



# Dawson Creek Veterinary Clinic

238-116 Avenue, Dawson Creek BC, V1G 3C8  
Small Animal 250-782-5616, Large Animal 250-782-1080  
[www.dcvet.ca](http://www.dcvet.ca)

## Strangles

### **What is Strangles?**

Strangles is an upper respiratory disease caused by a bacteria called *Streptococcus equi*. Strangles may also be known as Distemper.

### **What are the signs of Strangles?**

The initial signs of strangles may vary from horse to horse but often include an increased temperature (fever), depression, anorexia (off feed) and a nasal discharge. These signs are often followed by enlarged submandibular lymph nodes (swellings in the throat region). These lymph nodes may become so enlarged that they interfere with a horse's breathing.

### **What is Bastard Strangles?**

Bastard strangles is one of the complications of Strangles and occurs when the bacteria travel to other areas of the horse's body and cause abscesses in other locations such as the chest, abdomen, brain, etc.

### **Are there other complications of Strangles?**

Yes, occasionally a horse's immune system may overreact to the infection and start fighting itself. This can lead to damage to blood vessel walls and is called purpura hemorrhagica. Due to the damage in blood vessels the legs and abdomen may swell and ooze serum. Consult your veterinarian immediately if you suspect this has occurred.

Also sometimes horses can get pneumonia from breathing in the pus that is draining from abscessed lymph nodes.

### **Is Strangles contagious?**

Yes, Strangles is very contagious. Usually infected discharge (nasal discharge or pus from draining abscesses) from one horse will infect other horses by direct contact or by brushes, feed tubs, tack, etc.

### **How can we diagnose Strangles?**

Usually clinical signs are obvious enough and further tests may not be necessary to confirm that a horse is infected with Strangles but we can send a swab from the nose or the abscess to the lab for confirmation.

### **How do we treat Strangles?**

Treatment partly depends upon the stage at which the disease is found. If detected very early before abscesses form, we usually treat with antibiotics (penicillin is the antibiotic of choice but if it is too difficult to administer injections, there is an antibiotic that can be given in the grain). Bute or banamine may also be given to help decrease the fever and inflammation. Once an abscess starts to develop, hot compresses aid in bringing the abscess to a head sooner. Quite often once the abscesses become large, the use of antibiotics is controversial because it may slow down the development and drainage of the abscess and therefore make the disease last longer.

### **Control and Prevention?**

- 1) Isolate infected animals: early diagnosis and isolation of infected animals is very important. Remember the disease can be spread through brushes, feed tubs, etc. Shedding of the bacteria can last for several weeks after the disease has cleared up. In rare cases, the bacteria can last for

several years in the horse and be shed in nasal secretions. If you are concerned that a horse may be a carrier a nasal swab can be taken at least 30 days after the clinical signs have been identified. The bacteria can survive in the environment for up to 1 month.

- 2) Early detection: If an outbreak is suspected, you can check the temperatures of the unaffected horses. If their temperature goes above 39.5°C, then start them on a course of penicillin for 5 days.
- 3) Vaccination: Young animals are the most susceptible to the disease and vaccination should focus on them. The best vaccine is one that is sprayed up the horse's nose (Pinnacle® IN). If the horse hasn't been previously vaccinated, a booster should be given. The vaccination should only be given to healthy animals. After the initial 2 doses are given, the animal should be re-vaccinated annually (or sometimes every 6 months in high risk situations)

If you have any questions regarding the above information, please contact your veterinarian at the Dawson Creek Veterinary Clinic.