February Newsletter

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Roaring Brook Veterinary Service, Lindsey Peck DVM www.roaringbrookveterinaryservice.com

EVENTS

Equitation and showmanship clinic with Liz Hodge-Nier

- **April 27th 9-3**
- **Limited to 15 people**
- **$40 day fee**
- **Lunch provided**
- **Must pre-register**

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Recommended Vaccines for 2013

Springtime is the best time to vaccinate you horse in the northeast. Even if you have vaccinated your horse in the late summer or even fall, it would be beneficial to change them to a spring schedule. This will cause no harm to your horse. You want to titers highest with the threat is highest, which is summer in the hortheast.

Spring Special- this year professional services will be waived for vaccine services if scheduled from February-May. It will cost $77 per horse to give the recommended vaccines (Rabies, Potomac Horse Fever, Tetanus, Influenza, Eastern Equine Encephalitis, Western Equine Encephalitis and West Nile).

- **In addition to this, I will be offering fecal packages at 30% discount (cost of $17.50) if purchased at time of visit. You will not find fecals at this cost ANYWHERE. This includes consultation on deworming protocol.**
- **This is not only better for your horse, but you may save substantial money in yearly deworming. Please refer to June newsletter for strategic deworming (all newsletters are archived on website).**
- **As always, if you can schedule your appointment at the same time as your neighbors or other members of your barn, I will discount the call charge.**

Vaccine Guarantee-

- **Immunization Support Guarantee**
- **Guarantee offering up to $5000 at no additional cost when vaccine is supplied and administered by veterinarian.**
- **This will pay toward diagnostic and treatment costs if horse contracts a vaccinated disease, such as:**
  - **West Nile**
  - **Influenza**
  - **Tetanus**
  - **Eastern Equine Encephalitis**
  - **Western Equine Encephalitis**

The recommended vaccines for 2013 for northern New York are Rabies, EEE, WEE, West Nile, Tetanus, as well as Influenza and Potomac Horse Fever based on specific location and use. In 2013 there were 7 reported cases of West nile and 2 reported cases of EEE in horses and 386 cases of rabies in all animals. Remember these are REPORTED cases diagnosed by laboratory testing. If no testing was done, then it is not added confirmed cases list. There were many local mosquito pools that tested positive for EEE and West Nile. I encourage everyone to check out www.outbreak-alert.com. This website continually updates with positive cases in your area.

- **When deciding which vaccines to use you must evaluate the risks and exposure of your horse or herd. Risks are age, environment, climate, and use. Exposure may range from insect prevalence to a single horse to horse-horse contact at various events. All of these must be kept in mind when deciding on a vaccine protocol.**
- **We use vaccines to keep our horses safe, but must be mindful of their well-being. We must remember to practice good horsemanship, such as using fly control, parasite management, and horse-horse exposure. Vaccines aid in this prevention, but are not 100%.**

There also is a risk of post-vaccine reactions. These can range from mild soreness to full-blown anaphylactic reaction and should be kept in mind when deciding what to vaccinate against

1. Rabies –Rabies is a viral neurologic disease which is prevalent in the wildlife in our area. The risk is very high for every horse, regardless of use. It is spread by blood and saliva. Clinical signs are extremely varied. Ranging from colic, difficulty swallowing, depression, loss of appetite, a low-grade fever, lameness and/or incoordination, convulsions, increased sensitivity to being touched, abdominal pain (straining to urinate or defecate), odd behavioral changes, nervousness, irritability, muscle contractions, and death. Mortality rate is 100% and there is no treatment. Exposed unvaccinated animal recommended to be in quarantine for 6 months (vaccinated horses for 45 days)

2. 4-way (EEE, WEE, tetanus, equine influenza)

a) Eastern/Western Equine encephalitis is a mosquito-borne viral disease spread from birds and rodents. Clinical signs are sudden death, progressive central nervous system disorders, depression, fever, depression, and blindness. Mortality rate is 75-90% and there is no treatment.
b) Tetanus is caused by the bacteria *clostridium tetani,* which is found in soil, feces and gastrointestinal tract. Infections develop from open wounds (lacerations, surgical incisions, umbilicus, retained placenta). Clinical signs are muscle contraction (startled facial expression, saw horse stance), fever, colic, lockjaw, third eyelid spasm, and limb rigidity. There is a 90% mortality rate. Treatment is high doses of penicillin and supportive therapy.
c) Equine influenza is a viral disease spread by direct contact with aerosolized droplets (coughing, snorting) from possibly from as far as 50 yards away. There is a possibility of spreading disease indirectly (horse coughs on brush, other horse chews on brush). Clinical signs are fever, coughing, nasal discharge, distal limb edema. Treatment is supportive therapy. Prevalent in horse populations.

3. West Nile is a mosquito-borne virus that causes inflammation in the brain. It is spread by mosquitos feeding on infected birds and passing it along to horses. Clinical signs are ataxia, depression, weakness, paralysis, muscle twitching, and death. It is not spread from horse to horse or horse to people. Treatment is supportive with a 35% mortality rate.

4. Potomac Horse Fever (equine erlichiosis) is caused by *Neorickettsia risticii* which is spread by freshwater snails and aquatic insects (mayflies, caddisflies, dragonflies,etc) and causes colitis (inflammation of the gastrointestinal tract). It is not spread from horse to horse or horse to people. Clinical signs are diarrhea, depression, anorexia, fever, dehydration, and laminitis (from endotoxemia). Also can cause abortions. There is a 30% mortality rate. Vaccine decreases clinical signs but may not prevent disease. Treatment consists of oxytetracycline and supportive therapy (fluids and anti-inflammatories) and can be very expensive!

Additional Needs-based Vaccines:

Equine Herpes Virus type 1 (type 3 (mostly abortion) and 4(mostly respiratory))

- Causes respiratory disease, abortion, neonatal foal death and neurological disease(myeloencephalitis)
- Outbreak in midwest last year- 57 confirmed cases, 13 deaths
- Spread through air, contaminated equipment, clothing and hands
  - Highly contagious
- Incubation period- up to 14 days
- Treatment- anti-inflammatories and supportive care

- **Strangles**
  - *Streptococcus equi* bacteria
  - Highly contagious
  - Spread from horse to horse, contaminated equipment, can live in environment for weeks
  - Clinical signs- nasal discharge, lymph node enlargement, fever, depression, anorexia
    - May affect other areas of body- "bastard strangles"
  - Treatment is controversial
    - Antibiotics may be necessary depending on severity
    - Recovery in 6-8 weeks
  - Vaccine is questionable efficacy and has greater occurrence of vaccine reaction

Physical Examination

HORSE HEALTH EDUCATION: EMERGENCY CARE

BASIC EXAM

Take the time to gather information to relay to your veterinarian such as:

- Temperature
- Heart rate
- Respiratory rate
- Gut sounds
- Mucous membrane color
- Capillary refill time
- Attitude and appetite

HORSE HEALTH EDUCATION: EMERGENCY CARE

RECTAL TEMPERATURE

Normal temperature for a horse is 99.5 to 101.5 degrees Fahrenheit. (37.5 to 38.6 Celsius)

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HORSE HEALTH EDUCATION: EMERGENCY CARE

HEART RATE

Normal resting Heart Rate = 28 to 44 Beats per Minute (BPM)

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RESPIRATORY RATE

Normal rate = 12 to 16 Breaths per Minute

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CAPILLARY REFILL TIME & MEMBRANE COLOR

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SKIN PLIABILITY

Test your horse for hydration by performing the skin pinch test.

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