Vaccination Guidelines

Follow these recommendations from the AAEP to arm your horses against infectious diseases.

Compiled by Tonya Ratliff-Garrison

This chart is a suggested vaccination schedule provided by the American Association of Equine Practitioners. It is based upon general accepted veterinary practices. These guidelines are neither regulations nor directives for all situations. It is the responsibility of the attending veterinarian, within the context of a valid veterinarian-client-patient relationship, to determine the appropriate vaccination needs for each patient.

As with administration of all medications, the label and product insert should be read before administration of all vaccines. Schedules for stallions should be consistent with the vaccination program of the adult horse population on the farm and modified according to risk. EEE=Eastern Equine Encephalomyelitis, WEE=Western Equine Encephalomyelitis, VEE=Venezuelan Equine Encephalomyelitis, EHV-1=Equine Herpes Virus Type.

Disease /Vaccine	West Nile Virus	Tetanus Toxoid	Encephalomyelitis (EEE, WEE, VEE)	Influenza	Rhinopneu-monitis (EHV-1 and EHV-4)	Strangles	Rabies	Potomac Horse Fever	Botulism	Equine Viral Arteritis	Rotavirus A
Foals /Weanlings	First dose: 3 to 4 months. Second dose: 1 month later (plus third dose at 6 months in endemic areas).	From nonvaccinated mare: First dose at 3 to 4 months. Second dose at 4 to 5 months. From vaccinated mare: First dose at 6 months. Second dose at 7 months. Third dose at 9 months.	EEE (in high-risk areas): First dose at 3 to 4 months. Second dose at 4 to 5 months. Third dose at 5 to 6 months. WEE, EEE (in low-risk areas) and VEE (from nonvaccinated mares): First dose at 3 to 4 months. Second dose at 4 to 5 months. Third dose at 5 to 6 months. From vaccinated mares: First dose at 6 months. Second dose at 7 months. Third dose at 8 months.	Inactivated injectable (from nonvaccinated mare): First dose at 6 months. Second dose at 7 months. Third dose at 8 months. Then at 3-month intervals. From vaccinated mare: First dose at 9 months. Second dose at 10 months. Third dose at 11 to 12 months. Then at 3-month intervals. Intranasal modified live virus: First dose at 11 months. (Has been safely administered to foals less than 11 months. See comments.)	First dose: 4 to 6 months. Second dose: 5 to 7 months. Third dose: 6 to 8 months. Then at 3-month intervals.	Injectable: First dose at 4 to 6 months. Second dose at 5 to 7 months. Third dose at 7 to 8 months (depending on the product used). Fourth dose at 12 months. Intranasal: First dose at 6 to 9 months. Second dose three weeks later.	From nonvaccinated mares: First dose at 3 to 4 months. Second dose at 12 months. From vaccinated mares: First dose at 6 months. Second dose at 7 months. Third dose at 12 months.	First dose: 5 to 6 months. Second dose: 6 to 7 months. From nonvaccinated mare: See comments.	From vaccinated mare: 3-dose series of toxoid at 30-day intervals starting at 2 to 3 months of age. From nonvaccinated mares see comments.	Intact colts intended to be a breeding stallion: One dose at 6 to 12 months of age.	Little value to vaccinate foal because of insufficient time to develop antibodies to protect during susceptible age.
Yearlings	Annual booster, prior to expected risk. Vaccinate semiannually or more frequently (every four months), depending on risk.	Annual.	Annual, spring. Annual, spring.	Every three to four months. Every six months.	Booster every three to four months, up to annually.	Semiannual.	Annual.	Semiannual.	Consult a veterinarian.	Annual for colts intended to be breeding stallions.	Not applicable.
Performance Horses	Annual booster, prior to expected risk. Vaccinate semiannually or more frequently (every four months), depending on risk.	Annual.	Annual, spring. Annual, spring.	Every three to four months. Every six months.	Booster every three to four months, up to annually.	Optional semiannual if risk is high.	Annual.	Semiannual.	Consult a veterinarian.	Annual for intact male horses intended to be stallions.	Not applicable.
Recreational Horses	Annual booster, prior to expected risk. Vaccinate semiannually or more frequently (every four months), depending on risk.	Annual.	Annual, spring. Annual, spring.	Annual with added boosters prior to likely exposure. Every six months.	Optional semiannual if elected.	Optional semiannual if risk is high.	Annual.	Semiannual.	Consult a veterinarian.	Annual for intact male horses intended to be stallions.	Not applicable.
Broodmares	Annual, four to six weeks prepartum (see comments).	Annual, four to six weeks prepartum.	Annual, four to six weeks prepartum. Annual, four to six weeks prepartum.	Inactivated injectable: At least semiannual, with one booster four to six weeks prepartum. Intranasal modified live virus: Annual before breeding (see comments).	Fifth, seventh, ninth month of gestation (inactivated EHV-1 vaccine); optional dose at third month of gestation.	Semiannual with one dose of inactivated M-protein vaccine four to six weeks prepartum.	Annual, before breeding.	Semiannual with one dose four to six weeks prepartum.	Initial three-dose series at 30-day intervals with last dose four to six weeks prepartum. Annually thereafter, four to six weeks prepartum.	Annual for seronegative, open mares before breeding to carrier stallions; isolate mares for 21 days after breeding to carrier stallion.	Vaccinate mares at 8, 9 and 10 months of gestation, each pregnancy. Passive transfer of colostral antibodies aid in prevention of rotaviral diarrhea in foals.
Comments	Annual booster is after primary series. In endemic areas, booster as required or warranted due to local conditions conducive to disease risk. Vaccinate semiannually or more frequently (every four months), depending on risk.	Booster at time of penetrating injury or surgery if last dose not administered within six months.	In endemic areas, booster EEE and WEE every six months; VEE only needed when threat of exposure. VEE vaccine may not be available as a combination vaccination with EEE and WEE.	A series of at least three doses is recommended for primary immunization of foals. Not recommended for pregnant mares until data available. Use inactivated vaccine for prepartum booster. If first dose is administered to foals less than 11 months of age, administer second dose at or after 11 months of age.	Vaccination of mares before breeding and four to six weeks prepartum is suggested. Breeding stallions should be vaccinated before the breeding season and semiannually.	Vaccines containing M-protein extract may be less reactive than whole-cell vaccines. Use when endemic conditions exist or risk is high. Foals as young as 6 weeks of age may safely receive the intranasal product. A third dose should be administered two to four weeks prior to weaning.	Vaccination recommended in endemic areas. Do not use modified-live-virus vaccines in horses.	Booster during May to June in endemic areas.	Only in endemic areas. A third dose administered four to six weeks after the second dose may improve the response of foals to primary immunization. Foals from nonvaccinated mares may benefit from: 1) toxoid at 2, 4 and 8 weeks of age; 2) transfusion of plasma from vaccinated horse; or 3) antitoxin. Efficacy needs further study.	Annual for breeding stallions and teasers, 28 days before start of breeding season; virus may be shed in semen for up to 21 days. Vaccinated mares do not develop clinical signs even though they become transiently infected and may shed virus for a short time.	Check concentrations of immunoglobulins in foal to be assured that there is no failure of passive transfer.