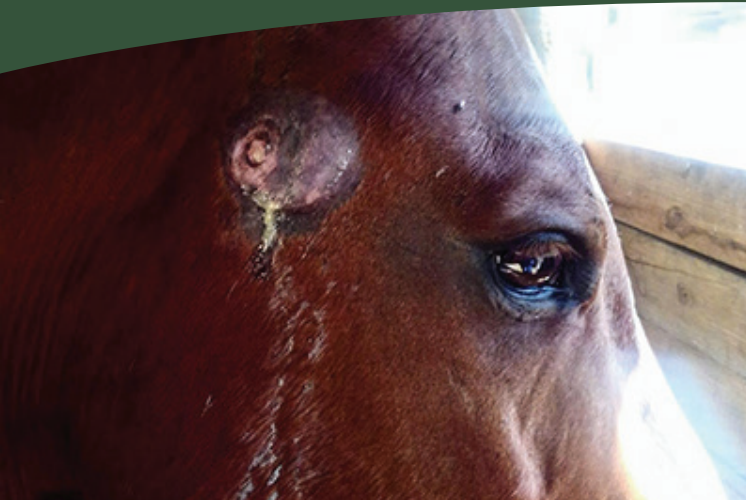




STRANGLES

A HIGHLY CONTAGIOUS EQUINE DISEASE



Prevention and Control

The very contagious nature of Strangles makes controlling its spread extremely important. Horses with clinical signs should be isolated immediately. Twice-daily temperature taking, and isolation of febrile horses, is an invaluable aid in minimizing transmission and containing an outbreak. Horses begin to shed bacteria 2-3 days after they become febrile. Shedding usually persists for 2-3 weeks but affected horses may be infectious for at least 6 weeks after nasal discharge has resolved.

Steps to reduce the spread of the disease:

- Have a biosecurity plan for people and horses on your premises.
- Wash hands with soap and water after handling each horse.
- All containers used for feed and water should be cleaned and disinfected.
- Clean and disinfect equipment and do not share tack, feed tubs, water containers, etc.
- Horses held in isolation should be handled last and the animal attendant/groom should be meticulous about maintaining biosecurity protocols.
- Check with your veterinarian to determine if vaccination is right for your horse.

Vaccines for Strangles include an attenuated live, intranasal *S. equi* product and a killed vaccine that can be given intramuscularly. Neither of the Strangles' vaccines guarantee prevention. Please check with your veterinarian to determine which vaccine is right for your horse.

**To obtain more information about
Strangles, please contact the
Office of the State Veterinarian
or visit our website:**

State Veterinarian's Office
Telephone: (850) 410-0900
24 Hour Reporting: 1-800-342-5869 or RAD@
FDACS.gov or www.FDACS.gov/RAD

Florida's Reportable Equine Disease Map:



Division of Animal Industry
Florida Department of Agriculture and Consumer Services



Strangles

Strangles is a highly contagious upper respiratory disease of equids (horses, donkeys and mules). It is caused by a gram-positive, B-hemolytic bacterium *Streptococcus equi* subspecies *equi* (*S. equi*). This disease was first reported in the 13th century and can be found worldwide. The term “Strangles” was coined because affected horses sometimes were suffocated by enlarged lymph nodes that obstructed the airway. Most affected horses fully recover; however, some horses may be severely affected and can die or require euthanasia. *S. equi* can cause immune complexes that damage blood vessels (purpura hemorrhagica) and subsequently cause limb and head swelling, circulatory failure, and death. Strangles can also take an unusual course with abscesses forming internally in the body (often referred as “Bastard Strangles”) making the disease difficult to treat successfully. Affected horses may show signs of colic or abscesses might discharge internally causing peritonitis and/or pleuritis. *S. equi* infection is rare in humans.

Strangles is a reportable disease in Florida. Horse(s) with clinical signs or positive test results of Strangles must be reported to the State Veterinarian's Office.



Transmission

S. equi enters the horse via the nose and mouth and can be transmitted by direct contact with discharge from the nose, eyes or lymph nodes from infected horses or by indirect exposure to contaminated equipment to include but not limited to, trailers, stalls, halters, bridles, buckets, lead ropes, brushes, and clothing.

Some horses become asymptomatic carriers of *S. equi*, most commonly by harboring the bacteria in their guttural pouches (upper airway), and can shed the bacteria intermittently. This is probably the most important cause of recurrent infections after apparent clearance in some barns.

Clinical Signs

The incubation period typically ranges between 2 to 6 days but may extend up to 14 days after exposure. Clinical signs include sudden onset of fever (temperature > 101.5F), followed by loss of appetite, halitosis (foul smelling breath), difficult swallowing, intermittent cough, extension of the head and neck, mucopurulent nasal discharge, swelling in the lower jaw and throatlatch areas. In most cases, abscesses in affected lymph nodes rupture in 7-14 days after the first clinical signs. Clinical signs are often age related, with older horses exhibiting milder symptoms of shorter duration.



Diagnosis

If you suspect that your horse has Strangles, immediately isolate your horse and contact your veterinarian. The diagnosis is mainly accomplished by Polymerase Chain Reaction (PCR) testing samples of nasal swabs, nasopharyngeal washes, or pus aspirated from abscesses. Nasopharyngeal washes generally yield better results than nasal swabs due to greater sampling area.

Culture can be used as an adjunct to a PCR. The most reliable diagnosis is achieved when guttural pouch flush PCR results are confirmed with culture. PCR can be very useful for detecting asymptomatic carriers, and to determine if Strangles treatment was successful.

Treatment

There are many different opinions for appropriate treatment of horses with Strangles. Please contact your veterinarian to determine which treatment is right for your horse.