

# GUIDANCE ON THE RE-VACCINATION OF LAPSED VACCINATED STALLIONS NOW THAT ARTERVAC EVA VACCINE IS AVAILABLE AGAIN IN THE UK



## June 2025:

The following guidance has been compiled by Equine Infectious Disease Surveillance (EIDS), based at the University of Cambridge. EIDS collaborates with equine industry stakeholders to control infectious diseases in the UK by providing disease control advice services for veterinary surgeons. This document has been designed to assist veterinary surgeons in how to approach re-vaccinating and testing lapsed vaccinated stallions.



## PROVIDING CLEARANCE FOR SEROPOSITIVE LAPSED VACCINATED STALLIONS

A decision tree to determine the appropriate course of action and associated laboratory tests to be applied to lapsed vaccinated stallions and teasers is presented in Figure 1. **It is important to note that testing should be applied at the time of administering the first of two doses (given 3-6 weeks apart) of Artervac EVA vaccine in restarting the primary vaccination course.**

Stallions and teasers will thereafter then require six monthly booster vaccinations in accordance with the vaccine's datasheet recommendations

The rationale behind the decision tree is discussed below:

- Less frequently vaccinated stallions may have reverted to a seronegative status when tested serologically after 1st January 2025 and will be considered free from EAV. However, to confirm their seronegative status they will require testing at the time of administering the first of two doses (given 3-6 weeks apart) of Artervac EVA vaccine in restarting the primary vaccination course.

- Well vaccinated stallions will be expected to remain seropositive for a prolonged period after the last Artervac vaccine dose and will need to demonstrate freedom from EAV exposure and/or viral shedding. Some, mainly Thoroughbred stallions, have serum samples stored that were taken several weeks after the last dose of Artervac was administered and subsequently, as per previous advice. These samples would have coincided with likely peak vaccination antibody levels initially, which in the absence of infectious challenge with EAV during the intervening period would be expected to decline or remain stable with time since vaccination (i.e. no seroconversions have been evident).

Absence of seroconversion on virus neutralisation (VN) antibody testing of these samples paired with routine pre-breeding samples taken in early 2025 provided evidence for non-exposure to EAV. The Department for Environment, Food and Rural Affairs (Defra) continues to be happy to endorse this approach as previously proposed. In stallions cleared in 2025 on this basis, subsequent clearance can also be achieved by demonstrating continued absence of seroconversion by re-testing the 2025 sample, tested alongside the sample taken at the time of administering the first of two doses (given 3-6 weeks apart) of Artervac EVA vaccine in restarting the primary vaccination course.

Some previously vaccinated stallions have serum samples stored but these did not comply with the recommended peak antibody response sampling interval (<50 days) after last vaccination and so will not provide adequate assurance if subject to paired antibody testing. In addition, there are an unknown number of vaccinated stallions that do not have serum samples stored with which to show an absence of seroconversion. Therefore, alternative clearance criteria were applied to stallions in these two groups if they tested seropositive on pre-breeding samples taken in early 2025.

For stallions that are used for artificial insemination, there is the option to have their semen collected and tested by PCR to demonstrate freedom from EAV. In stallions cleared in 2025 on the basis of their semen testing negative by PCR, subsequent clearance through absence of seroconversion between paired serum samples can only be achieved if a serum sample was taken and archived at or before the time of the semen collection for this negative PCR in 2025.

However, this option is not so readily applicable for Thoroughbred stallions and others that are similarly not trained for semen collection. As an alternative it is proposed that the first three seronegative mares covered by vaccinated seropositive stallions that have not been serologically cleared prior to re-starting Artervac vaccination as above, be serologically tested several weeks after mating. Seronegative results in all three mares will confirm that there is no EAV semen shedding, which would be considered equivalent to a negative PCR test applied to semen.

## TALK TO US

For any further inquiries or clarifications regarding the information presented in this document, please contact Equine Infectious Disease Surveillance

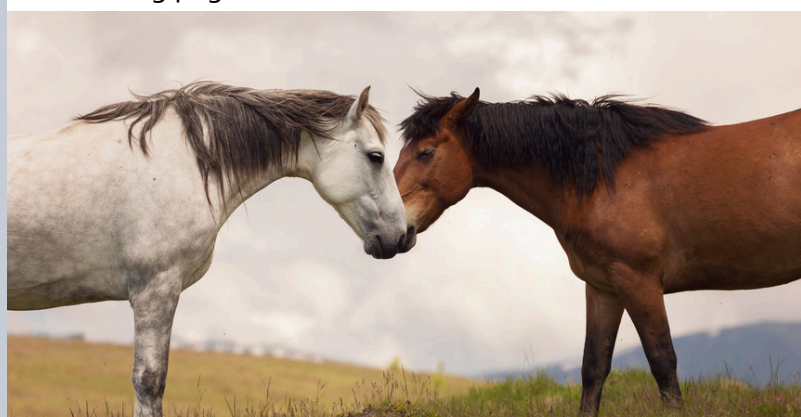
**01223 766496**

[www.equinesurveillance.org](http://www.equinesurveillance.org)

[equinesurveillance@vet.cam.ac.uk](mailto:equinesurveillance@vet.cam.ac.uk)

### Decision Tree:

A decision tree for protocols on how to undertake clearance testing for seropositive lapsed vaccinated stallions at the time of re-vaccination with Artervac is presented on the following page.



# PROVIDING CLEARANCE FOR SEROPOSITIVE LAPSED VACCINATED STALLIONS AT THE TIME OF RE-VACCINATION WITH ARTERVAC



## IMPORTANT NOTE:

This proposal only applies where stallions have been previously vaccinated with Equip Artervac (Zoetis) in full accordance with the datasheet, prior to lapsing due to non-availability of the product since 29 March 2023.



**FIGURE 1:** Decision tree to determine the appropriate diagnostic tests for a lapsed vaccinated stallion at time of re-vaccination