

VACCINATIONS (Same as immunizations)

The purpose of vaccinations is to protect your horse from contagious diseases. There are numerous vaccines produced, but veterinarians consider Rabies, Eastern and Western Encephalitis and Tetanus vaccines necessary for every horse yearly. Other vaccinations may be recommended considering the horse's possible risk of exposure to the disease. These include West Nile, Influenza, Rhinopneumonitis, Potomac Horse Fever, and Strangles. It is also important to remember that vaccination does not prevent a horse from getting the disease, but it does help the body mount an effective response to the infectious agent. How effective the response is depends on many factors and that is why some vaccines seem more effective than others do. In addition, it takes about a month to impart an effective immune response. Thus, vaccines do not protect for about a month until after given. So, plan ahead.

VACCINES

Rabies is a frightening disease and is more common in some areas of the US than others. Unfortunately, it is common in our area and your horse should receive a yearly vaccination. Rabies is always fatal unless the animal is vaccinated. If you suspect or confirm your horse has had contact with a rabid animal, it will need a booster. Foals should receive their first rabies vaccination at 3- 4 months and annually thereafter. Rabies vaccine is safe and effective with few side effects. The veterinarian must report the occurrence of a rabies suspect and send appropriate tissue samples to the state diagnostic laboratory. Humans can contract rabies from contact with an unvaccinated rabid horse.

Tetanus is the same as "lock jaw" and is caused by a toxin-producing organism. Horses and humans are exquisitely sensitive to the tetanus toxin. Tetanus spores live in the soil for many years and the tetanus organism is normally found in the gastrointestinal tract of horses and other animals and does them no harm. However, when a wound becomes contaminated with tetanus spores, serious disease is the result. Symptoms include profound rigidity, hypersensitivity, and a sawhorse stance. As the disease progresses, the muscles of the face are paralyzed, and the horse cannot eat or drink. More than 80% of the affected horses die. The tetanus vaccine is safe and effective with few side effects. Horses need a booster when they have received a penetrating wound, and brood mares should receive a booster 4-6 weeks prior to foaling so to transfer immunity to-their foals in their- colostrum. Foals should be vaccinated at 3-4 months of age when the passive immunity from mom is waning.

Eastern and Western Equine Encephalomyelitis (EEE and WEE) are viruses transmitted to horses via mosquitoes. Horses are the sentinel animals for humans in this disease. The common name for this disease is "sleeping sickness" and causes a variety of signs as a result of brain degeneration. These include: fever, depression, appetite loss, staggering and paralysis. Approximately 50% of cases die with WEE and 70-90% of cases die with EEE.

OTHER VACCINES

Influenza is a common respiratory disease just as it is in humans. It is very contagious and can be transmitted by aerosol for 30 yards when horses cough and snort. Horses develop signs similar to our cold: runny nose, cough, fever, depression, and appetite loss. They

usually recover in about 10 days, but there is generally significant training time lost due to recuperation. Horse strains vary over time just like human influenza strains, thus protection is short lived. If you show or travel with your horse or board your horse with a population of horses that changes, your horse will need the influenza vaccine. There is a new intra-nasal vaccine for influenza that is designed to initiate a more appropriate immune response than the intramuscular vaccine. Traveling horses should receive a vaccination every 3 months during active show season, broodmares biannually, plus a booster 4-6 weeks pre-foaling to impart colostral immunity to her foal, and foals at 3-6 months of age and then every three months.

Rhinopneumonitis or Equine Herpes Viruses 1 and 4 (EHV-1 and EHV-4) are distinct viruses. EHV-1 and 4 both cause respiratory signs, but EHV-1 can also cause abortion and paralysis. Affected horses show signs similar to influenza, which can progress to pneumonia. There can be carrier animals that shed the virus when stressed. It is spread by aerosol, contamination of buckets and common items. Adult horses not in training and not in a stressful situation, or part of a transient population may not require this vaccine. Most importantly, brood mares should receive vaccinations at months 5, 7, and 9 of pregnancy.

West Nile Virus is a hot topic! The West Nile virus replicates and is passed between the bird and mosquito, but the human and horse are dead-end hosts. Dogs, cats and cattle can be infected, but generally do not get sick. Many horses have been infected with West Nile, but most healthy horses mount an effective immune response. It's the horses that are debilitated or immune suppressed that have the greatest problem. Signs we see in horses are varied but two of the most common are incoordination (ataxia) and muscle twitching, especially around the mouth. These signs may be preceded by a transient fever. Last year, a new West Nile vaccine was produced and has resulted in good protection. It requires an initial vaccination and a follow-up in 3-6 weeks. It requires about 4 weeks after the second vaccination for full protection to be in place. Mosquito control is also part of a strategic approach to West Nile Virus. So, get rid of standing water and old tires, clean the gutters and use larvicide disks (called "dunks") in any ponds. This vaccine is a wise choice, especially if your horses encounter mosquitoes, as most do in this area.

Potomac Horse Fever (PHF) is unique to our area. It is transmitted by a microorganism, which is commonly carried by fresh-water snails. We see PHF in the late summer and autumn. The signs we see in our horses vary. Depression, lethargy, fever and diarrhea are common. Although many present without diarrhea, a fever in a horse in summer or autumn is highly suspect for PHF in this area. Without treatment, death occurs in 5-30% of the cases. Adult horse vaccination should occur biannually with the booster in May or June. Brood mares should be vaccinated biannually with a booster 4-6 weeks pre-foaling. Foals should be vaccinated at 2-4 months.

Strangles is caused by a very contagious organism, *Streptococcus equi*. It is transmitted by secretions from an infected animal and travels to the lymph nodes of the upper neck and causes abscesses which discharge pus-like material. In especially severe cases, the infection can travel to other lymph nodes of the body. This circumstance is called "bastard strangles."

There are intra-muscular and intra-nasal vaccines for strangles, but these are not without possible complications. Unless required to do so or in a situation where your horse will be going to, or living in an area, which has experienced strangles, this is a vaccine that requires cautious consideration.

Equine Protozoal Myeloencephalitis (EPM) is a disease caused by a single cell parasite (*Sarcocystis neurona*) which affects the spinal cord of the horse. The opossum transmits EPM. The disease can cause hind limb weakness and in severe cases, paralysis. The vaccine is relatively new and may not produce 100% immunity.

COGGINS TESTS

A "*Coggins test*" is a blood test veterinarians perform to determine if a horse has Equine Infectious Anemia (EIA), a viral disease. Dr. Leroy Coggins, a veterinary researcher, developed the test about 25 years ago so he got to name it whatever he wanted! There is no cure for EIA and horses that test positive must be quarantined for life, or be euthanized. Many horses do not show significant signs of the disease but remain infectious for life endangering others. Horses in New York State are required to have a current Coggins every 2 calendar years if they are traveling within the state. If they are to be sold within the state they will need a current Coggins within one calendar year of the sale. Some sales and shows may have more stringent requirements and you should follow the most conservative route. Also, states differ in their requirements so check before you travel interstate. You can be stopped, papers checked and sent back home if your paper work is not current enough -for the particular state you are traveling in. Be aware that lab tests take time. We come and draw the blood and fill out the paperwork; then send it into the state lab and they test the sample, not us. So plan accordingly.

HEALTH CERTIFICATES

Just a note: to plan ahead when you need specific health certificates for show or sales events. These requirements should be clearly provided by the event organizers. Also, if you will be traveling through other states, know their requirements. These things take time, especially when- there is blood work involved. If we need to draw pictures of markings, make sure the mud is cleaned off before we get there. States are very picky about accurate identification and they will not hesitate to send you home if the markings do not match.

DEWORMING

Please feel free to bring in a fecal sample at any time for testing to verify your deworming protocol is working. The suggested deworming schedule for an adult horse is as follows:

January 15: Ivermectin product

April 1: Ivermectin and Praziquantel product

June 1: Ivermectin product

August 1: Ivermectin product

October 1: Ivermectin and Praziquantel product

November 15: Ivermectin (single dose) - OR - double dose fenbendazole (Panacur) once daily for 5 days

TEETH FLOATING

Dental care for our horses is as important for them as it is for us. Call for an appointment to have us float teeth. We can dramatically influence how comfortable our horses are by removing sharp points, which cause sores and ulcers in the cheeks and gums. Possibly your youngster has a retained baby tooth which needs some help to come out. Or will you be biting-up that two year old for the first time? It's best to get those wolf teeth out if they are causing a problem.

TRAILER SAFETY

Practice, practice, practice!! It is unnatural for an animal to climb willingly into a metal box on wheels and be closed up. One of the greatest gifts you can give your horse is to teach them to accept the trailer experience willingly. It takes effort and not all horses are as willing as others are, but when you have to take your horse somewhere for fun or for medical care, you will be so happy they walk right on and ride quietly. There are some excellent training videos and articles on this subject. You can choose your favorite training guru, or as a suggestion, try the John Lyons or Buck Brannaman methods.

Before starting out this show season check the floorboards of the trailer for dry rot. Try to insert a pocketknife into the floorboards; if it readily goes in, then they need to be replaced. Also, wasps like to make nests in the trailer while it is sitting quietly in the driveway while we are not using it. We put our horse in and take off while wasps are stinging our horse relentlessly. This will probably influence how he thinks about future trailer rides! So check before every trip.

FOALING NOTES

If you will be expecting a beautiful bundle of joy this coming spring? Few things are more exciting than the birth of a much-anticipated foal. The vast, vast majority of foalings occur without a problem, but occasionally a problem can crop up. So be prepared! Causes for concern and when to call us...

- Hind feet presented first. You can tell hind feet from front feet by which way the joint above the fetlock (hock or knee) bends. If you have to go in vaginally, please be very clean, very gentle, and very, very lubricated.
- Failure of labor to progress after the water breaks. The foal should be delivered within 20-30 minutes of water breaking (large gush of fluid more vigorous than urine production.)
- Red bag presentation: Instead of seeing the milky white amniotic membrane protruding from your mare's vulva you see a blood red membrane. This occurs when there has been a premature separation of the placenta. Please break the membrane and gently bring baby on out. Call us immediately and keep calm. Placenta retained for greater than 2 % hours.
- Failure of foal to stand and nurse by 3 hours. Severe ramping or abdominal pain in mare. Abdominal pain in the foal. Excessive bleeding from the mare's vagina

Call your veterinarian if you see any of these problems.

WINTER FEEDING/ SPRING TRANSITION

What makes horse happy in the winter? A nice pile of high quality grass hay and a tepid bucket of water is the key to keeping the wintertime equine GI happy. Many winter colics occur because of inadequate water intake. So, remember it's the simple things that matter, especially the tepid bucket of water.

Spring ... green grass, a healthy mare and foal grazing, anticipating shows, and trail rides. Don't let that grass spoil all the fun by causing a devastating case of laminitis. Introduce grass slowly or not at all if your horse has a history of laminitis. A rule of thumb is that grass is most dangerous when the dandelions are in bloom (although laminitis has nothing to do with eating dandelions). Once dandelions go to seed, the incidence of grass induced laminitis decreases. Now, that being said does not mean we can throw caution to the wind. Always be cautious, especially so when the dandelions are in bloom. No grazing in lush pastures... stop laminitis now!