

Strategy to eradicate
and prevent
Strangles





To learn more about the Surveillance of Equine Strangles visit:
equinesurveillance.org/ses

Thanks to Dr Andrew Waller and the
Strangles Awareness Week members for their support.

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unless otherwise stated.



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and support our
campaign



What is strangles?

Strangles is a highly contagious disease caused by the bacteria *Streptococcus equi* (*S. equi*) that can spread quickly when horses mix. We understand that a strangles outbreak, either on your yard or in your local area, can be a worrying time. Having clear information and taking prompt actions make all the difference to help prevent any further spread of the disease.

Strangles is a common worldwide problem and can affect horses of any age and breed. While it isn't a notifiable disease that needs to be reported to the authorities, laboratory diagnoses are monitored in the UK by the Surveillance of Equine Strangles (SES) Network.

Strangles doesn't just mean vet bills and extra care, it can also put everyday enjoyment with our horses on hold, stopping riding, training and outings. It can place real strain on yards and equine businesses while everything is brought under control.

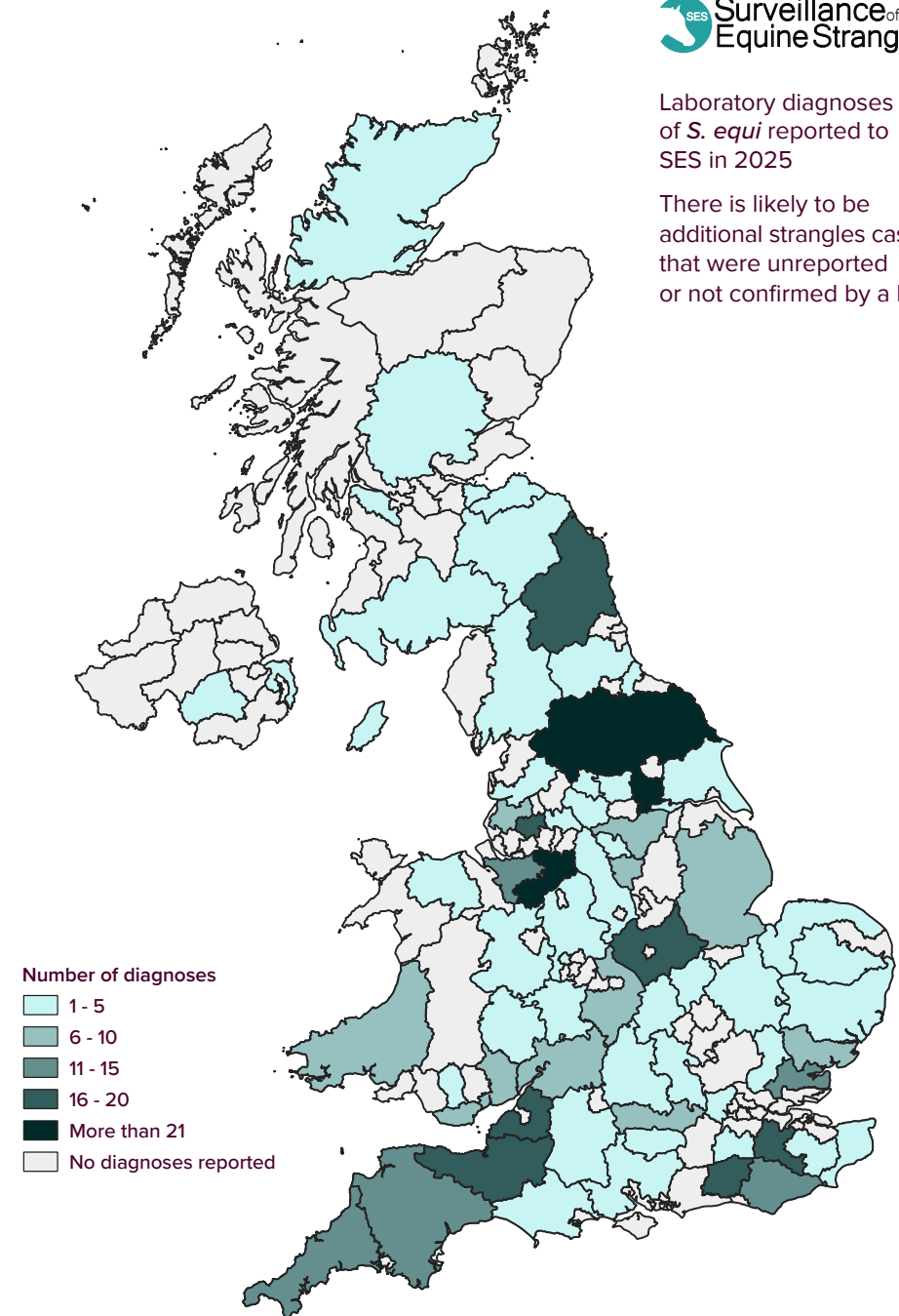
Good biosecurity, vaccination and honest communication will minimise the likelihood of outbreaks occurring and limit the number of horses affected.

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Laboratory diagnoses
of *S. equi* reported to
SES in 2025

There is likely to be
additional strangles cases
that were unreported
or not confirmed by a lab.

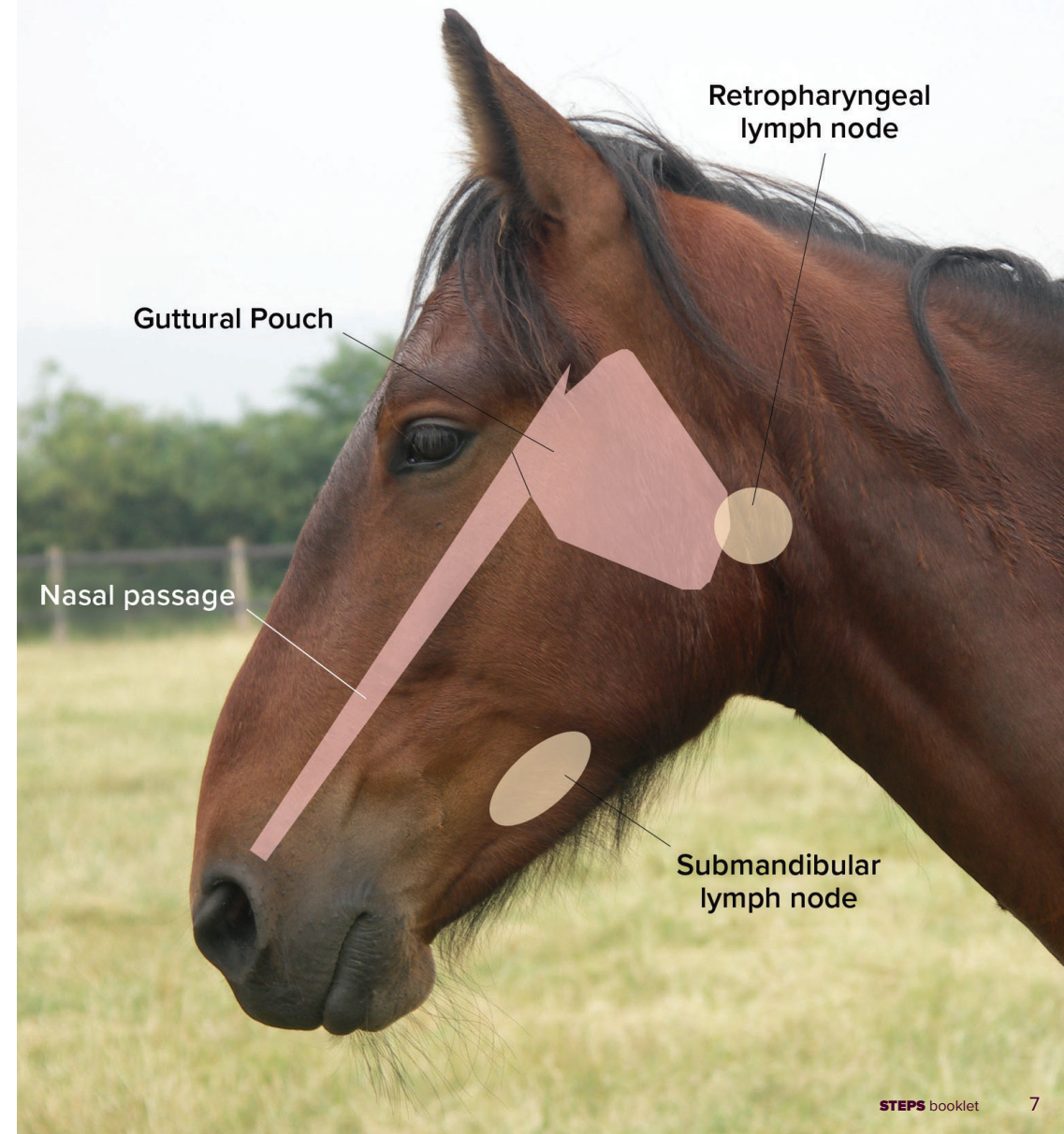
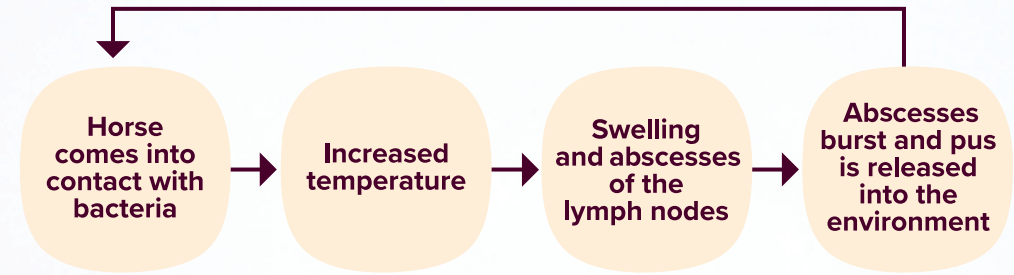


The disease

Streptococcus equi (*S. equi*) is spread by direct contact between horses. While the bacteria can't spread through the air, infected horses can shed mucus and pus which contain the bacteria. This is known as indirect contact where the bacteria can land on and contaminate surfaces where it can be touched by other horses and spread the disease. Surfaces include stables, gates, feed buckets, piles of hay (forage), tack, lorries and trailers, and even human clothing, shoes or hands. The bacteria can survive for several weeks in water¹ so sharing water troughs and buckets can be a major cause of spread.



Once a horse has been exposed to *S. equi* they develop a temperature within 3-21 days², occasionally up to 28 days. This can be followed by swelling and pus-filled abscesses in the lymph nodes around the head and neck (see photo on page 3). This can make it difficult for a horse to breathe; hence the name 'strangles'. The abscesses burst either inwardly into the guttural pouches which drain down into the nose, or outwardly, directly through the skin. The pus contains large numbers of the bacteria which are 'shed' from the horse to the environment and can infect other horses.



Common clinical signs of strangles

- Raised temperature above 38.5°C or a significant change to your horse's normal temperature - remember **'hot before snot'**
- Thick yellow nasal discharge
- Swellings around the jaw – which can burst, releasing thick pus
- A cough
- Dull and depressed
- Low appetite, less drinking or difficulty swallowing
- Lowered head and neck position.



Not all horses will show the same signs; some may become very unwell, while others may display more mildly. It's also possible for horses with strangles to appear healthy but still be infectious to others, this can be referred to as sub-clinical strangles.

Most horses will recover from strangles over a few weeks, but they may be infectious for longer. However, serious complications can occur and may be fatal. These include:

- When abscesses form in other parts of the body
- Swelling of the face and legs, caused by leaking blood vessels, known as PH (purpura haemorrhagica).

Suspect strangles? Act fast!

If you suspect strangles, stop any horses moving on or off the yard and set up a traffic light system to isolate horses into groups while you speak to your vet for advice.

Don't wait for strangles to be confirmed before you isolate! The delay will allow time for the bacteria to spread to other horses.

Red group

Horses with **suspected or confirmed** strangles

- Isolate suspected or confirmed cases in a group away from other horses on the yard.
- Allow a five meter exclusion zone around the isolated horses.
- Mark all equipment with a RED label/ tape, make sure it's kept within the quarantine area and not used for other groups.
- Disinfect any equipment that may have been used with these horses over the last three weeks.
- Use separate drinking water and feed buckets to other horses and prevent nose to nose contact.

Amber group

Healthy horses that **may have been in contact** with suspected or confirmed cases

- Isolate horses that may have had contact with suspected or confirmed cases in the past three weeks into this group.
- These horses could be incubating the disease but not yet showing signs; so, it's important to check temperatures twice daily.
- This could be all other horses on the yard.
- Move horses that have a raised temperature, or any other signs of strangles, into the RED group as soon as possible.

Green group

Horses with **no known contact** with suspected or confirmed cases

- Isolate horses that have had no known contact with suspected or confirmed cases for at least three weeks into a GREEN group.
- These horses should always be attended first to avoid transferring bacteria to them and temperature checked regularly.

Any horses that have a raised temperature, or showing other signs of strangles, should be moved into the red group. In some cases, it may be more practical to change the whole group from green to amber or red, rather than moving individual horses. This will depend on group sizes, facilities available and dynamics between horses.

By supporting those managing an outbreak, we create a community where people feel safe to come forward and be transparent. If you suspect a horse of having strangles you should contact those who may have been in contact including your farrier, coach, and grooms. Inform any venues your horse may have visited in the last three weeks such as competitions, training sessions or horse transporters.



- 1 Stop horses moving on or off the yard**
- 2 Contact your vet**
- 3 Isolate horses into groups**
- 4 Disinfect and assign equipment to prevent further spread**
- 5 Temperature check twice daily**
- 6 Notify people and places from the last three weeks.**



Simple steps for isolating:

- At least five metre exclusion space
- Own equipment for isolated group – kept in the area
- Dedicated person(s) to care for the horses
- Disinfectant for equipment, hands and shoes
- Personal protective equipment available and bin to dispose of gloves and overalls.



Image source: World Horse Welfare

Managing an outbreak

Testing for strangles

Strangles can be difficult to diagnose and your vet will advise on the most suitable test to use. In the early stages of infection, the bacteria can take time to multiply and progress enough to cause a positive test.

- Lymph node abscess samples - where a needle is inserted into a swollen lymph node to take a sample.
- Guttural pouch wash (lavage) - where guttural pouches are flushed out with a sterile solution which is collected as it drains from the nose. A camera can also be used at the same time to look into this area.
- Nasopharyngeal swab - where a sample is taken from within the nasal passage.



A blood sample can be used to test for antibodies against strangles bacteria (the body's natural defence). However, antibodies can take up to two weeks to develop, so a blood test will only confirm if a horse has been exposed to *S. equi* in recent months - not whether they're infectious now. A positive blood test needs further investigation, so is best used with low-risk (GREEN and AMBER groups) to confirm they haven't been exposed to the bacteria. Speak to your vet for further information.



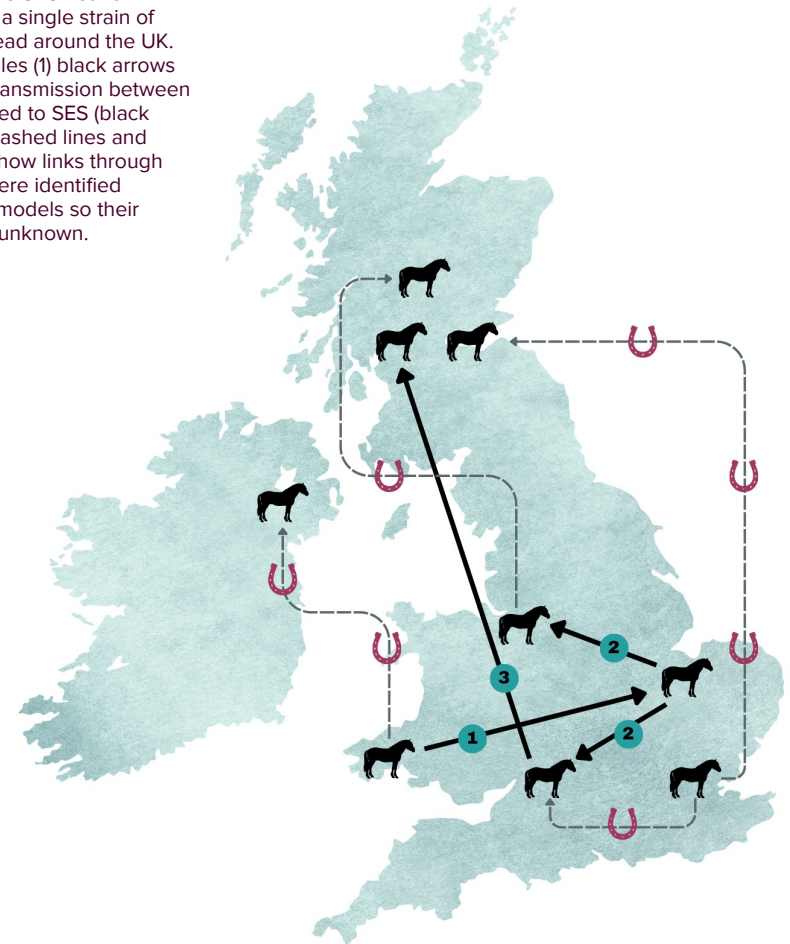
Treatment

Most strangles cases will need good nursing care and time to make a full recovery. Your vet will help support with a management plan and to help keep your horse comfortable. Antibiotics are usually not required but may be given in certain cases.

Ending an outbreak

We understand how stressful managing a strangles outbreak can be, but it's vital that all outbreaks are managed thoroughly to prevent further spread of the disease. Sadly, it's not a process that can be rushed. A driving factor of the spread of strangles is the movement of horses who appear to have recently recovered and look healthy but are yet to be fully cleared of the bacteria from their guttural pouches, so are still infectious³. As an example, a single strain of bacteria made its way across the whole of the UK in six months through a chain of nine infected horses.

A map from the SES network showing how a single strain of strangles spread around the UK. Starting in Wales (1) black arrows show direct transmission between horses reported to SES (black icons). Grey dashed lines and horseshoes show links through horses that were identified by computer models so their locations are unknown.



Strangles carriers

Most horses are infectious for around six weeks after they've recovered from the symptoms of strangles. However, around 10 percent develop a persistent infection and are known as 'carriers' and can spread the bacteria for months or even years afterwards. Carriers usually have dried balls of pus, known as chondroids, stuck in their guttural pouches that continue to shed the bacteria, particularly during times of stress.

Both recently recovered horses and persistently infected carriers can pass *S. equi* to other horses and continue the spread of strangles, so it's important to identify them before lifting restrictions.



Chondroids that have been removed from a carrier

A vet can use a camera (endoscope) to look into guttural pouches and check for chondroids. If present, they can be removed and sometimes the area is treated locally with antibiotics to kill any remaining bacteria. Carriers will need a second guttural pouch wash two weeks later to confirm they're free from infection.

Post-outbreak testing

Your vet will be best placed to advise on testing at the end of an outbreak, but it's likely that all horses in the red group will require an examination. For horses in the amber group, and possibly those in green as well, your vet may advise they'll need a blood test to determine if they've been exposed to *S. equi*, plus further investigation of positive results.

*End of outbreak testing is paramount
to stop the spread of strangles;
it's not a process that can be rushed*

Green group

- Blood test (if required) at end of outbreak
- Endoscope and/or guttural pouch wash if positive blood test
- Vaccination may be beneficial during an outbreak



Amber group

- Blood test at end of outbreak
- Endoscope and/or guttural pouch wash if positive blood test
- Vaccination may be beneficial during an outbreak



Red group

- Endoscope and/or guttural pouch wash to confirm clear
- Vaccination not suitable until three months post recovery
- Blood test not suitable.

Preventing strangles

We're proud collaborators of Strangles Awareness Week (SAW), a multi-agency campaign that shines a light on strangles to help prevent and manage outbreaks. SAW promotes focusing on the BEST steps to keep horses safe:



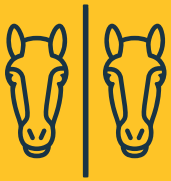
B Boost immunity with Strangles vaccination

Did you know that an innovative Strangles vaccine became available in 2022?



E Engage with trusted information

Where would you go for the most up-to-date advice?



S Separate unfamiliar horses

How are new horses integrated where you keep your horse?



T Temperature check routinely

Did you know that most infected horses develop fever before becoming contagious?



STRANGLES
AWARENESS
WEEK

B Boost immunity with Strangles vaccination

Vaccinating horses can give them additional protection against strangles and strengthens their ability to fight the infection.

Strangvac has been available in the UK since 2022:

- It doesn't give your horse strangles
- It won't cause a false positive result when testing for strangles
- It reduces severity of the symptoms
- It reduces shedding of bacteria
- It's injected into the muscles in the neck.

The vaccine is most effective when used as a preventative measure, so it has time to train your horse's immune response and reduce the risk of strangles happening in the first place. However, vaccines can also be used to minimise the impact during an outbreak and can be suitable for horses in green or amber groups, but the protection can take up to six weeks from the first dose so it can be too late for some horses. Any horses with clinical signs of strangles shouldn't be vaccinated until at least three months after they've recovered. We advise you to speak to your vet about vaccinating your horses.

First dose



Four weeks later – second dose



Two weeks later – protection begins
(can be sooner)



Boosters every 6-12 months
(speak to your vet)

E Engage with trusted information

Understanding around strangles is developing all the time, and new research often leads to changes in best practice. Find trusted information on our website at bhs.org.uk/strangles or the web pages of Strangles Awareness Week and its collaborators. Stay up to date - and help 'spread the word, not the disease'.

S Separate unfamiliar horses

Outwardly healthy horses are often overlooked but they may still be a risk. Avoid contact with unfamiliar horses and their equipment while out and about. Quarantine new arrivals for 21 days and speak to your vet about testing for potential carriers.

T Temperature check routinely

Check your horse's temperature regularly and get to know their normal, this will help you spot if they're feeling unwell. If your horse has a high temperature, you must consider strangles!

Disease prevention

Our emergency care plan can be used to record your horse's normal temperature, pulse and respiration. It's available on our website, bhs.org.uk/ecp.

It's important to have a plan in place for an outbreak on your yard. If you're on a livery yard, this should be included in your yard agreement, so all livers are clear on the management plan in case strangles is suspected. There's no substitute for effective disease prevention. Be sure to disinfect surfaces, equipment, hands and clothes regularly, especially when travelling to different locations.



Image source: BHS

References

1. Durham, A.E., *et al.*, (2018). A study of the environmental survival of *Streptococcus equi* subspecies *equi*. *Equine Veterinary Journal*, 50(6), pp.861-864.
2. McLinden, L.A., *et al.*, (2023). Advances in the understanding, detection and management of equine strangles. *Equine Veterinary Education*, 35(12), pp.662-672.
3. McGlennon, A., *et al.*, (2021). Surveillance of strangles in UK horses between 2015 and 2019 based on laboratory detection of *Streptococcus equi*. *Veterinary Record*, 189(12), pp.451-460.
4. McGlennon, A.A., *et al.*, (2026). Unwelcome neighbours: Tracking the transmission of *Streptococcus equi* in the United Kingdom horse population. *Equine Veterinary Journal*, 58(2), pp.533-548.

For further information on strangles
and disease prevention visit:



bhs.org.uk/strangles



We're here to help

If you have any queries or concerns contact
our Horse Care & Welfare team

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