

Vaccination Schedule

This is just a suggested schedule. Your veterinarian can put together a schedule tailored for your horse and your situation. Also note that many combination vaccines are offered. Again, consult your veterinarian.

—SARAH GEE

Disease/Vaccine	Foals/Weanlings	Yearlings
Tetanus Toxoid	From nonvaccinated mares: 1st dose: 3-4 months. 2nd dose: 4-5 months. From vaccinated mares: 1st dose: 6 months. 2nd dose: 7 months. 3rd dose: 8-9 months.	Annual
Encephalomyelitis (EEE, WEE, VEE)	EEE: (in high risk areas) 1st dose: 3-4 months. 2nd dose: 4-5 months. 3rd dose: 8-9 months WEE, EEE, VEE: (in low risk areas) From nonvaccinated mares: 1st dose: 3-4 months. 2nd dose: 4-5 months. 3rd dose: 5-6 months. From vaccinated mares: 1st dose: 6 months. 2nd dose: 7 months. 3rd dose: 8 months.	Annual Annual, Spring
Influenza	Inactivated injectible: From nonvaccinated mares: 1st dose: 6 months. 2nd dose: 7 months. 3rd dose: 8 months. Then at 3-month intervals. From vaccinated mares: 1st dose: 9 months. 2nd dose 10 months. 3rd dose: 11-12 months. Then at 3-month intervals.	Every 3 to 4 months.
Rhinopneumonitis (EVH-1 and EVH-4)	1st dose: 4-6 months. 2nd dose: 5-7 months. 3rd dose: 6-8 months. Then at 3-month intervals.	Booster every 3 to 4 months up to annually.
Strangles	Injectable: 1st dose: 4-6 months. 2nd dose: 5-7 months. 3rd dose: 7 to 8 months. 4th dose: 12 months (depend on product used). Intranasal: 1st dose: 6-9 months. 2nd dose: 3 weeks later.	Semi-annual
Potomac Horse Fever	1st dose: 5-6 months. 2nd dose: 6-7 months.	Semi-annual
Botulism	From nonvaccinated mare: See Notes From vaccinated mare: 3-dose series of toxoid at 30-day intervals starting at 2 to 3 months of age.	Not applicable.
Rabies	From nonvaccinated mares: 1st dose: 3-4 months. 2nd dose: 12 months. From vaccinated mares: 1st dose: 6 months, 2nd dose: 7 months, 3rd dose: 12 months.	Annual
Equine Viral Arteritis	Intact colts intended to be breeding stallions: one dose at 6-12 months.	Annual for colts intended to be breeding stallions.
Rotovirus A	Little value to vaccinate foal because insufficient time to develop antibodies to protect during susceptible age.	Not applicable.
West Nile	1st dose: 3-4 months. 2nd dose: 1 month later (plus 3rd dose at 6 months in areas where disease is common).	Annual booster, prior to expected risk. Vaccinate semi-annually or more frequently (every 4 months) depending on risk.

Recommendations

SOURCE: AMERICAN ASSOCIATION OF EQUINE PRACTITIONERS

Performance Horses	Pleasure Horses	Broodmares	Notes
Annual	Annual	Annual, 4 to 6 weeks prior to delivery.	If last dose not administered within 6 months give booster at time of penetrating injury or surgery.
Annual, Spring Annual, Spring	Annual, Spring Annual, Spring	Annual, 4 to 6 weeks prior to delivery. Annual, 4-6 weeks prior to delivery.	In areas where disease is prevalent booster EEE and WEE every 6 months; VEE only when threat of exposure; VEE may only be available as a combination vaccine with EEE and WEE.
Every 3 to 4 months.	Annual with added boosters prior to likely exposure.	At least semiannual, with 1 booster 4 to 6 weeks prior to delivery.	A series of at least 3 doses is recommended for primary immunization of foals.
Booster every 3 to 4 months up to annually.	Optional: semi-annual if elected.	5th, 7th, 9th month of gestation (inactivated EVH-1 vaccine); optional dose at third month of gestation.	Vaccination of mares before breeding and 4 to 6 weeks prior to delivery is suggested. Breeding stallions should be vaccinated before the breeding season and semiannually.
Optional: semi-annual if risk is high.	Optional: semi-annual if risk is high.	Semi-annual with one dose of inactivated M-protein vaccine 4 to 6 weeks prior to delivery.	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 may safely receive the intranasal product. A 3rd dose should be given 2 to 4 weeks before weaning.
Semi-annual	Semi-annual	Semi-annual with 1 dose 4 to 6 weeks prior to delivery.	Booster during May to June in areas where disease is common.
Not applicable.	Not applicable.	Initial 3-dose series at 30-day intervals with last dose 4 to 6 weeks prior to delivery. Thereafter, annually, 4 to 6 weeks prior to delivery.	Foal from nonvaccinated 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. Foals from vaccinated mares in endemic areas: A 3rd dose administered 4 to 6 weeks after the 2nd dose may improve the response of foals to primary immunization.
Annual	Annual	Annual, before breeding	Vaccination recommended in areas with high incidences of disease. Do not use modified-live-virus vaccines in horses
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 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.
Not applicable.	Not applicable.	Vaccinate mares at 8th, 9th, and 10th month 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 assured that there is no failure of passive transfer.
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 6 weeks prior to delivery (consult veterinarian).	Annual booster is after primary series. In areas with frequent West Nile occurrences, booster as required or warranted due to local conditions conducive to disease risk. Vaccinate semi-annually or more frequently (every 4 months), depending on risk.