

Suspect Strangles in Horses

PIRSA has received reports of suspected strangles on a couple of properties north of Adelaide. Strangles is a **notifiable disease** under the South Australian Livestock Act 1997, and should be reported to PIRSA as soon as possible.

Strangles is a highly contagious infectious disease of the upper respiratory tract, caused by a bacterium *Streptococcus equi* and affects horses, ponies and donkeys of any age, although younger horses are more susceptible.

Clinical signs include:

- rapid on-set of high temperature (39.5 to 40.5 °C)
- loss of appetite
- stiff neck with the glands in the head and neck forming abscesses
- discharge of yellow pus from the nose
- difficulty in swallowing and breathing
- occasionally coughing

The first signs of disease (a fever) usually occurs within a week, but may take up to 2 to 3 weeks after exposure. Most cases will then resolve within 2 to 3 weeks without incident, but importantly, horses can remain infectious for 4 to 6 weeks after they have recovered and appear healthy. Horses which have recovered from strangles usually develop a long lasting immunity (5 years or longer).

Predisposing conditions for strangles include, mixing of groups of horses, properties with a high population of horses, introduction of new horses onto a property, poor nutrition and colder months. Spread between horses is usually via the pus which can be discharged from the nose or a ruptured abscess which is then either transmitted via direct contact or indirectly via objects like feeders, fences, water sources.

Diagnosis can be confirmed by a culture of the causative bacterium (*Streptococcus equi*) which may take several days, but a failure to isolate the bacteria does not necessarily mean a negative result as the sample may not have contained enough bacteria to culture. A blood test can also be used when there is an outbreak to detect the horses which have been exposed to an infected horse but are not yet showing clinical signs.

Treatment and control of strangles should be sought from a veterinarian. In cases where the disease is mild, the best treatment is often rest and good husbandry and nursing. Antibiotics are not always indicated as they cannot penetrate the centre of an abscess where there is no blood supply and if given too early in the course of the disease, the horse may not develop protective immunity. Non-steroidal anti-inflammatory medication may be given for the fever.

Infection can be controlled by isolating the infected horses until they are free from infection. This may be up to 4 to 6 weeks after horses appear healthy. Three negative swabs provide strong evidence of freedom from infection in most cases. Movement of horses on and off the property should cease until the outbreak is controlled. Good hygiene measures should be instigated to stop spread throughout a property with several horses.

Vaccination for strangles does not prevent disease, but it reduces the severity and duration of clinical disease should a vaccinated horse come in contact with the infection. Vaccination involves an initial course of three injections two weeks apart. Booster vaccinations are given annually, but if in high risk areas of infection, every 6 months is recommended. Horses should not be vaccinated while actively infected and up to a year after infection.

Although strangles is a notifiable disease, properties detected with strangles **are not** placed under quarantine, but good biosecurity measures are advised to be put in place to prevent further spread.

Contact your veterinarian if you suspect that your horse is infected.