NEEVS
GUIDE TO EQUINE WORMING

NORTH EAST EQUINE VETERINARY SERVICES

One of the most common questions that arises with horse owners is worming of their horse, and rightly so, as it's an important basic facet of horse husbandry.

However, misinformation and glossy marketing from several big pharmaceutical companies have contributed to poor use of our deworming drugs to the point there is now widespread drug resistance, and this will be devastating for our horses when we're unable to treat basic conditions like intestinal worms.

Hopefully in the next few paragraphs we can clear up some mistruths and set a path forward for more prudent use of these important drugs.

1. **ALL horses live with worms**. The goal of deworming a horse is not to eradicate all worms; it's to control their numbers to a subclinical level and minimise pasture contamination.

2. **DO NOT deworm your horse every 6-8 weeks** as suggested by too many sources - often the drug companies selling their product!

3. **Foals and adults get different worms** and thus require different deworming drugs. See overleaf for full description of which worms affect foals and horses, and which treatments are recommended.

4. The GOLD STANDARD for prudent deworming is to **have a faecal egg count** (FEC) done on your horse prior to any treatment and then a faecal egg count reduction test (FECRT) if the horse was treated based on the FEC results. The FEC will give an indication as to the burden of intestinal worms (namely strongyles) in your horse and the FECRT will provide some data as to the efficacy of the drug used, so that we know if it's worked and how well.

The big take home message here is do not over-deworm your horse. Take into account weather, season, grazing management, FEC, age of horse, target parasite species. Consult an equine vet to get detailed advice for your horses or contact NEEVS for more detailed and tailored deworming strategies as this is by no means an exhaustive document but rather an attempt to change the way we use these drugs to make them last longer.

There are no new de-wormers in the pipeline for horses that we are aware of, and moxidectin which was originally registered as eliminating worm egg re-emergence for 16 weeks now has eggs re-emerging after only 4 weeks post treatment!

PLEASE HELP US ALL NOT TO OVER USE THESE DRUGS

FACT SHEET

Visit neequinevets.com.au/faqs for more helpful tips

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Foals are particularly susceptible to **ascarids** (namely Parascaris species) in the age range 2 months up to about weaning age of 6-8 months.

Ascarid worms are mostly RESISTANT to ivermectin and moxidectin drugs, so do not use products containing these as their main active. And in any case where they may work, these two drugs cause a rapid kill of the worms which can be fatal to the foal if they are carrying a large worm burden.

The BZ drugs such as fenbendazole are the drug of choice for treating foals. There is minimal known resistance and this drug causes a slow kill of the worms over days which is somewhat safer for the foal.

Adults (from 8 months onwards) are mostly afflicted by **small strongyles** (cyathostomins) These are ubiquitous and EVERY horse lives with these worms and they actually don't cause disease in every horse they parasitise. Healthy immuno-competent horses live with these worms quite happily. The goal of treating these worms is to minimise pasture contamination and reduce the numbers to manageable levels.

The most important disease caused by these guys is larval cyathostominosis, which occurs when hundreds of thousands of larval worms buried in the horse's intestinal wall decide to exit all at once and this causes profuse damage to the intestine and can be fatal.

Cyathostomins are RESISTANT to the BZ drugs and are best treated with an ivermectin or moxidectin based drug.

Large strongyles have been mostly cleaned up since the introduction of ivermectin some decades ago now and as such these worms are actually quite rare in horses that are dewormed even once a year. Wild horses for instance would probably have heavier burdens of these worms.

Tapeworms attach themselves to the ileocaecal junction and can cause disease in large numbers by slowing the passage of ingesta through that area. These guys are easily treated with PRAZIQUANTEL or PYRANTEL which are individually incorporated into several deworming products, and only need doing about once a year usually.

BOTS and **PINWORMS** are perhaps the most commonly asked about problems. Pinworms are ubiquitous, and you will never get rid of them! Do not deworm a horse so often as to try to kill these guys because all you're doing is causing drug resistance. Ways to manage these are to scrub the perianal region of your horse with a povidone iodine or mild soapy water solution to reduce the egg contamination. Pinworms do not cause disease other than they are a nuisance by causing itchiness and tail rubbing.

Bots are in fact insects and not worms at all; they are the larval stage of the Gasterophilus fly. They can cause disease by way of burrowing into tissues such as the mouth and gums. IVERMECTIN is the best drug for treating these guys, closely followed by moxidectin. Cleaning the bot eggs off your horse's hair and mane also greatly reduces the burdens of these parasites.

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