



ST DAVID'S EQUINE STRANGLES INFORMATION SHEET

Strangles

Strangles is a bacterial disease caused by *Streptococcus equi* and is the most commonly diagnosed equine infectious disease. It can be very distressing for both horse and owner and an economic disaster for yards of all types as they face being shut down for months. Most horses recover quickly with the correct care but strangles can be fatal, especially for very young, old or compromised horses.

Clinical signs

- High temperature
- Depression
- Profuse nasal discharge (thick snot)
- Swellings on the sides of the head and throat (abscessed lymph nodes) which may burst.



Some horses are carriers showing no clinical signs but may spread the disease to other animals.

Diagnosis

Bacterial culture of swabs taken from the throat (nasopharyngeal swab), burst lymph node abscesses or nasal discharge. The PCR test at the Animal Health Trust increases the chance of identifying infected horses. A blood test is promised in the future which will help identify carriers.

Vaccination

The vaccination into the upper lip is currently unavailable. A new intramuscular vaccine is undergoing trial at the Animal Health Trust.

Spread

1. Direct – close contact between infected and susceptible animals.
2. Indirect – shared equipment, tack, stabling, water sources and on clothes.

The incubation period is 7-14 days but there can be an interval of up to 3 weeks between cases as infected animals shed the bacteria for long periods.

Control

Early diagnosis, good communication and excellent hygiene are key to the control of strangles. It is important not to hide the fact that a horse may be suffering with strangles or to delay calling your vet as this will inevitably cause bad feeling on the yard and in the local area and will aid the spread of the disease.

If you suspect that your horse may have strangles it is vitally important to isolate it immediately and call your vet. It is also sensible to isolate any horses that have been in direct contact with the affected horse from those that have not. Strict hygiene must be adhered to by everyone on the yard – this is time consuming and inconvenient but absolutely necessary to

prevent the spread of strangles through the yard.

The yard must be closed, no horses on or off the yard. All owners and grooms should be made aware of the situation as soon as possible. People who handle affected or possibly affected horses should ideally not handle any other horses. If this is unavoidable, they must disinfect their footwear, change their clothing and thoroughly wash their hands in between animals. Waterproof clothing that can be disinfected is useful.

All horses on the yard should be closely monitored and ideally have their temperature taken twice daily. Any horses showing a raised temperature should be examined by a vet.

It is important to have coordinated management of the whole yard by one individual such as a vet or yard manager even if the horses are under the care of different vets. Communication is vitally important to control the spread of the disease.

The yard should not reopen until all horses on the yard have had 3 clear nasopharyngeal swabs over a 2 week period or 3 clear guttural pouch lavages.

Treatment

Treatment usually involves general nursing care as many horses will lose their appetite and may find it painful to eat. Anti-inflammatories are commonly used to reduce pain, swelling and fever. Antibiotics are not usually used as they can prolong and complicate the disease. Treatment is often different for each animal and must be initiated by a vet.

Prevention

- At the yard
 - Separate equipment for each horse
 - Regular disinfection of water troughs
 - Isolate all new arrivals for 2 weeks
 - Have hygiene rules clearly displayed for everyone to follow
- Away from home
 - Take your own equipment and don't let anyone else use it
 - Don't allow contact between your horse and other horses
 - Wash your hands after handling other horses
 - Disinfect your boots and wash your clothes when you return home

More information can be found at www.strangles.org; www.strangles.info; www.bhs.org.uk; www.ilph.org

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