



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 or lacking vaccination history</i>	COMMENTS
Tetanus	<p><i>Previously vaccinated:</i> Annual, 4 to 6 weeks prepartum</p> <p><i>Previously unvaccinated or having unknown vaccination history:</i> 2-dose series 2nd dose 4 to 6 weeks after 1st dose.</p>	Annual	<p>2-dose series 2nd dose 4 to 6 weeks after 1st dose. Annual revaccination</p>	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)	<p>Revaccinate 4 to 6 weeks prepartum</p> <p><i>Previously vaccinated:</i> Annual, 4 to 6 weeks prepartum</p> <p><i>Previously unvaccinated or having unknown vaccination history:</i> 2-dose series 2nd dose 4 weeks after 1st dose.</p>	Annual – spring, prior to onset of vector season.	<p>2-dose series 2nd dose 4 to 6 weeks after 1st dose.</p> <p>Revaccinate prior to the onset of the next vector season.</p>	<p>Consider 6-month revaccination interval for:</p> <ul style="list-style-type: none"> * In high risk situations such as an early onset of seasonal disease * Increase incidence in a geographic area * Foals of unvaccinated mares <p>Practitioner in consultation with manufacturer, may consider starting earlier vaccination or using a product more frequently.</p>

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
West Nile Virus (WNV)	<p>Revaccinate 4 to 6 weeks prepartum.</p> <p><i>Previously vaccinated:</i> Annual, 4 to 6 weeks prepartum</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>	Annual – spring, prior to onset of vector season	<p>2-dose series 2nd dose 4 to 6 weeks after 1st dose.</p> <p>Annual revaccination, prior to the onset of the next vector season.</p>	
Rabies	<p>Annual, 46 weeks prepartum</p> <p>OR</p> <p>Prior to breeding*</p>	Annual	<p>Single dose</p> <p>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 prepartum.</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 to 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 (Clostridium botulinum)	<i>Previously vaccinated:</i> Annual, 4 to 6 weeks prepartum <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-1 and EHV-4)</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 to 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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Leptospirosis	Safe for use in pregnant mares <i>Previously unvaccinated or having unknown vaccination history:</i> 2 Initial doses 3 to 4 weeks apart <i>Previously vaccinated:</i> Annual revaccination	Annual	2 initial doses 3 to 4 weeks apart Annual revaccination	Field safety testing has demonstrated this product is safe for use in pregnant mares
Potomac Horse Fever (Ehrlichia risticii)	<i>Previously vaccinated:</i> Semi-annual, with one dose given 4 to 6 weeks prepartum <i>Previously unvaccinated or having unknown vaccination history:</i> 2-dose series 1 st dose 7 to 9 weeks prepartum 2 nd dose 4 to 6 weeks prepartum	Semi-annual to annual	2-dose series 2 nd dose 3 to 4 weeks after 1 st dose Semi-annual or annual booster	A revaccination interval of 3 to 4 months may be considered in endemic areas when disease risk is high.
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	

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<p>Strangles <i>(Streptococcus equi)</i></p>	<p><i>Previously vaccinated:</i></p> <p><u>Killed vaccine:</u> Annual vaccination recommended 4 to 6 weeks prepartum or prior to anticipated exposure.</p> <p>Modified live vaccine: Annual vaccination recommended. May consider a booster prior to anticipated exposure.</p> <p><i>Previously unvaccinated or having unknown vaccination history:</i></p> <p><u>Killed vaccine:</u> 3-dose series administered parenterally at 3-week intervals. Annual revaccination recommended.</p> <p>One dose may be administered 4 to 6 weeks prepartum or prior to anticipated exposure.</p> <p><u>Modified live vaccine:</u> 2-dose series administered intranasally at a 2-3 week interval. Annual revaccination recommended. May consider administration prior to anticipated exposure.</p>	<p>Annual vaccination, based on risk.</p>	<p><u>Killed vaccine:</u> 3 dose series administered parenterally at 3-week intervals.</p> <p>Annual vaccination recommended or prior to anticipated exposure.</p> <p><u>Modified live vaccine:</u> 2-dose series administered intranasally at a 2 to 3 week interval.</p> <p>Annual vaccination recommended or prior to anticipated exposure.</p>	<p>Vaccination is not recommended as a strategy in outbreak mitigation.</p> <p>Both killed and modified live vaccines may be administered to broodmares. If the goal is to boost colostral antibodies, administer the killed vaccine 4 to 6 weeks prepartum.</p> <p>SeM Antibody ELISA can be used before vaccination with the goal to identify individuals at increased risk of developing complications from vaccinations (those with titers >1:3200).</p>

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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.