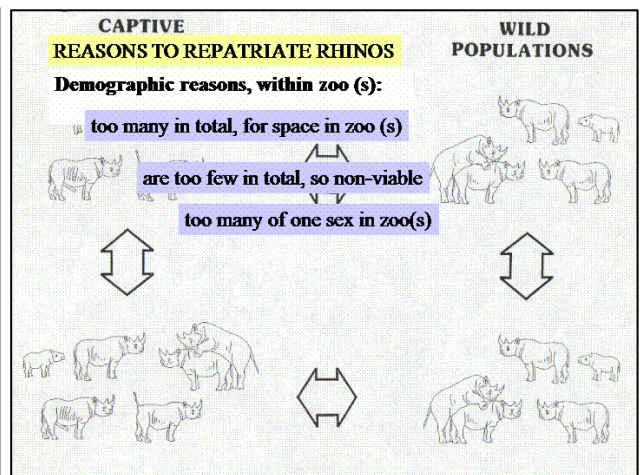
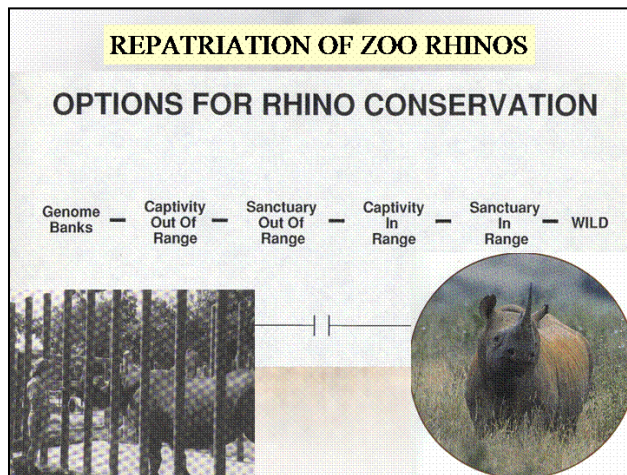


## 4.2 Presentation: Partnerships II – Ex-situ rhinos for repatriation to the SADC Region: options, risks and benefits (Raoul du Toit – WWF SARPO)



**We may want to repatriate rhinos for metapopulation augmentation within range state (*in situ*)**

genetic augmentation (need to be sure of genetic base of *in situ* and *ex situ* rhinos)

demographic reasons

**ASSUME EFFECTIVE BREEDING IN THE WILD**

**To develop re-introduction techniques (weak case)**

### DISEASES AFFLICTING ZOO RHINOS

- Acute episodic haemolytic anaemia
- Chronic non-haemolytic anaemia
- Superficial necrolytic dermatopathy
- Haemosiderosis
- Haemochromatosis
- Leukoencephalomalacia (CNS degeneration)
- Idiopathic and toxic hepatopathies
- IHVS = idiopathic haemorrhagic vasculopathy syndrome
- Fungal pneumonias
- Etc.

Disease are enigmatic but appear to be related to dietary disorders.

**Disease problems are with browsing species**  
**Not grazing species**

Lack of adequate browse

Tannin imbalance

Iron overload

Compromise of immune systems (like AIDS)

TB, IVHS, etc.

TB is due to several species of mycobacteria  
Zoo rhino can suffer from bovine as well as human TB  
Bovine TB in South Africa – not yet in rhinos  
Potential to transmit to humans  
**No TB test for rhinos**

Iron overloading is progressive through life (to 100 times normal)  
Non-reversible


So better to translocate young rhinos

**Do not bring zoo rhinos back into *Continentially Key* or *Important* populations**

Keep track of subsequent translocations within the range state or between range states

**BEHAVIOUR**

Free-range nutrition    Reliance on, or attachment to, humans  
 Predators




Social interaction with other rhinos

So introduce to controlled environment

**Management options on repatriation**

Keep semi-tame



Encourage to "go wild"

