



## Previous VET NOTES

- October 2005 - The “dummy” foal
- September 2005 - New medications
- August 2005 - Extracorporeal shockwave therapy (ESWT)
- July 2005 - Vaccination recommendations
- June 2005 - The advantages of high fat/low carbohydrate diets for horses
- May 2005 - The Hoof: Form and function
- March 2005 - Liquid gold
- February 2005 - Breeding the problem mare
- January 2005 - Condylar fractures
- December 2004 - Early diagnosis and treatment of high-risk pregnancy in the mare
- November 2004 - Know your horse
- October 2004 - White Line Disease
- September 2004 - Announcements
- August 2004 - Reminders for pregnant mare management
- July 2004 - The heat is on
- June 2004 - Equine first aid
- May 2004 - Bacterial pneumonia in foals
- April 2004 - Digital radiographs

## Strangles

**S**trangles is one of the most important infectious diseases affecting horses. It is caused by a bacterium, *Streptococcus equi*. It is a highly contagious disease that can easily spread over a farm if proper precautions are not taken. Proper management technique and horse owner education are crucial in dealing with potential outbreaks of the disease.

*S. equi* is spread through direct exposure to the nasal discharge or pus released from abscesses of horses with active and recovering strangles. It's also important to realize that spread occurs indirectly from contaminated objects such as grooming utensils, buckets, trailers, and humans (hands, clothing, shoes, etc.). The health status of the horse plays a major role in severity of the disease. Older horses have more developed immune systems and often show a mild form of the disease. Younger horses tend to have more complications with strangles.

**T**he first major clinical signs are high fever, usually of 103 degrees or greater, and swollen lymph nodes around the head and neck. Other clinical signs include depression, anorexia (reluctance to eat), and profuse thick yellow nasal discharge. The bacteria enter the horses' mouth or nasal passage and attach to the tonsils and lymph nodes around the back of the throat and under the jaw. Abscesses in these areas result from the lymph nodes attempt to fight off the invading bacteria. The result is swelling of the node and an accumulation of pus. The abscesses eventually open and drain the contaminated material leading to spread of the disease.

**A**nimals incubating or recovering from the diseases are thought to be the usual source of introduction to an unexposed population. The problem goes unnoticed because these animals are usually asymptomatic. These horses do not show outward clinical signs but shed the disease. A recovered horse may be a potential source of infection for weeks after clinical signs are gone. Some recovered horses periodically shed *S. equi* from the guttural pouches and are referred to as “carriers”. These animals can be difficult to detect in a well-managed group of horses.

**T**he first and most important step in proper management is to isolate any suspected cases of strangles for an appropriate amount of time before exposure to the farm. Monitoring the temperature can be very helpful. Once a fever is detected, nasal shedding will usually begin 2-3 days later and may continue for 2-3 weeks or longer. Isolating these horses will minimize exposure. The person caring for the isolated horse must

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minimize contact with other horses and make sure to sanitize any areas the sick horse had contact with. *S. equi* can survive for weeks if given the right atmosphere.

The only way to get a definitive diagnosis of strangles is by culture or PCR of nasal swabs, nasal washes, or pus taken from a fresh abscess. The PCR test detects the DNA of the bacteria; however, the culture will yield an antibiotic sensitivity pattern which can guide treatment. Treatment of sick horses depends on how severely the horse is affected. In uncomplicated cases, most horses need time to let the disease run its course. The horse should be made as comfortable as possible and provided with proper rest, housing, and feed. Abscessing lymph nodes can be encouraged to open and drain by applying hot packs and ichthamol to swollen areas. Anti-inflammatories can be helpful in reducing fever, pain, and swelling. Antibiotics and their affect on a horse's ability to develop natural immunity are debatable. They can be helpful but should be reserved for certain cases. In horses that are otherwise happy and healthy, antibiotics can prolong the rupture and drainage of abscesses and should not be used. A small percentage of horses with strangles will develop complications including internal abscesses of the chest and abdominal lymph nodes (bastard strangles), allergic reactions resulting in vasculitis, respiratory distress, and death.

There are vaccinations against strangles that have been proven to be relatively effective. The need for vaccination should be based on risk of exposure. Horses that travel come into contact with new horses or areas where strangles has been evident are at higher risk. It is thought that about 25% of horses infected with strangles fail to develop immunity. This makes it difficult for a vaccine to provide complete protection in all cases, but field experience has shown that vaccination remains extremely important. It can control the disease by reducing the degree of severity and number of horses affected if an outbreak should occur. In the case of an outbreak, horses should be segregated into three groups. Sick horses should be addressed but not vaccinated. Horses with no known contact with the disease should be vaccinated. Horses known to have been in contact should be observed for a couple of weeks for evidence of disease and vaccinated only if they have no fever or clinical signs of disease. There are intranasal and intramuscular forms of the vaccine available and different protocols for administration. Consult your veterinarian for recommendations most suitable for your farm.

**PLEASE NOTE: Strangles has recently been added to the State of Florida's reportable disease list. This means that the State Veterinarian's Office will be tracking outbreaks to better prevent spread of the disease.**

## Announcements

### "EQUINE BUSINESS OF THE YEAR"

Peterson and Smith Equine Hospital would like to extend a sincere thank you to all our clients, staff, and business associates that have worked with our practice and played an important role in Peterson & Smith being awarded the 2005 Ocala/Marion County Chamber of Commerce's "Equine business of the year."

### REGISTER NOW FOR THE 2005 HORSEMAN'S SEMINAR

The second Peterson & Smith horseman's seminar will be held on November 19 & 20, 2005, at the Ocala Hilton. Brochures and registration forms have been mailed out. Topics will include: high risk pregnancies, affording the unhealthy horse, conformation, alternative medicine, respiratory disorders, common skin diseases, etc. To register contact: Grace Tirado Perez (352) 237-6151.

- March 2004 - Colic in the post-foaling broodmare
- January 2004 - Lameness and poor performance
- December 2003 - Internal parasites - the hidden battle
- November 2003 - Equine tapeworms - The forgotten parasite
- October 2003 - Blister beetle poisoning
- September 2003 - The horse owners' role in wound care
- August 2003 - West Nile update: Broodmare vaccinations
- July 2003 - Stifle radiographs
- June 2003 - A newly emerging cause of diarrhea in weanling foals
- May 2003 - Vaccination recommendation

We're on the web:  
[www.petersonsmith.com](http://www.petersonsmith.com)



4747 SW 60th Avenue  
Ocala, FL 34474

Phone: (352) 237-6151  
Fax: (352) 237-0629  
Email: [PSEH@petersonsmith.com](mailto:PSEH@petersonsmith.com)

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