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SNAKE COURSES

The ASI offers both public and corporate snake courses.

Public courses take place at various venues throughout South Africa.

The corporate training is done on-site, both in South Africa, as well as in 19 African countries.

We pride ourselves on teaching only the safest snake handling methods, to ensure the safety of both the handler and the snake.

We offer a range of different course options, including snake awareness, first aid for snakebite, venomous snake handling, venomous snake handling bootcamps, as well as advanced first aid for snakebite, advanced venomous snake handling and a reptile photography course.

For course info, click here or email us on courses@asiorg.co.za for details.





INTRODUCTION

he African Snakebite Institute is the leading training provider of Snake Awareness, First Aid for Snakebite and Venomous Snake Handling courses in Africa as well as the largest distributer of quality snake handling equipment, snake PPE and snakebite first aid kits. Our aim is to spread snake awareness as far and wide as possible, which is why we've launched our new free E-Book series.

ur CEO, Johan Marais is a well-known herpetologist with over 40 years of experience with snakes. He has worked at various reptile facilities and has collaborated on a variety of scientific studies with some of the world's leading herpetologists. He is also one of Africa's most prominent authors of snake books and has written the best-sellers A Complete Guide to Snakes of Southern Africa, Snakes and Snakebite in Southern Africa and First Aid for Snakebite, to mention just a few.



COMMON SNAKES OF

GRAHAMSTOWN/MAKHANDA

The Eastern Cape has 49 different snake species. Of the 25 snakes that occur around Makhanda/Grahamstown there are four species that are highly venomous, two are venomous and one can inflict a painful bite. Most snakes are mildly venomous or harmless. We've listed the common species in this booklet, showing venomosity, key ID features, full distribution, and snakebite info for venomous species.

Snakebite is problematic with most bites reported from the hot, wet regions in the eastern part of the country. More than 4,000 snakebites are reported annually with over 1,000 victims being hospitalised. Of those around 60% show signs of envenomation and the remaining 40% show no symptoms – these are referred to as dry bites or may be bites from mildly venomous or harmless snakes. In a recent 5 year survey of 879 snakebite cases in Zululand, nearly 98% of victims showed typical signs of cytotoxic envenomation – largely Mozambique Spitting Cobra, Puff Adder, Common Night Adder and Stiletto Snake bites. Despite their relative frequency, if treated correctly in hospital, these bites are rarely fatal. Most bites occured in the early evening in the warm wet summer months from November to April/May. Around 84% of the bites were inflicted well below the knee. Less than 11% of these victims received antivenom and none of the bites in this survey were fatal.

Generally speaking we have 10 - 12 fatal snakebites a year in South Africa and these are invariably caused by the Black Mamba and Cape Cobra. Both of these snakes have a potent neurotoxic venom that may quickly affect breathing.

SNAKE HANDLING EQUIPMENT

The African Snakebite Institute is the leading provider of quality snake handling equipment in Africa. View our range online here.



COMMON SNAKES OF GRAHAMSTOWN/MAKHANDA



Grahamstown / Makhanda has around 25 species of snakes. Four species are considered highly venomous Two species can give a bad bite. The rest of the species are mildly venomous or harmless to humans.

human fatalities

Painful bite, but does not require antivenom

Not thought to be harmful to humans HARMLESS

Not dangerous to



































JOHAN MARAIS is the author of various books on reptiles including the best-seller A Complete Guide to Snakes of Southern Africa. He is a popular public speaker and CEO of the African Snakebite Institute. The **African Snakebite Institute (ASI)** offers a variety of courses including Snake Awareness, Scorpion Awareness and Venomous Snake Handling. ASI is accredited by the **International Society of Zoological Sciences (ISZS)** and Travel Doctor-approved service provider. The courses are also accredited by the Health Professions Council of South Africa (HPCSA). ASI is the largest provider of quality snake handling and safety equipment in Africa.

FREE ASI SNAKES APP

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& Snakebite



EMERGENCY PROTOCOL

IN THE EVENT OF A SNAKE BITE

1 Keep the victim calm, immobilized and transport the victim to the closest

hospital without delay.

- 2 If the victim stops breathing, resort to artificial respiration or make use of a Bag Valve Mask.
- 3 Call the Poison Information Centre helpline for further advice: 0861 555 777.

DO NOT

- ... apply a tourniquet.
- ... cut and suck the wound.
- ... use ice or very hot water.
- ... give the victim alcohol. ... apply electric shock
- ... inject antivenom randomly. Antivenom (if required) must be administered by a doctor in a hospital environment.

Download the high resolution poster here.



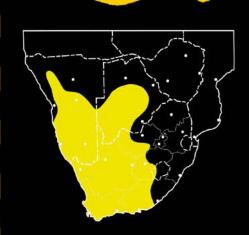
HIGHLY VENOMOUS



Cape Cobra

(Naja nivea)

Maximum Length: 2.3 m



Other names:

Geelslang, Kaapse Kobra, Koper kapel

This snake varies in colour from near black to dark or light brown, beige, yellow or speckled while juveniles have a dark band on the throat. The Cape Cobra is easily confused with the Mole Snake and the Black Spitting Cobra. It is by far our most dangerous cobra and with the Black Mamba it accounts for the majority of fatal snake bites in South Africa. The Cape Cobra may stand its ground if threatened and is quick to form a hood and bite. It occurs largely in the Cape provinces but extends into the Free State, Northwest, southern Botswana and Namibia. The venom is potently neurotoxic causing progressive weakness and may affect breathing rapidly. Victims need urgent hospitalisation and in a severe bite antivenom is essential







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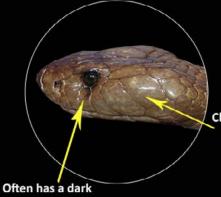
Cape Cobra (Naja nivea)

HIGHLY VENOMOUS

Average length: 1.2 - 1.6 m. Maximum length: 2.3 m

Can be confused with: Mole Snakes, Black Spitting Cobras, Snouted Cobras





Chunky cheeks for venom storage Spreads an impressive hood

Juveniles have a dark band on throat

mark under the eye

Varies in colour from light yellow to brown, gold and black.
Often a speckled mix of colours



Ventral scales often visable on sides

Belly usually same colour as the rest of snake

Usually have dark tipped tails

SNAKEBITE PROFILE **CAPE COBRA**

Naja nivea



Risk of Bites

The Cape Cobra is commonly encountered in suburbia, especially in areas where rodents are abundant. If cornered, it is quick to rear up and form a hood and if approached closely will bite readily.



Most Bites

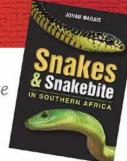
Most victims are bitten on the lower leg or on a hand, often when attempting to capture or kill the snake.



Symptoms & Venom

A potent and fast-acting neurotoxic venom that is quite similar to Black Mamba venom in its effects. It results in pins and needles in the lips, nausea, excessive sweating, drooping eyelids, difficulty in swallowing and eventually drowsiness and muscle pain followed by paralysis and respiratory failure. Some victims also experience some swelling. In severe cases victims become unresponsive within less than one hour.

See pages 49-51 - Snakes and Snakebite in Southern Africa (2024).



First Aid

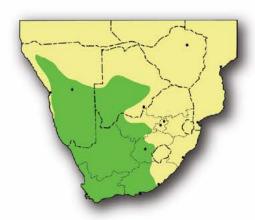
Immobilise and reassure the patient, who must lie down in a rescue position. Immediately arrange transport to a hospital with emergency facilities. If far from a hospital, apply a pressure bandage (Page 19 of Snakes and Snakebite in Southern Africa). Resort to artificial respiration if the victim stops breathing.



Medical Treatment

severe envenomation cases patients are intubated and ventilated if they are not breathing. They are treated with 12-15 vials of SAVP Polyvalent antivenom. Additional vials of antivenom may be required at a later stage. Even after receiving antivenom, patients may remain unresponsive for a day or two.







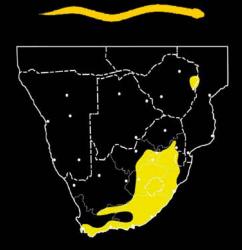




Rinkhals

(Hemachatus haemachatus)

Maximum Length: 1.5 m



Other names:

Ring-necked Spitting Cobra

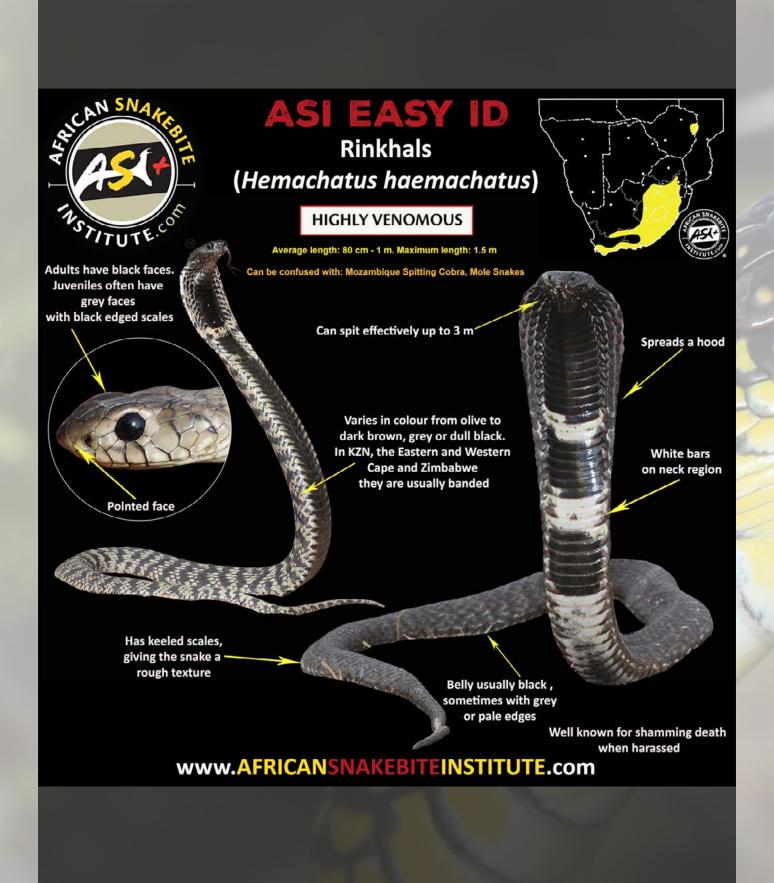
The Rinkhals is endemic to Southern Africa and is found only in South Africa, eSwatini, Lesotho and eastern Zimbabwe. Though it resembles a cobra (spreads a hood) it is not a true cobra and gives birth to live young. It is essentially a grassland inhabitant but is also found in fynbos in the Western Cape. It is fond of wetlands where it feeds on frogs. When threatened it is quick to disappear down a hole, but if cornered it will stand its ground, form a hood and spit. The Rinkhals is also quick to play dead with the body turned upside down and the mouth hanging open. The venom of this snake is largely cytotoxic causing pain, swelling and potentially tissue damage. Bites are extremely rare and fatalities virtually unheard of. Polyvalent antivenom is effective.







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SNAKEBITE PROFILE RINKHALS

Hemachatus haemachatus



Risk of Bites

This snake is quick to hood in a defensive position when startled and will often spit venom at attackers. It is also well known for playing dead when cornered. Bites to humans are uncommon. However, dogs that attack the snake are often bitten and die quickly unless treated with antivenom by a veterinarian soon after a bite.



Most Bites

Bites are not common, except for incidents where snake keepers are bitten by captive snakes. Persons handling the snake may also be bitten.



Symptoms & Venom

The venom is both cytotoxic and neurotoxic. Symptoms include painful swelling of the affected limb and possibly necrosis at the site of the bite. Other symptoms, though not common, include nausea, dizziness and respiratory distress.



See pages 67-69 - Snakes and Snakebite in Southern Africa (2024).



引 First Aid

Immobilise and reassure the patient. Elevate the affected limb. Promptly transport the victim to the nearest hospital that has emergency facilities. Avoid all other first aid remedies including bandages. For venom in the eyes, wash the eyes out immediately using water or any other bland liquid and transport the victim to a medical doctor.



Medical Treatment

In cases of severe envenomation where there are clear signs of progressive swelling, which extends more than 10-15cm per hour above the bite site, or respiratory distress, doctors will treat such bites with 12 ampoules (or more) of polyvalent antivenom. Anti-inflammatories (NSAID's) and antibiotics are not indicated in the short term. Fasciotomies are rarely justified and should generally be avoided. In cases where patients suffer tissue damage, surgery may be required but rarely in the first few days. There are no documented fatalities from these bites in more than 45 years.





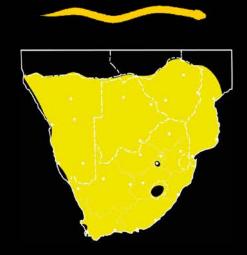
HIGHLY VENOMOUS



Puff Adder

(Bitis arietans)

Maximum Length: 1.4 m



Other names:

Pofadder, Imbululu

The Puff Adder is widespread over much of southern Africa and further north into Africa. It is a heavy-bodied snake that relies on its excellent camouflage and is reluctant to move. Much of its life is spent in camouflage mode and recent research has shown that when hiding, the Puff Adder will not hiss or strike when approached, as this would give away its presence. It is an ambush hunter that will coil up into a striking position and await its prey. This can last several days or even weeks. Toads are lured closer with flicking of the tongue. Puff Adder venom is potently cytotoxic, causing severe pain, swelling, blistering and in many cases severe tissue damage. Polyvalent antivenom is effective.







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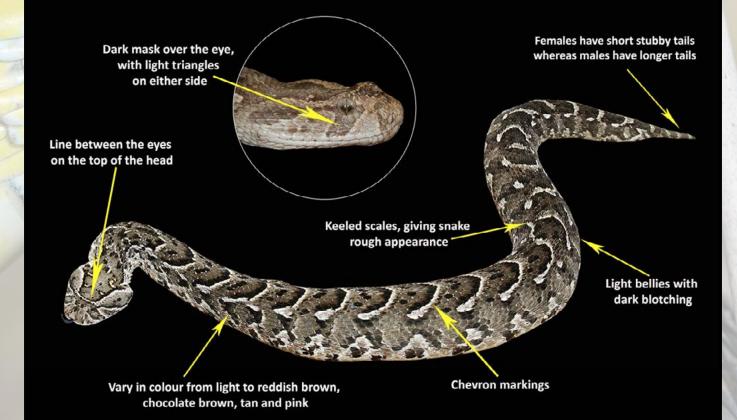
Puff Adder (Bitis arietans)

HIGHLY VENOMOUS

Average length: 90 cm. Maximum length: 1.4 m

Often confused with: night adders and Berg Adders







SNAKEBITE PROFILE PUFF ADDER

Bitis arietans



Risk Of Bites

Bites are common as this snake is widespread throughout most of southern Africa. Along with the Mozambique Spitting Cobra, these two snakes account for the majority of serious snakebites in southern Africa. Dogs are at risk and often get bitten when attempting to kill the snake.



Most Bites

Most victims are bitten at night when accidentally stepping on the snake, but bites are also inflicted during the day when the snake is basking. Most bites are on the feet or lower legs.



🔍 Symptoms & Venom

The venom is potently cytotoxic as well as haemotoxic. Symptoms include severe pain, progressive swelling, bleeding from the fang punctures, blistering and tissue damage. The lymph nodes may also be affected. Dogs may perish after a bite from this snake, unless treated with polyvalent antivenom, if required.

See pages 26-28 Snakes and Snakebite in Southern Africa (2024).



First Aid

Immobilise and reassure the patient. Elevate the affected limb and remove tight clothing and jewelry. Promptly transport the victim to the nearest hospital that has emergency facilities. Avoid all other first aid remedies including bandages.



Medical Treatment

In cases of severe envenomation where there are clear signs of progressive swelling, which extends more than 10-15cm per hour above the bite site, doctors will treat such bites with 6 ampoules (or more) of polyvalent antivenom. Anti-inflammatories (NSAID's) and antibiotics are not indicated in the short term. Fasciotomies are rarely justified and should generally be avoided. In cases where patients suffer tissue damage, surgery may be required but rarely in the first few days.













Boomslang

(Dispholidus typus)

Maximum Length: 2.1 m



Other names:

Boomslang

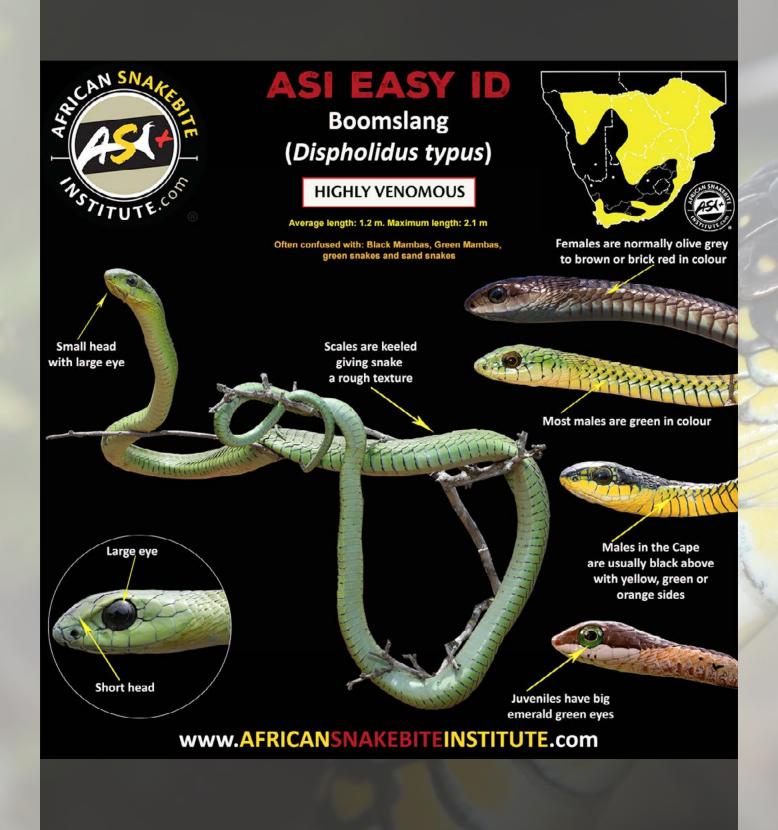
The Boomslang is largely tree-living but may descend to the ground to bask. In trees it poses no threat to humans as it is extremely reluctant to bite, and bites are rare. Juveniles are grey with a massive emerald, green eye but change to the adult colours around a length of 1 m. Most males are bright green, sometimes with black between the scales, but in the Cape Provinces they are usually black above with green, yellow or orange sides. Females are usully brown to grey in colour. Boomslang venom is haemotoxic and compromises the blood clotting mechanism, causing uncontrolled bleeding if not treated. The South African Vaccine Producers manufacture a monovalent antivenom for bites from Boomslang that is very effective.







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SNAKEBITE PROFILE **BOOMSLANG**

Dispholidus typus



Risk of Bites

Bites are not common in South Africa. This snake lives in trees and shrubs and interactions with humans are infrequent. It is a placid snake that only bites when provoked or handled. If spotted, it is quick to flee higher up into trees.



Most Bites

Bites occur when a basking snake is accidentally stepped on or grabbed, or when it is handled.



Symptoms & Venom

Drop for drop the Boomslang has the most potent venom of any snake in Africa. It is slow-acting, but potently haemotoxic and symptoms include bleeding from the bite site, the nose, mucous membranes and internal bleeding.

See pages 79-81 Snakes and Snakebite in Southern Africa (2024).



First Aid

Immobilise and reassure the patient. Elevate the affected limb. Promptly transport the victim to the nearest hospital that has emergency facilities. Avoid all other first aid remedies including bandages.



Medical Treatment

In cases of severe envenomation patients are monovalent Boomslang treated with antivenom. The initial dosage is two vials but, in some cases, a third vial may be required. This antivenom is produced by the South African Vaccine Producers. It is a Schedule 4 drug, therefore a script is required should one wish to purchase it. It comes in a 10 ml vial and must be refrigerated. It has a three year shelf life.



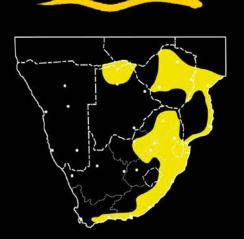




VENOMOUS

Common Night Adder (Causus rhombeatus)

Maximum Length: 1 m



Other names:

Rhombic Night Adder, Gewone Nagadder

Despite the common name, the Night Adder is more active during the day. It averages 30 – 60 cm in length, but can reach 1 m. It can be identified by the distinct dark V-marking on the head. It prefers damp localities and is a frog specialist. The Night Adder is generally a docile snake but will hiss aggressively and strike when provoked. It accounts for many bites, especially in KZN and the Eastern Cape. It is commonly found in suburban gardens.

Night Adder venom is cytotoxic, and most bites are not serious – causing pain and swelling. Having said that, the venom of this snake should never be underestimated, especially in children, as some victims require hospitalisation.







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Despite the common name,

ASI EASY ID

Common Night Adder (Causus rhombeatus)

VENOMOUS

Average length: 40 - 60 cm. Maximum length: 1 m

Often confused with: Rhombic Egg-eaters, Berg Adders and Puff Adders



they are mainly active during the day Single distinct "V" Rhombic markings. marking on the head. Dark brown, light-edged blotches The apex of the V ending along the centre of the body and tail between the eyes Black lines on the Often has edges of the scales dark mask of the upper lip over eye Belly usually white to yellowish or light grey Colour, varying shades of light grey, olive, Round pupil or light to pinkish brown



SNAKEBITE PROFILE **COMMON NIGHT ADDER**

Causus rhombeatus



Risk of Bites

Bites are quite common in coastal KwaZulu-Natal and the Eastern Cape. Despite the common name, this snake is active during the day and frequents moist areas at dams, rivers and streams, where it feeds largely on toads. Dogs are at risk and often get bitten when attempting to kill the snake.



Most Bites

People are bitten when accidentally stepping onto one of these snakes. Most bites are on the feet or lower legs. Some people are under the wrong impression that Night Adder venom is mild and get bitten when handling the snake.



First Aid

Immobilise and reassure the patient, elevate the affected limb and rest it. In severe cases, especially in small children, the patient may require hospitalization for rehydration and pain.

See pages 40-41 Snakes and Snakebite in Southern Africa (2024).





Symptoms & Venom

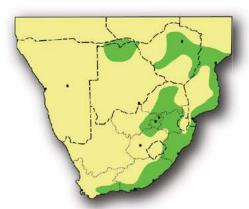
cytotoxic is largely (cell-destroying), causing pain, swelling, and discoloration of the bitten area within an hour or two. The lymph nodes may also be affected. Swelling and discoloration may persist for more than a week, but blistering is rare. The venom of this snake does not cause tissue damage but could be quite serious when dogs are bitten. Small dogs may perish after a bite from this snake.



Medical Treatment

There is no antivenom for this bite of a Common Night Adder. Both antibiotics and anti-inflammatories (NSAIDs) are not indicated and should not be given in the first 72 hours. If well rested, patients recover fully within a week or two.







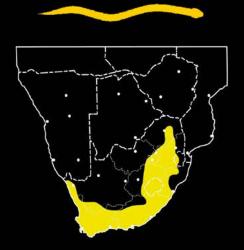


MILDLY VENOMOUS

Spotted Harlequin Snake

(Homoroselaps lacteus)

Maximum Length: 65 cm



Other names:

Gevlekte Kousbandjie

This colourful little snake averages 30 – 40 cm with a maximum length of 65 cm. It varies greatly in colour, depending on locality, and is found in fynbos, lowland forest, moist savanna and grassland. The Spotted Harlequin Snake is quite common in some areas and is found in deserted termite mounds, under rocks and logs or building debris. When exposed it will wriggle violently to escape. It feeds on legless skinks, blind snakes, other snakes and small lizards. Little is known of the venom of this snake, but bites where the snake has been allowed to chew have resulted in pain, swelling and discoloration as well as painful glands. Swelling subsides within 2-3 days.







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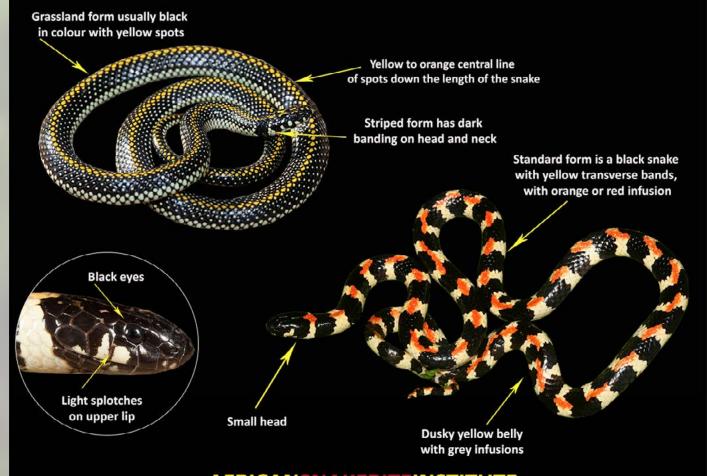
Spotted Harlequin Snake (Homoroselaps lacteus)

MILDLY VENOMOUS

Average length: 40 cm. Maximum length: 65 cm

Often confused with: Cape Coral Snakes and Aurora House Snakes







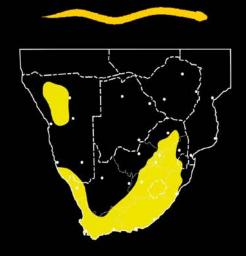


MILDLY VENOMOUS

Spotted Skaapsteker

(Psammophylax rhombeatus)

Maximum Length: 1.4 m



Other names:

Rhombic Skaapsteker; Gespikkelde Skaapsteker

A fast-moving diurnal snake that inhabits grasslands, fynbos, moist savanna and semi-desert areas. It is a nervous snake and is quick to escape, either into a bush or grass tuft or under a rock. The name 'Skaapsteker' came from the mistaken belief that these abundant snakes accounted for sheep deaths, when the actual culprit was probably the Cape Cobra. This is also one of few African snakes that coil around and protect their eggs – the Southern African Python being the other. The Spotted Skaapsteker feeds on rodents, lizards, birds, frogs and other snakes. The venom of this snake is mild and poses no threat to humans.







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Cape form has

red and blue flecks

ASI EASY ID

Spotted Skaapsteker (Psammophylax rhombeatus)

MILDLY VENOMOUS

Average length: 40 - 60 cm. Maximum length: 1.4 m

Often confused with: other sand and grass snakes and Striped Skaapsteker



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Striped form



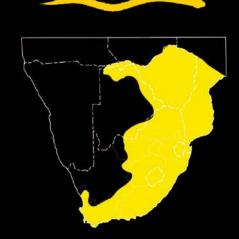
MILDLY VENOMOUS



Herald Snake

(Crotaphopeltis hotamboeia)

Maximum Length: 1 m



Other names:

Rooilipslang, Red-lipped Snake

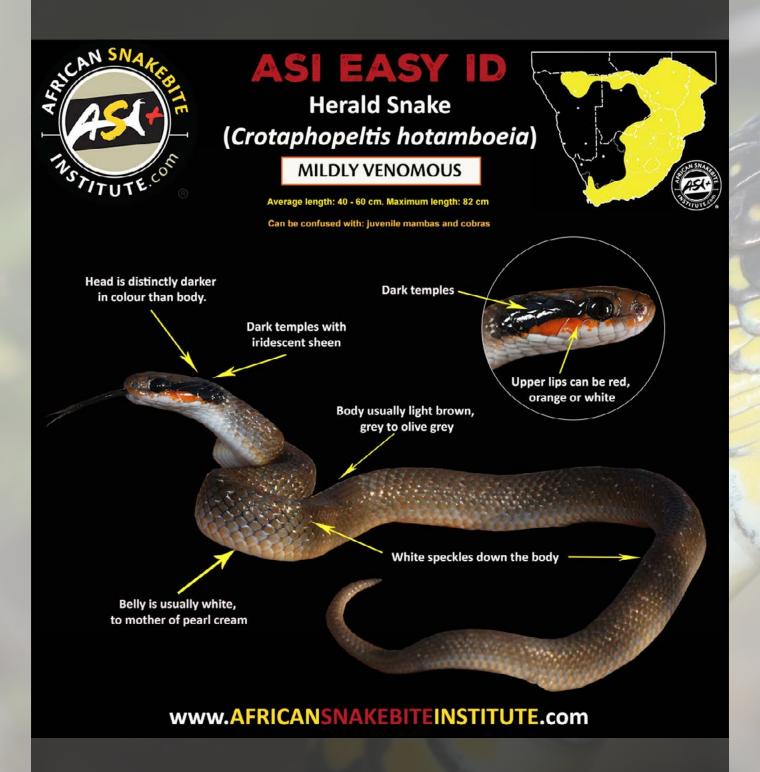
A nocturnal snake that frequents suburban gardens, especially those with water features. It is a toad specialist and often eats toads that look far too large to swallow. The Herald Snake is usually greyish to olive-grey in colour, but some individuals are quite dark. The head is always darker than the body and there may be white speckles on the body. In parts of the range the upper lip is bright red, orange or yellowish to white. When threatened, this snake puts up quite a show, drawing the head back into a striking position with the mouth agape and the head flattened. It is mildly venomous and poses no threat to humans or domestic animals.







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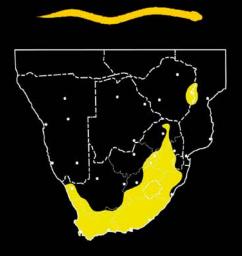




MILDLY VENOMOUS

Cross-marked Grass Snake (*Psammophis crucifer*)

Maximum Length: 82 cm



Other names: Kruismerk Grasslang

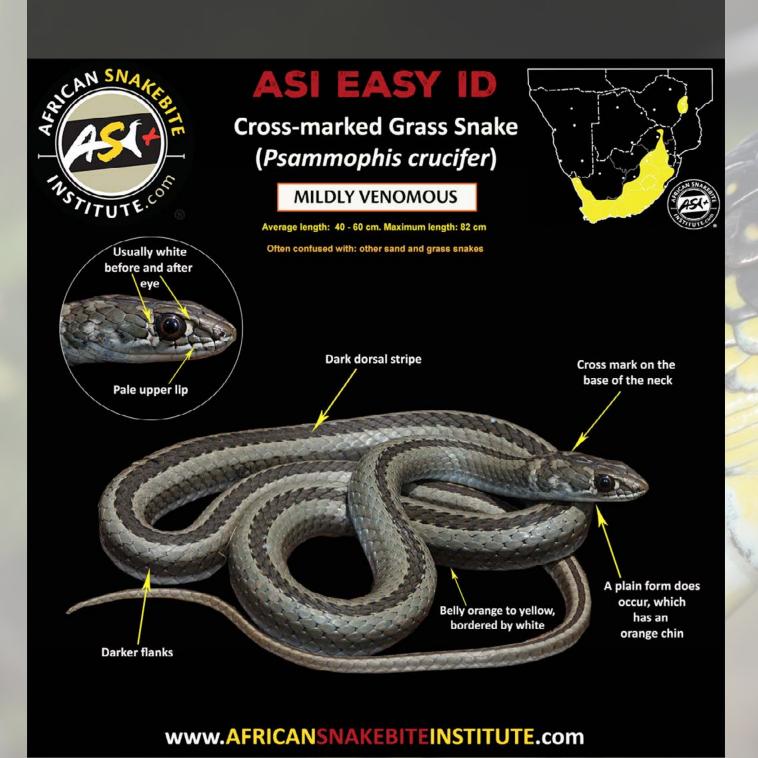
One of the smaller grass snakes averaging 30-50 cm but exceeding 82 cm in length. It is active in the day and feeds on small lizards, especially skinks, as well as frogs. It inhabits lowland forest, moist savanna, montane forest, grassland and fynbos. It is common in the sandy scrub-covered areas of the Cape coast and mountain plateau of Mpumalanga. When disturbed it may roll into a tight coil with the head inside, like the Slugeater. Most individuals are striped with distinct patterns on the side of the head, but some are plain brown to reddish brown with virtually no markings. A mildly venomous snake that poses no threat to humans.







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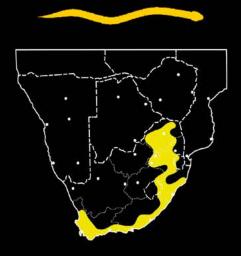




Olive Snake

(Lycodonomorphus inornatus)

Maximum Length: 1.3 m



Other names:

Olive House/Ground Snake, Olyfslang

A slow-moving nocturnal snake that is quite similar to the Brown House Snake in behaviour. It averages 30-60 cm but reaches 1.3 m in length. Commonly found around houses but prefers damp areas where it hunts for lizards, rodents and other snakes. Because of its colour, varying from olive-green to light brown or black, it is mistaken for a variety of other snakes including the Black Mamba and the Brown Water Snake.

The Olive Snake used to be in the same genus as the house snakes, hence the common name Olive House Snake, but has since been moved to the same genus as the water snakes. This snake is not venomous and poses no threat to humans.







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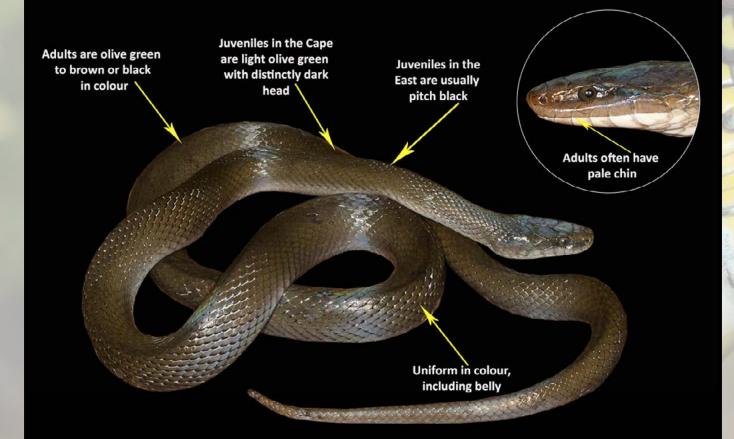
ASI EASY ID

Olive Snake (Lycodonomorphus inornatus)



Average length: 75 cm. Maximum length: 1.3 m

Often confused with: Brown House Snakes, Brown Water Snakes, Yellow-Bellied House Snakes



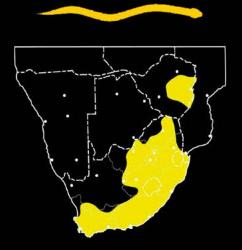




HARMLESS

Brown Water Snake (*Lycodonomorphus rufulus*)

Maximum Length: 97 cm



Other names: Bruin Waterslang

A smallish snake averaging 30-50 cm with a maximum length of 97 cm. It is light to dark brown with a salmon-pink to yellow coloured belly. Snakes from the Western Cape are often much darker. This snake is not as aquatic as the Dusky-bellied Water Snake but does frequent rivers, streams, vleis and other damp areas. It is active at night and swims well but is often seen hunting along shaded streams during the day. It is a powerful constrictor and feeds on frogs, tadpoles, fish and occasionally nestling rodents and geckos. Females produce 6 – 23 eggs in summer. Though harmless this snake is much feared in Zulu culture and is called Ivuzamanzi elimdubu.







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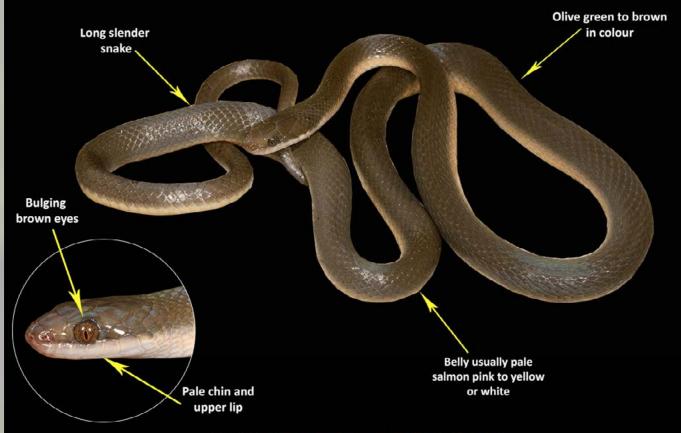
Brown Water Snake (Lycodonomorphus rufulus)

HARMLESS

Average length: 45-60 cm. Maximum length: 97 cm

Often confused with: Olive Snakes, Yellow-bellied House Snakes





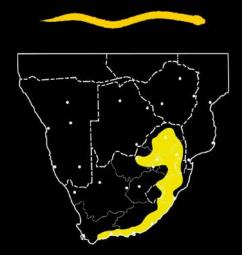




HARMLESS

Western Natal Green Snake (Philothamnus occidentalis)

Maximum Length: 1.3 m



Other names:

Westelike Natal Groenslang

A beautiful, bright green snake that is active during the day when it hunts for geckos and frogs. This snake climbs well but is often found on the ground, especially along the banks of well-shaded rivers and streams. It is quick to escape when disturbed and will bite readily if handled but is completely harmless. Because of the green colour it is often mistaken for a Boomslang or Green Mamba and needlessly killed. The Western Natal Green Snake has a whitish belly and may have a bluish tinge and occasionally some darker blotches on the back. It occurs south of Amanzimtoti and inland towards the Drakensberg and further north, as well as into the Eastern Cape and Western Cape to around Swellendam.







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ASI EASY ID

Western Natal Green Snake (Philothamnus occidentalis)

HARMLESS

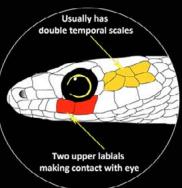
Average length: 70 cm. Maximum length: 1.3 m

Often confused with: Eastern Natal Green Snakes, Green Mambas, Boomslang



Distribution is important to distinguish from the Eastern Natal Green Snake









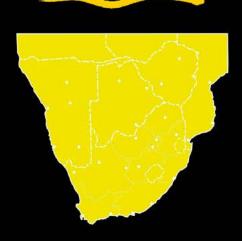


HARMLESS

Brown House Snake

(Boaedon capensis)

Maximum Length: 1.5 m



Other names: Bruin Huisslang

The Brown House Snake, true to its name, frequents human dwellings where it feeds largely on rodents and lizards. It is completely harmless and relies on muscle power to constrict its prey. It is widespread in South Africa and very common in suburban gardens.

This snake is active at night and is relatively slow-moving. Most individuals are medium to dark brown with a mother-of-pearl belly and two light lines on either side of the head – one from the nose through the top of the eye to the back of the head and the other from the back of the head and the other from the back of the eye to the angle of the jaw. The Brown House Snake comes in a variety of shades of brown, often with mottling of white along the neck.







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ASI EASY ID

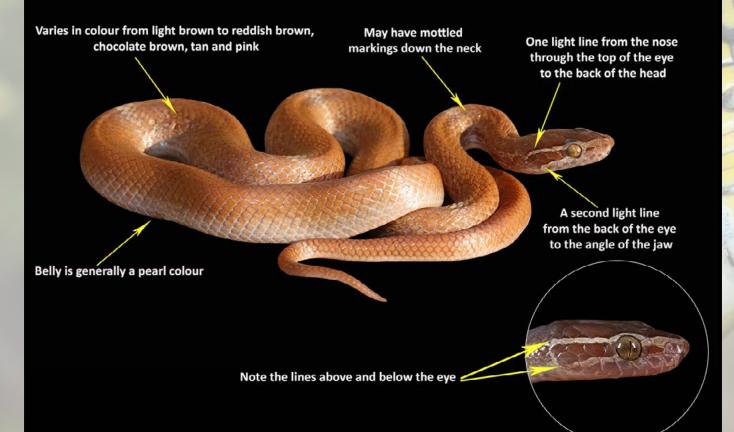
Brown House Snake (Boaedon capensis)

HARMLESS

Average length: 55 cm. Maximum length: 1.5 m

Can be confused with: Slug-eaters





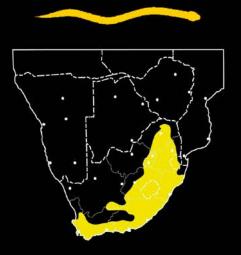




HARMLESS

Common Slug-eater (*Duberria lutrix*)

Maximum Length: 43 cm



Other names:

Gewone Slakvreter, Tabakrolletjie

A small snake that averages 30 – 35 cm. It feeds exclusively on snails and slugs and locates them by following the slime trail. The Common Slug-eater favours damp localities in the southeastern half of southern Africa.

During the day it seeks shelter under rocks, logs and grass tufts and emerges in the evening to hunt. It is reluctant to bite and if threatened will defecate and secrete a foul-smelling substance simultaneously. It also has the peculiar habit of rolling up into a tight spiral with the head concealed, like a roll of tobacco, hence the Afrikaans name. This small slow-moving snake is not venomous and poses no threat to humans.







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ASI EASY ID

Common Slug-eater (Duberria lutrix)

HARMLESS

Average length: 35 cm. Maximum length: 45 cm

Often confused with: Juvenile Cape Cobras









HARMLESS

Bibron's Blind Snake

(Afrotyphlops bibronii)

Maximum Length: 48.4 cm



Other names:

Bibron's se Blindeslang

This harmless burrowing snake spends most of its life underground where it feeds on ants, termites and their larvae. It is often flushed to the surface after heavy rains. As the common name indicates it is largely blind, with a scale over the eye – an adaptation for an underground existence. Bibron's Blind Snake averages 30 – 38 cm with a maximum length of 48.4 cm. Both ends are rounded, and one must look carefully to work out which end is the head and which is the tail. A variety of burrowing snakes, like the stiletto and harlequin snake prey on this species. This snake may be confused with Delelande's Beaked Blind Snake and the venomous stiletto snakes.







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Bibron's Blind Snake (Afrotyphlops bibronii)

HARMLESS

Average length: 30-40 cm. Maximum length: 48.4 cm

Often confused with: stiletto snakes and Delelande's Beaked Blind Snakes





FIRST AID FOR SNAKEBITE



IN THE EVENT OF A SNAKEBITE, DO NOT...

- Do not try to cut or suck out the venom. Never cut the bite site as cutting may do far more harm than good. Sucking does not remove significant amounts of venom.
- ◆ Do not apply any electric shock therapy. Shock treatments have been tested extensively and have been shown to have no effect on the outcome of the bite. Electric shocks do not neutralise snake venom.
- → Do not apply a tourniquet. Many people are bitten by harmless snakes or venomous snakes that do not inject sufficient venom to cause serious damage. Arterial or venous tourniquets are not advised in most bites as venom is transported largely through the lymphatic system and not through veins. There is little evidence that a tourniquet could be lifesaving following a snakebite.
- Do not apply heat, ice, lotions or potions. Apart from cleaning the bite site with water and applying a sterile gauze dressing nothing should be applied to the bite. Very hot water does not neutralise snake venom.
- ♣ Do not inject antivenom as a first aid measure. Most snakebite victims do not require antivenom and the polyvalent antivenom is only effective for the bites of certain potentially deadly snakes. If required, antivenom must be injected intravenously by a medical doctor and usually in large quantities. As victims may go into anaphylactic shock when injected with antivenom, adrenaline and other drugs may also be required. Anaphylactic shock is a serious medical condition which may be fatal if not treated promptly.

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FIRST AID KITS

We stock a wide range of First Aid for Snakebite Kits, as well as Smart Pressure Bandages, Resuscitators, and first aid books. View the range online here.





FIRST AID FOR SNAKEBITE



IN THE EVENT OF A SNAKEBITE, DO...

- → Do get the victim to a hospital as soon as possible and in a safe manner. This is by far the most important first aid measure. For medical advice in a snakebite emergency, call the African Snakebite Institute +27 (0)82 494 2039.
- → Do keep the victim calm. Often easier said than done as people tend to panic in a snakebite emergency. Many snakebite victims go into shock, experience a drop in blood pressure and may even become nauseous and faint. If possible, do not allow the victim to walk, run, jump etc. Bear in mind that more than 99% of snakebite victims that are hospitalised within a few hours survive their snakebites.
- → Do remove jewellery as well as tight clothing. If bitten on the hand/arm/foot/
 lower leg, remove rings, bangles, bracelets, watches, anklets and any other tight
 jewellery including tight clothing.
- → Do administer artificial respiration if patient stops breathing. In serious snakebite cases involving snakes with predominantly neurotoxic venom, like the Black Mamba or Cape Cobra, the victim may soon experience difficulty with breathing, even within 20 minutes. This is a very serious medical condition and assisted breathing could be life-saving. Mouth-to-mouth resuscitation may be beneficial in the short term, but the proper use of a Bag Valve Mask is far better in such an instance.

SPITTING SNAKES

- ★ The common spitting snakes in South Africa are the Mozambique Spitting
 Cobra or M'Fezi and the Rinkhals. In the western parts of the country these are
 replaced by the Black Spitting Cobra. These snakes spray their venom up to a
 distance of three metres and do so in self-defence to temporarily blind their
 attacker so that they can make a quick escape.
- ★ Although spitting snakes accurately aim for the eyes, the venom diffuses into a spray over a wide area and may get onto your hair, face, arms and chest. Venom in the eyes is very painful and must be flushed or diluted as quickly as possible. The production of tears starts this process, but as a first aid measure, flush the eyes with water or a weak (normal) saline solution. The idea is to flush away any excess venom. Transport the victim to a medical doctor, who will examine the eyes for corneal damage and prescribe antibiotic eye drops to prevent secondary infection. There is no reason to use diluted antivenom it has no proven benefits and may cause an allergic reaction.
- ← If treated quickly, the chance of permanent damage to the eyes is extremely remote.

SNAKEBITE EMERGENCY NUMBERS

Netcare Ambulance: 082 911

ER24 Ambulance: 084 124

Provincial Ambulance: 10177/112

African Snakebite Institute: +27 82 494 2039

HOSPITALS AROUND MAKHANDA/GRAHAMSTOWN

Settlers Public Hospital Tel: 046 602 5000 -33.302449, 26.514621 Milner St, Makhanda, 6140



SNAKE REMOVERS CONTACTS

Find SNAKE REMOVERS in Makhanda/Grahamstown HERE

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ASI SNAKES APP
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The ASI team travels thousands of kilometres a month, often to remote parts of southern Africa, for both snake awareness and venomous snake handling training and for reptile surveys.

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OVERLAND



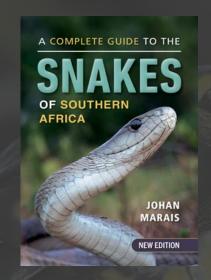


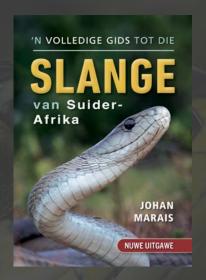


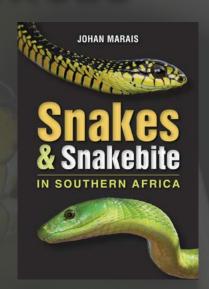




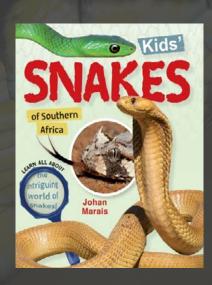
MORE RESOURCES



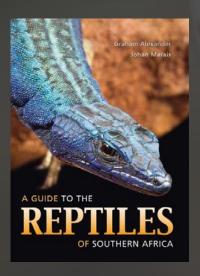




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