



NAVVP Member Guidance

Strangles

A practical guide for visiting Veterinary Physiotherapists

National Association of Veterinary Physiotherapists · navp.co.uk

About this guidance

Strangles is one of the most common and disruptive infectious diseases affecting horses in the UK. As a visiting Veterinary Physiotherapist, you are in a different position to a yard owner or manager – you move between premises, handle multiple horses and carry equipment from yard to yard. That places you in a position of real responsibility when it comes to disease awareness and biosecurity.

This is not a definitive clinical protocol. It is a practical guide, written for NAVVP members, to help you work safely, support your clients appropriately and make informed decisions in conjunction with the attending veterinary surgeon. It draws on the Strangles Awareness Week (SAW) BEST framework, the British Horse Society STEPS guidance (2026 edition) and the Horserace Betting Levy Board (HBLB) Codes of Practice for Infectious Equine Disease. Sources may differ slightly in their recommendations, and we have drawn on the collective advice rather than presenting a single prescriptive standard. Yard facilities, case presentations and veterinary advice will always vary.

The attending veterinary surgeon is always the primary clinical authority on any affected yard. This guidance is designed to sit alongside that relationship, not to replace it.

The HBLB Codes of Practice – a key reference for NAVVP members

The Horserace Betting Levy Board publishes Codes of Practice for Infectious Equine Disease that are widely adopted across the equine industry. As a Veterinary Physiotherapist working across different sectors – racing, competition, sport and leisure – familiarity with the HBLB framework supports your credibility as a practitioner and helps you advise clients with confidence. These codes are freely accessible at: codes.hblb.org.uk

Notification – useful context for your practice

Strangles is not a notifiable disease under UK and there is no general legal obligation to report it to the authorities. That said, two points are worth knowing:

- **Racing yards:** Under the Rules of Racing (Section C30), racehorse trainers are required to notify the British Horseracing Authority (BHA) when strangles is likely or confirmed among horses in training. If you are working at a racing yard and suspect strangles, it is important to be aware of this obligation.
- **Export:** No horse with clinical signs of strangles, or that has had recent contact with a confirmed case, should be exported. If a client raises this, advise them to speak to their veterinary surgeon before any movement is arranged.





What is strangles?

Strangles is caused by the bacterium *Streptococcus equi* subspecies *equi* (*S. equi*). It is highly contagious and spreads through both direct contact between horses and indirect contact via contaminated equipment, surfaces, shared water, tack and human clothing. *S. equi* can survive in water for several weeks – shared buckets and troughs are a commonly overlooked transmission route.

As a visiting practitioner moving between premises, you are a potential indirect transmission route. Understanding this is not cause for alarm, but it does shape how you approach your work on any yard.

Recognising the signs

Clinical onset typically follows exposure by 3 to 21 days, occasionally up to 28 days. Not every horse presents in the same way – some become acutely unwell, others show only mild signs or **none at all** while still being infectious. Horses incubating the disease may shed bacteria before any clinical signs appear, which is why prompt action on suspicion – rather than waiting for obvious signs – matters. You cannot rely on visual assessment alone.

Common clinical signs	Serious complications – can be fatal
<ul style="list-style-type: none">• Raised temperature above 38.5°C is often the first sign (“<i>hot before snot</i>”)• Thick yellow or mucopurulent nasal discharge; in some horses, nasal discharge without obvious glandular swelling may be the only sign• Swelling around the jaw or throat, lymph node abscesses that may burst, discharging through the skin or draining into the guttural pouches• Dullness, lethargy or depression• Reduced appetite, reluctance to drink or difficulty swallowing• Atypically low head and neck carriage• Cough	<ul style="list-style-type: none">• Bastard strangles – abscess formation in atypical sites such as the abdomen, lungs or brain if bacteria spreads internally• Purpura haemorrhagica – immune-mediated vasculitis causing swelling of the face and limbs• Airway compromise where swollen lymph nodes partially occlude the respiratory tract <p>If you observe any of these signs during a visit, stop what you are doing, alert the yard manager and advise them to seek veterinary attention promptly.</p>

Carriers

Around 10% of horses that recover clinically from strangles become persistent carriers, harbouring dried deposits of pus (chondroids) within the guttural pouches that continue to shed *S. equi* – sometimes for months or years – particularly during periods of stress. Subclinical carriers are considered one of the most significant factors in the persistence of infection on premises between outbreaks and can initiate new cases when moved to new yards.

A carrier looks entirely healthy. You cannot identify one by clinical observation or physical examination. This is precisely why end-of-outbreak testing exists, and why you should not resume



normal visits to a yard until formal clearance has been confirmed by the attending veterinary surgeon.

Diagnosis – context to support your professional conversations

Diagnosis is the veterinary surgeon’s responsibility. However, understanding the diagnostic process helps you make informed decisions about when it is appropriate to resume treatment on an affected yard. It also supports more useful conversations with the yard owners and veterinary surgeons you work alongside.

How strangles is confirmed

S. equi can be detected directly – by laboratory culture or by qPCR of its DNA – or indirectly through blood testing for antibodies. qPCR is generally considered more sensitive than culture, which can be affected by concurrent infection with the closely related *S. zooepidemicus* or recent antibiotic treatment.

Test	What it means for your practice
Nasopharyngeal swabs	Ideally, swabs should be taken from the back of the pharynx around the opening of the guttural pouch using elongated swabs with enlarged absorbent heads – standard swabs may not reach the right area. Because <i>S. equi</i> sheds intermittently, a single negative swab cannot confirm that a horse is clear. Best practice suggests three swabs collected approximately one week apart; this approach is reported to identify the carrier state in the large majority of cases (>90%). Bear this in mind when assessing whether a yard has been adequately tested.
Guttural pouch wash and endoscopy	Endoscopic examination of the guttural pouches, with submission of wash samples for qPCR and culture, is generally considered best practice for confirming infectious status – particularly in horses that have seroconverted on blood testing but appear clinically healthy. It is the most reliable way to identify or exclude the carrier state before a horse returns to normal management. It is also more invasive than a blood test, typically requiring sedation and relatively expensive.
Blood ELISA	A blood ELISA test detects antibodies against <i>S. equi</i> and can be a useful screening tool. Blood samples are taken on arrival at a yard, (and ideally again at around three weeks), to detect any seroconversion that may indicate recent exposure. It is important to understand that a negative ELISA result does not fully exclude recently exposed horses – horses of high risk status should ideally proceed to guttural pouch investigation regardless. This is a nuance worth understanding when your clients ask whether their yard is clear. A single negative ELISA can be a false negative.



Treatment

The use of antibiotics in strangles management remains a subject of clinical debate. Any treatment decision – including whether antibiotics are appropriate for an individual horse – rests with the attending veterinary surgeon. If clients ask you about treatment, direct them to their vet. This is not within our scope and is genuinely an area where veterinary judgement based on the individual case is essential.

Prevention – the BEST framework

NAVVP endorses the BEST steps promoted by Strangles Awareness Week (SAW) and its collaborating organisations. Each step below is presented as it applies to you as a visiting Veterinary Physiotherapist, drawing on SAW guidance and the HBLB Codes of Practice.

B	Boost immunity with vaccination	Strangvac has been available in the UK since 2022 and, where used preventatively, can reduce the severity of infection and limit bacterial shedding – without causing strangles or producing a false positive on testing. Uptake however is still low. Vaccination is only effective as a preventive measure and ideally forms part of a yard’s ongoing health programme. As a visiting practitioner, being aware of the vaccination status of horses you treat is good practice. Encourage clients to discuss vaccination with their veterinary surgeon. Do not treat a horse showing clinical signs of strangles; vaccination is generally considered inappropriate until at least three months after clinical recovery, though the attending veterinary surgeon is best placed to advise on timing.
E	Engage with trusted information	Use evidence-based sources: the attending veterinary surgeon, the HBLB Codes of Practice for Infectious Equine Disease, the Surveillance of Equine Strangles (SES) network and Strangles Awareness Week collaborators. If you are unsure about any aspect of a yard’s management during a suspected or confirmed outbreak, your first call should be to the attending veterinary surgeon. Do not act on yard rumour or unverified social media posts. Veterinary surgeons will expect and welcome these conversations with allied professionals.
S	Separate unfamiliar horses	When visiting a new yard or attending an event, avoid allowing your equipment to contact horses of unknown health status. Use your own disinfected tools for every horse. Where new arrivals are on a yard you visit, best practice suggests a quarantine period of three to four weeks – though practice will vary depending on yard facilities and individual veterinary advice. If a yard has no clear protocols for new arrivals, it is worth raising this with the owner as part of your professional relationship.



T

Temperature check routinely

A raised temperature – above 38.5°C – is helpfully often the earliest indicator of strangles, often preceding nasal discharge. Remember: “*hot before snot.*” If a horse you are about to treat has a raised temperature or is behaving differently from normal, pause your session, alert the yard manager and suggest they contact their veterinary surgeon. Young and elderly horses tend to be most susceptible to infection and are worth monitoring with particular care. Do not proceed with hands-on treatment until the horse has been assessed.



Outbreak response – traffic light system

When strangles is suspected on a yard you are visiting or due to visit, a structured approach helps limit your risk of inadvertently spreading infection and supports the management plan being coordinated by the attending veterinary surgeon. The traffic light system is widely used across the equine industry and referenced in the HBLB Codes of Practice.

Do not wait for laboratory confirmation before adjusting your practise. Early, proportionate action is far preferable to delay.

If strangles is suspected on a yard you are already visiting: initial steps

1. Pause your visit. Do not handle further horses until you have spoken to the yard owner and, where possible, the attending veterinary surgeon.
2. Establish which horses are in which group before proceeding with any clinical work.
3. Disinfect all equipment and change or cover your clothing before leaving the premises.
4. Do not visit another equine premises on the same day without a full clothing change and thorough disinfection.
5. Record the visit, your clinical observations and the steps you took in your clinical notes.
6. If your work on the yard is non-urgent, consider deferring it until the situation has been assessed and a plan is in place.

Group	Which horses	Your approach as the visiting Veterinary Physiotherapist	End-of-outbreak testing – for your awareness
RED	<p>Horses with confirmed or suspected strangles</p> <ul style="list-style-type: none"> • Active clinical signs or raised temperature • Confirmed positive on S. equi testing • Any horse moved from ORANGE following a temperature rise 	<p>Defer all non-urgent Veterinary Physiotherapy treatment for RED group horses until the yard has been cleared.</p> <ul style="list-style-type: none"> • It would be incredibly rare for attendance to be clinically necessary. Seek explicit veterinary approval first and follow their guide regarding PPE and biosecurity protocol • Do not visit another equine premises on the same day 	<p>Testing is led by the attending veterinary surgeon. The following reflects current best practice to help you understand when a yard is likely to be approaching clearance:</p> <ul style="list-style-type: none"> • Best practice: single negative guttural pouch wash tested by qPCR and culture • Or: three consecutive nasopharyngeal swabs collected one week apart (detects S. equi in more than 90% of carrier horses) <p><i>Do not resume routine visits until you have received</i></p>



Group	Which horses	Your approach as the visiting Veterinary Physiotherapist	End-of-outbreak testing – for your awareness
			<i>confirmation from the yard owner or attending veterinary surgeon that the yard has been formally cleared.</i>
ORANGE	<p>Horses with potential exposure</p> <ul style="list-style-type: none"> • Direct or indirect contact with RED group horses in the preceding three to four weeks • No current clinical signs, but may be incubating • May include horses that shared water, equipment or airspace with confirmed cases 	<ul style="list-style-type: none"> • You can generally visit ORANGE group horses – <u>not before</u> attending GREEN group, and <u>not straight after</u> attending RED group • Use dedicated equipment for this group and disinfect between each horse • Encourage yard managers and owners to monitor temperatures twice daily • Avoid facilitating the movement or transport of ORANGE group horses within or between yards 	<ul style="list-style-type: none"> • Guttural pouch endoscopy and bilateral guttural pouch sampling is considered best practice • A blood ELISA test may be used to check for evidence of exposure to S. equi; a negative result does not rule out recent exposure, and a positive may be a previous serological conversion • Vaccination may be appropriate in some cases – the attending veterinary surgeon will advise
GREEN	<p>Horses with no known contact</p> <ul style="list-style-type: none"> • No known exposure to RED or ORANGE group horses • No contact with affected areas, equipment or personnel from those groups 	<ul style="list-style-type: none"> • Attend GREEN group horses first – before ORANGE or RED • Maintain sensible biosecurity precautions even with this group; sub-clinical infection can never be entirely ruled out • Do not bring equipment from ORANGE or RED areas into the GREEN zone without disinfection 	<ul style="list-style-type: none"> • A blood ELISA test is recommended to confirm no exposure; taken on arrival and again at around three weeks, to check for seroconversion • If either test is positive, further swab or guttural pouch investigation is advisable • Vaccination may be worth discussing with the attending veterinary surgeon, particularly if reports of strangles in the local area



Group	Which horses	Your approach as the visiting Veterinary Physiotherapist	End-of-outbreak testing – for your awareness

Movement between groups: Where possible, during a single yard visit move

• **GREEN** → • **ORANGE** → • **RED**

Never in reverse. If you have inadvertently been in contact with RED group horses, a full clothing change and equipment disinfection before attending any other horse is essential. Strongly consider aborting remaining appointments for that day. Document all steps taken to safeguard yourself.

Ending an outbreak – returning to the yard

An outbreak is not over when clinical signs resolve. A horse that appears recovered may still be shedding *S. equi* for approximately six weeks after symptom resolution. Persistent carriers may shed bacteria indefinitely without any outward sign of illness.

Best practice suggests that clearance testing ideally commences at least four weeks after the last clinical signs have been observed. Starting earlier may miss horses that would have resolved naturally with more time and can result in carriers being returned to normal management too soon. Of course there is often economic pressures to faster removal of restrictions.

As a practical guide for your own decision-making, consider resuming routine visits once:

- The attending veterinary surgeon has confirmed the yard is clear
- End-of-outbreak testing has been completed for all groups, including guttural pouch investigation where indicated
- You have a clear conversation or written confirmation from the yard owner or veterinary surgeon, which you have noted in your records

A single strain of *S. equi* spread across the entire UK in six months through a chain of just nine horses. The consequences of resuming too early – however inadvertently – are real. When in doubt, wait and check with the attending veterinary surgeon.

Biosecurity in your daily practice

The following reflects sensible, professional practice for any NAVP member working across multiple yards. It is not an exhaustive protocol – it is a baseline informed by the HBLB Codes of Practice and the NAVP Code of Conduct. Apply your professional judgement in context – or seek advice – and adjust to whatever the attending veterinary surgeon advises.



ROUTINE PRACTICE (every visit, every yard)

- Where possible, wear dedicated clinical clothing and consider changing outer layers between premises
- Carry your own disinfectant and disposable gloves
- Disinfect hands on arrival and departure from every yard – this is straightforward and costs nothing
- Disinfect equipment between each horse, not just between yards
- Avoid sharing buckets, tools or therapeutic equipment between horses of different health status
- Be aware of water trough hygiene on yards you visit – S. equi can survive in water for several weeks
- Keeping clinical notes of the yards you visit and any recent history of infectious disease is good professional practice

WHEN STRANGLES IS SUSPECTED OR CONFIRMED

- Contact the yard owner before travelling to establish whether your visit is clinically necessary and appropriate
- Seek guidance from the attending veterinary surgeon before proceeding with any hands-on treatment
- Do not visit RED group horses unless there is an urgent, justifiable and defensible clinical reason and the veterinary surgeon has approved the visit
- If you inadvertently attend an affected yard, do not visit another equine premises the same day without a full clothing change and thorough disinfection of all equipment and footwear
- Defer non-urgent appointments until the yard has been formally cleared
- It is worth noting that best practice suggests no horse should enter an affected yard unless strict isolation from all sources of infection can be maintained
- Document the visit, your reasoning and the biosecurity steps you took in your clinical records

AT COMPETITIONS AND AWAY EVENTS

- Be alert to horses showing early signs – a raised temperature, unusual quietness or nasal discharge – and act on what you observe
- Where possible, avoid hand contact with horses of unknown health status; disinfect promptly if contact occurs
- Use your own equipment and disinfect between every horse
- If you are working at a racing yard: under the Rules of Racing, trainers are required to notify the British Horseracing Authority (BHA) if strangles is likely or confirmed among horses in training
- If you observe a horse you are concerned about, advise the responsible person calmly and suggest they seek veterinary assessment before that horse has further contact with others



If you observe a horse you are concerned about during a visit

Stop your assessment or treatment. Alert the yard owner or manager calmly – describe what you have noticed (raised temperature, nasal discharge, lymph node swelling, change in behaviour or demeanour) and suggest they contact their veterinary surgeon. Diagnosis is not your role; raising a clear, professional concern is. Disinfect your hands and equipment before moving to another area of the yard. If you have already handled other horses during the same visit, let the yard manager know so they can factor this into their next conversation with the vet. Document what you observed and what you did in your clinical records.

Quick reference – strangles on a yard you are visiting

- 1 Pause your visit. Do not handle further horses until you have spoken to the yard owner and, ideally, the attending veterinary surgeon.
- 2 Establish which horses are in which group and understand the boundaries before proceeding with any clinical work.
- 3 Attend groups in order: GREEN first, then ORANGE. Seek veterinary guidance before visiting RED group horses.
- 4 Use dedicated, disinfected equipment for each group where possible. Avoid moving items between groups without disinfection.
- 5 Change or cover your clothing before leaving the yard. Disinfect footwear and all equipment.
- 6 Do not visit another equine yard the same day if you have attended an affected premises without a full clothing change and equipment disinfection.
- 7 Defer non-urgent Veterinary Physiotherapy until the yard has been formally cleared.
- 8 Document every visit, the biosecurity measures you took and any clinical observations in your records.

Key references

This guidance draws on the following sources. Reading the HBLB Codes of Practice in full is particularly recommended for members working across the racing and competition sectors.

- **Horserace Betting Levy Board (HBLB)** – Codes of Practice for Infectious Equine Disease – widely adopted as the industry standard for equine infectious disease management.
codes.hblb.org.uk
- **British Horse Society** – STEPS: Strategy to Eradicate and Prevent Strangles (2026 edition)
bhs.org.uk/strangles
- **Strangles Awareness Week / Redwings Horse Sanctuary** – BEST framework, SAW outbreak guidance and practitioner resources



redwings.org.uk/strangles

- **Surveillance of Equine Strangles (SES) network** – National laboratory surveillance data and outbreak mapping

equinesurveillance.org/ses

- **MSD Animal Health Hub** – Strangles management guidance for equine practitioners

msd-animal-health-hub.co.uk

This is a professional practice guide for NAVP members. It is not a definitive clinical protocol and does not replace the judgement of the attending veterinary surgeon, the requirements of the HBLB Codes of Practice, or any site-specific veterinary management plan. Apply this guidance in the context of each individual situation and always work in conjunction with the veterinary surgeon responsible for the horses in your care.

Prepared by Dr Lorna Brokenshire-Dyke MRCVS

for the National Association of Veterinary Physiotherapists

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