


WHAT IS STRANGLES?

Strangles is a highly infectious disease affecting horses of all breeds and ages. It is the most frequently diagnosed infectious disease of horses worldwide. An Italian knight first wrote about strangles in 1251, and later, in 1888, the bacterium *Streptococcus equi* (*S. equi*) was identified as the cause of the disease.


Each outbreak of strangles has the potential to involve all horses on a yard. To prevent further spread, movement restrictions of horses are required. Some horses can be badly affected during an outbreak, particularly if they are young or have not had prior exposure to *S. equi*, and overall, the disease kills around one in a hundred affected horses.




HOW TO SPOT STRANGLES



Clinical signs of strangles can be visible from 3-21 days after initial infection, and the severity of clinical signs seen often varies from one horse to another, depending on their general health, previous exposure, and the amount of bacteria that they have been exposed to (the higher the dose, the quicker and more severe the infection).



Most horses develop a fever (temperature $\geq 38.5^{\circ}\text{C}$) and often look dull with a loss of appetite. Thick nasal discharge is usually seen, and swelling of the lymph nodes ('glands') around the jaw or neck may occur, indicating that abscesses are forming. These abscesses may burst either through the skin or internally into the guttural pouches, producing yellow, 'custard-like' pus. Horses may also develop a soft cough during the infection.



Horses usually become infectious around two days after the onset of fever. So, regularly taking rectal temperatures especially after returning from events can help owners stay a step ahead of an outbreak. Always isolate horses with fever until infectious disease is ruled out.

SIGNS OF STRANGLES CAN INCLUDE:

- Fever ($\geq 38.5\text{ C}$)
- Lethargy and loss of appetite
- Nasal discharge - often thick and purulent
- Lymph node ('glands') swelling and abscesses in the head and neck
- Coughing and ocular discharge may also be seen

**SEEK VETERINARY ADVICE AS SOON AS POSSIBLE
IF YOU HAVE CONCERNS ABOUT YOUR HORSE**

KEEP UP TO DATE

The Surveillance of Equine Strangles network enables the ongoing assessment of the disease's true welfare impact across the United Kingdom. Data are available from 2015 to the present and highlight trends over time and across different geographical areas via an online dashboard: tinyurl.com/EIDSstrangleshub.



Surveillance of
Equine Strangles





HOW DOES STRANGLES SPREAD?

There are multiple ways *S. equi* can be spread; it can be passed from an infected horse, or a carrier horse, to a healthy horse by direct contact (nose to nose touching). The bacteria can also be transmitted on day to day objects such as feed buckets, yard tools, grooming kits and tack, as well as via handlers on their clothing or hands.

A common misconception about strangles is that it's an airborne disease, but unlike influenza virus, the larger *S. equi* bacteria generally do not spread far through the air.

S. equi can survive in water for four to six weeks. So, if an infected horse with a snotty nose or burst abscess drinks out of a shared water source they can leave millions of bacteria in the water. As few as 1000 bacteria are enough to start a new infection in a horse, so an infected horse has the potential to trigger strangles in many horses that then drink the water.

A HIDDEN THREAT

The vast majority of horses recover in four to six weeks; however, around 10% fail to clear the infection completely. In most cases where abscesses rupture, pus then drains from guttural pouches and down the nose. However, in some cases, not all the pus drains out of the guttural pouch, and in time forms hard, dried balls of pus called 'chondroids' which continue to harbour *S. equi*.

These horses become what are known as carriers. Carrier horses appear healthy after the signs of strangles have resolved and might go about their usual routine including exercising, however they are still infected and can intermittently shed *S. equi* into their local environment.

A NEW VACCINE

NEW!

In the past few years, Strangvac, has come onto the veterinary market in Europe and represents an exciting and novel additional tool for the prevention and control of strangles.

It is recommended to vaccinate horses ahead of periods where there may be heightened risk of exposure to *S. equi*, such as moving premises or attending shows. In addition, vaccination during or after a strangles outbreak may be indicated, such as boosting immunity in 'green group' animals.



OUTBREAK MANAGEMENT

The sooner a sick horse is isolated the sooner the spread of infection across a yard can be stopped, preventing other horses from becoming ill. During a strangles outbreak it is advised to follow a traffic light disease risk management system:

RED GROUP: suspected or confirmed cases kept away from other horses. Have dedicated yard equipment for this group. Use separate drinking water and feed buckets to other groups and attend these horses last to avoid spreading to green and amber groups.

AMBER GROUP: horses that have had contact with infected horses in the last 3 weeks that could be incubating disease. Monitor temperatures twice daily, any horses with a temperature $\geq 38.5^{\circ}\text{C}$ is isolated or moved to the red group. Attend these horses after the green group but before the red group.

GREEN GROUP: horses that have had no contact with infected horses, or their contacts in the last 3 weeks. Monitor temperatures twice daily, any horses with a temperature $\geq 38.5^{\circ}\text{C}$ is isolated or moved to the red group. Attend to these horses first to avoid spreading *S. equi* to them.

