Common Health Issues of Orphaned Wild Elephants at the Elephant Transit Home in Sri Lanka

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The megaherbivore, *Elephas maximus maximus* (Sri Lankan elephant), exists mainly in the Dry Zone of the island and contains (with) a population of around 6000. The existence of this endemic subspecies of Asian elephant is threatened by degradation, fragmentation and loss of its habitats. The Elephant Transit Home (ETH) in Udawalawe, Sri Lanka, was established in 1995 to raise, rehabilitate and subsequently release orphaned wild-born elephant calves back to the wild. The ETH attempts to minimise human contact with animals and discourage any interactions and bond formation with its staff (elephant keepers) but promotes bond formation among individuals of the group. It is a pioneering attempt of this nature for Asian elephants. The facility has released over 100 individuals from 1998 up to date. Raising orphaned young elephants on the available milk formulae has caused digestive problems. In addition to nutritional problems, wounds (natural and human-inflicted), gastro-intestinal parasitic problems, skin and must gland infections, eye infections, external parastic infestations, etc. have been encountered. Measures taken to reduce stress among the new arrivals, nutritional management, etiology of diseases and routine practices to overcome parasitic problems were analysed between 1999 and 2008. The majority of the cases with indigestion have been due to milk-fat indigestion and are responsible for 47.61% of mortality during the study period. Among the etiology of mortality of orphans received due to primary gastro-intestinal parasitism, over 50% is due to Liver Fluke (Fasciola jacksoni). Septic arthritis (naval ill) and gun shot injuries are the main cause of septicemia in orphans-received. Veterinary practices along with measures to upgrade health management have been suggested. The reduction of annual mortality rate to below 15% reveals the effectiveness of the veterinary care and management adopted at ETH in Udawalawe.

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