

# Other Vaccinations



Horses are most commonly vaccinated against influenza and tetanus (see 'Vaccinations against influenza and tetanus' factsheet.) This fact sheet concentrates on other vaccinations of the horse, namely; equine herpesvirus (EHV), equine rotavirus, equine viral arteritis (EVA) and strangles.

## Equine herpesvirus:

There are three different disease syndromes; upper respiratory tract disease, abortion of pregnant mares and neurological disease.

### Upper respiratory tract infections

are the most common form. Any horse can get a herpes respiratory infection but outbreaks usually occur in places like racing and livery yards due to frequent mixing of groups of horses. Young horses are particularly susceptible.

#### Vaccination protocol:

- **two doses three to six weeks apart;**
- **booster dose every six months.**

Vaccination does not afford complete protection but vaccinated horses are usually less severely affected and less infectious. Vaccination is most effective when done on a 'whole yard' basis.



### Abortion

due to EHV usually occurs in the last five months of pregnancy. Outbreak of abortion can occur due to herpesvirus on studs and often follows herpes respiratory disease. Therefore young horses and pregnant mares should be kept separately if possible.

#### Vaccination protocol:

- **vaccination of mares at five, seven and nine months of pregnancy.**

### Neurological disease

due to equine herpesvirus also often follows herpes respiratory infection. Clinical signs include fever and progressive weakness and paralysis of the hind limbs. Horses that improve quickly often recover but severely affected animals may require euthanasia.

**No vaccination is licensed to protect against this form of the disease.**

### Equine rotavirus

Rotavirus is a very common virus and although it is found in the dung of many foals it does not always indicate disease. The disease is more common in foals less than six months of age, with one to three months of age being the most common.

#### Symptoms:

Lethargy, poor appetite, bloated abdomen and diarrhoea. A fever may or may not be present.

#### Treatment:

Electrolyte and nutritional support given intravenously or by stomach tube.

#### Prevention:

Good hygiene is important. Clean stables in-between use by different foals with an effective disinfectant (bleach does not kill rotavirus). Keep infected and healthy foals separate.

#### Vaccination:

Vaccine is administered to pregnant mares during the eighth, ninth and tenth months of pregnancy. This increases the rotavirus antibody level in the mare's colostrum and is advisable in situations where there is a high foal population and frequent movement of animals on and off studs.



### Equine viral arteritis (EVA)

#### Symptoms:

Often none, but abortions, fever, lethargy, stiffness, runny nose and conjunctivitis can occur.

#### Diagnosis:

Nasal swabs, blood, urine or semen sample.

#### Treatment:

No specific treatment for EVA is available but good nursing care can be provided.

#### Vaccination:

Vaccines can be used in any horse over nine months of age, with six monthly boosters. Vaccinated horses cannot be distinguished from infected horses when tested, so before vaccination horses must be confirmed to be free from disease by blood testing.

#### Prevention:

Vaccination is only part of prevention; biosecurity and management are also vital. Horses with unknown EVA status should not be used for breeding whether natural covering or AI. Stallions at stud are tested annually. Mares are often tested before entry to stud. Accurate recording of vaccination and testing is important.



### Strangles

Strangles is caused by *Streptococcus equi equi*. This highly infectious bacteria causes upper respiratory tract infections, which range from mild to severe. In classic cases, lymph nodes become full of pus and rupture.

A vaccine has recently become available after temporary market withdrawal. The vaccine is given via a very small needle into the underside of the upper lip.

#### Vaccination protocol:

- two doses four – six weeks apart
- boosters every three to six months depending on risk level.

Vaccination does not afford complete protection, but reduces the severity of disease.



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