

TRANSLOCATION WORKSHOP
DISEASE SCREENING – WHEN TO DO IT , WHY AND HOW
(Out in the Styx café, Pukeatua, 29/30 Nov 2006, Pam Cromarty & Mike Goold)

WHY:

Risk management tool, not a silver bullet.

Translocate healthy individuals and groups of animals to an environment where there is minimal risk of translocation failure due to disease.

Establish a healthy self-sustaining breeding population.

Maintain the health of populations existing at the destination site.

Avoid wastage of a valuable donor resource

Gather baseline disease information, which is essential for future risk assessments.

Understand translocation failures

Consider factors that increase future disease risk eg climatic changes, environmental changes, incursions etc.

WHAT TO DO:

Use chapter 5 in the Wildlife Health SOP.

Assess the risk of disease and develop a disease management protocol.

Use the worksheets from the Translocation and Quarantine Health Workbook.

Complete – in consultation with a Wildlife Veterinarian.

Use advice and mentoring from other community groups.

Developing your disease management protocol may cause you to redesign your translocation.

Have a contingency plan for what to do if positive or unexpected disease screening results occur.

WHAT'S AT RISK ?

Translocated groups or individuals may have disease.

Threat of spreading disease to destination site.

Threat of spreading disease beyond destination site.

Threat of contracting disease at the destination site.

Small populations of highly endangered species at highest risk from disease.

Us...zoonotic diseases.

WHEN TO DO DISEASE SCREENING

Understanding disease epidemiology is the key to disease control.

Need to know what diseases are present at the donor site and what diseases are present at the destination.

Need to understand the epidemiology of translocation failures due to disease.

Different types of translocation generally requiring disease screening

Captive to Captive:

Consider different diseases present in captive populations compared to the wild.

Captive to Wild:

Each captive facility different: Size, location, climate, environment, management, monoculture, stressors, immune system compromised .

Risk of novel disease in captive population spread to naïve wild population and vice-versa.

Wild to Wild:

Geographical location / isolation may predispose to naivety and immune incompetence to diseases present in other wild populations

Wild to Captive:

Consider stressors of translocation to a different environment / climate / or captive situation.

Exposure to diseases common in captive situations.

Constraints

Availability of disease tests

Risks of confining and handling for examinations / sampling etc.

Financial considerations (batch testing).

Expertise of those involved in translocation