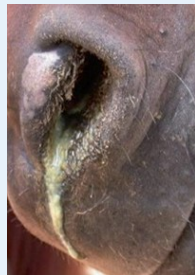


## WHAT IS STRANGLES DISEASE?

Strangles is a highly contagious disease caused by the bacterium *Streptococcus equi equi* and is common among horses in the U.K. It affects horses of all ages and types, but young, sick, or immunocompromised horses, as well as those at stud farms, racing stables, livery yards, and riding schools, are most at risk. The disease spreads mainly through direct contact, but contaminated food, water, equipment, and clothing may also contribute; inhalation is rare. Although not a notifiable disease, affected yards should follow strict biosecurity measures and inform nearby premises to help prevent further outbreaks.

### SPREAD OF INFECTION

Strangles spreads through contact with infected nasal discharge or abscess material, either directly between horses or via shared equipment (water troughs, feed buckets, brushes, tack). Horses can shed bacteria before showing signs, when mildly affected, and while recovering; untreated animals shed bacteria for 2-6 weeks, and carriers can remain infectious for years.



*Nasal discharge typical of a strangles infection*

### SIGNS AND SYMPTOMS

Signs of Strangles in horses vary with age and health, usually appearing 3–7 days after exposure but can take up to 14 days. Symptoms include reduced appetite, swallowing difficulty, thick green or yellow nasal discharge, lethargy, coughing, fever, and lymph node swelling under the jaw or neck about a week after symptoms start.

Rare complications involve airway-blocking abscesses (“Strangles”), abscesses in organs (“Bastard Strangles”), and purpura haemorrhagica. Abscess rupture releases infectious pus. Some horses show only mild respiratory symptoms (atypical Strangles) and may be mistaken for “having a cold”. Most recover within 3-4 weeks, though recovery may take longer in severe cases. Around 10% become long-term carriers despite apparent recovery.

### DIAGNOSIS

Diagnosis is straightforward when classic signs are present and is confirmed by swabbing the nasopharynx or draining abscesses. Mild cases can resemble other respiratory diseases. Isolation and swabbing of any horse with thick nasal discharge is recommended. A blood test detects antibodies to identify exposed or carrier horses, which can be useful for screening and outbreak management.

Veterinary tests include:

**Blood testing:** Detects Strangles antibodies with 90.9% sensitivity but may not identify very early infections and does not differentiate between exposure, infection or carrier status if “positive”.

**Guttural pouch endoscopy/PCR:** Determines disease status more quickly than repeated swabs, especially for confirming recovery from disease.

### CARRIERS

About 10% of recovered horses become chronic carriers, harboring bacteria in guttural pouches without symptoms. Outbreaks often follow introduction of carrier horses, with bacteria surviving over five years.



*Lymph node enlargement*

### PREVENTION

Upon suspected infection, separate horses into infected (Red), contacts (Amber), and disease-free (Green) groups. Strict isolation and quarantine reduce risk. Owners should request testing of new arrivals and consider biosecurity plans. Rapid isolation of at-risk animals curbs outbreaks, and hygiene is essential.

### TREATMENT

Treatment focuses on comfort with anti-inflammatory drugs and promoting abscess drainage. The disease typically resolves once appropriate isolation and disinfection protocols are followed. Veterinary guidance is recommended, with management centering on strict isolation, movement control, and ongoing disinfection.

**If you have any concerns about strangles disease, contact your veterinary practice immediately for advice.**