



August 2008

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- July 2008 - Castration complications
- June 2008 - The use of acupuncture as a diagnostic aid in the equine lameness exam
- April 2008 - Current parasite control recommendations
- March 2008 - The use of Oxytocin in the post-partum mare
- January 2008 - Preparing your mares for the breeding season
- January 2008 - Proximal hind limb suspensory desmitis: (PSD): Part II: Treatment
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- November 2007 - Proximal hind limb suspensory desmitis (PSD): Part I: Diagnosis
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- January 2007 - The dental health of young performance horses

Eastern Equine Encephalitis—have you vaccinated?

At the end of June there were 29 confirmed cases of Eastern Equine Encephalitis in Florida, two of which were in Marion County. All of these horses died or were euthanized. It is extremely important that horse owners vaccinate for this deadly virus.

Eastern Equine Encephalitis virus is a mosquito borne virus that is endemic in the eastern United States. The virus is carried by birds primarily and spread to horses and humans through mosquito bites. The incidence of mosquitoes and therefore infection rate is increased most years during the late summer months and into the fall in central Florida.

Horses that are infected with EEE show signs of unsteadiness, fever, depression or erratic behavior, and a marked loss of coordination and/or weakness. Treatment is limited to supportive care and many horses will die or are euthanized 48-72 hours after the initial signs. The mortality rate in horses has been reported to be at least 90%.

The immunity obtained through vaccination begins to decrease after 4-6 months, and many horses will have inadequate protection after 6 months. Horses that have not been vaccinated in the last 4 months should receive a booster at this time. Research by vaccine producers and universities in endemic areas suggest vaccination for EEE every 4-6 months to ensure adequate protection for this deadly disease. Timing vaccination in adult horses in the spring and fall may offer the best protection. Horses less than 2 years of age seem to be at an increased risk of vaccine failure. This may be due to prolonged maternal antibody interference in some horses. In other words, the antibodies a foal received from its dam may not allow the foal to respond adequately to the initial vaccination(s). Therefore, a longer “series” of booster shots is recommended for weanlings. Begin vaccinating the foal at 4 months, booster at 5, 6 and 9 months and then every 4 months until 2 years of age. Once well vaccinated, adult horses can be protected with vaccinations every 4-6 months. Another group of horses at increased risk are adult horses recently imported to the southeast from the west or Europe (places where the disease is not endemic). These horses need to be vaccinated immediately and boosted within 3-5 weeks. Continuing boosters every 4 months for the first year is also recommended for these horses.

Discuss your vaccination protocol with your veterinarian to insure the health and safety of your horses.

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- December 2006 - Neonatal Isoerythrolysis in foals
- November 2006 - Upper respiratory infections of young Thoroughbreds in training
- October 2006 - Eastern equine encephalitis—time to vaccinate!!
- September 2006 - Gastroscopy
- August 2006 - Rhodococcal pneumonia
- July 2006 - Managing limb deformities in foal with dynasplints
- June 2006 - Disaster preparedness
- May 2006 - Mare reproductive loss syndrome (MRLS)
- April 2006 - Exercise-induced pulmonary hemorrhage

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