WREXHAM
VETERINARY CARE
AT THE MALT HOUSE

Vaccinations

Prevention is always better than cure and vaccination can provide horses with immunity against commonly occurring debilitating infections. The principle of all vaccinations is to initiate a course of injections (inoculations) followed by 'booster' doses at various intervals, depending on the type of vaccine and the immunity provided. It is advisable to vaccinate all horses and ponies against commonly occurring diseases, such as TETANUS & INFLUENZA.

EQUINE INFLUENZA:

Vaccination protocol

- 1st vaccination (at 6 months of age)
- 2nd vaccination 21-92 days after the 1st,
- 3rd vaccination 150-215 days after the 2nd .

Then an annual boosters before 365 days. (Please note FEI rules require a 6 monthly booster, please check with any competition organizations, as it is your responsibility to prevent any disappointment)

'FLU is a highly contagious, viral disease of the respiratory tract. The first sign which you are likely to notice is a harsh, dry cough which will last for 2-3 weeks and may well persist much longer. Although you may not detect it, the cough will probably have been preceded by a rise in temperature for 1-3 days from the normal 38ºC (100.5ºF) to 41ºC (106ºF). Initially there will be a clear discharge from the nostrils, which later becomes thick and purulent.

Equine 'FLU debilitates a horse or pony, leaving it susceptible to secondary infections. Influenza can develop into bronchitis or bacterial pneumonia. However, even when there are no complications from any secondary infections, the animal will need to be rested for at least 3 weeks and often considerably longer. An infected horse is itself a source of infection to others and it is important to make every effort to isolate infected animals. The incubation period for the disease is only 1-5 days and, with horses remaining infectious for 6-10 days after the onset of clinical signs, it is easy to see how rapidly equine 'flu takes hold.

It is essential that your veterinary surgeon's advice is sought, not just at the onset of symptoms but also before restarting exercise. The only practical way to prevent infection with equine 'flu viruses is to vaccinate your horse or pony regularly. Different strains and sub-types of influenza viruses occur, the two main types being A/Equi 1 and A/Equi 2. This vaccine covers against the commonly occurring strains of influenza. However, it should be remembered that influenza viruses vary periodically and are subject to a phenomenon known as antigenic drift. Such variations may result in a breakdown in immunity.

TYPES OF VACCINE

Vaccination against INFLUENZA is highly effective and is now mandatory for all horses using racecourse premises. The vaccination requirements are strict and tightly enforced. It is also advisable to vaccinate all horses that regularly encounter large groups of unfamiliar horses, for example hunters. INFLUENZA vaccinations are also compulsory for many competition horses. It is important to note that many associations and show organisers insist on all horses holding current vaccination record cards. (See Rules for Competitions given above) Allowing regular 'flu booster vaccinations to lapse leaves your horse open to infection which could lead to permanent damage and is a contributory factor to fresh epidemics. It will also incur additional expense for the owner that

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could be avoided. With the strict rules laid down by the various governing bodies in the horse world, it will be necessary to start a completely new vaccination regime, even if just one booster is missed or is late - even by just one day. Horses are subject to numerous infections that may cause coughing and a nasal discharge. Just as human colds and other infections may be incorrectly diagnosed as 'flu, equine 'flu also has its mimics. 'The cough' or 'the virus' are terms often heard but usually refer to causes other than equine 'flu. For instance, many respiratory problems in the horse are due to equine herpes viruses and not 'flu viruses. Many stud owners will require proof of vaccination before they allow a mare onto the premises. A vaccine is available to help protect against EHV-1 abortion and the Horserace Betting Levy Board's Code of Practice recommends vaccination of pregnant mares. Please ask if you are considering putting a mare in foal.

TETANUS VACCINATION:

Vaccination protocol

- 1st vaccine- given at 6 months of age,
- 2nd vaccine- given 3 weeks to 3 months later.
- Booster vaccine given every other year.

The horse is the most susceptible of all domestic animals to TETANUS. Caused by the bacteria Clostridium tetani, which is commonly found in the soil and is often present in horses' faeces. It commonly enters the body via wounds, especially deep penetrating wounds such as those caused by sharp objects penetrating the sole of the hoof (or surgical incisions). Deep puncture wounds provide an ideal site for infection. The TETANUS organism thrives in an environment deprived of oxygen which is characteristic of this type of wound. We therefore adv you call us if a penertrating wound occurs. The may administer either tetanus antitoxin or a booster dose of vaccine, depending on when your horse was last vaccinated. Only rarely can veterinary treatment save an animal, once signs of infection becomes apparent and the treatment can be very costly, but immediate veterinary attention is essential. The usual incubation period for tetanus is one to three weeks, the first signs being progressive stiffness and a reluctance to move. Spasms of the head muscles cause difficulty in chewing (hence the common name, 'lockjaw'), flaring of the nostrils and a classic 'startled' expression. The ears may be erect, the tail held out and the animal's reflex reactions to sudden movements or noise are heightened, causing more violent, general spasms. The temperature may rise to 43ºC (110ºF). Regular vaccination of ALL horses and ponies, against TETANUS, is absolutely essential.The mortality rate may be as high as 90%; in the few animals that recover there is a convalescent period of around 6 weeks.

Vaccination is quick, simple and highly effective and the only practical means of long-term protection. Vaccination with tetanus toxoid can be started at any age from three months onwards. The course consists of two primary injections given approximately four weeks apart, followed by a booster vaccination a year later, and thereafter at 2 yearly intervals. In addition to vaccination, good hygiene and management will help in minimising the risk of infection. Regular inspection of hooves and the lower limbs for cuts will assist in spotting potential sites where tetanus may enter. Clearing yards, paddocks and stables of likely causes of injury (especially barbed wire) is important, to reduce the risk of injury, together with routine cleaning disinfection of the premises. Pregnant mares are often given a TETANUS booster in the later stages of pregnancy (usually in the eleventh month). This thereby increases the antibodies available in the colostrum (first milk), protecting the foal for approximately six weeks. To supplement this many foals are given a tetanus antitoxin soon after birth providing temporary cover of three to four weeks. A further dose can be given at four weeks.

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TETANUS AND INFLUENZA COMBINED VACCINATION:

The tetanus and influenza vaccination are commonly combined, this conveniently allows for protection for both diseases.

Contact us for further advice about vaccination, before it's too late - it's the responsible thing to do!

HERPIES VACCINATION:

Vaccination protocol- please ask our vets for advice

Equine herpes virus (EHV) is a common virus that occurs in horse populations worldwide. The two most common strains are:

EHV-1, which causes abortion, respiratory disease and paralysis.
EHV-4, which usually causes respiratory disease only but can occasionally cause abortion.

EHV abortion can occur from two weeks to several months following infection with the virus. It usually occurs in late pregnancy (from seven to eight months onwards) but can happen as early as four months. Respiratory disease caused by EHV is most common in weaned foals and yearlings, often in autumn and winter. However, older horses can succumb and are more likely than younger ones to transmit the virus without showing signs of infection. Although EHV-1 causes outbreaks of abortion, EHV-4 has only been associated with single incidents and is not considered a risk for contagious abortions.

CLINICAL SIGNS

Signs of respiratory disease include mild fever, coughing and discharge from the nose. Live foals infected in utero are usually abnormal from birth, showing weakness, jaundice, difficulty in breathing and occasionally nervous signs. They usually die within three days. The most common sign in older foals is a nasal discharge. There are usually no warning signs of abortion caused by EHV. Horses affected by paralytic EHV often display inco-ordination of the hind, and occasionally front limbs, urine retention and, in severe cases, recumbency (lying down and unable to stand). These signs may be preceded by initial respiratory signs. Infection is most commonly spread between horses, via the respiratory route (e.g. via droplets from coughing and snorting)

All horses can be 'carriers' of the virus, meaning that they may pass on the infection without showing signs of illness. In carriers, illness may become apparent from time to time, especially after stress or after suffering another disease and the virus is always contagious at this time.