

# DEWORMING PROTOCOL

REVISED AAEP GUIDELINES FROM FEBRUARY 2016

Equine intestinal parasites have changed considerably since the introduction of dewormers and the traditional rotational dewormer strategy (every 2 months). Forty years ago, the main parasite affecting horses was *Strongylus vulgaris*, commonly known as the bloodworm. Rotational deworming was an effective strategy for reducing parasite burdens for this specific species because of its life cycle.

New studies have shown that the most common parasites today affecting adult horses (horses over 3 years old) are small strongyles and the most common parasite affecting foals/weanlings/yearlings are *Parascaris* spp or roundworms.

Current recommendations to effectively target these “new” populations of parasites and reduce the risk of contributing to dewormer resistance are to determine the shedding status of the individual horse. Eighty percent of horses in a given population are low-shedders and only require twice yearly deworming. The remaining 20% fall in the moderate to high shedder categories and should be dewormed more often to reduce contamination of pastures. Shedder categories for the most part are stable over time, though determining an individual animal’s category should be based on more than just one FEC test. **All horses carry a parasite burden and thus fecal tests with “negative” results should be referred to as “low shedders”.**

It is important that horses not be dewormed 8-10 weeks prior to FECs. Below is a general chart with the updated recommendations for deworming in an ADULT horse:

Shedding Category		April-May	2 weeks after deworming	July		October-November
Low Shedders 0-200 EPG	FEC	Ivermectin			FEC	Ivermectin/Praziquantel
Moderate Shedders 200-500 EPG	FEC	Ivermectin	FEC	Ivermectin/Moxi *if effective	FEC	Ivermectin/Praziquantel
High Shedders >500 EPG	FEC	Ivermectin	FEC	Ivermectin/Moxi *if effective	FEC	Ivermectin/Praziquantel

\*EPG = Eggs per Gram

\*FEC = Fecal Egg Count

**\*If Ivermectin was not effective in reducing FEC by at least 90%, a different dewormer should be given such as a Fenbendazole or Pyrantel product.**

**\*\*Always consult your veterinarian when a high shedder has been identified. Sometimes we may recommend performing a Panacur PowerPak or even Strongid C 2X Depending on burden and farm.**

Drug Name	Brand Name/Product Name
Ivermectin	Zimectrin, Rotectin, Equimectrin, Eqvalan, Ivercide
Moxidectin	Quest
Pyrantel Pamoate	Strongid Paste, Rotectin 2
Pyrantel Tartate (daily)	Strongid C, Strongid C2X
Pyrantel Tartate (single dose)	Manna Pro, Kaeco
Fenbendazole	Safe Guard, Panacur
Oxibendazole	Anthelcide
Oxifendazole	Equicide, Benzelmin
Praziquantel/Ivermectin	Equimax, Zimectrin Gold
Praziquantel/Moxidectin	Quest Plus

Foals/weanlings/yearlings are a little bit different. Below is a general chart for deworming them:

Age	~3 mths		~6 mths		~9 mths		1 year
<b>Parasite ID</b>		FEC	<ol style="list-style-type: none"> <li>Small strongyles</li> <li>Parascaris ssp</li> </ol>	FEC	<ol style="list-style-type: none"> <li>Small strongyles</li> <li>Parascaris spp</li> </ol>	FEC if primary parasite was Parascaris	Ivermectin
<b>Product</b>	Fenbendazole		<ol style="list-style-type: none"> <li>Ivermectin</li> <li>Fenbendazole</li> </ol>		<ol style="list-style-type: none"> <li>Ivermectin/Praziquantel</li> <li>Fenbendazole</li> </ol>		