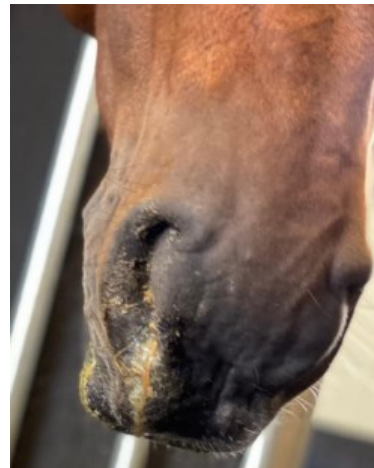




Strangles

What is Strangles?

Strangles is a highly contagious infectious disease caused by the bacteria called *Streptococcus equi ssp. equi*. The disease is a major cause for concern in the horse industry due to the speed it spreads among horses. It is a highly contagious bacteria that survives in carrier horses and can infect horses which come into contact with the carrier. In a large yard an outbreak may continue for months, effectively shutting down a premises. Infection occurs most commonly in horses of 1-5 years of age but can occur in older animals. Most horses that are exposed to infection develop a strong immunity and are unlikely to become reinfected. Virtually all horses that are exposed to infection become sick and some may die or be euthanised.



Transmission

The bacteria can spread between horses through direct nose to nose contact and indirectly via contaminated objects such as clothing, feed, water buckets and hands. The bacteria is not airborne but can survive in the environment for long periods of time.

How long are horses infected for?

Horses often remain infected, and infectious, for 4 to 6 weeks but 1 in 10 will continue to discharge infectious material for longer and may remain carriers for years, acting as a source of further outbreaks.

Clinical signs

Following exposure to the strangles bacteria the incubation period (the time until clinical signs develop) is 2 to 6 days:

- High temperature (>103°F/>39.3°C)
- Dull and disinterested in food/water
- Initially clear then purulent bilateral nasal discharge
- Inflamed eyes with discharge
- Lymph node abscesses may develop
- Abscesses may burst into the guttural pouches and form chondroids

In a small minority of cases the infection may result in:

- Abscesses elsewhere in the body including the brain
- Inflammation of the joints
- Infection of the bloodstream
- Heart disease
- Loss of milk production
- Inflammation of blood vessels and muscles
- Skin disease ("purpura haemorrhagica")





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Carriers

Some horses can remain carriers of the disease for months or years after apparent 'recovery' from clinical signs. The intermittent shedding of bacteria by these silent carriers is a significant cause of spread of infection to other horses. Horses with chondroids in the guttural pouches will remain carriers until these are removed.

Diagnosis

- The clinical signs of strangles are often sufficient for diagnosis
- Diagnosis is confirmed by culturing the bacteria by taking a swab from the back of the throat, an abscess or the guttural pouches
- A blood test will check antibody levels of the bacteria in the horse's blood and so can check exposure to the disease

Disease control

During an outbreak the following control measures should be taken:

1. Isolate infected horses and horses that have had direct contact with the infected case in the previous week. Seek veterinary guidance on effective isolation procedures
2. Minimise the movement of people and equipment between horses until it is determined which horses are likely to be infected
3. Stop all movement of horses on and off the yard
4. Seek veterinary intervention to identify infected horses by regular swabbing or scoping
5. Regularly disinfect water troughs, feed bowls and any other equipment that may pass between horses
6. Regularly disinfect the stable and surrounding environment of infected horses
7. Rest stables or pastures that have contained infected horses for at least 4 weeks
8. Demonstrate that infected horses are free from the disease either i) by collecting 3 negative swabs from the throat at 5-7 day intervals or ii) by collecting negative culture and PCR samples from the guttural pouches (preferably on 3 occasions but if PCR is performed once may be acceptable)



Treatment

- Supportive care
- The abscesses may require surgical drainage and lavage
- Some horses will require antibiotics. However, the use of antibiotics is controversial as there are a number of potential disadvantages associated with their use
- Some horses may need fluids if they are not drinking
- Worst cases may require tracheotomy to enable them to breathe
- Supplementary feeding may be needed by a stomach tube
- If there is infection within the guttural pouches then the pus and chondroids within them have to be removed before the infection will be eliminated