

# EQUINE DISEASES *for which we vaccinate*

*There are many Equine vaccines and bacterins available to help protect your horse against specific diseases. Not all are necessary or recommended for all horses. The following is a brief description of **common diseases** for which we vaccinate, some in only rare cases.*

**VIRAL ENCEPHALITIS**- Three types of viral encephalitis are endemic in North and South America. Eastern and Western (EEE & WEE) are the most common in North America and cause neurological disease in horses and humans. The virus is spread by mosquitoes and cases are more common in the spring and summer months. Prevention is by annual vaccination and by mosquito control. (Vaccine/EWT). Vaccination for Venezuelan encephalitis may be necessary for horses traveling to endemic areas.

**TETANUS** is a non-contagious disease caused by clostridial bacteria that resides in the soil. This disease seems to affect horses more commonly than other domestic animals. Introduction of the organism is usually via a puncture wound. The toxin produced after the organism enters the body produces rigid paralysis. A common sign is flicking of the 3<sup>rd</sup> eyelid across the eye when the horse is anxious or startled. Vaccination annually is indicated for all horses. (Vaccine/EWT) Tetanus antitoxin may be recommended at the time of injury in an unvaccinated horse. (Vaccine/T)

**RABIES** is viral disease affecting the brain and spinal cord of mammals. Horses can show a variety of signs from colic to lameness to depression. The most common form of transmission is from the bite of an infected animal such as a skunk or bat. The disease is fatal and reportable. Vaccinations can only be administered by a veterinarian and are recommended annually in our area. (Vaccine/Rabies)

**WEST NILE VIRUS**-This viral disease of horses and humans was recently introduced to the U.S.(1999) and has spread rapidly from east to west coast. The disease is transmitted by a mosquito bite with birds being the intermediate host. Clinical signs are similar to encephalitis and EPM. A diagnostic blood test is available. This is currently a reportable disease in California, and vaccination once a year is recommended. (Vaccine/PreveNile)

**INFLUENZA**- Equine influenza is the most commonly diagnosed viral respiratory disease of the horse. It is highly contagious to horses 1 year and older and is spread by direct contact with other infected horses. Symptoms include fever, cough, nasal discharge and loss of appetite. Annual or biannual vaccination with the modified live intranasal vaccine is recommended beginning 9 to 11 months of age. (Vaccine/INF)

**RHINOPNEUMONITIS:** (Equine Herpes Virus)- is an extremely common infection in all horses, causing late term abortion, neonatal illness, myeloencephalopathy (EHV-1), and upper respiratory tract disease (EHV-4). Several types of IM vaccines are available both in a modified live and killed form. Immunity is short, and frequent vaccination (every 2-3 months) is required in some cases, especially in pregnant mares. (Vaccine/Rhino). Current research strongly recommends vaccination of pregnant mares but does not unilaterally support the vaccination of other populations. Discuss with your veterinarian.

**STRANGLES** (Step equi) is a highly contagious bacterial disease of the upper respiratory tract, manifesting by purulent nasal discharge, fever and abscess formation, most commonly under the jaw and throat latch area. Airway compression resulting in breathing difficulty is common. Because this disease occurs sporadically and immunity is short lived, vaccination is usually only recommended in high risk situations. (Vaccine/Strangles)

**EQUINE VIRAL ARTERITIS** is a worldwide infectious disease primarily transmitted from an infected stallion or mare at the time of breeding. Common symptoms may include high fever, limb swelling and abortion in mares. Mortality in natural cases is uncommon in adults but may occur in neonatal foals. Vaccination of mares and stallions 3-4 weeks prior to the breeding season may be required in some breeding areas. Once vaccinated, a horse will test positive for the disease, therefore good vaccination records and a negative titer prior to vaccination are critical. (Vaccine/EVA)

**EQUINE PROTOZOAL MYELITIS (EPM)** affects horses over 1 year of age and clinical symptoms usually reflect nerve damage in the spinal cord and/or the brain. The protozoa which infects the horse's central nervous system is carried by opossums. An effective vaccine is not yet available, therefore prevent by protecting feed sources. A diagnostic blood test is now available through UC Davis.

**POTOMAC HORSE FEVER** (Equine Monocytic Ehrlichiosis) is most common in the northeastern and mid-atlantic region of the US, near the Potomac River. There are regions of No California that are endemic. Horses become infected by ingesting an affected insect. It is most common in late spring through early fall. Foals are rarely infected. Vaccination is warranted only in high risk populations. Consult your veterinarian.