



VACCINATIONS FOR ADULT HORSES

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

CORE VACCINATIONS 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.

| DISEASE | Broodmares | Other Adult Horses (> 1 year of age) <i>previously vaccinated against the disease indicated</i> | Other Adult Horses (> 1 year of age) <i>unvaccinated</i> <i>or</i> <i>lacking vaccination history</i> | COMMENTS |
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| Tetanus | <i>Previously vaccinated:</i> Annual, 4 - 6 weeks pre-partum <i>Previously unvaccinated or having unknown vaccination history:</i> 2-dose series 2 nd dose 4-6 weeks after 1 st dose. Revaccinate 4-6 weeks pre-partum | Annual | 2-dose series 2 nd dose 4 - 6 weeks after 1 st 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 Encephalomyelitis (EEE/WEE) | <i>Previously vaccinated:</i> Annual, 4 - 6 weeks pre-partum <i>Previously unvaccinated or having unknown vaccination history:</i> 2-dose series 2 nd dose 4 weeks after 1 st dose. Revaccinate 4-6 weeks pre-partum. | Annual – spring, prior to onset of vector season. | 2-dose series 2 nd dose 4 - 6 weeks after 1 st dose. Revaccinate prior to the onset of the next vector season. | Consider 6-month revaccination interval for: * In high risk situations such as an early onset of seasonal disease * Increase incidence in a geographic area * Foals of unvaccinated mares Practitioner in consultation with manufacturer, may consider starting earlier vaccination or using a product more frequently. |

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| <p>West Nile Virus (WNV)</p> | <p><i>Previously vaccinated:</i> Annual, 4 - 6 weeks pre-partum</p> <p><i>Unvaccinated or lacking vaccination history:</i> It is preferable to vaccinate naïve mares when open.</p> <p>In areas of high risk, initiate primary series as described for unvaccinated, adult horses.</p> | <p>Annual – spring, prior to onset of vector season</p> | <p>Annual Revaccination</p> | |
| <p>Rabies</p> | <p>Annual, 4 - 6 weeks pre-partum</p> <p>OR</p> <p>Prior to breeding*</p> | <p>Annual</p> | <p>Single dose Annual revaccination</p> | <p>*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.</p> |

RISK-BASED VACCINATIONS can be found on the following pages

RISK-BASED VACCINES 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.**

| DISEASE | Broodmares | Other Adult Horses (> 1 year of age) <i>previously vaccinated against the disease indicated</i> | Other Adult Horses (> 1 year of age) <i>unvaccinated or lacking vaccination history</i> | COMMENTS |
|-----------------|---|--|--|--|
| Anthrax | Not recommended during gestation | Annual | 2-dose series 2 nd dose 3-4 weeks after 1 st 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 | <i>Previously vaccinated:</i> Annual, 4 - 6 weeks pre-partum <i>Previously unvaccinated or having unknown vaccination history:</i> 3-dose series 1 st dose at 8 months gestation. 2 nd dose 4 weeks after 1 st dose 3 rd dose 4 weeks after 2 nd dose | Annual | 3-dose series 2 nd dose 4 weeks after 1 st dose 3 rd dose 4 weeks after 2 nd dose Annual revaccination | Horses with history of natural exposure: A vaccination protocol should be initiated once antitoxin immunoglobulins are depleted. |
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| <p align="center">Equine Herpesvirus (EHV)</p> | <p>3-dose series with product labeled for protection against EHV abortion</p> <p>Give at 5, 7 and 9 months of gestation</p> <p>It is recommended to also booster broodmares with a product labeled for protection against respiratory disease 4-6 weeks prepartum</p> | <p>Annual (see comments)</p> | <p><u>Inactivated vaccine:</u> Dependent upon on manufacturer's product recommendation, the vaccine may be a two or three dose series with a 3 to 4-week interval between doses.</p> <p>Annual revaccination</p> | <p>Consider 6-month revaccination interval for:</p> <ol style="list-style-type: none"> 1) Horses less than 5 years of age 2) Horses on breeding farms or in contact with pregnant mares 3) Performance or show horses at high risk |
| <p align="center">Equine Viral Arteritis (EVA)</p> | <p>Not recommended unless high risk.</p> <p>Mares in foal should not be vaccinated until after foaling and not less than 3 weeks prior to breeding.</p> <p><i>The manufacturer does not recommend use of this vaccine in pregnant mares, especially in the last two months of pregnancy.</i></p> | <p>Annual</p> <ul style="list-style-type: none"> • Breeding stallions previously vaccinated against EVA: Annual booster every 12 months and not less than 3 to 4 weeks prior to breeding. • Breeding stallions, unvaccinated or having unknown vaccine history: All first-time vaccinated stallions should be isolated for 3 weeks following vaccination before being used for breeding. • Teaser Stallions: Vaccination against EVA is recommended on an annual basis. <p><i>Mares:</i> Vaccinate when open</p> | <p>Single dose (See comments)</p> | <p><u>Prior to initial vaccination, intact males and any horses potentially intended for export should undergo serologic testing</u> and be confirmed negative for antibodies to EAV. Testing should be performed shortly prior to, or preferably at, the time of vaccination.</p> |
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| <p>Influenza</p> | <p><i>Pregnant mares, previously vaccinated against influenza:</i></p> <p>Inactivated vaccine: Annually with one dose administered 4 - 6 weeks pre-partum</p> <p><i>Pregnant mares, unvaccinated or having unknown vaccine history:</i></p> <p>Inactivated vaccine: Dependent upon on manufacturer's product recommendation, the vaccine may be a two or three dose series with a 3 to 4-week interval between doses (IM), with the last dose administered 4-6 weeks pre-partum</p> | <p>Horses with ongoing risk of exposure: Semi-annual</p> <p>Horses at low risk of exposure:</p> <p>Annual revaccination</p> <p>.</p> | <p><u>Inactivated vaccine:</u> Dependent upon on manufacturer's product recommendation, the vaccine may be a two or three dose series with a 3 to 4-week interval between doses</p> <p><u>Modified live vaccine:</u> Administer a single dose (IN application).</p> <p>Annual revaccination</p> | <p>Horses at increased risk of exposure may be revaccinated every 6 months. Some facilities and competitions may require vaccination within the previous 6 months to enter.</p> <p>USEF Vaccination Rule https://www.usef.org/forms-pubs/ANcxoLX1gNs/equine-vaccination-rule-gr845</p> |
| <p>Leptospirosis</p> | <p>Safe for use in pregnant mares</p> <p><i>Previously unvaccinated or having unknown vaccination history:</i> 2 Initial doses 3-4 weeks apart</p> <p><i>Previously vaccinated:</i> Annual revaccination</p> | <p>Annual</p> | <p>2 initial doses 3-4 weeks apart</p> <p>Annual revaccination</p> | <p>Field safety testing has demonstrated this product is safe for use in pregnant mares</p> |
| <p>Potomac Horse Fever (PHF)</p> | <p><i>Previously vaccinated:</i> Semi-annual, with one dose given 4 - 6 weeks pre-partum</p> <p><i>Previously unvaccinated or having unknown vaccination history:</i> 2-dose series 1st dose 7-9 weeks pre-partum 2nd dose 4-6 weeks pre-partum</p> | <p>Semi-annual to annual</p> | <p>2-dose series 2nd dose 3-4 weeks after 1st dose Semi-annual or annual booster</p> | <p>A revaccination interval of 3 - 4 months may be considered in endemic areas when disease risk is high.</p> |
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| Rotavirus | 3-dose series 1 st dose at 8 months gestation. 2 nd and 3 rd doses at 4-week intervals thereafter | Not applicable | Not applicable | |
| Snake Bite | Please see guidelines for additional information | Please see guidelines for additional information | Please see guidelines for additional information | |
| Strangles <i>Streptococcus equi</i> | <p><i>Previously vaccinated:</i></p> <p><u>Killed vaccine containing M-protein):</u></p> <p>Semi-annual with one dose given 4 - 6 weeks pre-partum</p> <p><i>Previously unvaccinated or having unknown vaccination history:</i></p> <p><u>Killed vaccine containing M- protein):</u></p> <p>3-dose series 2nd dose 2 - 4 weeks after 1st dose 3rd dose 4 - 6 weeks pre-partum</p> | Semi-annual to annual | <p><u>Killed vaccine containing M-protein:</u></p> <p>2-3 dose series 2nd dose 2 - 4 weeks after 1st dose 3rd dose (where recommended by manufacturer) 2 - 4 weeks after 2nd dose Revaccinate semi-annually</p> <p><u>Modified live vaccine:</u></p> <p>2-dose series administered intranasally 2nd dose 3 weeks after 1st dose Revaccinate semi-annually to annually</p> | Vaccination is not recommended as a strategy in outbreak mitigation. |

Vaccinations for Adult Horses were developed by the American Association of Equine Practitioners (AAEP) Infectious Disease Committee. These guidelines and charts were reviewed and updated by the committee & Vaccination Guidelines Subcommittee and approved by the Board of Directors in 2020.

Please note that updates to these guidelines and charts may occur online at any time and should always be referenced there for the most current version at www.aaep.org.