

Strangles Factsheet

Update April 2020



Strangles is a respiratory infection of horses and ponies caused by the bacterium *Streptococcus equi* subspecies *equi*. It is one of the most common equine respiratory infections and is highly contagious.

Clinical Signs

The incubation period is usually 3- 10 days but can be longer. Horses can spread the bacterium before showing signs:

- High temperature (often 39-40oC), usually first clinical sign to occur
- Depression/inappetance
- Nasal discharge, usually watery and rapidly becoming thick pus
- Swollen glands under the jaw and throat region, which may abscessate and then burst
- Cough and difficulty swallowing
- Difficulty breathing with head extended and abnormal respiratory noise
- Young horses and elderly horses may be affected first and show more severe clinical signs
- Atypical strangles presents as mild “flulike” symptoms



Diagnosis

A presumptive diagnosis is made in horses with high fevers, abscess formation, and rapid spread of

infection between in-contact animals. Diagnosis is confirmed by testing swabs from the horse’s nasal cavity or by directly swabbing a draining abscess. Endoscopy and collection of samples from the guttural pouch may sometimes be performed, particularly to detect a carrier animal.

Spread of Disease and Containment in the Environment

Strangles spreads principally by direct or indirect contact from horse to horse i.e. rubbing noses, sharing drinking troughs, clothes, buckets, and other contaminated kit. Strict hygiene and isolation of all infected horses is of utmost importance:

- Twice daily rectal temperatures for in contact animals.
- Isolate horses in direct contact with an infected horse
- Disinfectant foot dips (Virkon or Trigen) and use of gloves when handling cases is vital. Only use designated personnel and equipment for infected horses.
- No in-contact animals leave the yard, until confirmation of freedom of disease
- Warn horse owners using fields adjacent to the premises to keep their distance.
- Warn vets, farriers, dentists, feed merchants etc. before they visit the yard.

Treatment

Treatment is good, supportive nursing care, including:

- Feed soft, wet feed and good quality hay on the floor to encourage drainage of nasal discharge.
- Anti-inflammatories to reduce fever and sore inflamed throat.
- Hot packing developing abscesses to encourage them to soften and burst
- Daily flushing of burst abscesses with dilute antiseptic solution

Antibiotics are generally not used for many reasons:

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- Antibiotics may delay maturation of the abscess and prolong the course of disease
- No development of immunity - your horse will still be at risk of developing infection in the future
- Disease often recurs once antibiotics stop
- Occasionally antibiotics are used in the young or elderly, and your vet will advise you of this

Complications

- Respiratory distress and difficulty swallowing
- Bastard strangles: a rare complication where horses develop abscesses internally.
- Purpura hemorrhagica: a rare complication of the immune system occurring ~4-5 weeks after a strangles infection. Signs include red spots (haemorrhages) on the gums and lips, oedema (swelling) of the limbs and head, fever, depression, stiffness and serous ooze through the skin.
- Carrier: Up to 10% of recovered horses may become carriers. The bacterium can persist in the guttural pouches. They look outwardly healthy but may be able to pass on strangles infection to other horses. Consequently, new or recurrent outbreaks are likely unless diagnostic procedures are performed to identify and treat the carrier.

Prevention

Prevention strategies to stop introduction of strangles to a yard includes:

- New horses entering the yard should be kept in isolation initially. If a horse has not spiked a fever or shown any signs of ill health for 3-4 weeks, it should be safe to introduce to the herd. A horse may however be a silent 'carrier' and bring strangles into a yard without showing signs.
- A blood test may be used to distinguish those horses which have been exposed to S. equi during a strangles outbreak or to screen horses prior to movement,

competition or sales. A positive test results could indicate:

- Exposure to strangles and incubation of the disease
- Acute phase strangles and the horse may show clinical signs
- Infection with strangles in the previous 6 months, with or without clinical signs, followed by full recovery
- Infection with strangles in the past, with or without clinical signs, resulting in immunity to the disease in the face of recent exposure
- Past infection with strangles which has resulted in the horse becoming a carrier

Vaccination

Vaccination is available as part of a strangles management program but is not a substitute for good stable management. It is licensed for reduction of clinical signs and incidence of lymph node abscessation, not for prevention of clinical disease. Discuss use of the vaccine with your vet.

Summary

- If you suspect a horse on your yard has strangles, contact your vet immediately. All other horses are at risk, and confirmed cases and incontacts should be isolated, and the yard closed to prevent further spread. No movement on or off the yard should be adhered to, particularly as you would want other yards to avoid spreading the disease to you.
- Strangles is not a notifiable disease and there is no legal notification requirement for strangles. Guidelines for strangles are published annually in the HBLB Codes of practice.
- For further information: www.equine-strangles.co.uk

If you have any concerns that your horse may be displaying any signs consistent with strangles, or



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may have been exposed to an infected horse, do not hesitate to contact us for advice.



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