



### **Strangles Fact Sheet**

Strangles is a highly contagious disease caused by the bacterium *Streptococcus equi*. It is the most commonly diagnosed contagious disease in the United Kingdom and affects the upper respiratory system. Although not commonly fatal, Strangles can be very serious and requires quick diagnosis - so it is important that you recognise the common clinical signs.

#### **How is Strangles spread?**

**DIRECTLY** - Strangles can be spread from horse to horse via contact

**INDIRECTLY** - bacteria shed from an affected horse can spread via objects that have contacted that infected horse. For example, grooming and yard equipment (water/feed buckets), people's clothing or hands.

The incubation period for Strangles can be up to 14 days meaning that you may not see any signs of disease immediately. It is also important to note that infected animals can shed the bacteria for 6 weeks following infection and approximately 1 in 10 horses can then become long term carriers. These long term carriers can carry the bacteria in their guttural pouches for many months or even years! They will appear healthy but are at risk of shedding the bacteria and infecting other horses.

#### **What signs will I see with Strangles?**

- High temperature - normal temperature is 38 degrees Celsius
- Depression/lethargy
- Profuse thick yellow/white nasal discharge
- Swellings on the side of the head/neck area - The bacteria lodge in lymph nodes in this area and form abscesses. These may then burst through the skin and discharge pus.
- Problems eating and possibly problems with breathing - due to the swollen lymph nodes in the head/neck region.
- Coughing

**IF YOU SUSPECT STRANGLES THEN ISOLATE THE HORSE AND CALL THE VET. ISOLATION SHOULD BE AT LEAST 10 METRES AWAY FROM OTHER HORSES.**

#### **How will the vet diagnose strangles?**

Diagnosis can be difficult and may require a number of tests.

- Swabs can be taken from the back of the nose/throat (nasopharyngeal swabs)
- Guttural pouch washes - the bacteria can lodge in these air filled sacs in the throat region.
- Fluid collected from abscesses can be checked for presence of bacteria.
- Blood test to look for raised or rising antibody level

## **Control of an outbreak**

We recommend using a 'Traffic light' system to try and control an outbreak

<b>RED</b>	Horses that we presume are infected and are showing clinical signs of strangles.
<b>AMBER</b>	Horses that have had direct OR indirect with horses in the <b>RED</b> group. These animals are identified as at risk but may not be showing clinical signs.
<b>GREEN</b>	Horses that have had no direct/indirect contact with animals in the <b>RED</b> or <b>AMBER</b> group and are not showing clinical signs.

- Colour code equipment to ensure there is no mixing between groups
- No horses should be allowed onto or off of the yard
- Strict hygiene must be maintained
- Take daily temperatures of all horses. Any horses showing an increased temperature should be moved into the **RED** group and seen by a vet.
- THE YARD CANNOT BE REOPENED UNTIL ALL HORSES HAVE BEEN DECLARED CLEAR OF INFECTION. This requires three consecutive negative nasopharyngeal swabs over two weeks or endoscopic lavage and sampling of the guttural pouches.
- Animals in the **AMBER** and **GREEN** groups can be screened using a blood test.

## **Treatment of Strangles**

Most cases of Strangles will need intensive nursing and rest.

- The horse will need to be kept in a warm, dry environment .
- They need access to fresh water and soft palatable food to encourage them to eat.
- We can give a course of anti-inflammatories (bute or danilon) to help decrease the horse's temperature and make them more comfortable
- Warm packs can be applied to the abscesses to encourage them to burst. The burst abscesses can then be cleaned and flushed.
- Antibiotics are controversial as they have been implicated in complications and can prolong the formation and bursting of abscesses.

**FOR MORE INFORMATION PLEASE CONTACT WENDOVER HEIGHTS  
EQUINE 01296 621 840**

**AND VISIT <http://www.aht.org.uk/strangles.org/pdf/steps.pdf>**