

# The facts & management of *Strangles*



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Recently there have been some reported cases of 'Strangles' causing horse owners to panic as to what to do for the best. Vet Nick Bowen from Chalgrave Equine Clinic looks at the facts and

management of this contagious disease.

'Strangles' can be a very emotive word. Horse and pony owners who do not fully understand the mechanisms of transmission of the disease can get unnecessarily agitated. It is true that strangles can be fatal but this applies principally

to a small proportion of affected foals and

yearlings. In adult riding horses and breeding stock the disease is unpleasant but only rarely life threatening. There is, however, significant suffering for the individuals concerned and very significant economic and practical consequences for the owners and

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yard proprietors. The disease is not notifiable and there are no specific legal requirements. Outbreaks should be reported to the welfare dept. of the B.H.S.

## Symptoms:

In adult horses and ponies – fever, nasal discharge (often

bright yellow), severe sore throat often with head and neck slightly extended. External abscessation of lymph nodes around the neck may occur but is often absent. Indeed, the incidence of external abscesses in some outbreaks involving older

Some horses, however will appear to have recovered but will still be excreting *Strep. equi* intermittently. This carrier state usually lasts little more than a month but can rarely last much longer. Many outbreaks start after the introduction of a new animal which is an unknown carrier.

## Detection of carriers:

Following an outbreak of strangles the Animal Health Trust suggest a swabbing protocol consisting of 3 upper nasal swabs taken at weekly intervals. By using bacteriological culture and P.C.R (polymerase chain reaction) tests the detection rate is reckoned to be about 95%.

Although this is very successful

horses may be as low as 10%. They are more commonplace in young stock. There are also a couple of rarer complications of strangles, bastard strangles and purpura haemorrhagica but these are beyond the scope of this short article.

## Cause:

*Streptococcus equi*. This germ is detected by bacteriological culture of pus from 1) nasal discharge, 2) abscessated glands or 3) nasopharyngeal swabs. To determine that the germ is a *strep.* takes 24 hours. It then has to be sub cultured and has to undergo sugar tests to prove it is *strep. equi*. These take an additional 48 hours. From taking swab to identification is therefore 3 or 4 working days.

would be not identifying a long-term carrier. If swabbing detects a carrier it must be totally isolated and treated, if the

## Ruptured retropharyngeal lymph node abscess



isolation is secure, the yard can re-open.

## Prevention

1) Quarantine. The incubation period is generally 7- 14 days so isolate (and potentially swab) all new equines for 14 days.

2) *Equilis StrepE*. The new Intervet vaccine will be useful in reducing the incidence of the disease. The initial course is two tiny (0.2ml) doses under the top lip, four weeks apart. In high risk yards boosters are every three months. In medium risk yards (most people) boosters are every six months. There is no need to vaccinate in low risk situations, e.g. individual horses and ponies that do not go to shows or competitions. The vaccine is being launched this autumn and my horses will be amongst the first to be immunised!

*Strangles photos courtesy of the Animal Health Trust*



Nasal discharge



Nasal swabs

It is, therefore, perfectly safe for individuals to go from a strangles yard to a shop, feed merchant, or unaffected yard as long as they

have changed their clothes/shoes and washed their hands. During an outbreak most vets advise closure of the yard with no riding out. This is a good policy and to be encouraged. In reality, in contact horses passing your gate or even passing by on the other side of the road are not a risk to your horses or ponies. It is however, tactless and likely to cause adverse comment.

## Carrier status

This is the main complicating factor. Most horses will get rid of the infection fairly rapidly.

it implies an error rate of 5 in 100 or 1 in 20. If you were very unlucky and the 1 in 20 was the carrier that would be missed. The

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alternative approach is to close the yard for 6 weeks from the onset of the last case. Most horses that carry *S.equi* after an infection would have eliminated it by this time and the only risk

## Treatment

*Strep. equi* is extremely sensitive to penicillin. Whether to use antibiotics is a matter of clinical judgement. The vet dealing with the outbreak will develop a policy with the owners. Use of antibiotics will slow the process of the disease and may actually prolong the outbreak. On the other hand it can save lives. My general policy is to use antibiotics if the horse is very poorly, or if the disease has been detected really quickly by for instance, twice daily temperature measurement. In these horses it is possible to treat before any abscesses have formed.

## Transmission:

There is still a lot of misunderstanding here. Very close contact is required. Spread is by mechanical transmission of nasal mucus or abscess contents. Water troughs, mangers, buckets, tack, sleeves of coats and bedding are common vectors. It is not normally associated with significant coughing and is not spread by aerosols over distances like equine flu.