

# HORSE DE-WORMING SCHEDULE



Vets now recommend diagnostic-led parasite control programs for horses in order to prevent the effects of worms whilst minimising the development of resistance.

You can use the annual calendar below to check which worms to test and treat for at each time of year, and the recommended treatment for each type of worm.

SPRING			SUMMER			AUTUMN			WINTER		
March	April	May	June	July	August	September	October	November	December	January	February
<p><b>March – November: Focus on redworms</b></p> <p>FEC* every 8 weeks (high-risk) or 12 weeks (low-risk)</p> <p>Treat if high FEC with pyrantel or ivermectin</p>											
						<p><b>Autumn/Winter: Focus on encysted redworms</b></p> <p>High risk: Consider moxidectin or 5 day fenbendazole Low risk: Disease rare, encysted treatment likely unnecessary</p> <p>Low risk horses not de-wormed all year: consider strategic treatment with ivermectin (e.g. to manage the risk of large strongyles, bots, etc)</p>					
<p><b>Spring: Focus on tapeworms</b></p> <p>Tapeworm test: High-risk horses</p> <p>Treat if positive or at-risk with praziquantel</p>									<p><b>Autumn: Focus on tapeworms</b></p> <p>Tapeworm test: All horses</p> <p>Treat if positive or at-risk with praziquantel</p>		
<p>Foals: treat for roundworms (Ascarids) at 2-3 months with fenbendazole or pyrantel Test/treat for roundworms<sup>1</sup> &amp; redworms<sup>2</sup> at 4-5 months and 7-8 months</p>											
<p>Yearlings: test/treat for roundworms<sup>1</sup> &amp; redworms<sup>2</sup> every 8 weeks</p>											
<p><b>All year: implement management processes to minimise worm burdens</b></p> <p>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>											

\*FEC Faecal worm egg count, FECRT Faecal egg count reduction test.

De-worming 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. Roundworm (Ascarid) resistance: ivermectin/moxidectin (common), fenbendazole/pyrantel (increasing).

2. Redworm resistance: fenbendazole (very common), pyrantel (common), ivermectin/moxidectin (emerging).

BEVA Guidelines 2023 advise that praziquantel should be the first-line treatment against tapeworms in order to preserve pyrantel for redworm treatment.

References: 1. CANTER Guidelines (First Edition). 2024. (canterforhorses.org.uk/horse-owners/). 2. Rendle, D et al. BEVA primary care clinical guidelines: equine parasite control. EVJ (2024) 1-32.

3. ProtectMeToo.http://www.beva.org.uk/Resources/Medicines/Anthelmintic-Toolkit. 4. Rendle, D et al Equine de-worming: a consensus current best practice. UK Vet-Equine, Jan/Feb 2019.

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If you would like to learn more about this topic, please visit



[WWW.SMARTWORMING.IE](http://WWW.SMARTWORMING.IE)

Check the reverse of this sheet for info on assessing the risk status of horses.

# ASSESSING YOUR HORSE'S PARASITE RISK PROFILE



[WWW.SMARTWORMING.IE](http://WWW.SMARTWORMING.IE)

A range of factors influence a horse's risk profile. Use this tool to assess your horse's risk.

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

**References:** CANTER Guidelines (First Edition). 2024. ([canterforhorses.org.uk/horse-owners/](http://canterforhorses.org.uk/horse-owners/)).

Rendle, D et al. BEVA primary care clinical guidelines: equine parasite control. EVJ (2024) 1-32.

BEVA ProtectMEtoo ([beva.org.uk/resources/medicines/anthelmintic-toolkit](http://beva.org.uk/resources/medicines/anthelmintic-toolkit)).

Rendle, D et al. Equine de-worming: a consensus on current best practice. UK Vet-Equine, Jan/Feb 2019.

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