

UK EQUINE VACCINES MARCH 2026

Summarised by Equine Infectious Disease Surveillance



This summary, compiled by EIDS, consolidates information on vaccinations that are commercially available in the United Kingdom at the time of writing. It covers various infectious diseases, including equine herpes virus-1/-4, equine influenza, tetanus, strangles (*Streptococcus equi* infection), equine viral arteritis, rotavirus, and West Nile virus.

Document guidance:

*Source: NOAH Compendium of Data Sheets for Animal Medicines <https://www.noahcompendium.co.uk/>

V1 = first dose in primary vaccine course

V2 = second dose in primary vaccine course

EQUINE HERPES VIRUS-1/-4 (EHV)

This summary consolidates information on the vaccination commercially available for equine herpes virus-1/-4 in the United Kingdom at the time of writing.

Brand Name	Manufacturer	Licensed for*	Datasheet vaccine schedule	Best practice guideline
Equip EHV-1,4	Zoetis	Active immunisation of horses to reduce clinical respiratory signs due to infection with EHV-1 and EHV-4 and to reduce abortion caused by EHV-1 infection. Use from 5 months of age onwards.	V1: Administer one dose by intramuscular injection. V2: 4-6 weeks after V1. Revaccination: A single dose should be administered every 6 months.	To reduce abortion due to EHV-1 infection, pregnant mares should be vaccinated during the 5th, 7th and 9th month of pregnancy with a single dose on each occasion.

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EQUINE INFLUENZA (EI)

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Brand Name	Manufacturer	Licensed for*	Datasheet vaccine schedule	Best practice guideline
Equip F	Zoetis	Active immunisation of horses against EI, to reduce clinical signs and shedding of virus after infection.	<p>V1: Administer one dose by intramuscular injection.</p> <p>V2: 6 weeks after V1.</p> <p>V3 (first booster): 5 months after V2.</p> <p>Revaccination: A single dose should be administered every 12-15 months.</p>	<p>BHA Rules of Racing vaccine guidelines should be applied to promote the harmonising of vaccine use across equine disciplines and ensuring use is in-line with all influenza vaccine datasheets (i.e. the scientific evidence):</p> <p>V1: administer one dose >5/6 months of age</p> <p>V2: 21 to 60 days</p> <p>V3 (first booster): 120 to 180 days</p> <p>Revaccination: Industry and some specific competition bodies advise revaccination with 6 monthly boosters (rather than annual).</p>
Equilis Prequenza	MSD Animal Health	Active immunisation of horses against EI, to reduce clinical signs and shedding of virus after infection.	<p>V1: Administer one dose by intramuscular injection.</p> <p>V2: 4 weeks after V1.</p> <p>V3 (first booster): 5 months after V2.</p> <p>Revaccination: A single dose should be administered every 12 months.</p>	
Proteq Flu	Boehringer Ingelheim	Active immunisation of horses against EI, to reduce clinical signs and shedding of virus after infection, for use from 4 months of age onwards.	<p>V1: Administer one dose by intramuscular injection.</p> <p>V2: 4 to 6 weeks after V1.</p> <p>V3 (first booster): 5 months after V2.</p> <p>Revaccination: A single dose should be administered every 12 months.</p>	

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EQUINE INFLUENZA (EI)

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Brand Name	Manufacturer	Licensed for*	Datasheet vaccine schedule	Best practice guideline
BioEquin F	Bioveta	For the active immunisation of horses against equine influenza to reduce clinical signs and viral excretion following infection with equine influenza virus.	<p>V1: Administer one dose by intramuscular injection.</p> <p>V2: 4 weeks after V1.</p> <p>V3 (first booster): 6 months after V2.</p> <p>Revaccination: revaccination is carried out at the latest at intervals of 12 months.</p>	<p>BHA Rules of Racing vaccine guidelines should be applied to promote the harmonising of vaccine use across equine disciplines and ensuring use is in-line with all influenza vaccine datasheets (i.e. the scientific evidence):</p> <p>V1: administer one dose >5/6 months of age</p> <p>V2: 21 to 60 days</p> <p>V3 (first booster): 120 to 180 days</p> <p>Revaccination: Industry and some specific competition bodies advise revaccination with 6 monthly boosters (rather than annual).</p>

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EQUINE INFLUENZA (EI) AND TETANUS

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Brand Name	Manufacturer	Licensed for*	Datasheet vaccine schedule	Best practice guideline
Equip FT	Zoetis	Active immunisation of horses aged 5 months of age or older against equine influenza to reduce the clinical signs and virus excretion after infection, and against tetanus to prevent mortality.	<p>V1: Administer one dose by intramuscular injection. (Equip FT)</p> <p>V2: 6 weeks after V1. (Equip FT)</p> <p>V3 (first booster): 5 months after V2 (Equip F)</p> <p>1st revaccination: A single dose should be administered every 12-15 months (Equip F)</p>	BHA Rules of Racing vaccine guidelines should be applied to promote the harmonising of vaccine use across equine disciplines and ensuring use is in-line with all influenza vaccine datasheets (i.e. the scientific evidence):
Equilis Prequenza Te	MSD Animal Health	Active immunisation of horses from 6 months of age against equine influenza to reduce clinical signs and virus excretion after infection, and active immunisation against tetanus to prevent mortality.	<p>V1: Administer one dose by intramuscular injection (Prequenza Te).</p> <p>V2: 4 weeks after V1 (Prequenza Te).</p> <p>V3 (first booster): 5 months after V2 (Prequenza).</p> <p>1st revaccination: A single dose should be administered 12 months after V3 (Prequenza Te).</p> <p>Thereafter, revaccination: A single dose should be administered every 12 months, alternating Prequenza F and FT, with a maximum interval of two years for tetanus administration (Prequenza Te).</p>	<p>V1: administer one dose >5/6 months of age</p> <p>V2: 21 to 60 days</p> <p>V3 (first booster): 120 to 180 days</p> <p>Revaccination: Industry and some specific competition bodies advise revaccination with 6 monthly boosters (rather than annual).</p>

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EQUINE INFLUENZA (EI) AND TETANUS

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Brand Name	Manufacturer	Licensed for*	Datasheet vaccine schedule	Best practice guideline
Proteq Flu-Te	Boehringer Ingelheim	Active immunisation of horses against EI, to reduce clinical signs and shedding of virus after infection, for use from 4 months of age onwards, and against tetanus to prevent mortality.	<p>V1: Administer one dose by intramuscular injection (Proteq Flu-Te).</p> <p>V2: 4 weeks after V1 (Proteq Flu-Te).</p> <p>V3 (first booster): 5 months after V2 (Proteq Flu-Te).</p> <p>Revaccination: A single dose should be administered every 12 months, alternating Proteq Flu and Proteq Flu-Te, with a maximum interval of two years for tetanus administration (Proteq Flu-Te).</p>	<p>BHA Rules of Racing vaccine guidelines should be applied to promote the harmonising of vaccine use across equine disciplines and ensuring use is in-line with all influenza vaccine datasheets (i.e. the scientific evidence):</p> <p>V1: administer one dose >5/6 months of age.</p> <p>V2: 21 to 60 days.</p> <p>V3 (first booster): 120 to 180 days.</p> <p>Revaccination: Industry and some specific competition bodies advise revaccination with 6 monthly boosters (rather than annual).</p>

EQUINE INFLUENZA (EI) AND TETANUS

Brand Name	Manufacturer	Licensed for*	Datasheet vaccine schedule	Best practice guideline
BioEquin FT	Bioveta	For active immunisation of horses against equine influenza to reduce clinical signs and viral excretion following infection with equine influenza virus and for active immunisation and to prevent mortality against tetanus.	<p>V1: Administer one dose by intramuscular injection.</p> <p>V2: 4 weeks after V1.</p> <p>V3 (first booster): 6 months after V2.</p> <p>Revaccination: revaccination is carried out at the latest at intervals of 12 months.</p>	<p>BHA Rules of Racing vaccine guidelines should be applied to promote the harmonising of vaccine use across equine disciplines and ensuring use is in-line with all influenza vaccine datasheets (i.e. the scientific evidence):</p> <p>V1: administer one dose >5/6 months of age</p> <p>V2: 21 to 60 days</p> <p>V3 (first booster): 120 to 180 days</p> <p>Revaccination: Industry and some specific competition bodies advise revaccination with 6 monthly boosters (rather than annual).</p>

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STRANGLES (STREPTOCOCCUS EQUI)

Brand Name	Manufacturer	Licensed for*	Datasheet vaccine schedule	Best practice guideline
Strangvac	Dechra	<p>Active immunisation of horses and ponies from 5 months of age for:</p> <ul style="list-style-type: none">Reduction of body temperature increase, coughing, inappetence, difficulty swallowing, and changes in demeanour in the acute stage of infection with <i>Streptococcus equi</i>.Reduction of number of abscesses within submandibular and retropharyngeal lymph nodes.	<p>V1: Administer one dose (2 ml) by intramuscular injection.</p> <p>V2: Second dose (2 ml) four weeks after V1.</p> <p>Revaccination: In horses at high risk of <i>S. equi</i> infections it is recommended to repeat the primary vaccination regimen after two months.</p>	<p>Please see: www.dechra.co.uk/strangvac</p> <p>Perspective article (<i>Strangles vaccination: A current European perspective</i>) reviews the use of vaccination prior to movement, in the face of outbreaks and use in mares and foals and discusses the safety and benefits of differentiating vaccinated from infected animals → https://beva.onlinelibrary.wiley.com/doi/pdf/10.1111/eve.14032</p>

Updated research articles:

- Righetti *et al.*, 2025 - Research demonstrating that immunological memory to the vaccine persisted for 12 months (<https://doi.org/10.3390/vaccines13101061>)
- Gröndahl *et al.*, 2025 - Research reporting serological evidence of a protective effect associated with vaccinating healthy horses with Strangvac during a strangles outbreak (<https://doi.org/10.1111/evj.70125>)

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EQUINE VIRAL ARTERITIS (EVA)

This summary consolidates information on the vaccination commercially available for equine viral arteritis (EVA) in the United Kingdom at the time of writing.

With the re-availability of the Artervac EVA vaccine in the UK from June 2025, new guidance has been issued to support veterinary surgeons in managing the re-vaccination and testing of stallions and teasers whose vaccination status has lapsed. This guidance, compiled by Equine Infectious Disease Surveillance (EIDS), includes a decision tree outlining the appropriate vaccination and testing protocols. It advises that testing should coincide with the first dose in the restarted primary course, followed by a second dose three to six weeks later, and ongoing six-monthly boosters in line with the vaccine's datasheet. Equine veterinary professionals are encouraged to consult the full document, available here - <https://equinesurveillance.org/landing/resources/June2025-EIDS-Artervac-Vaccine-Update.pdf>, to ensure compliance with current best practice in controlling equine viral arteritis.

Brand Name	Manufacturer	Licensed for*	Datasheet vaccine schedule	Best practice guideline
Equip Artervac	Zoetis	Active immunisation of horses and ponies against equine arteritis virus (EAV) in order to reduce clinical signs and shedding of virus in bodily secretions after infection. Use from an age of 9 months onwards.	V1: Administer one dose by intramuscular injection. V2: 3-6 weeks after V1. Revaccination: Booster vaccinations are required every 6 months.	Only for use in stallions and teasers in the UK. Must confirm seronegative to equine arteritis virus on a blood test prior to commencement of vaccination. Seropositive lapsed vaccinated animals may require further investigation under the EVA Order 1995.

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TETANUS

Brand Name	Manufacturer	Licensed for*	Datasheet vaccine schedule	Best practice guideline
Equilis Te	MSD Animal Health	Active immunisation of horses from 6 months of age against tetanus to prevent mortality.	<p>V1: Administer one dose by intramuscular injection.</p> <p>V2: 4 weeks after V1.</p> <p>Revaccination: The first revaccination is given not later than 17 months after the primary vaccination course. Thereafter a maximum interval of two years is recommended.</p>	Every horse, regardless of use, should be vaccinated.

ROTAVIRUS

Brand Name	Manufacturer	Licensed for*	Datasheet vaccine schedule	Best practice guideline
Equine Rotavirus Vaccine	Zoetis	The vaccination of pregnant mares, at least two years of age, to provide passive transfer of antibodies to foals against equine rotavirus.	Pregnant mares should be given three doses of vaccine consisting of a single 1ml dose administered at the 8th, 9th and 10th month of each pregnancy.	None.

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WEST NILE VIRUS (WNV)

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Brand Name	Manufacturer	Licensed for*	Datasheet vaccine schedule	Best practice guideline
Equip WNV	Zoetis	<p>Active immunisation of horses of 6 months of age or older against West Nile Virus (WNV) disease by reducing the number of viraemic horses after infection with WNV lineage 1 or 2 strains and to reduce duration and severity of clinical signs against WNV of lineage 2 strains.</p> <p>Onset of immunity: 3 weeks after primary vaccination course.</p> <p>Duration of immunity: 12 months after primary vaccination course for WNV lineage 1 strains. For WNV lineage 2 strains the duration of immunity has not been established.</p>	<p>V1: From 6 months of age. V2: 3-5 weeks later</p> <p>Revaccination: A sufficient degree of protection should be achieved after an annual booster injection with a single dose although this schedule has not been fully validated.</p>	<p>Promote vaccine use in subset of the population visiting endemic regions in Europe/beyond, in particular during vector season.</p>

WEST NILE VIRUS (WNV)

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Brand Name	Manufacturer	Licensed for*	Datasheet vaccine schedule	Best practice guideline
Proteq West Nile	Boehringer Ingelheim	<p>Active immunisation of horses from 5 months of age against West Nile disease by reducing the number of viraemic horses. If clinical signs are present, their duration and severity are reduced.</p> <p>Onset of immunity: 4 weeks after the first dose of the primary vaccination course. In order to achieve full protection, the full vaccination course of two doses must be given.</p> <p>Duration of immunity: 1 year after a full primary vaccination course of two injections.</p>	<p>V1: First injection from 5 months of age. V2: 4-6 weeks later.</p> <p>Revaccination: A sufficient degree of protection should be achieved after an annual booster injection with a single dose although this schedule has not been fully validated.</p>	<p>Promote vaccine use in subset of the population visiting endemic regions in Europe/beyond, in particular during vector season.</p>