



Vet's Casebook



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Is the UK ready to cope with major outbreak of disease?

Neil Frame, of Frame, Swift and Partners, says it is important that owners understand and recognise some very important disease threats to horses

Clients frequently ask if we currently have any strangles cases in Cumbria. The fact is that, to my knowledge, there has been no time in the last 20 years when we have *not* had cases of strangles in Cumbria.

It often sets me thinking that if we had a more contagious disease we may have great difficulty in terms of control and containment. Strangles is a most unpleasant disease but, despite what many people think, very rarely results in death.

Strangles is caused by a streptococcal bacteria and can only be passed via respiratory discharges from an infected horse over a very short distance. In fact, it has to be passed from almost direct horse to horse contact. It can, and frequently is, also passed indirectly via people's clothing, shared feed and water buckets and troughs.

A recent environmental study showed that, under natural conditions, the bacteria will survive only for about three days outside the horse.

Infected horses do not shed bacteria to the environment for a couple of days after the initial fever, which is why temperature taking of associated horses in an outbreak is extremely useful; it allows them to be safely isolated before they begin to shed bacteria in their nasal secretions.

Furthermore, the genetic sequence of the Strep. equi bacterium has been exactly determined. This work allows a rapid diagnostic test (PCR) to detect the DNA sequence of the bacteria allowing very rapid detection.

A new blood test can also detect if a horse has been exposed within the last six months and helps detect the silent carriers of the disease so they can be effectively



Quarantine? How would the UK handle an outbreak of disease like the one that hit Australia a couple of years ago and resulted in a national 72-hour movement ban

treated. There is also an effective vaccine, recently reintroduced into the UK.

So, my theoretical question is: if we cannot eliminate a simple bacteria – one that doesn't even show any antibiotic resistance – with all the above advantages of detection and control, how will we fare with something really serious?

A recent example of what might happen is the influenza outbreak in Australia a couple of years ago. Influenza was con-

firmed at an equestrian centre in Sydney.

It looked horribly like the disease had escaped from a nearby quarantine station.

A national 72-hour movement stand-still was ordered as outlined by the Australian Veterinary Emergency Plan. Despite this and other measures the outbreak that followed was the most serious emergency animal disease Australia had experienced in recent history. Eventually, 76,000 horses were believed to have been infect-

ed. The outbreak was finally contained with the compulsory vaccination of 281,000 horses. The financial loss to the equine industry was incalculable.

Hopefully, we all already know the value of 'flu vaccination. However, other diseases, with more exotic-sounding names, such as western Nile virus and African horse sickness are now not far away in Europe.

The best defence we can have against such threats is knowledge. The more clued-up all our horse

owners are, the more likely veterinary surgeons will be called out quickly to confirm the presence of a new outbreak and then help to contain it.

In fact, we think it is so important that we will be having an illustrated talk at Rheged, near Penrith, on Wednesday, March 11, to help owners understand and recognise some very important disease threats to our horses.

Put the date in your diaries. The talk starts at 7.30pm and everyone is welcome.