

Routine de-worming is an integral part of any good preventative health care program.

Internal parasites can compete with the horse for nutrients, can suck blood from the intestinal tract, can cause tissue damage in their migrations and can transmit diseases and release toxins. Most horses live comfortably with a low parasite load and this is normal, but when the horse is stressed in some way (ex. transport, showing, breeding, etc.) or the parasite load becomes larger all of a sudden then problems and clinical signs of parasitism can occur. These signs may include weight loss, colic, diarrhea, poor hair coat, pot belly, depressed attitude and poor performance.

The most common and dangerous of the equine parasites include the large strongyles ("blood worms"), small strongyles, stomach worms, roundworms, pinworms, bots and tapeworms. It has been estimated that in areas where routine parasite control is not practiced that up to 90% of the colics are caused by parasite problems.

Routine parasite control may be carried out on a daily basis using daily, on-feed products (ex: Strongid C), or on a routine schedule (we generally recommend every 6-10 weeks depending upon the population density). Daily de-wormers will additionally need periodic Ivermectic products and a yearly tapeworm de-wormer which can be a double dosing of regular strongid paste de-wormer or one of the new products containing Praziquantel such as Equimax or Eqvalan Gold.

INTERNAL PARASITE CONTROL

All horses have some internal parasites with which they are generally able to live with and thrive. When either this load becomes too large or the horse is stressed, then clinical signs of internal parasitism may become apparent. The injurious effects of the parasites include blood loss, tissue destruction, intestinal obstruction, competition for nutrition, intoxication, and disease transmission.

Signs of heavy parasite infestation may include: underweight or losing condition, pot-bellied, rough/ dull hair coat, listlessness, colic, diarrhea, poor performance, and having a poor appetite.

The parasites most commonly found in horses include:

Large strongyles (bloodworms)

Small strongyles

Roundworms (Ascarids)

Stomach worms

Pinworms

Tapeworms

Bots

The diagnosis of parasitism is usually based on clinical signs and fecal exam in which a small amount of fresh manure is mixed with a chemical solution so that the parasite eggs float to the top and are then collected on a glass slide. This is examined under the microscope to identify the different types of eggs.

A parasite control program includes:

routine use of de-worming products, periodic fecal exams, and appropriate stable management and management practices such as: keeping hay and grain off the ground, regularly cleaning stables and paddocks, avoiding overcrowding of pastures, not spreading manure on populated pastures, and periodic resting and harrowing of pastures.

Our suggestion for a good, routine de-worming program under normal management conditions is as follows:

December: Panacur

February: Ivermectin

April: Ivermectin

June: Strongid

August: Ivermectin

October: Eqvalan Gold or Equimax

Fecal exams are recommended before deworming, to monitor the effectiveness of the plan. Tapeworms are problematic to diagnose but when lots of eggs are seen along with clinical signs, the exam may be informative.

Foals should be dewormed starting at about four weeks of age with the appropriate dose of Ivermectin and then monthly until about 6 to 8 months when they can use the above program.

Horses on daily dewormers should still have fecal exams, a yearly double dose of Strongid or Equimax for tapeworms, and a periodic dose of Ivermectin