

Strangles

Equine Strangles

Here we go again, another article on Strangles...Why? For two reasons: 1) There has been an increased incidence in our area over the past few years, and 2) There is an abundance of misinformation floating among horse owners...Here are the facts.

“Strangles” is caused by a bacterium, *Streptococcus equi*. It only lives in a horse’s respiratory airways. It only survives outside a horse’s body (or mule or donkey) for a relatively short period of time (7-10 days).

This infection is spread either directly from horse to horse or via fomites (i.e. water or feed buckets, tack, stalls, people, insects, etc.) The incubation period for exposure until the onset of clinical signs can be variable, but is generally 3-14 days.

Now the hard part...many horses harbor *Strep. equi* and are completely normal (we call them carriers). So, a horse can expose other horses without even being sick!

Strangles is primarily a disease of young horses. Exposure results in a mild fever (101-103°F), nasal discharge and abscessation of mandibular (throatlatch region) lymph nodes. Many horses go through this sequence of infection

without anyone even noticing it or treating them.

An understanding of this disease and some common sense will go a long way to lower everyone’s blood pressure when they hear the word, Strangles.

Vaccinations: The down side of *Strep. equi* vaccines is too complex for this article, but none of the current Strangles vaccines provide very effective protection. For example, research shows that if a Strangles vaccine is given every 2-3 weeks for a minimum of 3 doses, it will provide only a 40-50% reduction in disease incidence after exposure.

Thus, frantically vaccinating horses during a ‘stable outbreak’ does not accomplish anything. In fact, research shows that the ‘new’ modified-live intranasal vaccine will **increase the risk of disease** during an outbreak by causing immunosuppression of the horse’s immune system for a short period of time (i.e. during the outbreak!!)

Treatment: Penicillin is the best antibiotic, but should only be given to those horses with extreme signs, i.e. temperatures > 104°F for 2+ days, &/or horses showing extreme respiratory distress.

Treatment of horses not falling into the above groups (which are very few) actually can make matters worse. Treated horses have a blocked immune response which

lengthens the illness, can cause it to spread to other parts of the body (commonly referred to as “Bastard Strangles”), and makes the treated horse much more likely to be infected again during a future exposure.

Prevention is difficult at best. New horses should be isolated for 3 weeks, with rectal temperatures taken and charted twice daily for early detection. True isolation also includes people, water, tack, insects, etc., not just isolation of horse to horse contact.

Diagnosis is generally based upon clinical signs, however, a definitive diagnosis involves serial nasopharyngeal swabs or wash cultures. Several cultures are needed since *Strep. equi* can be cultured from many normal horses and other *Strep.* species can also cause similar symptoms that mimic Strangles.

As long as there are horses, there will be *Strep. equi* infections. Just like as long as there are humans, there will be Strep throats! The two are very similar. The main difference is that *Strep. equi* has a protein capsule that allows it to reach the lymph system where it causes abscesses. Once these break and drain, recovery is rapid and complete.

Good nutrition, low stress, low exposure and common sense are the best medicine. Reference: The Gluck Equine Research Center, Kentucky.

