



www.tyrrellsequine.co.uk
office@tyrrellsequine.co.uk

01763 287744



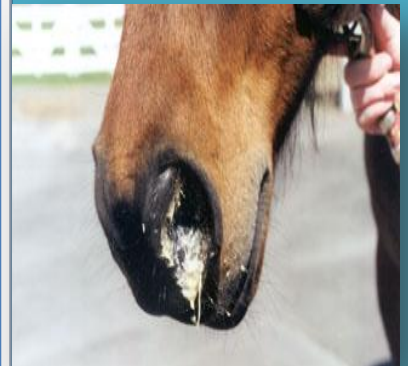
STREPTOCOCCUS EQUI EQUI

Strep equi equi is the causative bacteria for the disease known as 'strangles'. This is a bacterial infection normally involving the upper respiratory tract and lymph nodes.

Infection may cause abscesses which may burst out of lymph nodes under the jaw. It can involve the guttural pouches, which are small cavities to the left and right of the pharynx of the horse with openings into the pharynx. Occasionally it can occur at other locations in the body.

Clinical signs include nasal discharge (most often thick yellow/pus), a fever, large swollen lymph nodes under the angle of the jaw and lethargy.

Your horse may be dull and go off it's feed. If your horse displays any of these signs it is a good idea to isolate it from other horses as soon as possible. This is because the disease is highly contagious.



To confirm diagnosis your vet can examine your horse.

1. Naso-pharyngeal swabs can be taken (a long swab will be passed up the nose into the throat of the horse) to send to the lab to test for the bacteria. Three negative swabs are required 2 weeks apart to ensure a horse is clear of the disease.
2. A scope can be passed up the nose of the horse and into the guttural pouches. A catheter will be used to sample the contents of the pouch which will be sent to the lab for testing. If required, your vet can administer treatment locally. One negative guttural pouch wash is required to confirm the horse is not a carrier.
3. A blood sample can be taken to look at antibodies in your horse's immune system and see if it has recognized strangles. This is most effective at least 14 days after the onset of signs. They should be interpreted carefully, as these values will show a positive result if the horse has been vaccinated or if it has previously recognized the disease.

We do not often use antibiotics in the early stages as it can prolong the course of disease and stop abscesses maturing and bursting externally. We will provide supportive care and pain relief, antibiotics may be appropriate at a later stage.

In most cases your horse will clear the infection on their own. In some cases bacteria can survive in your horse's respiratory tract with no external visible signs. These horses will still be positive on the above tests. These are 'carriers' and can shed the disease, and therefore present a risk to other horses in contact. It is important to test horses to ensure they are clear of disease before allowing them back with the herd.



Rarely, pus/purulent material will remain in the guttural pouches long enough to consolidate. It can form firm lumps with a variable/cheese-like consistency. These are called chondroids. In this case the horse will remain a carrier until these are removed. In some cases it may be possible to remove these through the opening into the pharynx using specialist equipment, rarely these may require surgery to remove them through an incision in the skin.

Treating strangles and ensuring your horse is clear can be a lengthy and expensive process. The sooner signs are recognized and biosecurity measures put in place the better to restrict spread of the disease on a yard.

Biosecurity measures include:

- Isolating the affected horse in a stable, as far away from yard mates as possible.
- Using a foot dip and dedicated footwear and clothing to handle the horse.
- Ensuring the horse is cared for by a dedicated person or after healthy horses.
- Hand washing.
- Using dedicated equipment for feed/water/mucking out.

It is also important where the horse is on a yard with others:

- Horses do not leave/enter the yard.
- Temperature of other horses especially in contacts is monitored.
- All horses are monitored for clinical signs and tested where appropriate.



- Jason B. Tyrrell BVSc, MRCVS

- Juliette S. Edmonds BVSc, MRCVS

- Lauren Gummery BVSc, MRCVS

- Charlotte Fenn BVetMed, MRCVS