



# Strangles

**Alternate Names:** Strep equi, Equine distemper.

**Species Affected:** Equines: Horses, ponies, donkeys, mules, zebras.

**What causes strangles?** *Streptococcus equi* subspecies *equi* ("Strep equi"), a highly contagious type of bacteria which infect the lymph nodes (organs of the immune system) of the upper respiratory tract (respiratory organs in the head and neck) of horses and other equines such as donkeys, mules, and zebras.

**How is strangles transmitted?** Strep equi accumulate in the lymph nodes causing abscesses. The pus and fluids that drain from the nose and abscesses of sick horses infect other horses by direct nose-to-nose contact or by contamination of the environment, feed, water, tools, tack, blankets, stalls, etc. People with contaminated hands or clothing may inadvertently carry Strep equi from horse to horse.

**What are the clinical signs of strangles?** Horses between 1 and 5 years of age are more susceptible to severe disease. Fever and inactivity are the most common initial signs of infection. Typical signs of strangles include mucus (snot) and pus coming from the nose, swelling of the throat and neck area, abscesses on the neck and below the jaw which rupture and drain pus, difficulty swallowing, difficulty breathing, and cough. Metastatic strangles is the term used when Strep equi forms abscesses in the lymph nodes of the chest and abdomen (belly) of the horse.

**What are the consequences of strangles?** Strangles is highly contagious and outbreaks are complicated to control. In most cases horses recover from strangles in 3-6 weeks. Some horses that recover from strangles may remain carriers of Strep equi and further spread the disease. In complicated cases horses may die.

**How is strangles detected?** Strangles can be suspected based on clinical signs and clinical history. Laboratory tests are used to confirm the presence of *Strep equi*. They include bacterial culture and PCR (Polymerase Chain Reaction, a molecular test to detect *Strep equi* genetic material) of nose fluids or abscessed lymph nodes.

**How is strangles prevented?** Good management practices and biosecurity help prevent the introduction of strangles into horse barns and horse boarding facilities. New horses and horses returning from fairs, races, shows, or any multiple-horse activity should be quarantined and observed for up to 21 days before allowing them to mix with resident horses. When a strangles outbreak is detected, sick horses should be housed away from healthy horses, and if possible, tended to by a designated person using designated tack, tools and equipment. Stalls contaminated by sick horses should be washed, disinfected, and kept empty of susceptible horses until the outbreak is controlled.

**How can strangles be treated?** Good husbandry, constant monitoring and general support care help horses naturally recover from strangles. Clinically affected horses should be kept in a warm, dust-free environment, provided with enough clean feed and water, and, if necessary, with anti-inflammation and pain medications. Antibiotics should not be used in horses with active abscesses because they may interfere with the horse's natural immune response. Abscesses should be flushed with a dilute (3-5%) povidone iodine solution until they dry out.

**Is strangles zoonotic (transmitted from animals to humans)?** No.

#### References:

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