Key Points: Strangles Testing

Culture and PCR testing

- No one sampling method is 100% sensitive

Presentation	Recommended initial sample
Purulent nasal discharge	Nasopharyngeal swab or nasopharyngeal wash
Pyrexia	Nasopharyngeal swab or nasopharyngeal wash (might need repeating, as patients not always shedding when initially pyrexic)
Abscessation	Aspiration from the centre of the abscess, avoid swabbing skin ooze over an abscess due to false negative risk
No clinical signs but screening	Bilateral guttural pouch lavages plus a nasopharyngeal swab

- Culture reported to be only 30-40% sensitive for the isolation of strangles bacteria: should be accompanied by PCR

Serology

- Not usually used alone when acute clinical signs present
    - Takes 7-14 days for antibodies to increase following exposure
    - Often titres normal in acute presentations, PCR more likely to be useful
- When is serology potentially useful?
    - To check for new recent exposure (at least 10-14 days previously):
        - During an outbreak
        - Premovement
- Many carriers do not have increased Ab titres
    - Carriers can be missed if premovement testing utilises serology alone
- The new "dual antigen" combined A and C ELISA (by IDVet) is recommended. Initial data suggest:
    - A lower false positive rate
    - Comparable sensitivity to the original A and C ELISA
    - Less variability in results
- If the timing of the first sample was suitable and exposure was prevented subsequently, paired serology is rarely indicated. Paired serology is not indicated if the initial sample demonstrates an increased antibody titre.

Please contact our equine medicine team on 01626 355 655 or email us at admin@axiomvetlab.co.uk if you have any questions.