



DEWORMING PROTOCOL- BLUE RIDGE EQUINE CLINIC

Feb 2009

As primary care veterinarians, we are constantly evaluating our recommendations for your horses to make sure we are offering the most up to date information and treatment for their continued health. Recently, experts have noted a change in how parasites react to our efforts to control them and we are changing our deworming protocols to best reflect the newest information

Our new approach is based on information from leading veterinary parasitologists which suggest that dewormers are becoming less effective due to parasites developing resistance. These experts recommend decreasing the frequency with which we deworm, focusing primarily on horses that shed high numbers of parasite eggs. Treatment is targeted at these high shedders while periodically monitoring egg counts in horses that shed low numbers of parasite eggs. This minimizes the number of times parasites are exposed to a given dewormer, actually reducing the development of resistance. In addition to concentrating our efforts on the high shedding individuals we also need to deworm all horses when shedding is naturally at its highest. In our area horses have the highest parasite egg release in spring and fall and it is at these times we will be certain to include the whole herd in our program.

We use Fecal Egg Counts (FEC) to determine which horses shed high numbers of parasite eggs and to assess how well a dewormer is working for your horses. Fecal egg counts consist of processing a small amount of manure and using a microscope to obtain an accurate count of the number of eggs. Results are given as Eggs per Gram (EPG) of feces. In our area a high shedder is defined as having greater than 400 eggs per gram. Samples of manure should be less than 24 hours old and stored in an airtight bag or container (Preferably refrigerated until processed).

Young horses (birth through yearlings) require an intense deworming schedule primarily due to ascarid (roundworm) infestations. Recent studies have revealed an increase in ascarid resistance to certain dewormers (including ivermectin). Thus, the selection of the appropriate medication and monitoring results with fecal exams is especially important. After the first year of life, the horse's natural immunity limits ascarid infection. In contrast, in adult horses small strongyles are the primary parasite of concern.

Our current recommendations are available in chart form (Included). Since the extent of resistance in our area is not fully known we will continue to monitor all the information gained from the cumulative results of local fecal egg counts. As we collect information about your horses and the shedding patterns of horses in our region, we may need to adjust these recommendations. These changes should lead to reduced costs to you and decrease the amount of medicine each horse receives. Slowing the development of resistance is critical as there are no new deworming products expected to be available in the near future.

For additional information, Dr. Lawler has an excellent article in the spring newsletter and the subject is also addressed on our website. We welcome your calls to discuss your specific needs horses or to ask any questions you may have on the new program.



March	<u>Pre de-worming fecal</u> <u>De-worm with Moxidectin</u> <u>Post de-worming fecal</u>	<u>Pre de-worming fecal</u> <u>De-worm with Moxidectin</u> <u>Post de-worming fecal</u>
June	<u>Pre de-worming fecal</u>	<u>Pre de-worming fecal</u> <u>De-worm with Pyrantel</u> <u>Post de-worming fecal</u>
July		<u>De-worm with Ivermectin</u>
Sept	<u>De-worm with Pyrantel</u>	<u>De-worm with Pyrantel</u>
Nov	<u>Annual diagnostic fecal</u> <u>(pre de-worming)</u> <u>De-worm with Ivermectin+praziquantel</u>	<u>Annual diagnostic fecal</u> <u>(pre de-worming)</u> <u>De-worm with Ivermectin+ praziquantel</u>
March	<u>De-worm with Moxidectin</u>	<u>De-worm with Moxidectin</u>

Young Horses:

<u>2 months</u>	=	<u>Fenbendazole (10 mg/kg)</u>	<u>(Panacur)</u>
<u>3 months</u>	=	<u>Pyrantel</u>	<u>(Strongid)</u>
<u>4 months</u>	=	<u>Ivermectin</u>	<u>(Ivercare, Zimectrin, Eqvalan)</u>
<u>4 ½ months</u>	=	<u>Diagnostic Fecal testing</u>	
<u>6 months</u>	=	<u>Pyrantel</u>	<u>(Strongid)</u>
<u>8 months</u>	=	<u>Ivermectin plus</u>	<u>(Zimectrin Gold, Equimax)</u>
<u>10 months</u>	=	<u>Pyrantel</u>	<u>(Strongid)</u>
<u>12 months</u>	=	<u>Moxidectin</u>	<u>(Quest) for 700 lbs & up; Power Pak (Panacur) for under 700 lbs.</u>

