



# Strangles in Horses

## (Streptococcus equi equi)

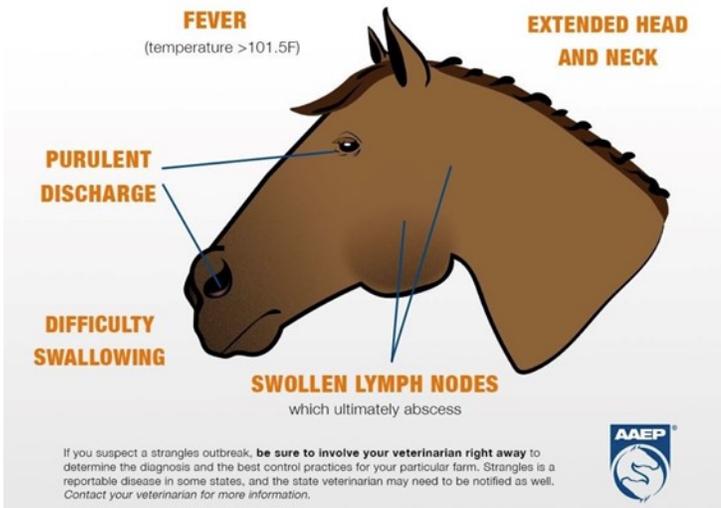
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**S**trangles is a HIGHLY contagious respiratory disease of horses caused by the bacteria *Streptococcus equi equi*. Most horses fully recover from strangles in two to four weeks, however some horses become chronically infected and in rare cases, die. This common equine disease is considered a reportable disease in the state of Wisconsin. Strangles impacts horse owners who must care for sick mounts, quarantine and miss shows and events.



## Symptoms

- Snotty nose, a thick yellow-white discharge
- Enlarged lymph nodes under jaw
- Fever
- Lethargy and/or depression
- Loss of appetite
- Difficulty swallowing

## Sources of Transmission

- Direct contact between horses
- Contaminated buckets, water troughs, stall walls, fences, grooming kits, etc.
- Contaminated trailers
- Contaminated boots or clothing
- Contaminated tires from vehicles brought on the property or left on the property.

## Diagnosis & Treatment

- **Diagnosis is by deep nasopharyngeal swab.** It is important to note that the Strangles bacteria is SHED INTERMITTENTLY, so false negative results are a concern. To rule out infection, it is recommended to perform 3 nasal swabs, each a week apart. All 3 must be negative.
- **Antibiotics are often contraindicated** because the lymph node abscesses contain a dense fibrous capsule that makes antibiotic penetration difficult and often slows the resolution of the disease and can increase the risk of bacteria spreading to other lymph nodes.
- The **application of hot towels to swollen lymph nodes** is recommended to encourage abscesses to burst and drain. Once abscess rupture, it is important to keep them clean with Betadine (povidone-iodine solution).
- The most important part of treatment is **QUARANTINE AND ISOLATION and strict biosecurity measures**, to include disinfecting all contaminated equipment and changing clothes, boots, and gloves after caring for an infected horse. This needs to be enforced until at least 2 weeks after resolution of clinical signs. Repeat nasal swab is recommended at this time.

## Prevention

- Intranasal **vaccination** is available, although not 100% effective. An initial series of 2 vaccines, 2 - 3 weeks apart, is recommended followed by annual vaccination.
- Whenever possible, **new horses should be quarantined** for 3 weeks when being introduced to a new facility.
- Additionally, **transient horses should be quarantined** upon returning from shows and events in which they mingled with other horses.
- Maintain high standards of **hygiene** in facilities where horses come and go.
- **Avoid sharing buckets or using communal property** between horses, especially when at horse shows or other equine events.
- To prevent indirect infection during an outbreak, handlers should avoid coming in contact with susceptible animals after handling infected animals. Handlers should wear protective clothing, avoid using the same equipment on multiple animals, and disinfect hands and equipment when moving between animals.
- After an outbreak, remove all organic material from surfaces and disinfect water buckets, troughs, feeders, fences, stalls, tack, and trailers. You may use a 5-10% bleach solution for cleaning; allow time to dry.
- **Your veterinarian is your best resource for risk assessment and prevention; talk to them about the steps you can take at your facility to keep your horse healthy.**

## TIPS FOR PREVENTING INFECTION AT YOUR FARM



### DOCUMENT HEALTH HISTORY

Require a **current health certificate for new arrivals**; ask owners about history of infectious diseases.



### QUARANTINE

**Separate** the home-based herd from new arrivals and horses that have traveled to shows or have been at a veterinary hospital. **Work with a veterinarian to determine the best procedure** to keep horses apart at your farm.



### SHARING IS NOT CARING

Use individual water buckets for each horse and **disinfect routinely**. **Don't share equipment** such as feed tubs, water buckets, tack and grooming equipment between horses being kept separate.

Credit: American Association of Equine Practitioners

## Additional Considerations



Strangles is mostly self-limiting, and most horses fully recover in 2-4 weeks. However, there are some important qualifiers to be aware of. Such as:

- Vaccinating in the face of an outbreak (vaccinating horses who are sick or have been exposed to the disease) can lead to a more severe form of the disease caused by an unusual immune reaction. **Purpura hemorrhagica**, as this severe form is called, results in inflammation of blood vessels that can potentially lead to death. A common symptom is swelling of the head, underbelly, and legs. *If your horse has recently been sick with Strangles or has been exposed to sick horses, DO NOT VACCINATE.*
- Another rare but serious form of the disease is called **Metastatic or Bastard Strangles**. Abscesses form within the lymph nodes of the abdomen and chest, and are very difficult to successfully treat. This form of the disease is often terminal. Symptoms include colic and discharging abscesses.
- Occasionally, a horse can become an **asymptomatic carrier**. In this case, the bacteria often remains in the guttural pouches in the form of chondroids (stones of pus). Therefore, it is important that recovered cases be retested.