

Equine Vaccination

The recent outbreak of Equine Influenza has highlighted the problems that can occur with contagious diseases in horses. EI has been an exotic disease in Australia prior to the most recent outbreak and hopefully will be again if the eradication program finally proves to be a complete success, which means an end to the necessity for vaccination. However, there are other diseases which are endemic which we should not neglect to protect our equine friends from through vaccination programs. Common diseases we can vaccinate horses against include tetanus & strangles.

The tetanus organism *Clostridium tetani* is a bacterium which lives normally in soil or faeces. Puncture wounds are the most common route of infection, but any potentially contaminated wound can lead to the development of the disease. The bacteria multiply best in areas with low concentrations of oxygen which is why deep penetrating wounds are more dangerous. Once established in these wounds, the bacteria produce toxins that can spread via the bloodstream to affect the horse's nervous system.

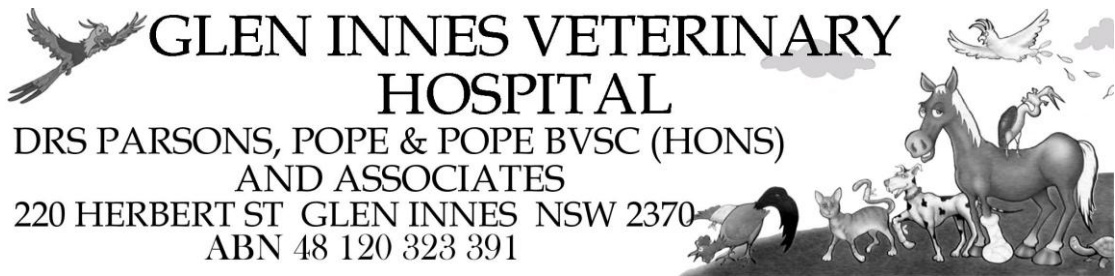
Symptoms include a stiff, stilted gait, muscular rigidity leading to a “sawhorse” stance. The lips are often pulled back in a grimace, jaws are clenched, spasms may occur, there may be fever and sweating and eventually the respiratory muscles may become involved leading to respiratory arrest.

The disease strangles is caused by another bacterium called *Streptococcus equi*. It causes an acute upper respiratory

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tract infection characterised by fever, lethargy, a copious nasal discharge & abscessation of lymphatic glands beside the throat. Some horses may cough, stand with their necks stretched outward and be reluctant to swallow. The bacteria can affect any age group but, like many infectious diseases, young horses are more susceptible especially when in crowded conditions such as attending pony club, campdraft or other equine events. Transmission of infection can be via direct contact, through aerosole spread or by sharing contaminated feed or water containers. Through vaccination the number of outbreaks of strangles has reduced, however, with declining vigilance this situation may reverse.

Both these diseases are easily prevented by regular vaccination. Young horses can commence vaccination as early as three months of age and the primary course includes three doses, no less than two weeks between doses. Booster doses should be administered annually.

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