



The chart inside is a suggested vaccination schedule provided by the American Association of Equine Practitioners (AAEP).

It is based upon generally 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.



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AAEP Guidelines for Equine Vaccination



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AAEP Guidelines for Vaccinations of Horses:

Disease/vaccine	Foals/weanlings	Yearlings	Performance Horses	Pleasure Horses	Broodmares	Comments
West Nile Virus	First dose: 3 to 4 months. Second dose: 1 month later (plus 3rd dose at 6 months in endemic areas)	Annual booster, prior to expected risk. Vaccinate semi-annually or more frequently (every 4 months), depending on risk.	Annual booster, prior to expected risk. Vaccinate semi-annually or more frequently (every 4 months), depending on risk.	Annual booster, prior to expected risk. Vaccinate semi-annually or more frequently (every 4 months), depending on risk.	Annual, 4 to 5 weeks prepartum (see full text in guidelines).	Annual booster is after primary series. In endemic areas, booster is required or warranted due to local conditions conducive to disease risk. Vaccinate semi-annually or more frequently (every 4 months), depending on risk.
Tetanus toxoid	From nonvaccinated mares: First dose: 2 to 4 months. Second dose: 4 to 5 months. From vaccinated mares: First dose: 6 months. Second dose: 7 months. Third dose: 8 to 9 months.	Annual.	Annual.	Annual.	Annual, 4 to 5 weeks prepartum.	Booster at time of generating injury or surgery if last dose not administered within 6 months.
Encephalomyelitis (EEE, WEE, VEE)	EEE (in high-risk areas): First dose: 3 to 4 months. Second dose: 4 to 5 months. Third dose: 5 to 6 months. WEE, EEE (in low-risk areas) and VEE: From nonvaccinated mares: First dose: 3 to 4 months. Second dose: 4 to 5 months. Third dose: 5 to 6 months. From vaccinated mares: First dose: 6 months. Second dose: 7 months. Third dose: 8 months.	Annual, spring. Annual, spring.	Annual, spring. Annual, spring.	Annual, spring. Annual, spring.	Annual, 4 to 5 weeks prepartum. Annual, 4 to 5 weeks prepartum.	In endemic areas booster EEE and VEE every 6 months; VEE only needed when threat of exposure; VEE may only be available as a combination vaccine with EEE and WEE.
Influenza	Inactivated injectable: From nonvaccinated mares: First dose: 6 months. Second dose: 7 months. Third dose: 8 months. Then at 3-month intervals. From vaccinated mares: First dose: 9 months. Second dose: 10 months. Third dose: 11 to 12 months. Then at 3-month intervals. Intranasal modified live virus: First dose: 11 months, has been safely administered to foals less than 11 months – see comments.	Every 2 to 4 months. Every 6 months.	Every 2 to 4 months. Every 6 months.	Annual with added boosters prior to likely exposure, every 6 months.	At least semi-annual, with 1 booster 4 to 6 weeks prepartum. Annual before breeding (see comments).	A series of at least 2 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 2nd dose at or after 11 months of age.
Rhinopneumonitis (EHV-1 and EHV-4)	First dose: 4 to 6 months. Second dose: 5 to 7 months. Third dose: 6 to 8 months. Then at 3-month intervals.	Booster every 3 to 4 months, up to annually.	Booster every 3 to 4 months, up to annually.	Optional: semi-annual if elected.	1st, seventh, ninth month of gestation (inactivated DIV-1 vaccine), optional dose at third month of gestation.	Vaccination of mares before breeding and 4 to 6 weeks prepartum is suggested. Breeding stallions should be vaccinated before the breeding season and semi-annually.
Strangles	Injectable: First dose: 6 to 8 months. Second dose: 5 to 7 months. Third dose: 7 to 8 months (depending on the product used). Fourth dose: 12 months. Intranasal: First dose: 6 to 9 months. Second dose: 3 weeks later.	Semi-annual.	Optional: semi-annual, if risk is high.	Optional: semi-annual, if risk is high.	Semi-annual with 1 dose of inactivated M-protein vaccine 4 to 6 weeks prepartum.	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 2 to 4 weeks prior to weaning.
Rabies	Foal born to non-vaccinated mares: First dose: 3 to 4 months. Second dose: 12 months. Foal born to vaccinated mares: First dose: 6 months. Second dose: 7 months. Third dose: 12 months.	Annual.	Annual.	Annual.	Annual, before breeding.	Vaccination recommended in endemic areas. Do not use modified-live-virus vaccines in horses.
Potomac Horse Fever	First dose: 5 to 6 months. Second dose: 6 to 7 months.	Semi-annual.	Semi-annual.	Semi-annual.	Semi-annual with 1 dose 4 to 6 weeks prepartum.	Booster during May to June in endemic areas.
Botulism	Foal from vaccinated mare: 3-dose series of toxoid at 30-day intervals starting at 2 to 3 months of age. Foal from non-vaccinated mare: See comments.	Consult your veterinarian.	Consult your veterinarian.	Consult your veterinarian.	Initial 3-dose series at 30-day intervals with last dose 4 to 6 weeks prepartum. Annually thereafter, 4 to 6 weeks prepartum.	Only in endemic areas. A third dose administered 4 to 6 weeks after the second dose may improve the response of foals to primary immunization. Foal from non-vaccinated mare 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.
Equine Viral Arteritis	Intact colts intended to be breeding stallions: One dose at 6 to 12 months of age.	Annual for colts intended to be breeding stallions.	Annual for colts intended to be breeding stallions.	Annual for colts intended to be breeding stallions.	Annual for seronegative, open mares before breeding to carrier stallions; isolate mares for 21 days after breeding to carrier stallion.	Annual for breeding stallions and mares, 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.
Rotavirus A	Little value to vaccinate foal because of insufficient time to develop antibodies to protect during susceptible age.	Not applicable.	Not applicable.	Not applicable.	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.	Check concentrations of immunoglobulins in foal to be sured that there is no failure of passive transfer.

As with administration of all medications, the label and product insert should be read before administration of all vaccines. Schedule for fillings should be consistent with the vaccination program of the adult horse population on the farm and modified according to risk. EE= eastern equine encephalomyelitis, WE= western equine encephalomyelitis, VE= Venezuelan equine encephalomyelitis, DIV= disease-inactivated virus.