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SUGGESTED VACCINATION SCHEDULE: ADULT HORSES

SPRING (Mar-May)

- ❖ Tetanus*
- ❖ Eastern & Western Encephalitis*
- ❖ West Nile*
- ❖ Flu/Rhino
- ❖ Strangles

FALL (Aug-Sep)

- ❖ Flu/Rhino
- ❖ Potomac Horse Fever
- ❖ Rabies*

WINTER (Dec-Jan)

- ❖ Flu/Rhino
- ❖ Eastern/Western/West Nile boosters

This is a suggested schedule, applicable to our geographic area and a broad cross-section of horses. Individual plans should be formulated according to horse age, environment, occupation and lifestyle.

- The once a year Tetanus, Eastern/Western, West Nile, and Rabies are all considered CORE, or essential vaccines, by the American Association of Equine Practitioners (AAEP).
- Tetanus toxoid should be boosted with any full-thickness skin injury six months after vaccination, as horses are exquisitely susceptible to this disease.
- Boosters of the mosquito borne encephalitis viruses may be important if show schedules involve warmer climates in the winter (immunity studies show good protection for one year under normal exposure conditions).
- Flu/Rhino boosters are a good idea in active populations that show or travel, or when there is turn-over in the barn.
- Strangles is more important in younger horses (1-2 years old) and where populations are more active or unstable, such as a training barn.
- Rabies, while rare, is uniformly fatal and one of the few diseases your horse can give you. The vaccine is very effective at preventing this disease.
- Potomac Horse Fever is a poorly understood disease, but fresh water (ponds, rivers) insects are involved in transmission. The disease is treatable, but difficult to diagnose quickly and severe damage/injury may result despite aggressive therapy. The vaccine is less efficacious than some, but we recommend using this vaccine to prevent severe disease and expensive treatment.