



Equine Herpesviruses-1 and -4 (EHV-1 and -4) Vaccination Recommendations

Age Group	Vaccination protocol	Comments
Broodmares	Administer a 3-dose series with a product labelled for protection against EHV abortion at 5, 7 and 9 months of gestation. It may be advisable to booster broodmares with a product labelled for protection against respiratory disease 4 to 6 weeks prepartum.	
Other adult horses	Use a vaccine registered to protect against respiratory disease. Primary course of 3 vaccines with a 3-4 week interval between doses 1 and 2 followed by a 6-month interval between doses 2 and 3. Revaccination every 6 months to a year.	Consider 6-month revaccination interval for: 1) Horses less than 5 years of age 2) Horses on breeding farms or in contact with pregnant mares 3) Performance or show horses at high risk 4) Horses housed at facilities with frequent equine movement on and off the premises, thus resulting in an increased risk of exposure
Foals and Weanlings (<12 months of age)	Use a vaccine registered to protect against respiratory disease. Administer a 3-dose series: • 1st dose at 5 -6 months of age • 2nd dose 3-4 weeks after 1st dose • 3rd dose 6 months after 2nd dose	This applies to foals born to unvaccinated or vaccinated mares.

Notes

Vaccines licensed in South Africa include:

- Pneumabort-K® + 1b (Zoetis) (Licensed for protection against abortion and respiratory disease). This vaccine only protects against EHV-1.
- Equivac® Innovator EHV-1/4 (Zoetis) (Licensed for protection against respiratory disease). This vaccine protects against EHV-1 and -4.

It is important to remember that vaccination does not fully prevent shedding and does not prevent clinical disease in all cases. However, it has been shown that vaccinated horses shed less virus and clinical disease may be less severe. No vaccines are licensed to protect against neurological disease, but they may reduce cases of neurological disease by reducing viral shedding and therefore spread of disease. Similarly, vaccines licensed only for protection against respiratory disease may also protect against abortion by reducing spread of the virus.

In the face of an outbreak, vaccination can be used in horses at increased risk of exposure. There is some controversy associated with this practice because of the concern that neurological cases may be associated with a history of frequent vaccination. However, there are no reports of vaccination in this circumstance precipitating or exacerbating the occurrence of neurological cases. In previously vaccinated horses, a booster vaccine can lead to a rapid anamnestic response and contribute to reducing spread of infectious virus.

The most important strategy in containment of an outbreak is isolation of affected cases, until declared free of disease, and strict hygiene precautions to prevent transmission of disease. Comprehensive guidelines on management of confirmed or suspected EHV-1 cases with respect to prevention of transmission are available from the Horseracing Betting Levy Board at <https://codes.hblb.org.uk/index.php/page/76>. The European College of Equine Internal Medicine has also produced guidelines for veterinarians on managing outbreaks and treatment of clinical cases of EHV-1 available at <https://www.eceim.info/news/outbreak-of-ehv-1-in-valencia-update-16th-march-2021>.

References and further information

American Association of Equine Practitioners (2022) Equine Herpesvirus (Rhinopneumonitis) Available at: <https://aaep.org/risk-based-vaccination-guidelines/equine-herpesvirus-rhinopneumonitis>

European College of Equine Internal Medicine (2021) ECEIM guidelines for dealing with returning horses from EHV-1 outbreaks and Equine Herpesvirus-1 therapy. Available at: <https://www.eceim.info/news/outbreak-of-ehv-1-in-valencia-update-16th-march-2021>

Horserace Betting Levy Board (2023) International Codes of Practice – Equine Herpesvirus Available at: <https://codes.hblb.org.uk/index.php/page/32>

Lunn, D., Davis-Poynter, N., Flaminio, M., Horohov, D., Osterrieder, K., Pusterla, N. and Townsend, H. (2009), Equine Herpesvirus-1 Consensus Statement. Journal of Veterinary Internal Medicine, 23: 450-461. <https://doi.org/10.1111/j.1939-1676.2009.0304.x>