

**STRANGLES** is a contagious upper respiratory tract infection of horses and donkeys caused by a bacterium, *Streptococcus equi var equi*. Strangles is enzootic in domesticated horses worldwide being recognised as far back as the 17<sup>th</sup> Century. Each year outbreaks occur throughout the region which must be dealt with in an efficient and practical manner.

**SPREAD** – Contrary to popular belief Strangles is only spread from direct contact, meaning that you require horse to horse contact or from horse to human to horse. It is not airborne although common areas that may cause spread is sharing of water troughs, tack or feed buckets.

Equines of any age can contract the disease although younger and elderly equines are more susceptible.

**CLINICAL SIGNS** – Classic clinical signs of the disease include fever, nasal discharge and enlarged lymph nodes. Atypical forms are now being reported where mild signs are seen such as a chronic cough only or possibly horses just off their food.

There is a 1% mortality rate with the disease which is usually due to the development complications such as *Bastard Strangles* where the bacteria spreads throughout the horse or the other major complication which is *Purpura Hemorrhagica*, an allergic type of reaction to the infection.

Although mortality is relatively low without complication it is a very contagious disease and this is why precautions to limit the spread of the bacteria are so important. Usually once diagnosed a 6week isolation period is required before a yard is reported clear, although it should be pointed out that there are no legal regulations to enforce this.

**DIAGNOSIS** – Diagnosis can sometimes be very suggestive from clinical signs alone, however the gold standard is either Endoscopic Guttural Pouch Washes or Nasopharyngeal Swabs which are sent away for culture and/or PCR to look for the bacterial DNA.

**TREATMENT** – Treatment is really decided on a case by case situation. A lot of the time anti-inflammatory drugs are all that is required such as Equipalazone ('Bute'), although in some circumstances other drugs maybe required. Antibiotics are used sparingly unless of severe cases as there may be a possible link between there usage and development of Bastard Strangles.

**PREVENTION** – Clearly biosecurity between horses and human to horse contact is essential to prevent spread of disease once if has been diagnosed on a yard. Vet input is usually required in order to come up with a practical monitoring system for such cases.

After a Strangles outbreak on a yard once clear from disease again, screening for carriers can be useful to prevent further outbreaks which can be done from Endoscopic Guttural Pouch Washes or 3 Nasopharyngeal swabs.

A blood test is now available which can look at the horses antibodies to the disease and to see if they could be a carrier. This is useful when there is an unknown history with a horse before moving it to a new yard, possibly at pre purchase examination.

Finally there is a vaccination available which is administered into the lip. It requires two primary vaccines 4weeks apart and also 3monthly boosters.

If there are any further questions you have about any of the points above please do not hesitate to contact Lorna at the surgery on 01576 202 552.

