Racing Integrity Board
New Zealand

17 July 2026

Strangles Notification and Infected Premises Management

What to expect if you notify a suspected or confirmed case of Strangles

Key message

Prompt reporting is responsible horse management. It allows practical advice, limits avoidable spread, and supports a safe, proportionate return to training, trials and racing.

Purpose and notification requirement

The NZTR Directive for Strangles Disease Management (17 July 2026), requires trainers, breeders, clubs, licensed persons, pre-trainers, agistment providers, owners and all other persons to whom the Rules of Racing apply to notify the Racing Integrity Board (RIB) of any suspected or confirmed case of Strangles as early as possible.

The intent of notification is to support horse welfare, protect racing operations and help decision-makers formulate response plans. Participants are encouraged to notify early rather than wait for laboratory confirmation where clinical signs or veterinary advice indicate that Strangles is a realistic concern.

The directive mandates that suspected or confirmed cases must be notified to the RIB as soon as practicable. Notification should include the horse's name, trainer, location, clinical signs, date signs were first observed, diagnostic testing completed or planned, recent movements, known horse contacts, shared transport or equipment, contact details of the attending veterinarian, and biosecurity measures already in place.

RIB contact: RIB Veterinary Services Manager — vet@rib.org.nz or 0272 850 951.

Working definitions

Term	Meaning
Suspected case	A horse showing signs consistent with Strangles, including fever with nasal discharge, enlarged or painful lymph nodes, abscessation, difficulty swallowing, or other clinical signs considered reasonably suspicious by a veterinarian.
Confirmed case	A horse with laboratory confirmation of Streptococcus equi subspecies equi.
Exposed or contact horse	A horse that has had direct contact with a suspected or confirmed case, or indirect contact through shared proximity within approximately 2 metres, staff, tack, feed or water equipment, transport, yards, wash bays, tie-up areas, or other shared facilities.

Term	Meaning
Unexposed horse	A horse with no known exposure to a confirmed or suspected case of Strangles, no residence on an affected property during the relevant incubation period, and no clinical signs consistent with Strangles.
Infected premises	A property or stable where a suspected or confirmed case of Strangles has been identified and where movement restrictions will apply until the RIB is satisfied that an appropriate biosecurity management plan, monitoring process and clearance pathway are in place.

1. If you have a suspected or confirmed case: what happens next?

Movement principle

Once a suspected or confirmed Strangles case is notified, the premises may be managed as an Infected Premises. As a precaution, all horse movements to and from the premises should stop unless specifically authorised by the RIB. Certain movements may be permitted only after veterinary and regulatory risk assessment and with any required RIB conditions confirmed.

Immediate actions expected

1. Isolate affected horses as soon as practicable and minimise contact with other horses.
2. Notify the RIB and contact the attending veterinarian.
3. Stop all horse movements to and from the premises unless RIB authorisation is provided.
4. Identify exposed or contact horses and avoid mixing groups.
5. Start twice-daily rectal temperature and clinical signs recording.
6. Begin cleaning and disinfection of shared and high-touch areas.
7. Do not begin antibiotic treatment without consulting your veterinarian first.

Initial assessment

After notification, the RIB will contact the trainer and attending veterinarian to understand the situation and determine an appropriate response. Information requested may include:

- the horse's clinical signs and current health status;
- diagnostic testing already completed or planned;
- the location of affected and exposed horses;
- recent movements to racecourses, trials, training facilities or other stables;
- possible contact with other horses, people, equipment or transport; and
- biosecurity measures already in place.

Attendance at racecourses, trials and training venues

Where a suspected or confirmed case of Strangles has been identified, horses from the affected premises should not attend race meetings, trials, jump-outs, training centres or other shared equine

facilities unless movement has been specifically authorised by the RIB. This applies even where individual horses appear clinically normal, unless the RIB has confirmed that the premises-level risk has been appropriately managed.

Managing horses within the premises

A practical within-premises zoning system can help trainers and staff manage risk. Zones should be clearly marked where possible. If impractical to have separate staff for each zone, staff should work from Low Risk zones to Medium Risk zones, and High Risk zones last.

Management group	Applies to	Core controls	Movements
High Risk (Infected / isolation group)	Suspected or confirmed Strangles cases and their immediate isolation area.	Dedicated equipment and staff where possible. Handle last. Use strict hand hygiene, protective clothing and cleaning/disinfection after contact.	No movement off the premises unless authorised by the RIB. On-premises movement should be limited to what is necessary for welfare and biosecurity management.
Medium Risk (Exposed / Potential Exposure)	Horses with direct or indirect exposure that are not currently showing clinical signs.	Monitor temperatures and clinical signs twice daily. Avoid shared equipment. Handle after unexposed horses and before infected horses.	No movement off the premises unless authorised by the RIB. Separation from infected and unexposed groups should be maintained where practical.
Low Risk (Unexposed)	Horses with no known direct or indirect exposure based on current information.	Maintain normal hygiene, separate equipment where practical, and continue observation for early signs of illness.	No movement off the premises while premises-level movement restrictions apply, unless RIB authorisation has been provided.

Staff should avoid moving between groups unnecessarily. If movement between groups is unavoidable, hands, footwear, clothing and equipment should be cleaned or changed before returning to lower-risk horses or areas.

Monitoring requirements

Horses under monitoring should have their rectal temperature recorded twice daily, once in the morning and once in the evening, with a minimum of 8 hours between readings. Horses that require monitoring shall be agreed with the RIB Veterinary Services Manager. Trainers should also record nasal discharge, cough, lymph node swelling, appetite, demeanour, and any treatment administered. Records should be made available to the attending veterinarian and the RIB if requested.

Cleaning and disinfection

Cleaning and disinfection should include removal of organic matter before applying disinfectant such as Virkon or F10. Buckets, feeders, water troughs, rails, stables, yards, stocks, wash bays, horse transport, tack, grooming gear and other shared or high-touch surfaces should be cleaned and disinfected as appropriate.
Where possible, avoid shared hoses, shared feed or water equipment, nose-to-nose contact and unnecessary handling across groups. Staff should wash or sanitise hands thoroughly, change gloves and clean or change clothing and footwear when moving between risk areas. Disinfectant footbaths are recommended where they can be maintained correctly.

Antibiotic use

Antibiotics should only be administered on the advice of the attending veterinarian. Strangles management, including decisions on antibiotic treatment, should be based on the individual horse's clinical condition and veterinary assessment. Trainers should not commence antibiotic treatment without veterinary advice, as inappropriate use may affect disease management and diagnostic interpretation.

2. Returning an infected premises to normal activity

Return to training, trials, racing or off-site movement shall occur only when the relevant veterinary, biosecurity and RIB requirements have been met. The RIB's clearance decision may consider both individual horse clearance and the premises-level risk.

Typical diagnostic and clearance pathway

The exact pathway will depend on veterinary advice, risk assessment and laboratory results. The following guidance is intended to help manage expectations while preserving discretion for case-specific decisions.

1. Affected horses clinically recover and complete the minimum observation period (see table below) where required.
2. Temperature and clinical monitoring records are reviewed, particularly for exposed horses.
3. The RIB, in consultation with the attending veterinarian, will specify which horses require clearance testing. This will commonly include confirmed infected horses and exposed horses.
4. The preferred sample is a guttural pouch wash/lavage submitted for PCR testing.
5. If a test is positive, further veterinary assessment, treatment, repeat sampling, or extension of restrictions may be required.
6. Clearance is not based on a single factor alone. Clinical recovery, monitoring records, test results, premises biosecurity and exposure history may all be considered.
7. The RIB is responsible for the clearance decision and will confirm when premises-level restrictions can be lifted or modified and when horses may return to training, trials, racing or other shared equine environments.

Minimum expectations for clearance

Requirement	What this means in practice
Clinical recovery	Affected horses should be free of fever and show no clinical signs of active Strangles. Nasal discharge, lymph node swelling or abscessation should have resolved where applicable.
Veterinary assessment	The attending veterinarian will normally be asked to provide written confirmation that affected horses have clinically recovered and are suitable to progress through clearance.
Observation or stand-down period	Clearance testing should not commence until the relevant observation or stand-down period has been completed, unless an alternative pathway is specifically agreed by the RIB following veterinary assessment. **High Risk (Infected) Horses:** Horses infected with Strangles must wait a minimum of 3 weeks after clinical signs have resolved and treatment has stopped before clearance testing can commence. **Medium Risk Horses:** Medium Risk Horses must wait a minimum of 14 days from their last known exposure to any High Risk Horse before progressing to clearance. Reset of stand-down period: The 14-day period will restart if any horse in the Medium Risk group develops clinical signs consistent with Strangles and is moved into the High Risk group, or if credible contamination exposure is identified.
Diagnostic testing	Testing will normally be required before clearance unless the RIB specifically agrees otherwise following veterinary assessment. **High Risk Horses:** The most accurate clearance test is PCR testing on a guttural pouch saline wash/lavage sample. Results are usually available within 1–3 days, depending on laboratory turnaround times. **Medium Risk Horses:** Clearance will generally require either one negative guttural pouch saline wash/lavage PCR, or three sequential negative nasopharyngeal swab PCRs collected at 7-day intervals. **Low Risk Horses:** Low Risk Horses will generally require either a 14-day stand-down period with accurate health monitoring and veterinary confirmation that there are no clinical concerns (which may include an SAA), or a negative PCR result from a nasopharyngeal swab or guttural pouch sample. The appropriate pathway should be determined in consultation with the RIB and the attending veterinarian. Horses and groups may move between risk categories if new exposure information, clinical signs or test results change the assessed risk.
Premises-level risk review	The RIB may consider unresolved exposed horses, incomplete monitoring records, ongoing clinical signs, uncertain movement history, cleaning and disinfection, and whether biosecurity controls remain necessary.
Low-risk return	Before normal racing activity resumes, the horse and premises should be assessed as presenting a low risk of transmitting Strangles to other horses.

Carrier risk and clearance testing

Some horses may appear clinically recovered but continue to carry Strangles bacteria, particularly in the guttural pouches. These carrier horses may still transmit infection to other horses. This is why clearance testing may be required even when a horse looks well.

Information the RIB may request

- attending veterinarian report or clinical summary;
- laboratory results and sampling details;
- temperature and clinical monitoring records;
- recent movement history for affected and exposed horses;
- list of exposed or contact horses;
- stable map or grouping plan, if requested;
- transport, staff, visitor and shared-equipment contact information;
- cleaning and disinfection actions completed; and
- proposed clearance testing plan or return-to-work plan.

3. Vaccination timing before racing

As a practical precaution, intramuscular injections, including routine vaccinations and other non-essential intramuscular medications, should be avoided within 12 days of racing where possible. Intramuscular injections may cause a temporary inflammatory response and elevated serum amyloid A (SAA) concentrations, which can complicate interpretation of SAA testing undertaken as part of disease surveillance.

Routine Strangles vaccination is generally not recommended during an active outbreak unless specifically advised by the attending veterinarian as part of a property-specific disease management plan. Vaccination does not provide immediate protection and should not be relied upon as an outbreak control measure for horses that have been recently exposed or are showing clinical signs. Decisions regarding vaccination should be made in consultation with the attending veterinarian, taking into account the horse's health status, exposure risk and vaccination history.

4. Practical checklist for trainers

- Isolate affected horses as soon as practicable.
- Notify the RIB and contact your veterinarian if Strangles is suspected or confirmed.
- Stop all horse movements to and from the premises unless specifically authorised by the RIB.
- Separate infected, exposed and apparently unexposed horses where practical.
- Record rectal temperatures and clinical signs for horses under monitoring.
- Keep clear records of recent movements, contacts, shared equipment and transport.
- Use dedicated equipment and staff for affected horses where possible.
- Clean and disinfect equipment, surfaces and high-touch areas.
- Do not send any horse from the premises to races, trials, training centres or shared equine facilities unless approval has been provided by the RIB.
- Where possible, avoid intramuscular injections, including routine vaccinations, within 12 days of racing, as they may cause a temporary inflammatory response and elevated serum amyloid A (SAA) concentrations for up to 10 days, which can complicate interpretation of SAA testing.
- Do not begin antibiotic treatment without consulting your veterinarian first.

Minimum records to keep

- twice-daily temperature chart for horses under monitoring;
- daily clinical signs and observations;
- treatment records and veterinary instructions;
- horse movement records;
- known direct and indirect contacts;
- shared transport, tack, feed or water equipment;
- staff, visitor and farrier or service-provider movements where relevant;
- cleaning and disinfection actions; and
- RIB advice, permissions, restrictions or conditions.

Disclaimer

This advisory is intended as general industry guidance. Case-specific directions may vary according to veterinary advice, risk assessment and applicable Rules of Racing.