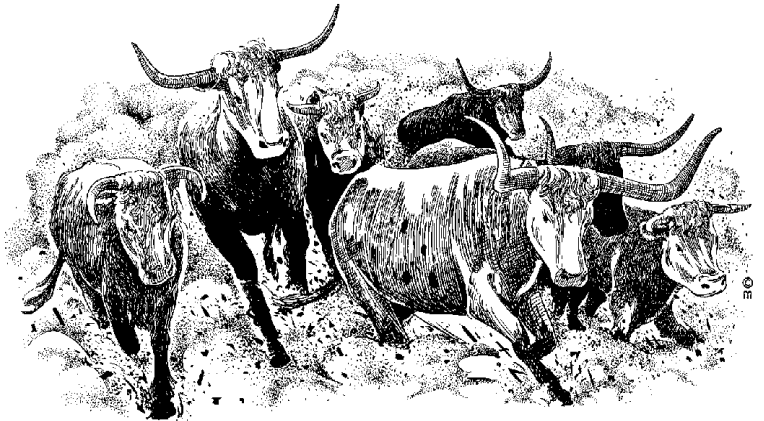


Institute of Food and Agriculture Sciences

Marion County Extension Service  
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## MARION COUNTY LIVESTOCK NEWS

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### **Florida Equine Management I**

Classes will encompass basic care of the horse including: anatomy, terminology, conformation, feeding, foaling, health management, breeding as well as pasture management and equipment maintenance. Requests to drop for refund must be received by the CF Institute at least 72 hours before class start date. Course fee is \$75. (AAG0099.1)

Mondays, Jan. 28-March 24, 6-9 p.m. for nine weeks

### **Hoof Care and Tech. to Maintain a Sound Horse**

This four-week course will cover advancements in hoof care: increased knowledge regarding trimming and balancing the foot; diagnosing and treating diseases of the foot; technologically advanced products for working on the foot. It is no longer necessary to use nails for attaching shoes to the foot or to accrue a lot of down time waiting for a damaged hoof to regrow.

Course fee is \$55. (AAG0125.2)

Mondays, Jan.28-Feb. 18, 6-8 p.m. for four weeks

### **Equine Nutrition**

Classes will cover equine digestion, the importance and function of forage in the horse diet, equine supplements as well as nutritional requirements of the horse and feeding programs.

Course fee is \$30. (Marion County Ag Center)

Mondays, Feb.25-March 17, 6-8 p.m. for four weeks

For more information or to register, contact Loren Carr at 352-854-2322, ext. 1496 or Mark Shuffitt at 352-671-8400.

## 25th Annual Florida Cattlemen's Institute and Allied Trade Show

January 17<sup>th</sup> 2008

Osceola Heritage Park

1921 Kissimmee Valley Lane off HWY 192

East of Kissimmee

### **“Keys to Profitability”** **Nutrition, Health and Management for Reproduction**

8:00 am – Trade Show Opens

9:45 am – Larry Rooks, President  
Florida Cattlemens' Association

### **Cattle FAX VP to address Florida Cattlemen**

A renowned expert in the area of cattle market trends, this year's keynote speaker is Mr. Randy Blach, Executive Vice President of Cattle FAX. Mr. Blach is a native of Yuma Colorado and a graduate of Colorado State University. He participates in various other cattle management programs throughout the country. He has shared his knowledge with cattlemen at events such as Cattle Feeder Days, Taylor Symposiums and Range Beef Cow Symposiums. Mr. Blach also serves as a director of the National Western Stock Show Board.

## Equine Health Care and Disease Prevention

Amanda M. House, DVM, DACVIM  
University of Florida College of Veterinary Medicine

Routine vaccination is a critical component of developing a health maintenance program for horses. It is important to emphasize that there is no standard vaccination program that is suitable for every horse, and that individual programs should be developed with your veterinarian. Vaccinations help to prime the immune system to respond quickly when a horse is exposed to an infectious agent. Although vaccinations cannot guarantee disease prevention in all circumstances, they help minimize the risk of infection and aid in the prevention of certain diseases. Vaccination is not a substitute for other good management practices, and should be used in conjunction with proper nutrition, deworming, pasture management and minimizing stress and overcrowding for optimal results in each horse and herd. Ideally, all horses in a group should receive vaccinations and be on the same schedule when possible.

The vaccination program appropriate for an individual horse or herd needs to take into account things such as age, sex, geographic location, use of the horse, pregnancy status and risk for developing the disease. Currently, there are vaccines available for Tetanus, Encephalomyelitis, West Nile Virus, Rabies, Rhinopneumonitis (Equine Herpes Virus), Influenza, Strangles, Potomac Horse Fever, Botulism, Equine Viral Arteritis, Anthrax, and Rotavirus. The vaccines are administered by an intramuscular or intranasal route depending on the disease. Influenza and Strangles have both intramuscular and intranasal vaccines available. Adverse reactions to vaccination are not common but are a potential risk of vaccination. Signs of an adverse reaction may include muscle soreness, swelling, fever, anorexia, and lethargy. If the signs are severe or are not self-limiting, your veterinarian should be informed and may want to initiate additional therapy.

When considering a vaccination program for your horse, it is important to remember that each horse's immune system will respond a little differently to vaccination. Not every horse will be protected exactly the same or for the same amount of time following vaccination. A primary series of the vaccines with booster doses will be required for an appropriate immune response before exposure to the disease. It will take 1-2 weeks after a completed vaccine series for your horse to be protected against the disease. After the initial vaccine series, most horses will require annual or semi-annual booster vaccinations.

An overview of basic vaccination guidelines and the diseases follows. This is only a guideline and a specific plan for your horse should be developed in conjunction with your veterinarian. Generally, vaccination is recommended for all horses for Tetanus, Encephalomyelitis, and West Nile virus. Rabies is an

uncommon occurrence, but is fatal in all cases; therefore, vaccination is advised. Vaccination for influenza and Equine Herpes Virus (EHV) is recommended in most cases, especially in performance horses and horses exposed to a transient or young equine population. Broodmares and weanlings have specific vaccination recommendations tailored for their needs, and will not be covered in detail here. The information presented herein is a program targeted for the adult pleasure or performance horse.

Tetanus is caused by *Clostridium tetani*, an anaerobic, spore-forming bacterium. The bacteria are present in the intestine and manure of horses, as well as in the soil. *Clostridium tetani* produces spores that can survive for years in the environment. The spores can gain access to the horse through wounds or lacerations, or the umbilicus in foals. The clinical signs of tetanus are a result of toxin production, and include muscle stiffness and rigidity, third eyelid prolapse, stiff legs and "sawhorse" stance, nostril flare, and lockjaw. All horses should be revaccinated annually for tetanus and boosted immediately if they sustain a wound or undergo surgery greater than 6 months after their previous vaccine. Tetanus antitoxin can be administered to horses that sustain a wound (increasing their risk of disease) and that have not previously been vaccinated with tetanus toxoid. Tetanus antitoxin rarely can cause fatal liver disease, and should be discussed with your veterinarian prior to administration.

The equine encephalomyelitis viruses (eastern equine encephalomyelitis (EEE), western equine encephalomyelitis (WEE), and Venezuela equine encephalomyelitis (VEE)) are transmitted by mosquitoes to horses and humans from wild birds or rodents. Horses and humans are considered dead-end hosts for the disease, and cannot pass it to others. Infection with these viruses can cause fever and neurological symptoms such as depression, difficulty walking/staggering gait, changes in mentation/behavior, and seizures. VEE is a reportable foreign animal disease, and has not been seen in the U.S. for many years. The death rate is 70-90% for horses with EEE or VEE, and about 50% for horses with WEE. All horses should be vaccinated for EEE/WEE in the spring, prior to mosquito season, and potentially again in the fall in warm climates such as Florida (every 6 months).

West Nile Virus is another virus transmitted by mosquitoes that can cause neurological symptoms such as muscle tremors, loss of coordination, hypersensitivity to being touched, and recumbency. The death rate for infected horses is about 33%. Three vaccines are available for use, and horses should be vaccinated annually. The newer recombinant and modified live chimera vaccines underwent more intensive challenge studies than the original killed vaccine, and reportedly help protect against disease for a full year.

Fortunately, Rabies is an uncommon disease in the horse. However, in any areas where Rabies is endemic in

the wildlife population, horses can be exposed through a bite from an infected animal. Rabies results in progressive neurological disease and is fatal in all cases. It can be transmitted from infected horses to humans. Vaccination is recommended followed by a yearly booster.

Equine influenza is one of the most common infectious respiratory diseases in the horse. The virus is highly contagious and can be transmitted through the air from horse to horse as a result of coughing. The most common signs of infection are fever, cough, nasal discharge, and reduced appetite. Young horses (<5 years) and horses exposed to large numbers of other horses through showing or transport seem to be most susceptible to infection. Most horses recover from infection in about 10-14 days, and treatment consists of supportive care. Vaccination is available in intramuscular (killed virus, and canary pox vectored vaccine) and intranasal (modified live virus) formulations. Discuss the best option for your horse with your veterinarian. Vaccination is recommended every six months, and is done more frequently (every 3-4 months) in some horse populations.

Equine herpesvirus type 1 (EHV-1) and equine herpesvirus type 4 (EHV-4) can both cause respiratory infections (Rhinopneumonitis) in horses, generally affecting the upper respiratory tract and causing fever, nasal discharge, and sometimes cough. However, EHV-1 can also result in neurological disease, abortion, and foal death. EHV-1 and EHV-4 are transmitted through the air or by direct contact with secretions from the nose, on equipment, or in drinking water. It is likely that initial infection with EHV-1 and EHV-4 first occurs in foals, but clinically apparent infections are seen as they get older and are exposed to new horses. Vaccination is recommended for prevention of abortion in pregnant mares (with a killed vaccine product licensed for prevention of abortion) and for reduction in signs and spread of respiratory disease in foals, weanlings, yearlings, young performance, and show horses that have a higher risk of exposure. Vaccination does not prevent the neurological form of EHV-1. Adult horses determined to be at risk for infection are usually vaccinated every 6 months.

Additionally, vaccines for Strangles (*Streptococcus equi* infection) and Potomac Horse Fever (PHF) are available and their use should be discussed with your veterinarian. Potomac Horse Fever is not typically seen in Florida, but vaccination may be considered in horses that are traveling to the northeast and mid-Atlantic regions. The vaccine for PHF is not completely protective, and additional study on this vaccination and disease is warranted. Vaccinations for Botulism, Rotavirus, and Equine Viral Arteritis are used more commonly in breeding populations.

The AAEP is in the process of re-updating their guidelines for vaccination of the horse, and is an excellent resource for owners at [www.aaep.org](http://www.aaep.org).

## **Beef Cattle Management Tips**

### **JANUARY**

- ⇒ Buy only performance tested bulls with superior records.
- ⇒ Apply lime for summer crops.
- ⇒ Check for lice/treat if necessary.
- ⇒ Control weeds in cool season pasture.
- ⇒ Begin grazing winter pastures when approx. 6" high. Rye should be 12"-18" high.
- ⇒ Check and fill mineral feeders.
- ⇒ Put bulls out for October breeding season.
- ⇒ Make breeding herd lists for single sire herds.
- ⇒ Observe cows: record heat, breeding abnormalities, discharges, abortions, retained placentas, difficult calvings, etc.
- ⇒ Observe cows for calving difficulties.
- ⇒ Observe calves for signs of scours.
- ⇒ Make sure bulls have adequate nutrition; so they will be in good condition for the breeding season.
- ⇒ Discuss herd health with your veterinarian and outline a program for the year.
- ⇒ Watch for grass tetany on winter pastures.
- ⇒ Increase magnesium levels in mineral mixes if grass tetany has been a previous problem.
- ⇒ Vaccinate cows and heifers against vibriosis and leptospirosis prior to the breeding season.

### **FEBRUARY**

- ⇒ Top dress winter forages, if necessary.
- ⇒ Check and fill mineral feeders.
- ⇒ Put bulls out with breeding herd.
- ⇒ Work Calves:
  1. Identify
  2. Implant with growth stimulant
  3. Vaccinate
- ⇒ Provide adequate nutrition to lactating cows.
- ⇒ Check calves for signs of respiratory disease.
- ⇒ Cull cows that did not calve.
- ⇒ Check for lice, treat if necessary.

John Mark Shuffitt  
Marion County Extension Service

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# 2008 Southeastern Youth Fair

February 24 – March 2

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## FLORIDA HIGH SCHOOL RODEO

Friday, February 22 & Saturday, February 23 @ 7:30 pm

One Of Florida's Oldest & Largest Youth Fairs!  
Over 1,000 Marion County 4h & FFA exhibitors will compete

### Come out to our Market Animal Shows and Auctions

**Steer show** Mon., Feb., 25<sup>th</sup> – 7:00 pm  
**Steer sale** Tues., Feb., 26<sup>th</sup> – 7:00 pm  
**Lamb Show** Wed., Feb., 27<sup>th</sup> – 4:30 pm  
**Lamb sale** Wed., Feb., 27<sup>th</sup> – 7:00 pm  
**Swine show** Fri., Feb., 29<sup>th</sup> – 6:00 pm  
**Swine sale** Sat., March, 1<sup>st</sup> – 10:00 am

#### Annual Dinners only \$7.00

BEEF Dinner: 4:00 – 6:00 pm; Tuesday, Feb., 26<sup>th</sup>  
PORK Lunch & Dinner, Saturday, March 1

For more information call 352-629-1255  
Check out our website (<http://www.seyfair.com>) for  
a complete list of all events and activities.