



VACCINATIONS FOR ADULT HORSES

ALL VACCINATION PROGRAMS SHOULD BE DEVELOPED IN CONSULTATION WITH A LICENSED VETERINARIAN

Note: Vaccines are listed in this table in alphabetical order, not in order of priority for use.

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) previously vaccinated against the disease indicated | Other Adult Horses (> 1 year of age) unvaccinated or lacking vaccination history | Comments |
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| Eastern / Western Equine Encephalomyelitis (EEE/WEE) | <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> <p>Revaccinate 4 to 6 weeks prepartum</p> | Annual revaccination 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 onset of vector season.</p> | Consider 6-month revaccination interval for: 1) Horses less than 5 years of age 2) Horses residing in endemic regions with extended vector seasons. |
| Rabies | <p>Annual, 4 to 6 weeks prepartum</p> <p>OR</p> <p>Prior to breeding*</p> | Annual revaccination | <p>Single dose</p> <p>Annual revaccination</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. |
| 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> <p>Revaccinate 4 to 6 weeks prepartum</p> | Annual revaccination | <p>2-dose series 2nd dose 4 to 6 weeks after 1st dose.</p> <p>Annual revaccination</p> | Booster at time of penetrating injury or prior to surgery if last dose was administered over 6 months previously. |

CORE VACCINATIONS Continued

| Disease | Broodmares | Other Adult Horses (>1 year of age) previously vaccinated against the disease indicated | Other Adult Horses (> 1 year of age) unvaccinated or lacking vaccination history | Comments |
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| West Nile Virus (WNV) | <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> | <p>Annual revaccination prior to onset of vector season</p> | <p>2-dose series 2nd dose 4 to 6 weeks after 1st dose.</p> <p>Annual revaccination prior to onset of vector season</p> | Consider 6-month revaccination interval for horses residing in endemic regions with extended vector seasons. |

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. Refer to “*Principles of Vaccination*” for criteria used in for risk assessment.

| Disease | Broodmares | Other Adult Horses (>1 year of age) previously vaccinated against the disease indicated | Other Adult Horses (> 1 year of age) unvaccinated or lacking vaccination history | Comments |
|----------------|----------------------------------|--|--|---|
| Anthrax | Not recommended during gestation | Annual revaccination | <p>2-dose series 2nd dose 3 to 4 weeks after 1st dose</p> <p>Annual revaccination</p> | <p>Do not administer concurrently with antibiotics.</p> <p>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.</p> |

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| Botulism (<i>Clostridium botulinum</i>) | <p>Previously vaccinated: Annual, 4 to 6 weeks prepartum</p> <p>Previously unvaccinated or having unknown vaccination history: 3-dose series 1st dose at 8 months gestation. 2nd dose 4 weeks after 1st dose 3rd dose 4 weeks after 2nd dose</p> | Annual revaccination | <p>3-dose series 2nd dose 4 weeks after 1st dose 3rd dose 4 weeks after 2nd dose</p> <p>Annual revaccination</p> | Horses with history of natural exposure: A vaccination protocol should be initiated once antitoxin immunoglobulins are depleted. |
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RISK-BASED VACCINATIONS Continued

| Disease | Broodmares | Other Adult Horses (> 1 year of age) previously vaccinated against the disease indicated | Other Adult Horses (> 1 year of age) unvaccinated or lacking vaccination history | Comments |
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| Equine Herpesvirus (EHV-1 and EHV-4) | <p>Three dose series with product labeled for prevention of EHV abortion. Administer at 5, 7, 9 months 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> | Annual revaccination | <p><i>Inactivated vaccine:</i> Dependent upon manufacturer's product recommendation, the vaccine may be a 2- or 3- dose series 3 to 4 weeks apart Annual revaccination</p> <p><i>Modified live vaccine:</i> Dependent upon manufacturer's product recommendation, administer intramuscularly as a 2-dose series 3 to 4 weeks apart.</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 |
| Equine Influenza (EIV) | <p>Pregnant mares, previously vaccinated against influenza:</p> <p><i>Inactivated vaccine:</i> Annually with one dose administered 4 to 6 weeks pre-partum</p> <p>Pregnant mares, unvaccinated or having unknown vaccine history:</p> <p><i>Inactivated vaccine:</i> Dependent upon manufacturer's product recommendation, the vaccine may be a two or three dose series with a 3 to 4-week interval between doses (IM), with the last dose administered 4 to 6 weeks prepartum</p> | <p>Horses with ongoing risk of exposure: 6-month revaccination interval</p> <p>Horses at low risk of exposure: Annual revaccination</p> | <p><i>Inactivated vaccine:</i> Dependent upon manufacturer's product recommendation, the vaccine may be a 2- or 3- dose series 3 to 4 weeks apart Annual revaccination</p> <p><i>Modified live vaccine:</i> Administer a single dose (IN application). 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) Performance or show horses at high risk |

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| Equine Viral Arteritis (EVA) | <p>Not recommended unless high risk. Mares in foal should not be vaccinated until after foaling and not less than 3 weeks prior to breeding.</p> <p>The manufacturer does not recommend use of this vaccine in pregnant mares, especially in the last two months of pregnancy.</p> | <p>Breeding stallions previously vaccinated against EVA: Annual booster every 12 months and not less than 3 to 4 weeks prior to breeding.</p> <p>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.</p> <p>Teaser Stallions: Vaccination against EVA is recommended on an annual basis.</p> <p>Mares: Vaccinate when open</p> | <p>Single dose (See comments)</p> | <p>Prior to initial vaccination, intact males and any horses potentially intended for export should undergo serologic testing 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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RISK-BASED VACCINATIONS Continued

| Disease | Broodmares | Other Adult Horses <small>(>1 year of age) <i>previously vaccinated against the disease indicated</i></small> | Other Adult Horses <small>(>1 year of age) <i>unvaccinated or lacking vaccination history</i></small> | Comments |
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| Leptospirosis | <p>Safe for use in pregnant mares</p> <p>Previously vaccinated: Annual revaccination</p> <p>Previously unvaccinated or having unknown vaccination history: 2-dose series, 3 to 4 weeks apart</p> | <p>Annual revaccination</p> | <p>2-dose series 2nd dose 3 to 4 weeks after 1st dose</p> <p>Annual revaccination</p> | <p>Field safety testing has demonstrated this product is safe for use in pregnant mares</p> |
| Potomac Horse Fever (<i>Ehrlichia risticii</i>) | <p>Previously vaccinated: Semi-annual, with one dose given 4 to 6 weeks prepartum</p> <p>Previously unvaccinated or having unknown vaccination history: 2-dose series</p> <p>1st dose 7 to 9 weeks prepartum 2nd dose 4 to 6 weeks prepartum</p> | <p>Semi-annual to annual booster</p> | <p>2-dose series 2nd dose 3 to 4 weeks after 1st dose</p> <p>Semi-annual or annual booster</p> | <p>A revaccination interval of 3 to 4 months may be considered in endemic areas when disease risk is high.</p> |

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| Rotavirus | 3-dose series 1st dose at 8 months gestation. 2nd and 3rd 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 | |

RISK-BASED VACCINATIONS Continued

| Disease | Broodmares | Other Adult Horses (>1 year of age) previously vaccinated against the disease indicated | Other Adult Horses (> 1 year of age) unvaccinated or lacking vaccination history | Comments |
|---|--|--|--|---|
| Strangles <i>(Streptococcus equi)</i> | <p><i>Previously vaccinated:</i></p> <p><i>Killed vaccine:</i> Annual vaccination recommended 4 to 6 weeks prepartum or prior to anticipated exposure. Annual revaccination</p> <p><i>Modified live vaccine:</i> Annual vaccination recommended. May consider a booster prior to anticipated exposure. Annual revaccination</p> <p><i>Previously unvaccinated or having unknown vaccination history:</i></p> <p><i>Killed vaccine:</i> 3-dose series administered parenterally at 3-week intervals. Annual revaccination</p> <p>One dose may be administered 4 to 6 weeks prepartum or prior to anticipated exposure.</p> <p><i>Modified live vaccine:</i> 2-dose series administered intranasally at a 2 to 3-week interval. Annual revaccination</p> | Annual revaccination based on risk | <p><i>Killed vaccine:</i> 3-dose series administered parenterally at 3-week intervals</p> <p>Annual revaccination prior to anticipated exposure</p> <p><i>Modified live vaccine:</i> 2-dose series administered intranasally at a 2 to 3-week interval</p> <p>Annual revaccination 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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| Venezuelan Equine Encephalitis (VEE) | <p>Previously vaccinated: Annual revaccination</p> <p>Previously unvaccinated or having unknown vaccination history: 2-dose series, 3 to 4 weeks apart</p> | Annual revaccination based on risk | 2-dose series, 3 to 4 weeks apart | VEE is a foreign animal disease in the United States. Vaccination is recommended only for horses living in geographic areas at risk for potential incursion, such as southern border states, or for horses intending to travel to countries where the disease is present. |
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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 2023.

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.