ELEPHANT MORTALITY IN UDA WALAWE NATIONAL PARK, SRI LANKA

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Uda Walawe National Park, with an area of 30,821 ha lies in the Sabaragamuwa and Uva provinces in Sri Lanka. It is surrounded by cultivated land, but renowned for its outstanding scenic beauty and faunal richness, especially among mammals and birds. It was established in June 1972 and serves the dual purpose of ensuring a perennial supply of silt-free water to the reservoir and providing a refuge for wildlife displaced by the opening up of land in the lower reaches of the Walawe Ganga (Hoffmann, 1972).

The elephants in Uda Walawe National Park are the star attraction for the visitors. But in May 1994, it was reported in the local press that a disease known as *Haemorrhagic Septicaemia* was spreading fast among the wild elephants, resulting in the death of several animals (Daily News, 1994).

Haemorrhagic Septicaemia according to Ferrier (1947) is a disease not uncommon among cattle in Burma but is comparatively rare among elephants. However, in India, Chandrasekharan (1979) is of the opinion that many deaths attributed to anthrax were probably due to *Haemorrhagic Septicaemia*, as the symptom of both diseases are extraordinarily similar. The elephants may get infected directly from diseased cattle or buffalo through close contact or by inhalation of droplets or by ingestion of virulent organisms deposited on herbage or water. Another possibility of infection according to Chandrasekharan (1979) is inoculation by biting insects.

The disease runs a very acute course, and death usually occurs within 12 hours (Ferrier, 1947). The symptoms recorded are: complete loss of appetite, frequent yawning, proboscis contracted, trembling, high fever, swellings of variable sizes, diffuse or circumscribed in different parts of the body. Hot and painful swellings appear in the region of the throat which may later spread over to the face. When the throat is affected, respiration becomes more laboured and difficult and the respiratory difficulties become more acute towards the end and death may take place in convulsions from suffocation. In prolonged cases, the animal may show colicy pain and diarrhoea, with mucous and traces of blood. Urine may be scanty, high coloured and turbid. Staggering gait and weakness on hind quarters may also be observed in some cases.

The disease can be diagnosed on the basis of microscopical examination of the blood and the smears made from the discharge of the lesions.

Infected elephants could be treated, according to Chandrasekharan (1979) with Sulphametzathine 200 to 250 gm given orally, followed by half this dose daily for three days.

Forest officials have warned the owners of herds of cattle and buffalo to refrain from releasing their stock to graze in the national park.

References

Chandrasekharan, K. (1979). Common diseases of elephants. In: *Proceedings of the State Level Workshop on Elephants*. College of Veterinary and Animal Sciences, Kerala Agricultural University, Mannuthy, Trichur, India.

Daily News. (1994). Elephants dying of disease. *Daily News (Sri Lanka)*. 24 May 1994. p. 3.

Ferrier, A. J. (1947). *The Care and Management of Elephants in Burma*. London.

Hoffmann, T. W. (1972). The new Uda Walawe National Park: notes on a visit - 4th to 6th August 1972. *Loris*., 12: 277-283.