

\*\*ALL VACCINATION PROGRAMS SHOULD BE DEVELOPED IN CONSULTATION WITH A LICENSED VETERINARIAN\*\*

<u>CORE VACCINATIONS</u> protect against diseases that are endemic to a region, are virulent/highly contagious, pose a risk of severe disease, those having potential public health significance, and/or are required by law. Core vaccines have clearly demonstrable efficacy and safety, with a high enough level of patient benefit and low enough level of risk to justify their use in all equids.

	Broodmares	Other Adult Horses (> 1 year of age)  previously vaccinated against the disease indicated	Other Adult Horses (> 1 year of age) unvaccinated or lacking vaccination history	
DISEASE				COMMENTS
Tetanus	Previously vaccinated: Annual, 4 - 6 weeks pre-partum  Previously unvaccinated or having unknown vaccination history: 2-dose series 2 <sup>nd</sup> dose 4-6 weeks after 1 <sup>st</sup> dose. Revaccinate 4-6 weeks pre-partum	Annual	2-dose series  2 <sup>nd</sup> dose 4 - 6 weeks after 1 <sup>st</sup> dose.  Annual revaccination	Booster at time of penetrating injury or prior to surgery if last dose was administered over 6 months previously.
Eastern / Western Equine Encephalo- myelitis (EEE/WEE)	Previously vaccinated: Annual, 4 - 6 weeks pre-partum  Previously unvaccinated or having unknown vaccination history: 2-dose series 2 <sup>nd</sup> dose 4 weeks after 1 <sup>st</sup> dose. Revaccinate 4-6 weeks prepartum.	Annual – spring, prior to onset of vector season.	2-dose series  2 <sup>nd</sup> dose 4 - 6 weeks after 1 <sup>st</sup> dose.  Revaccinate prior to the onset of the next vector season.	Consider 6-month revaccination interval for:  1) Horses residing in endemic areas 2) Immunocompromised horses

West Nile Virus (WNV)	Previously vaccinated: Annual, 4 - 6 weeks pre-partum  Unvaccinated or lacking vaccination history: It is preferable to vaccinate naïve mares when open.  In areas of high risk, initiate primary series as described for unvaccinated, adult horses.	Annual – spring, prior to onset of vector season	Inactivated whole virus vaccine:  2-dose series  2 <sup>nd</sup> dose 4 - 6 weeks after 1 <sup>st</sup> dose. Revaccinate prior to the onset of the next vector season.  Recombinant canary pox vaccine:  2-dose series  2 <sup>nd</sup> dose 4 - 6 weeks after 1 <sup>st</sup> dose. Revaccinate prior to the onset of the next vector season.  Inactivated flavivirus chimera vaccine:  2-dose series  2 <sup>nd</sup> dose 3 - 4 weeks after 1 <sup>st</sup> dose. Revaccinate prior to the onset of the next vector season.	When using the inactivated or the recombinant product, consider 6-month revaccination interval for:  1) Horses residing in endemic areas 2) Juvenile (<5 yrs of age) 3) Geriatric horses (> 15 yrs of age) 4) Immunocompromised horses
Rabies	Annual, 4 - 6 weeks pre-partum OR Prior to breeding*	Annual	Single dose Annual revaccination	*Due to the relatively long duration of immunity, this vaccine may be given post-foaling but prior to breeding and thus reduce the number of vaccines given to a mare pre-partum.

<u>RISK-BASED VACCINES</u> are selected for use based on risk assessment\*\* performed by, or in consultation with, a licensed veterinarian. Use of these vaccines may vary between individuals, populations, and/or geographic regions. Note: Vaccines are listed in this table in alphabetical order, not in order of priority for use.

\*\*Refer to "Principles of Vaccination" in main document for criteria used in performing risk assessment.

	Broodmares	Other Adult Horses (> 1 year of age)  previously vaccinated against the disease indicated	Other Adult Horses (> 1 year of age)  unvaccinated or lacking vaccination history	
DISEASE				COMMENTS
Anthrax	Not recommended during gestation	Annual	2-dose series  2 <sup>nd</sup> dose 3-4 weeks after 1 <sup>st</sup> dose.  Annual revaccination.	Do not administer concurrently with antibiotics.  Use caution during storage, handling and administration.  Consult a physician immediately if human exposure to vaccine occurs by accidental injection, ingestion, or otherwise through the conjunctiva or broken skin.
Botulism	Previously vaccinated: Annual, 4 - 6 weeks pre-partum  Previously unvaccinated or having unknown vaccination history: 3-dose series  1st dose at 8 months gestation. 2nd dose 4 weeks after 1st dose. 3rd dose 4 weeks after 2nd dose.	Annual	3-dose series  • 2 <sup>nd</sup> dose 4 weeks after 1 <sup>st</sup> dose.  • 3 <sup>rd</sup> dose 4 weeks after 2 <sup>nd</sup> dose.  Annual revaccination	

Equine Herpesvirus (EHV)	3-dose series with product labeled for protection against EHV abortion.  Give at 5, 7 and 9 months of gestation.	Annual (see comments)	<ul> <li>3-dose series</li> <li>2<sup>nd</sup> dose 4-6 weeks after 1<sup>st</sup> dose.</li> <li>3<sup>rd</sup> dose 4-6 weeks after 2<sup>nd</sup> dose.</li> </ul>	Consider 6-month revaccination interval for:  • Horses less than 5 years of age. • Horses on breeding farms or in contact with pregnant mares. • Performance or show horses at high risk.
Equine Viral Arteritis (EVA)	Not recommended unless high risk.	Annual  Stallions, teasers: Vaccinate 2 - 4 weeks before breeding season.  Mares: Vaccinate when open.	Single dose (See comments)	Prior to initial vaccination, intact males and any horses potentially intended for export should undergo serologic testing and be confirmed negative for antibodies to EAV. Testing should be performed shortly prior to, or preferably at, the time of vaccination.
Influenza	Previously vaccinated:  Inactivated vaccine: Semi-annual with one dose administered 4 - 6 weeks pre-partum.  Canary pox vector vaccine: Semi-annual with one dose administered 4 - 6 weeks pre-partum.  Previously unvaccinated or having unknown vaccination history: Inactivated vaccine: 3-dose series  2nd dose 4 - 6 weeks after 1st dose. 3rd dose 4 - 6 weeks pre- partum.  Canary pox vector vaccine: 2-dose series  2nd dose 4 - 6 weeks after 1st dose but no later than 4 weeks pre-partum	Horses with ongoing risk of exposure: Semi-annual.  Horses at low risk of exposure: Annual.	Modified live vaccine: Single dose administered intranasally. Revaccinate semi-annually to annually.  Inactivated vaccine: 3-dose series  • 2 <sup>nd</sup> dose 4 - 6 weeks after 1 <sup>st</sup> dose.  • 3 <sup>rd</sup> dose 3 - 6 months after 2 <sup>nd</sup> dose. Revaccinate semi-annually to annually.  Canary pox vector vaccine: 2-dose series 2 <sup>nd</sup> dose 4 - 6 weeks after 1 <sup>st</sup> dose. Revaccinate semi-annually.	

Potomac Horse Fever (PHF)	Previously vaccinated: Semi-annual, with one dose given 4 - 6 weeks prepartum.  Previously unvaccinated or having unknown vaccination history:  2-dose series  1st dose 7-9 weeks prepartum.  2nd dose 4-6 weeks prepartum.	Semi-annual to annual	2-dose series  2 <sup>nd</sup> dose 3-4 weeks after 1 <sup>st</sup> dose.  Semi-annual or annual booster	A revaccination interval of 3 - 4 months may be considered in endemic areas when disease risk is high.
Rotavirus	3-dose series  • 1 <sup>st</sup> dose at 8 months gestation.  • 2 <sup>nd</sup> and 3 <sup>rd</sup> doses at 4-week intervals thereafter.	Not applicable	Not applicable	
Strangles Streptococcus equi	Previously vaccinated:  Killed vaccine containing M- protein): Semi-annual with one dose given 4 - 6 weeks pre-partum.  Previously unvaccinated or having unknown vaccination history:  Killed vaccine containing M- protein): 3-dose series  2nd dose 2 - 4 weeks after 1st dose.  3rd dose 4 - 6 weeks pre-partum.	Semi-annual to annual	Killed vaccine containing M-protein:  2-3 dose series  • 2 <sup>nd</sup> dose 2 - 4 weeks after 1 <sup>st</sup> dose.  • 3 <sup>rd</sup> dose (where recommended by manufacturer) 2 - 4 weeks after 2 <sup>nd</sup> dose.  Revaccinate semi-annually.  Modified live vaccine:  2-dose series administered intranasally.  2 <sup>nd</sup> dose 3 weeks after 1 <sup>st</sup> dose.  Revaccinate semi-annually to annually.	Vaccination is <u>not</u> recommended as a strategy in outbreak mitigation.

Vaccinations for Adult Horses developed by the American Association of Equine Practitioners Infectious Disease Committee, 2008 and updated by the AAEP Biological & Therapeutic Agents Committee in 2012.