

Horse deworming schedule

Diagnostic-led parasite control programmes are recommended.
Be part of the SMART worming solution.



Eqvalan Duo® contains Ivermectin/Praziquantel

Eqvalan® contains Ivermectin

SPRING			SUMMER			AUTUMN			WINTER		
March	April	May	June	July	August	September	October	November	December	January	February
<p>March – November: Focus on redworms[‡]. FEC* every 8 weeks HIGH RISK or 12 weeks LOW RISK. Treat if high FEC with pyrantel or ivermectin (Eqvalan®).</p>											
						<p>Autumn/Winter: Focus on encysted redworms[‡] in high risk horses. HIGH RISK: Consider moxidectin or 5 day fenbendazole. LOW RISK: Disease rare, deworming likely unnecessary. If not dewormed all year, consider strategic treatment with ivermectin (Eqvalan®) to manage large strongyles, bots, etc.</p>					
<p>Spring: Focus on tapeworms. Tapeworm test: HIGH RISK horses. Treat if positive with praziquantel (Eqvalan Duo®).</p>									<p>Autumn: Focus on tapeworms. Tapeworm test: All horses. Treat if positive with praziquantel (Eqvalan Duo®).</p>		
<p>HIGH RISK Foals: Treat for roundworms[†] (Ascarids) at 2-3 months. Test/treat for roundworms[†] & redworms[‡] at 4-5 months and 7-8 months. HIGH RISK Yearlings: Test/treat for roundworms[†] & redworms[‡] every 8 weeks. Treat roundworms[†] with fenbendazole or pyrantel; treat redworms[‡] with ivermectin (Eqvalan®) or pyrantel.</p>											
<p>All year: implement management practices to minimise worm burdens. i.e. poo pick twice weekly, test/treat/quarantine new horses, minimise stocking density, co-graze with ruminants, keep dung heap away from pasture, rest/rotate paddocks.</p>											

Assessing a horse's parasite risk profile

Risk Factors	Age	Stocking density	Pasture management	Grazing group	Poo picking routine	FEC results	Herd stability	New arrival quarantine	Clinical/medical history
HIGH RISK	Young (<5 years) Elderly (>20 years) may have an increased risk	High stocking density (<1 acre/horse)	Poor pasture management	Grazing with youngstock	Infrequent or no poo picking	Repeated high faecal egg counts & tapeworm antibody results	Frequent movements in & out of herd	No quarantine procedure	History of worm-related disease, colic or resistance to dewormers Co-existing disease such as Cushing's
LOW RISK	Adult (5-20 years)	Low stocking density (>2 acres/horse)	Good pasture management	Not grazing with youngstock	Regular poo picking (at least twice a week)	Repeated low faecal egg counts & tapeworm antibody results	Closed herd (minimal new arrivals)	Quarantine procedure in place	No history of worm-related disease, colic or resistance to dewormers



*FEC Faecal worm egg count, FECRT Faecal egg count reduction test.
Deworming treatment should be guided by a risk assessment and the results of testing, and adapted to individual circumstances. Treatment efficacy should be confirmed annually with a FECRT* ("drench test") 2 weeks after worming. A number of active ingredients are available, these recommendations are a guide based on expert guidelines and common resistance patterns^{1,2,3}.
‡ Redworm resistance: fenbendazole (very common), pyrantel (common), ivermectin/moxidectin (emerging).
† Roundworm (Ascarid) resistance: ivermectin/moxidectin (common), fenbendazole/pyrantel (increasing).



TEST and treat if necessary
WWW.SMARTWORMING.CO.UK

