample supply of clean water, good nutrition and a safe environment you and your horse will be set to enjoy many happy healthy protective years together!

### WHAT TO EXPECT

A good immunisation program is essential to responsible horse ownership, but just as in people, **vaccination does not guarantee 100% protection.**

1. Vaccination serves to minimize the risk of infection, but does not prevent disease in all circumstances.
2. Primary series of vaccines and booster doses should be administered before likely exposure.
3. Each horse in a population is not protected to an equal degree or for an equal duration following vaccination.
4. All horses in a yard should be vaccinated and if possible the same schedule should be followed.

Vaccination involves the administration (usually by injection) of the causative organisms or important components of those organisms that initiate an immune response.

After the immunisation procedure is completed, the protective antibodies in the blood and specialized immune system components stand guard against the invasion of specific diseases. However, these antibodies gradually decline. Therefore, a booster is needed at regular intervals to maintain adequate protection. Protection against some diseases, such as tetanus can be accomplished by boosters once a year. Others require more frequent intervals to provide adequate protection.

### VACCINATIONS NEEDED.

The specific immunisations needed by the particular horse or horses depend upon several factors: environment, age, breed, sex and use. Ballybrown Equine Clinic can help you determine the vaccination program best suited to your horse's individual needs.

#### VACCINATION PROGRAMME

##### INFLUENZA / TETANUS:

<b>Vaccination No:</b>	<b>1°</b>	<b>2°</b>	<b>3°</b>
<b>Foals</b>	Age 6 months	Age 7 months	Age 13 months
<b>Yearlings/Older</b>	Annually		
<b>Broodmares</b>	Annually		
<b>Racehorses</b>	On Arrival	1 month	6 months
<b>New Arrivals</b>	On Arrival	1 month	6 months

##### HERPES VIRUS I & IV:

<b>Vaccination No:</b>	<b>1°</b>	<b>2°</b>	<b>3°</b>
<b>Broodmares</b>	5 <sup>th</sup> month of pregnancy	7 <sup>th</sup> month of pregnancy	9 <sup>th</sup> month of pregnancy
<b>Barren Mares</b>	September	November	

##### ROTA VIRUS:

<b>Vaccination No:</b>	<b>1°</b>	<b>2°</b>	<b>3°</b>
<b>Broodmares</b>	8 <sup>th</sup> month of pregnancy	9 <sup>th</sup> month of pregnancy	10 <sup>th</sup> month of pregnancy

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The following diseases are the most often vaccinated against.

## **TETANUS**

Sometimes called "Lock Jaw" is caused by toxin producing bacteria that can be found in the intestinal tract of many animals and found in abundance in the soil where horses live. Its spores can exist for years. The spores enter the body through wounds, lacerations, or the umbilicus of a newborn foal. Although not contagious from horse to horse, tetanus poses a constant threat to horses.

Clinical signs include muscle stiffness and rigidity, flared nostrils, hypersensitivity, and the legs stiffly held in a sawhorse stance. As the disease progresses, muscles in the jaw stiffen, preventing the animal from eating or drinking. More than 80 % of affected animals die.

All horses should be immunised annually against tetanus. Additional boosters for mares and foals may be recommended by your vet. Available vaccines are inexpensive, safe and provide good protection.

## **INFLUENZA**

This is the most common respiratory disease in the horse. Highly contagious, the virus is transmitted by aerosol (when snorting or coughing) from horse to horse over distances as far as 30 yards.

Signs to watch for include cough, nasal discharge, fever, depression, and loss of appetite. With proper care, most horses recover in about 10 days. Some however, may show signs for weeks, especially if put back to work too soon. Influenza has no specific treatment and can result in

"down time" with indirect financial loss, not to mention discomfort for your horse.

Influenza viruses are constantly changing and can bypass the horse's immune defence. Duration of protection is short lived and revaccination may be recommended as frequently as every 2 to 4 months.

Both intramuscular injectable and intranasal influenza vaccines are available for use in horses. Ballybrown Equine Clinic can tell you which products are the most appropriate for your situation. Horses less than five years are at greater risk of contracting influenza, however horses that travel or are exposed to other horses should be regularly immunised against influenza. Follow your vet's advice as to how often your horse needs influenza vaccination.

## **RHINOPNEUMONITIS**

Two distinct viruses, equine herpes virus type 1 (EHV1) and equine herpes virus type 4 (EHV 4), cause two different diseases. Both cause respiratory tract problems, and EHV 1 may also cause abortion, foal death and paralysis. Infected horses may be feverish and lethargic, may also lose appetite and experience nasal discharge and a cough. Young horses suffer most from respiratory tract infections by these viruses.

Rhinopneumonitis is spread by aerosol and by direct contact with secretions, utensils or drinking water. Viruses may be present but not apparent in carrier animals. Pregnant mares, foals, weanlings and young horses under stress are candidates to be vaccinated. Immune protection is short. Therefore, pregnant mares are vaccinated at least during the fifth seventh and ninth months of

gestation and youngsters need a booster at least every six months. Many vets recommend vaccination at 2 month intervals year round for high risk animals.

## **ROTAVIRUS**

This virus is by far and away the most common cause of infectious scour in foals, especially in the one to three week age group. Spread is via the oral-faecal route and outbreaks can be very costly from the point of view of weight loss,

veterinary treatment and occasional fatalities.

The foal's only source of antibodies at this age is by passive transfer from intake of the mare's colostrum shortly after birth.

Therefore, it is the mare that must be vaccinated to successfully protect the foal from this virus. The mare should be immunised on the eighth, ninth and tenth month of pregnancy.