

- 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.

EVENTS

1. **Nutrition Seminar- Poulin Feed/ Bill's Feed**
 - March 22nd
 - See attached flyer or website
2. **Equine Clinic**
 - White Frost Ranch
 - Co-sponsored with Countryside Vet Clinic
 - April 21st
3. **Spring Wellness Special**
 - April and May
 - \$80-includes Rabies, 4way, West Nile, Potomac Horse Fever vaccine and dewormer
 - Does not include call charge, coggins, or miscellaneous work

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Recommended Vaccines for 2012

- 1) **Rabies – 47 equine cases in the U.S. in 2010-** NY has 2nd highest rabies cases in all animals in the US, -6, 173 total cases in all animals in NY
 - a) 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
 - b) Clinical signs- extremely varied- 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, death.
 - c) Mortality rate 100%
 - d) No treatment
 - e) 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 (247 cases in the U.S. in 2010; 10 in NY)
 - i) Mosquito-borne viral disease spread from birds and rodents
 - ii) Clinical signs- sudden death, progressive central nervous system disorders, depression, fever, depression, blindness
 - iii) Mortality rate- 75-90%
 - iv) No treatment
 - b) Tetanus
 - i) Bacteria *clostridium tetani*
 - (1) found in soil, feces and gastrointestinal tract
 - ii) infections develop from open wounds (lacerations, surgical incisions, umbilicus, retained placenta)
 - iii) clinical signs- muscle contraction (startled facial expression, saw horse stance), fever, colic, lockjaw, third eyelid spasm, limb rigidity
 - iv) 90% mortality rate
 - c) Equine influenza
 - i) Viral disease spread by direct contact with aerosolized droplets (coughing, snorting)- 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)
 - ii) Clinical signs- fever, coughing, nasal discharge, distal limb edema
 - iii) Treatment is supportive
 - iv) Prevalent in horse populations
- 3) **West Nile (125 cases in 2010)**
 - a) Mosquito-borne virus that causes inflammation in the brain
 - i) Spread by mosquitos feeding on infected birds and passing it along to horses
 - b) Clinical signs- ataxia, depression, weakness, paralysis, muscle twitching, death
 - c) Not spread from horse to horse or horse to people
 - d) No treatment
 - e) 35% mortality rate
- 4) **Potomac Horse Fever (equine ehrlichiosis) (outbreak? in Jefferson county in 2011)**
 - a) *Neorickettsia risticii* spread by freshwater snails and aquatic insects (mayflies, caddisflies, dragonflies, etc) that causes colitis (inflammation of the gastrointestinal tract)
 - b) Not spread from horse to horse or horse to people
 - c) Clinical signs- diarrhea, depression, anorexia, fever, dehydration, laminitis (from endotoxemia)
 - i) Can cause abortions
 - ii) 30% mortality
 - d) Vaccine decreases clinical signs but may not prevent disease
 - e) Treatment consists of oxytetracycline and supportive therapy (fluids and anti-inflammatories)
 - i) Can be very expensive!!