



Strangles (*Streptococcus equi*)

It is the most commonly diagnosed infectious disease in horses. It is caused by the bacteria *Streptococcus equi*.

It affects all ages, breed or horse, donkeys and ponies.

- The bacteria sits in lymph glands and the guttural pouches and possibly in micro-abscesses inside the body cavity.
- 10% cases become carriers after they have recovered from their infection. They remain symptom-free but shed the bacteria to other horses.
- 1% of cases can be fatal.

PREVENTION IS THE BEST FORM OF DEFENCE

Symptoms

- **Fever >38.5°C**
- **Depression**
- **Loss of appetite or difficulty eating**
- **Cough and nasal discharge**
- **Swollen glands**
- **Open submandibular abscesses**

Diagnostic Tests

Blood samples – often taken when a horse moves yard. We send ours to an external laboratory. Results come back in around 48hrs (we don't receive them until 4pm in the afternoon).

The laboratory tests for 2 different antibodies in the blood (not the bacteria itself). This method has an accuracy of 93% in positive cases.

If there is a raised antibody titre you should isolate the horse and either wait 14 days and re-blood test to see changes in the titre, or have a guttural pouch endoscopy performed or 3 x nasal pharangeal swabs taken at weekly intervals.

Guttural Pouch endoscopy – Samples are taken within the guttural pouches. This sample is sent to an external laboratory which test for the live and dead bacteria. The results for this usually take 3-4 days.



Picture shows both the flaps which are the opening to the guttural pouches.

Nasal Pharangeal Swabs (Throat swabs) – 3 separate swabs are requires, 7 days between each. The samples are sent to an external laboratory, the results of which take 3-4 days to come back.

Swabs of the Abscess - This is not a very sensitive diagnostic test.

Treatment

- Immediate isolation of **horses with symptoms** and "in contact" horses. Build a barrier between "without contact" horses.
- Immediate shut down of the yard. No horse should leave for any reason.
- Supportive care for the affected horses. This includes: monitoring body temperature, hot and cold pack any abscesses, anti-inflammatory medication, clean nasal discharge or burst abscesses twice daily, make feeds sloppy.
- Possibly antibiotics in some instances.
- Maintain a good level of hygiene.



Managing an Outbreak

- Separate the horse as mentioned above.
- Separate equipment, buckets, bedding, tap and essentially anything that comes into contact with the affected individuals.
- People dealing with affected horses should not come into contact with unaffected animals. They should wear overalls and use foot dips, gloves and hand sanitisers.
- Use appropriate disinfectants (as advised by your vet).
- Quarantine signage so no mistake can be made by anyone coming onto the yard.
- Separate muck heap (30 meters away from stables, fields or ménage).
- Notify the neighbouring yards.
- Could quarantine in field but must be more than 10 meters away with a separate water supply.
- Avoid panic and blame culture and work together.

Prevention of Strangles

- Isolation of individuals with an unknown history for 2-3weeks with blood samples taken on day 1 and day 14.
- Blood sample screening – before moving onto a yard.
- Avoid overcrowding
- Don't share tack, grooming kits or buckets.
- Awareness for all people travelling between yards and spotting the signs early.