

## STRANGLES

'Strangles' is a very common respiratory disease of horses caused by a bacterial infection with *Streptococcus equi equi*, (one of the same family of bacteria that cause streptococcal sore throats in humans). It is highly contagious and can affect horses of all ages and types.

### Diagnosis

The classical clinical signs are a fever, typically 39-42°C, depression, dullness, loss of appetite. There is usually a nasal discharge which starts off clear and runny but becomes thicker and more purulent as the disease progresses. As the infection spreads to the lymph nodes around the throat, these swell and develop abscesses. The swellings can be very large, sometimes the size of small melons. It is the presence of these that cause the difficulty in breathing and swallowing, hence the name 'Strangles'. When the abscesses burst into the respiratory tract, it is this which makes the nasal discharge purulent. Sometimes the abscesses are not that apparent until the upper respiratory tract is examined using an endoscope. There is also a persistent cough. However to complicate diagnosis, healthy adult horses may show milder clinical signs, with only a moderate temperature rise, a cough but no abscesses.

The diagnosis of strangles infection is by the clinical signs, and is confirmed by taking a swab from the back of the throat, a nasopharyngeal swab. The incubation period is usually 3-10 days, (can be up to 14 days), with abscesses appearing approximately a week after the 1<sup>st</sup> clinical signs. The condition normally lasts about 3 weeks.

### Management

The important part of managing any strangles outbreak is an understanding of the transmission of the disease to reduce the spread. Strangles is caused by a bacterium so will not spread through the air like a virus, but by direct and indirect contact. Direct contact is horse to horse, hence the need to isolate any suspect case, and indirect is via shared buckets, water troughs, hands, clothing, tack and equipment.

Therefore good bio-security is essential to contain the spread and to reduce the impact of an outbreak. If strangles is suspected, the horse must be isolated prior to confirmation of the disease. Any in-contact horses should also be isolated until proven not to be infected, and all movement of horses in and out of the yard stopped. Other preventative measures include footbaths both at the yard gate and at the isolation unit. Strict hygiene including hand washing and changing of protective clothing will prevent spread within the yard. All horses within the yard should have their rectal temperature taken twice daily as the first clinical sign of strangles is a raised temperature. Also it is a courtesy to inform any farrier, physio, feed merchant or anyone else who is a regular visitor to the yard so that they can tailor their visits.

### Treatment

The best treatment for a case of strangles is good nursing and supportive care. Soft feeds, soaked hay, raising the buckets and haynets so that the horse does not

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have to stretch its neck down. Non steroidal anti-inflammatories such as bute or finadyne are often prescribed to help reduce the temperature and to make the horse more comfortable. Also, hot compressing of any affected lymph nodes to encourage the abscesses to burst. Rarely are antibiotics used as not only do they not penetrate the thick capsular wall of the abscess, but it is thought that their use can increase the risk of Bastard Strangles.

The major question is 'when is it safe to re-open the yard'? As mentioned, strangles infection is confirmed by a throat swab. Although the sensitivity of the test has improved, there is the risk of false negatives so the current thinking is that 3 clear throat swabs within 2 weeks means that the horse is over the infection and is no longer contagious. The other option is to perform a guttural pouch lavage. There are 2 guttural pouches either side of the pharynx, and these are air filled diverticuli from the Eustachian tube, and can be examined with the use of an endoscope. Aspiration of fluid from these can give a more accurate diagnosis. Blood tests are often used for screening purposes; these only show a rise in the antibody levels to the Strep equi resulting from a previous infection. A rising titre will confirm active infection, so 2 blood tests a fortnight apart with no change in titre would be safe to assume that the horse is not infected.

Approximately 10% of clinical cases can become carriers of the Strep equi bacterium in their guttural pouches. They do not show clinical signs but can become shredders if stressed or debilitated. This can therefore lead to another outbreak. For this reason, after an outbreak, once all clinical signs have gone, any horse which had strangles should be tested for carrier status, either by 3 nasopharyngeal swabs or by a guttural pouch lavage. A positive carrier can then be treated by guttural pouch medication.

To reduce the risk of an outbreak there are several basic precautions that can help;

- Isolate any new arrivals on the yard for at least 3 weeks, especially if it has come from a sale, travelled from abroad or from a multi horse yard.
- Vaccination, there is a vaccine available. It has to be administered to the inside of the lip, and has to be given a booster very 6 months. There can be reactions at the vaccine site, and it is not 100% effective, but may help reduce the severity of the disease. It is also worth remembering that it will alter the antibody titre for a blood test.
- Avoid sharing facilities at shows, camp etc and pay attention to hygiene and bio security.
- If you feel that your horse is not right, take preventive measures early.

If you would like further information regarding Strangles or any other equine service please contact our clinic at:

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