

HIMALAYAN GRIFFON

Rescue and treatment of *Gyps himalayensis* in Odisha, India



IUCN Red List:
Near Threatened
(BirdLife
International, 2017)

Rescued Himalayan Griffon (HGV) under study: A - Case 1 HGV during treatment period, B - Case 1 HGV housed with Long-billed Vulture after recovery, C - Case 2 HGV during treatment period, D - Case 3 HGV during treatment period, E - Case 4 HGV, F - Cases 1&4 HGVs housed together, G - Case 5 HGV during treatment. (Photo credit: A,C&G - Sarat Kumar Sahu; B,D,E&F - Rajesh Kumar Mohapatra)

Aves

[Class of Birds]

Accipitriformes

[Order of the diurnal
birds of prey]

Accipitridae

[Family of birds of prey]

Gyps himalayensis

[Himalayan Griffon]

Species described by
Hume in 1869

Five Himalayan Griffon were rescued during the period December 2014 to November 2018 from different parts of Odisha, eastern India. The rescued birds were brought to Nandankanan Zoological Park (NKZP), Odisha for treatment.

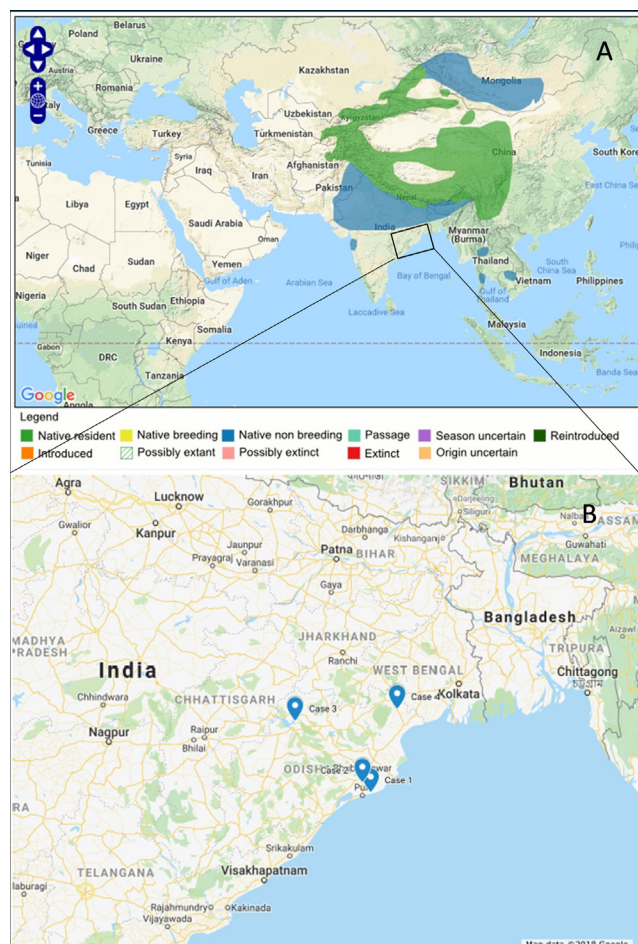
Case 1: An individual was rescued from Balukhand range in Puri forest division of Odisha on 20 December 2014 in a recumbent state. It was brought to the NKZP in a critical condition for treatment. At receipt, the vulture weighed 6.6kg with a wingspan

of 260cm. The bird was treated with administration of Intacef Tazo¹ 200mg, Melonex² 3.5mg intramuscular (IM), and local dressing of the wound. Vimeral³ and Polybion⁴ liquids were provided with drinking water. On 21 January 2015, the vulture had recovered from the injury, with a good health condition.

Global Distribution:

Native: Afghanistan, Bangladesh, Bhutan, China, India, Kazakhstan, Kyrgyzstan, Malaysia, Mongolia, Myanmar, Nepal, Pakistan, Tajikistan, Thailand, Uzbekistan.
Vagrant: Cambodia, Singapore, United Arab Emirates (BirdLife International 2017)

Case 2: An individual was rescued from Pipili NAC, Balipatna Range under Khurdha Forest Division. At the time of receipt at NKZP on 30 December 2015, it was in lateral recumbence state with intermittent convulsion. Toes of



Distribution of Himalayan Griffon: A - global distribution, B - site of rescues in Odisha, India, during the study period

both limbs were curled up with soiled cloaca. The bird weighed 7.1kg with a wingspan 270cm. It was administered with Intacef Tazo 200mg daily IM for five days along with Melonex 3.5mg IM. After five days of treatment, it showed remarkable improvement in its health condition. It started taking chicken meat on the fifth day with improved activity. It was, however, again observed with dullness on the 19th day with anorexia, drooping of wings, and foul-smelling with watery droppings. Treatment was given with Mikacin⁵ 125mg daily IM with lactobacillus and electrolytes in drinking water. Unfortunately, the bird died on the 20th day. Postmortem examination revealed that death was due to hemorrhagic enteritis.

Case 3: An individual was rescued from Suleipal Village Forest, Rengali section, Kanihan range of Angul Forest Division and

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⁴Merck Ltd., Vikroli, Mumbai, Maharashtra 400079, India.

⁵Aristo Pharmaceuticals Pvt. Ltd., Ballard Estate, Mumbai, Maharashtra 400001, India.

received at NKZP on 24 January 2017 in dullness with curled toes and drooping of wings and head. Physical examination of the bird revealed injury in the right wing. The bird weighed 6.8kg with a wingspan of 268cm. It was treated with Intacef Tazo 200mg daily IM along with Melonex 3.5mg IM. The health conditions of the bird, however, did not improve and it died on the third day. Postmortem examination of the bird revealed that death was due to hemorrhagic enteritis and septicemia.

Case 4: An individual was rescued on 10 March 2018 and received at NKZP on 11 March 2018. At receipt, the vulture was found dull with injury in legs. The vulture was kept at quarantine. Regular dressing was carried out with Betadin⁶. The vulture gradually showed improvement. On completion of the quarantine period (one month), it was housed with the other vultures at NKZP.

Case 5: An individual was rescued from Dara, Durgamaandap of Talcher range of Angul Forest Division, on 10 December 2018 and received at NKZP on 15 December 2018. It was suffering from diarrhoea and observed with drooping of the head, dullness, respiratory distress, and anorexia. It was treated with administration of antibiotic Taxim⁶ 125mg IM and Optineuron⁷ 0.5ml IM. The health condition of the vulture, however, did not improve and it died on 02 January 2019.

The vultures were identified based on diagnostic characters described in the literature (Alström 1997; Grimmett et al. 2011; Praveen et al. 2014; Kazmierczak 2015) and distinguished from *G. indicus* and *G. fulvus*.

The adults remain for most of the year in the breeding grounds while juveniles wander into the plains of southern and southeastern Asia in winter (Naoroji 2006; Rasmussen & Anderton 2012). Like many other large raptors, the juveniles of Himalayan Griffon wander a lot and are not good at finding food. Due to stress, exhaustion, and/ or injury, they come down to the ground and, in some cases, get rescued. All the birds in the present study were also in exhausted condition at the time of rescue and were suffering from injuries to their wings and/ or limbs, indicative of their long migration. Besides, they were suffering from gastrointestinal infections that were revealed in the two postmortem examinations, also indicative of stress.

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⁷Lupin Ltd., Vapi, Gujarat 396195, India.

Though there are reports on the vagrancy of *G. himalayensis* to northeastern, northwestern, and southern India, no record of sighting or occurrence of the species in Odisha was found in the available literature (Grimmett et al. 2011; Rahmani & Nair 2012; Rasmussen & Anderton 2012; Praveen et al. 2014; Kazmierczak 2015; BirdLife International 2017). It is possible that these individuals were vagrants like an earlier reported sighting of juvenile Himalayan Griffon (Praveen et al. 2014). The present observation reports the extension of the range of Himalayan Griffon to Odisha in eastern India.

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