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Health Tips

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We have lots of good news this year on the annual Spring/Summer Vaccination front.

First, and probably the best news: There will be no price increases this year on any vaccinations, examination fees, hourly and professional services or farm call fees!

As you have seen from our Christmas Card, my wife and I are now a two-horse family. This is giving us first hand experience regarding the general costs involved in *responsible* horse ownership. WOW!

The practice's multi-horse discount still stands at 10% off the farm call and vaccinations for two or

more horses at one farm. This discount can be applied to several owners if they want to get their horses together at a single barn. This will save us time, and in turn save you money!

More good news! My favorite producer of quality, ethical veterinary vaccines has combined their Rhinopneumonitis-Influenza vaccine with their Eastern/Western Encephalomyelitis and Tetanus vaccine into a single 1cc dose. The advantage is two fold

A *single* injection now protects against these five diseases, instead of two separate injections. The horse is exposed to *half* of the adjuvant.

Adjuvant is the compound in vaccines that helps the body's immune system recognize the proteins and other molecules associated with the infectious agents that we are trying to protect them against. It is the adjuvant that causes the vast majority of negative reactions that we associate with vaccination, such as swelling at the site, stiff necks and malaise (the lethargy we sometimes see after vaccination). We already have this vaccine on hand and are looking forward to the benefits it will afford our horses....

Let's talk about the frequency and timing of vaccinations, as well as an interesting topic: The use of vaccines in foals.

In general, we all like to get "Spring shots" into our horses once yearly, and approximately 60% of my clientele have me out in the Fall for a Rhinopneumonitis-influenza booster and general check up prior to winter. For the majority of pleasure horses this schedule is fine.

The following information is the current recommendations for different scenarios based on what we know about how long the immunity boost lasts with each vaccine:

RHINOPNEUMONITIS

Divided into two sub-types EHV-1 (Equine Herpes Virus 1) and EHV-4, this virus is responsible for a wide variety of clinical disease, including abortion, weak or stillborn foals, acute neurologic disease in horses of all ages and upper respiratory disease in young horses.

Here's an interesting fact: Equine Herpes virus is commonly spread in nasal secretions aborted fetuses and associated membranes. It can remain infectious in the environment for at least 14 days and on horsehair for *42 days!*

Vaccines for this virus are probably the least effective of all our vaccines due to the complex nature of the virus and the horse's immune system.

Pregnant mares need to be vaccinated with EHV-1 sub-type at month 5, 7 and 9 of gestation and foals should receive the EHV-4 sub-type two to four times between the ages of 2 and 6 months.

I like to give this vaccine with an influenza booster in the Spring and Fall and also 2 to 4 weeks

prior to exposure to other horses.

INFLUENZA

Influenza vaccine, which is often combined with Rhinopneumonitis vaccine, is an important part of our "stable" of disease preventing immunizations.

Influenza causes a wide variety of symptoms and is spread rapidly and easily. These characteristics make it a particular problem at places where large numbers of horses gather, such as race tracks, show grounds, training barns, breeding facilities and sale barns.

The signs of Influenza are high fever, lethargy, nasal discharge and a loud, harsh cough.

The protection from this vaccine is relatively short lived, approximately 3 to 4 months; therefore, it should be administered more often to horses that are exposed to a lot of different horses, 3 to 4 times per year, or 2 to 4 weeks prior to a single event.

EASTERN AND WESTERN EQUINE ENCEPHALOMYELITIS

This virus stays active in bird and rodent populations, and is spread to horses (and humans) by blood sucking insects, such as mosquitoes.

The period that the virus is active in the infected horse is so short that the horse is not considered a reservoir of the disease, and is termed a "dead end host" of the disease (as are humans).

Neurologic disease is the hallmark of infection with this virus. The prognosis for horses that contract equine encephalomyelitis is poor.

Manufacturers of vaccines recommend once yearly immunization for adults, but studies demonstrate a shorter duration of immunity, approximately 4 to 6 months, which suggests twice yearly boosting.

Brood mares should be vaccinated 4 to 6 weeks prior to foaling, and primary vaccination of foals should begin at 3 to 4 months of age, with a minimum of two vaccinations 4 weeks apart.

RABIES

Given the active increase of rabies in Maine over the last 2 years, this disease needs very little introduction.

A major problem concerning rabies infection in the horse is that it can appear similar to many other diseases in the beginning. A horse with rabies may initially present with fever, lethargy and inappetance, making it easy to miss.

The vaccination is given at 3 months of age in foals, and then yearly thereafter.

STRANGLES

Caused by a bacteria, *Streptococcus equi*, strangles is characterized by high fever, thick mucopurulent discharge (mucus and pus) and swelling and abscessing of the lymph nodes of the head and upper throat.

The organism is very persistent in the environment.

Vaccination in this area has increased over the last several years, and I recommend it for horses that travel or are stabled in busy barns. Newer vaccinations are gentler than previous vaccines, and after an initial 2 dose series, annual re-vaccination in the Spring is recommended.

POTOMAC HORSE FEVER

Potomac Horse Fever (PHF) was originally described as a diarrhea producing colitis found in horses living near the Potomac River in Maryland.

The causative agent, *Ehrlichia risticii* is an intracellular parasite that infects blood cells that move into intestinal cells. Although never proven conclusively, it is thought that biting insects transmit this disease.

We really do not see this disease in Maine, but horses that travel to shows in Southern New England or New York should be protected against this disease.

After an initial 2 vaccination series, yearly boosters are recommended.

Vaccinating Foals

As mentioned in several of the vaccination topics above, scheduling foal vaccines is dependent upon many factors.

Age at initial immunization is one of the first considerations taken into account when designing a vaccine schedule. The antibodies absorbed into the foal's system at birth actually interfere with a vaccine's ability to stimulate an immune response. We have to wait until the level of "passive immunity" drops, which usually takes 8 to 12 weeks. I usually recommend that we first start to immunize foals at 3 months of age if they are not at risk for certain diseases.

Since foals only need one initial Rabies immunization, we always give that at 3 months of age. If a foal is growing well, I will also administer their first round of Rhinopneumonitis, Influenza, Eastern and Western Encephalomyelitis and Tetanus at that time.

The second round of Rhino, Flu, EW Enceph and Tetanus is then administered at 4 months of age.

If economics are a factor, and depending upon the time of year, we can stop there. I prefer to revaccinate for Rhino, Flu, EW Enceph and Tetanus again at 6 months. As for Strangles and Potomac Horse Fever, we let a foal's show career determine whether or not these immunizations need to be administered. If the foal is going to stay home for a year or two and the barn does not have a lot of horses coming and going I like to hold off on these vaccines.