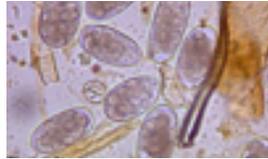


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PARASITES



**SPINAL
MANIPULATIVE
THERAPY**



SPRING VACCINES

EQUINE SPRING NEWSLETTER

Strategic Approach to Tackling Parasites

The approach to controlling parasites in horses has changed a lot in the past couple of decades. In the past, it was recommended that every horse be dewormed multiple times each year with a multitude of different drugs, depending on the time of year. The idea behind rotating drugs based on season was to specifically target all likely parasites at a time when treatment would be most successful for each one. The problem with this approach lies in the fact that not every horse is infected by every parasite, and many horses are therefore treated unnecessarily. Many horse owners were happy to treat their horses on a “just-in-case” basis, because to them the cost of a bunch of worms in their horses’ guts outweighed the cost of the drugs.

There have been many articles in equine magazines and websites about parasite resistance, and also about the concept of “refugia,” where a ‘refuge’ of parasites that are not resistant to antiparasitic drugs are maintained on each farm. The opposite of horse-focused, just-in-case parasite control, refugia focuses on the health of parasite populations in the pasture and their interactions with each horse. The basis of management decisions in this newer approach to parasite control is the **fecal egg count** for small strongyle parasites. This test can be performed at our lab in Waupun.

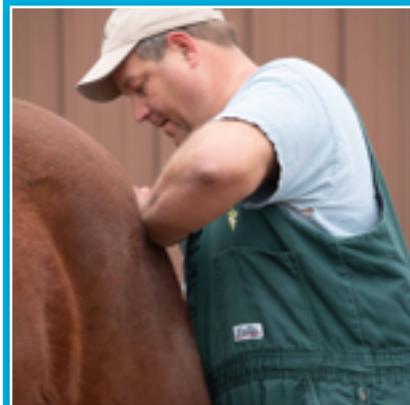


Some horses are “low shedders” based on a low fecal egg count, and others are classified as “moderate” or “high” shedders. Research has found that if you deworm a low shedder, soon after they are low shedders again. There is little or no opportunity to improve the health of low shedding horses by treating them for parasites. Instead, veterinarians and owners work together to develop a treatment plan for moderate and high shedders. Performing a fecal egg count annually on each horse will allow you to classify them as low, moderate, or high shedders and will also identify any other parasites that may be present. Proper management of refugia often leads to fewer drugs administered, which means less drug ending up in manure in the pasture ecosystem, less disruption to the gut of low

shedders, and targeted therapy for the horses that will benefit from antiparasitic therapy. The end result is a healthier environment and a healthier horse.

WVS Now Offering Veterinary Spinal Manipulative Therapy

Veterinary spinal manipulative therapy (VSMT) is similar to human chiropractic care. VSMT promotes a healthy body by manipulation of the musculoskeletal and neurologic systems. During a VSMT evaluation, the motion segments in the vertebral column and other joints are evaluated through motion palpation to find areas of abnormal mobility. When an area of hypomobility (restricted mobility) is found, the motion segment is adjusted using a high velocity, low amplitude thrust in a specific direction to help restore normal motion to the segment or joint. These areas of hypomobility can be caused by muscle spasm, scarring, masses or many other causes. This decreased motion leads to pain, decreased performance and compromised health of the animal. VSMT can cause changes in organ function because the nervous system controls all body functions. Once a hypomobile area is identified and adjusted, it may need to be readjusted at intervals to help the area to return and maintain normal function. These treatments may need to be done at 2 to 4 week intervals initially and then less frequently once normal motion is achieved. It is a good idea to have animals evaluated before they have problems as hypomobile areas can be corrected quicker if it is not a chronic condition. Chronic conditions require more frequent adjustments and may never return to normal if they are not addressed soon enough. If you would like to help your horse reach top performance and health call for a VSMT evaluation.



Dr. Mark evaluates one of his patients for areas of decreased mobility. VSMT helps improve horse comfort and performance.

Vaccines Important for Disease Prevention

There is no “one-size-fits-all” vaccine program for horses. The goal of a farm’s vaccination program is to develop and maintain individual and herd immunity against infectious diseases. There are several things that are taken into consideration when deciding on appropriate vaccine strategies for your animals. It is recommended that all horses receive

their “core” vaccines. A core vaccine has demonstrated efficacy and safety to the patient, and protects against a disease that is endemic to a region, has a public health significance, is required by law, or is highly virulent/infectious. Eastern and Western Equine Encephalomyelitis, rabies, tetanus, and West Nile are considered core vaccines.

CORE VACCINATIONS FOR ADULT HORSES
 aaep.org/equine/horse/vaccination-guidelines

CORE VACCINATIONS protect against diseases that are:
 • ENDEMIC TO A REGION
 • ARE VIRULENT/HIGHLY CONTAGIOUS
 • POSE A RISK OF SEVERE DISEASE

ALL VACCINATION PROGRAMS SHOULD BE DEVELOPED IN CONSULTATION WITH A LICENSED VETERINARIAN

Disease	ADULT HORSES 1 YEAR OF AGE & OLDER previously vaccinated	ADULT HORSES 1 YEAR OF AGE & OLDER unvaccinated or lacking vaccination history
TETANUS	RECOMMENDATION: ANNUAL	RECOMMENDATION: 2 DOSE SERIES 2nd dose 4-6 weeks after first; annual revaccination Booster at time of penetrating injury or prior to surgery if last dose was administered more than 6 months previously.
EEE/WEE	RECOMMENDATION: ANNUAL - SPRING prior to the onset of vector season	RECOMMENDATION: 2 DOSE SERIES 2nd dose 4-6 weeks after first; revaccinate prior to onset of next vector season Consider 6-month revaccination interval for horses residing in endemic areas and immunocompromised horses.
WEST NILE VIRUS	RECOMMENDATION: ANNUAL - SPRING prior to the onset of vector season	RECOMMENDATION: 2 DOSE SERIES Inactivated whole virus & Recombinant vectors per vaccine 2nd dose 4-6 weeks after first; revaccinate prior to onset of next vector season Inactivated Modified live virus vaccine 2nd dose 3-4 weeks after first; revaccinate prior to onset of next vector season When using the inactivated or recombinant product, consider 6-month revaccination interval for horses residing in endemic areas, juveniles (<3 years of age), geriatric horses (>15 years of age) and immunocompromised horses.
RABIES	RECOMMENDATION: ANNUAL	RECOMMENDATION: SINGLE DOSE Revaccinate annually While the incidence of rabies in horses is low, the disease is invariably fatal and has considerable public health significance. This is why it is a recommended core vaccine.

Additional vaccines are given based on the animal’s age, discipline, and level of exposure (geography, frequent traveler, etc). Certain areas of the country put horses more at risk for contracting different infectious diseases (ie Potomac horse fever). Some boarding facilities require horses to be vaccinated for strangles and equine herpesvirus. Different show circuits may require horses to be vaccinated for equine influenza. Broodmares and foals have more involved vaccine schedules to ensure that both mares and foals receive proper immunization.

Make sure to discuss your horse’s needs with your veterinarian to develop the most appropriate preventative health plan. The type of vaccine administered as well as frequency of boosting can be tailored to your horse’s individual health needs.

- Our newsletter will be available via email!! Let us know if you or a friend would like to be added to our mailing list. Send your email address(es) to waupunquine@gmail.com.

- Coggins are now done electronically for quicker results. Send us your email so that you can receive your certificate with colored photos of your horse.