

What about foals and youngstock?

The role of the vet: Why is it so critical we act now?

- Young horses (under 5 years of age) are most at risk of endoparasitic disease.
- They have a lower immunity and are more likely to excrete high numbers of eggs onto pastures.
- Strategic anthelmintic use is sometimes utilised to reduce the risk of disease in youngstock **up to 18 months old.**
- A diagnostic led approach should be employed where possible, and particularly once
 over 18 months old.
- Advice for **foals** will vary with level of risk: number of horses/foals on the stud, previous history of disease, management practices, etc.
- **FEC/FECRT** testing should be utilised to monitor for efficacy and resistance, particularly as **ascarids** and **cyathostomins** are increasingly resistant to all classes of anthelmintics.

Foals and weanlings (< 12 months)

- Parascaris equorum is an important cause of disease, and resistance to macrocyclic lactones (both ivermectin and moxidectin) is common in the UK. Egg-shedding peaks at around 4 months old, and FEC to monitor for ascarid eggs should be performed from 3 months old.
- Strongyloides westeri is a rare cause of disease, and preventive treatment is not warranted unless there is a history of associated clinical disease in foals on the property. Routine treatment of mares prior to (or at the time of) foaling is not warranted. FEC should be performed from 3 months old to monitor for eggs.
- Tapeworm saliva tests should not be used in foals before weaning, due to the
 possibility of interference of maternally derived antibodies. In any case, young foals are
 unlikely to require treatment for tapeworms unless there is a particularly high level of
 exposure on the property.
- Moxidectin use in foals may be justified in autumn/winter if there is a significant risk of accumulating a high cyathostomin larval burden. Precise timing will depend on level of risk and age of the foal. Moxidectin is not authorised for use in foals less than 4 months of age, but foals of this age would not usually be expected to be at risk of larval cyathostominosis. Late foals (e.g. those born in August) will not have time to develop a significant cyathostome burden by the autumn.



Example worm control strategy for foals

The following is a suggested example for a worm control strategy in foals on a commercial stud. Smaller enterprises or individual breeders may be able to adapt this based on their individual risk assessment:

Age	Relevant parasites	Test
3 months (2 months if history of disease on property)	Ascarids	FEC not recommended in foals up to 3 months old because this parasite has a long prepatent period. Foals should be treated at 2-3 months old.
4-5 months	Ascarids Cyathostomins	FEC to determine the need for treatment against ascarids, cyathostomins, or both (which type of eggs are present in sample).
7-8 months	Ascarids Cyathostomins	FEC to determine the need for treatment against ascarids, cyathostomins, or both (which type of eggs are present in sample).
**Strategic autumn/winter treatment (may replace the treatment at 7-8 months old)	Cyathostomins	Moxidectin (not licensed in foals <4 months of age). Note: Combined products containing praziquantel are not usually required and are licensed from 6.5 months old only.
Autumn	Tapeworms	ELISA

^{**} If there is suspicion of a concurrent ascarid burden after strategic autumn/winter deworming (moxidectin treatment), then perform a FEC to determine whether additional treatment is necessary to treat the ascarid burden, as resistance to moxidectin is common amongst ascarids.

In late foals (e.g. those born in August), the focus remains on ascarids.

Youngstock (1-5 years old)

- Worm control strategies should be based on risk assessment and diagnostic testing.
- Perform FEC every 2-3 months whilst at grazing (may be all year round), recording type
 of eggs seen, and ideally perform FECRT.
- Perform tapeworm ELISA tests (usually in spring and autumn), ideally on the whole (or a portion of) the co-grazing youngstock group simultaneously. Treat accordingly.
- Larvicidal treatment (usually moxidectin) in the late autumn/winter is recommended in this age group, as they are most at risk of larval cyathostominosis. Due to the levels of resistance reported, the effectiveness of deworming cannot be relied upon, and close monitoring of this age group (such as checking serum albumin concentrations) is crucial, especially where non-pharmaceutical prevention methods are not being undertaken.

