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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 KOSI BAY

wazulu Natal has 80 different snake species. Of the 31 snakes that occur in Kosi Bay six are highly venomous, four are venomous, one can inflict a painful bite and the rest 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 KOSI BAY



Kosi Bay has around thirty one different types of snakes. Six are considered highly venomous while another three can give a painful bite. Most snakes encountered are mildly venomous or harmless to humans.

Has caused human fatalities

Painful bite, but does not require antivenom

Not thought to be harmful to humans HARMLESS

Not dangerous to

















Herald Snak



non Purple-glossed Snake



Pygmy Wolf Snake



Green Water Snake



Eastern Natal Green Snake





East African Egg-eater



Variegated Slug-eater



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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www.AFRICANSNAKEBITEINSTITUTE.com

& 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.



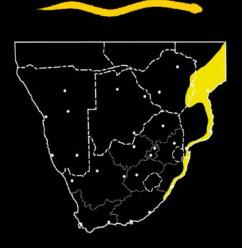




Green Mamba

(Dendroaspis angusticeps)

Maximum Length: 2.5 m



Other names: Groenmamba

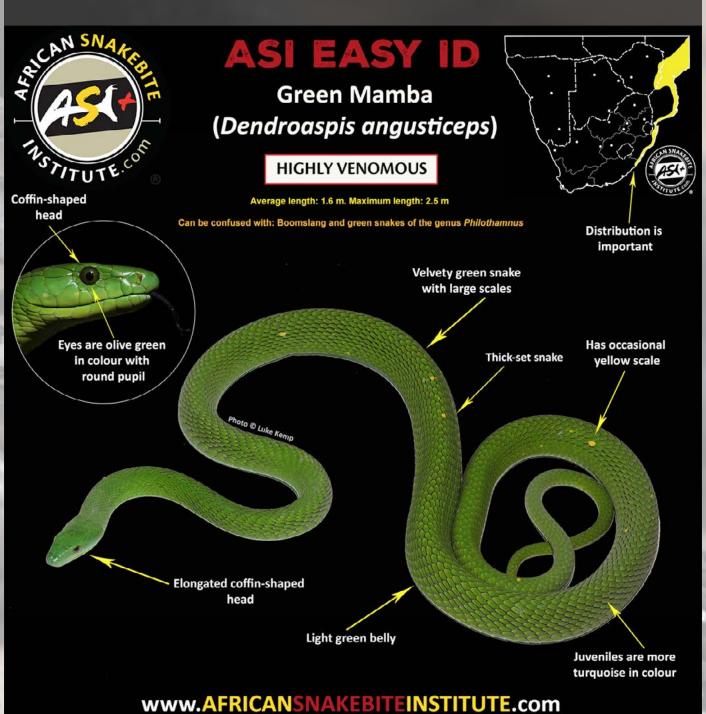
A bright green snake that in South Africa inhabits coastal KZN and is usually only found within a few kilometres of the sea. In Mozambique and Zimbabwe, the distribution may extend further inland. It is often confused with harmless green snakes of the genus *Philothamnus* and the green Boomslang. The Green Mamba spends most of its life in dense coastal vegetation and moist woodlands, where it hunts for tree-living mammals and birds, during the day. Its venom is potently neurotoxic but may also cause swelling. Antivenom is effective but bites are quite rare. Juveniles have a long head and are often green and turquoise. This species is not known from eSwatini or inland South Africa.







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SNAKEBITE PROFILE **GREEN MAMBA**

Dendroaspis angusticeps



Risk of Bites

The Green Mamba rarely accounts for bites in southern Africa, as it lives in thick coastal bush, which it is quick to disappear into.



Most victims are bitten on a hand while trying to catch or kill the snake. If given the chance, the Green Mamba is quick to escape into the nearest bush.



The venom is both neurotoxic and cytotoxic and does not appear to be anywhere near as potent to that of the Black Mamba. However, the bite is still very serious. Victims may experience a fair amount of swelling.

See pages 46-48 Snakes and Snakebite in Southern Africa (2024).





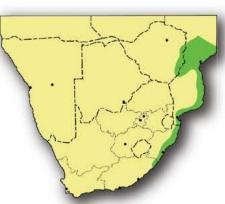
Immobilise and reassure the patient, who must lie down in a rescue position. Immediately arrange transport to a hospital with emergency facilities. If far from a hospital, apply a pressure bandage (Page 19 of Snakes and Snakebite in Southern Africa). Resort to artificial respiration if the victim stops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



Medical Treatment

In cases of severe envenomation, where patients are not breathing, they should be intubated, ventilated, and treated with 10-15 vials of SAVP Polyvalent antivenom. Additional vials of antivenom may be required at a later stage.







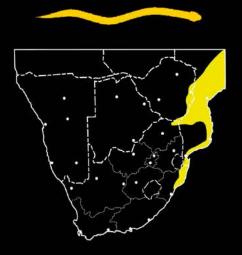




HIGHLY VENOMOUS

Brown Forest Cobra (*Naja subfulva*)

Maximum Length: 2.7 m



Other names: Boskobra

This is our largest cobra species and may exceed 2.7 m in length. Adults are a light to medium shiny brown that darkens, becoming black towards the tail. The Brown Forest Cobra is active both during the day and night and favours dense bush where it hunts for small mammals, birds, frogs and other snakes. It is extremely shy and quick to escape – bites are rare. When cornered it will lift its head well off the ground and spread a narrow hood.

It occurs from Ballito in KZN northwards into Mozambique and elsewhere further north. It has recently been found in the northern Kruger National Park and extreme eastern Soutpansberg.

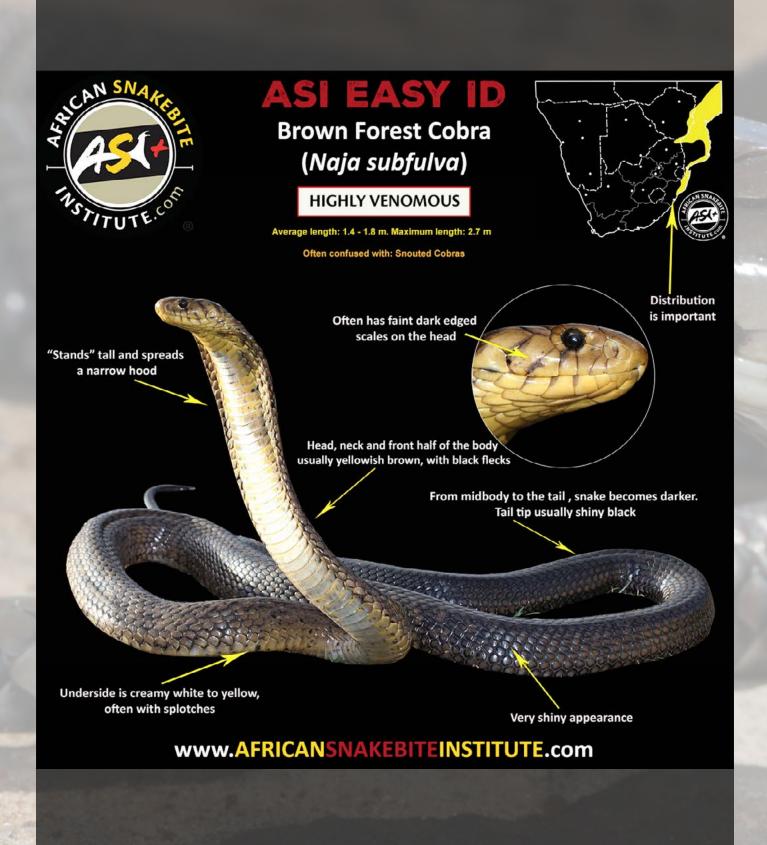
Forest Cobra venom is potently neurotoxic and cytotoxic. Polyvalent antivenom is effective.







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SNAKEBITE PROFILE

BROWN FOREST COBRA

Naja subfulva



Risk of Bites

Bites to humans from the Brown Forest Cobra are not common. This snake inhabits thick coastal bush. It is a shy snake, which tries to avoid humans at all costs, but is quick to hood in a defensive position when startled or cornered.



Most Bites

Bites are not common, except for incidents where snake keepers are bitten by captive snakes.

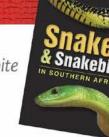


& Symptoms & Venom

The venom of the Brown Forest Cobra is potently neurotoxic, but the venom is also known to have cytotoxic symptoms. Symptoms include pain, progressive swelling of the affected limb and potentially necrosis at the site of the bite. Other symptoms include nausea, dizziness and respiratory distress.



See pages 56-57 Snakes and Snakebite in Southern Africa (2024).



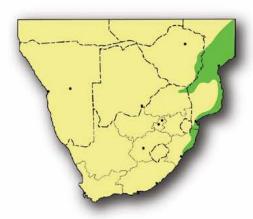
First Aid

Immobilise and reassure the patient and 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 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 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.







HIGHLY VENOMOUS

Mozambique Spitting Cobra (Naja mossambica)

Maximum Length: 1.8 m



Other names:

Mosambiekse Spoegkobra

The Mozambique Spitting Cobra occurs on the eastern side of South Africa, most of Mozambique, Zimbabwe, north-eastern Botswana, northern Namibia and further north in Africa. Its diet consists largely of frogs, small mammals, birds and snakes, including the Puff Adder. It is active on overcast days, but more active at night, often ending up in houses where people are bitten while asleep. This snake accounts for the majority of serious snakebite cases in southern Africa, but fatalities are rare. It also spits its venom and does not always spread a hood when doing so. The venom is potently cytotoxic causing pain, swelling, blisters and in many cases severe tissue damage. Antivenom is effective if administered early and in large dosages.







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ASI EASY ID

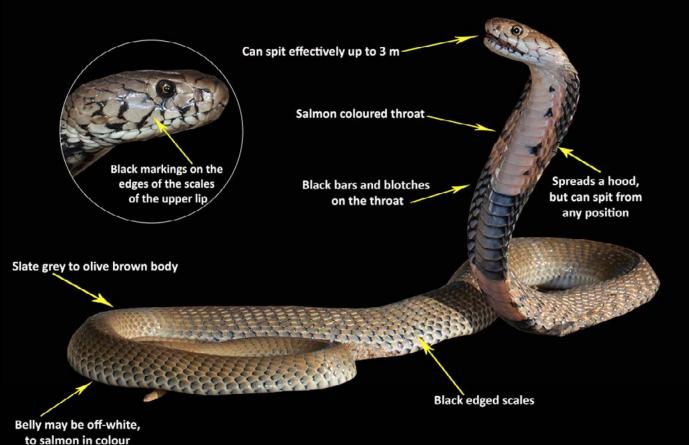
Mozambique Spitting Cobra (Naja mossambica)

HIGHLY VENOMOUS

Average length: 80 cm - 1.2 m. Maximum length: 1.83 m

Can be confused with: Rinkhals, Snouted Cobras





SNAKEBITE PROFILE

MOZAMBIQUE SPITTING COBRA

Naja mossambica



Risk of Bites

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

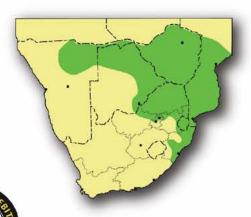


Most Victims are bitten at night when accidentally stepping on the snake, or while in bed. The snake enters homes and may bite sleeping victims, often multiple times. Bites in bed appear to be somewhat of a feeding response with the snake smelling a mammal and biting. Should you live within the range of this snake it is advisable to ensure that exit doors seal well without gaps or to fix mosquito-proof doors to all exits. People are also encouraged to sleep under mosquito nets.



& Symptoms & Venom

The venom is predominantly and potently cytotoxic. Symptoms include severe pain, progressive swelling, various lesions and, in some cases, severe tissue damage.



See pages 64-65 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. For venom in the eyes, wash the eyes out immediately using water or any other bland liquid and get the victim to a medical doctor for further examination and treatment.



Medical Treatment

In cases of severe envenomation where there are clear signs of progressive swelling, extending more than 10-15cm per hour above the bite site, doctors must treat such bites with 12 ampoules (or more) of polyvalent antivenom. It appears that SAVP polyvalent antivenom is not very effective against the venom of this snake, therefore it should be administered within an hour or two after a bite. 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. Fatalities are rare.



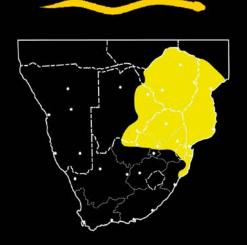






Snouted Cobra (*Naja annulifera*)

Maximum Length: 2.5m



Other names:

Wipneuskobra, Bosveldkapel

The Snouted Cobra is largely a moist and dry savannah inhabitant but is also found in lowveld and bushveld areas where it actively hunts its prey during the day or at night. It feeds on rodents, birds, their eggs and especially toads, but is fond of eating snakes, including the Puff Adder. It is not an aggressive snake but if cornered will stand its ground and form an impressive hood. It may exceed 2.5 m in length. It is usually different shades of brown, but some individuals have broad light brown and purplish-black bands on the back. The venom of this snake is both neurotoxic and cytotoxic and may cause some tissue damage. Polyvalent antivenom is effective, but luckily bites are rare.







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ASI EASY ID

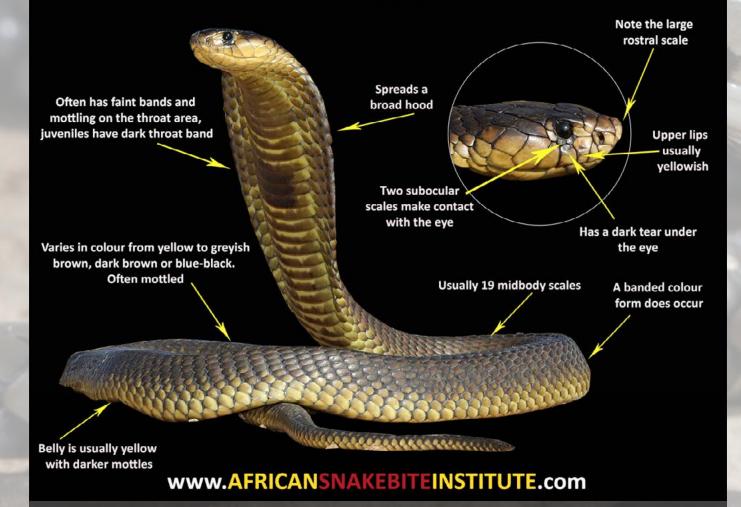
Snouted Cobra (Naja annulifera)

HIGHLY VENOMOUS

Average length: 1.2 - 1.6 m. Maximum length: 2.5 m

Can be confused with: Mozambique Spitting Cobras, Cape cobras







SNAKEBITE PROFILE **SNOUTED COBRA**

Naja annulifera



Risk of Bites

Bites from the Snouted Cobra are not common. This snake frequently visits residential gardens in search of rodents and toads. It also raids poultry runs. Dogs are at risk and often get bitten when attempting to kill the snake.



Most Bites

Bites are infrequent and usually occur when accidentally confronted or stepped on at night. Most bites are on the lower legs, or to those who try and handle the snake.



Symptoms & Venom

The venom is both neurotoxic and cytotoxic. It is one of our largest cobras reaching 2,5 m in length and can deliver a lot of venom in a single bite. Bites may result in burning pain, nausea and swelling followed by tissue damage. It can also affect breathing.



See pages 52-53

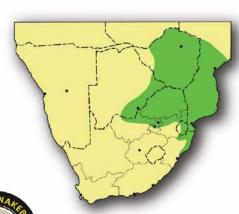


Immobilise and reassure the patient, who must lie down in a rescue position. Immediately arrange transport to a hospital with emergency facilities. If far from a hospital, apply a pressure bandage (Page 19 of Snakes and Snakebite in Southern Africa). Resort to artificial respiration if the victim stops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



Medical Treatment

In cases of severe envenomation, especially where patients are not breathing, they should be intubated, ventilated, and treated with 12-15 vials of SAVP Polyvalent antivenom. Additional vials of antivenom may be required at a later stage.











Southern Vine Snake (Thelotornis capensis)

Maximum Length: 1.47 m



Other names:

Twig Snake; Bird Snake; Takslang; Voëlslang This perfectly-camouflaged tree-living snake is seldom seen because of its excellent camouflage and habit of remaining very still in low shrubs, observing the ground below for passing lizards and snakes. Birds often mob this snake, and it will inflate its neck with its bright orange tongue flickering – this leads to the incorrect assumption that they lure birds with their tongue. It is extremely placid but, if provoked, will inflate its neck and strike viciously. Most bites are to snake handlers. Like the Boomslang, the venom of this snake is haemotoxic affecting the blood clotting mechanism and causing uncontrolled bleeding. There is no antivenom for the venom of this snake and although a few fatalities have been reported, none were in South Africa.







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ASI EASY ID

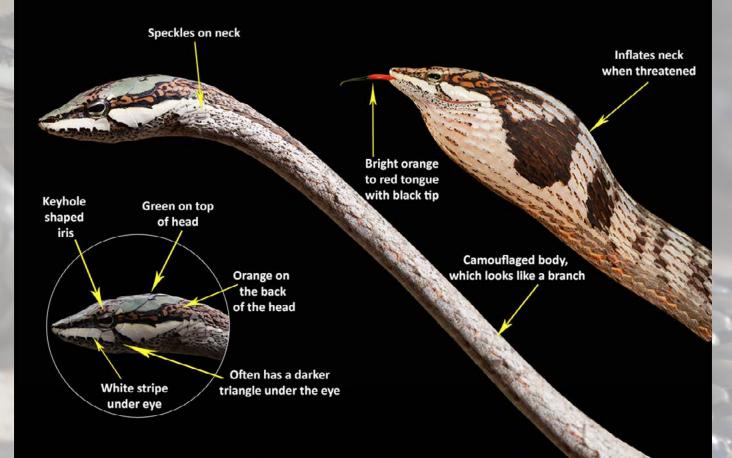
Southern Vine Snake (Thelotornis c. capensis)

HIGHLY VENOMOUS

Average length: 1.2 m. Maximum length: 1.47 m

Often confused with: Juvenile Boomslang, Eastern Bark Snakes







SNAKEBITE PROFILE SOUTHERN VINE SNAKE

Thelotornis capensis



Risk Of Bites

This snake lives in trees and shrubs and interactions with humans are not common. It is a placid snake that only bites when provoked or handled. Bites are very rare in South Africa.



Most Bites

There are very few documented bites from this snake in southern Africa, except for incidents where snake keepers are bitten by captive snakes, or by other people handling this snake.



Symptoms & Venom

The venom is potently haemotoxic, like that of the Boomslang. Symptoms include bleeding from the nose. mucous membranes and bite site. This may eventually lead to internal bleeding.

See pages 82-84 - Snakes and Snakebite in Southern Africa (2024).



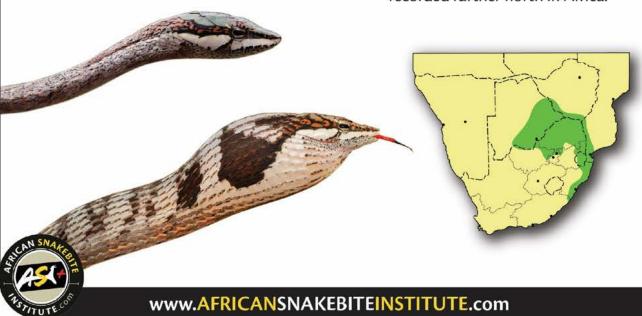
First Aid

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

Polyvalent and Monovalent antivenom do not offer cross coverage for Vine Snake bites and should not be administered. Bites are treated symptomatically with transfers and platelets, but this may not be effective in severe bites. To date we do not have any documented fatalities in South Africa, however a few fatal bites have been recorded further north in Africa.



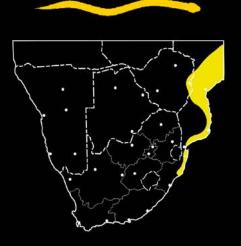






Gaboon Adder (*Bitis gabonica*)

Maximum Length: 1.47 m



Other names: Gaboenadder, Gaboon Viper

A large, robust adder that averages 90 – 120 cm in southern Africa. This beautifully coloured snake occurs from Mtunzini northwards into Mozambique, eastern Zimbabwe and elsewhere further north. Though mainly active at night, it is fond of basking on the fringes of forests. It is surprisingly placid and may emit a series of long, drawn-out hisses with the forepart of the body elevated if threatened. This snake has a potent predominantly cytotoxic venom. Symptoms may include shock, severe pain, swelling, blistering and necrosis. Polyvalent antivenom is effective. The Gaboon Adder is threatened by habitat destruction and is listed as 'Near Threatened' in the latest assessment.







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ASI EASY ID

Gaboon Adder (Bitis gabonica)

HIGHLY VENOMOUS

Average length: 60-90 cm. Maximum length: 1.4 m

Can be confused with: Puff Adders







SNAKEBITE PROFILE **GABOON ADDER**

Bitis gabonica



Risk of Bites

Bites from the Gaboon Adder are unheard of in South Africa. They are rarely and have a restricted encountered Mtunzini distribution, ranging from northwards along the coast Mozambique and further north.



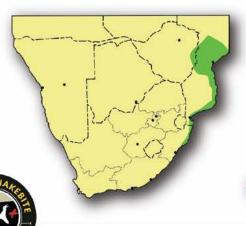
Most Bites

There are no documented bites from this snake in southern Africa, except for incidents where snake keepers were bitten by captive snakes.



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. As the venom yield of a large Gaboon Adder is roughly double that of a Puff Adder, a bite from this snake could have serious consequences.



See pages 29-31 Snakes and Snakebite in Southern Africa (2024).



First Aid

Immobilise and reassure the patient and elevate the affected limb. 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 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 for bites from this snake in South Africa.





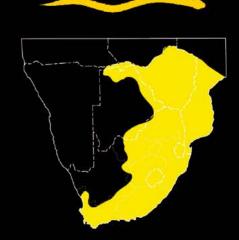
MILDLY VENOMOUS



Herald Snake

(Crotaphopeltis hotamboeia)

Maximum Length: 1 m



Other names:

Rooilipslang, Red-lipped Snake

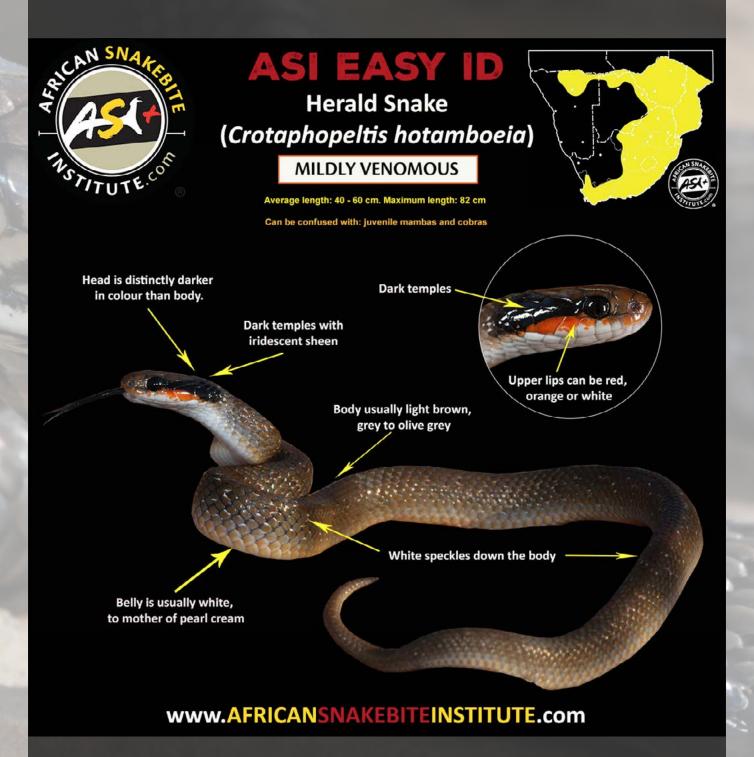
A nocturnal snake that frequents suburban gardens, especially those with water features. It is a toad specialist and often eats toads that look far too large to swallow. The Herald Snake is usually greyish to olive-grey in colour, but some individuals are quite dark. The head is always darker than the 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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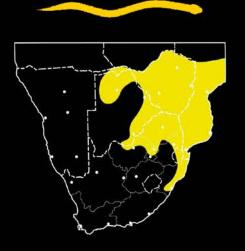


MILDLY VENOMOUS

Common Purple-glossed Snake

(Amblyodipsas polylepis)

Maximum Length: 1.12 m



Other names:

Gewone Persglansslang

A common burrowing species that is seldom encountered, except after heavy rains or when soil is excavated. It may also be seen active on overcast days. This snake averages around 60 cm but may exceed a meter in length. If threatened it may hide its head under the body and move the tail tip to distract the aggressor and protect its head.

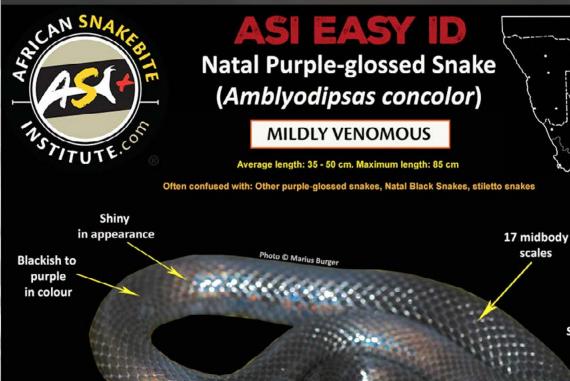
This snake is easily confused with several other small shiny black snakes, such as the venomous stiletto snakes. It is docile, seldom attempting to bite. The venom of this snake has not been well-studied but is not considered dangerous to humans.







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Small black eyes Belly slightly paler than rest of snake Short, stumpy tail-**Paired** www.AFRICANSNAKEBITEINSTITUTE.com

Distribution

is important

subcaudals

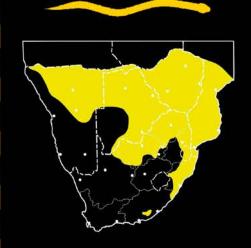




CAN INFLICT A NASTY BITE

Southern African Python (*Python natalensis*)

Maximum Length: 6 m



Other names:

Luislang, previously called a Rock Python

The Southern African Python is by far our largest snake, reaching a maximum length of around 6 m and weighing in excess of 65 kg. It feeds largely on warm-blooded prey like small antelope, monkeys, game birds and dassies, but also takes leguaans and even crocodiles. Attacks on humans are rare and fatalities virtually unheard of. This snake is largely active at night but is fond of basking during the day. It is at home in water and can remain submerged for long periods. Females produce 30 – 60 (but in exceptional cases more than 100) eggs, which are roughly the size of a tennis ball. The female remains with her eggs throughout incubation and the young measure 50 – 70 cm in length.







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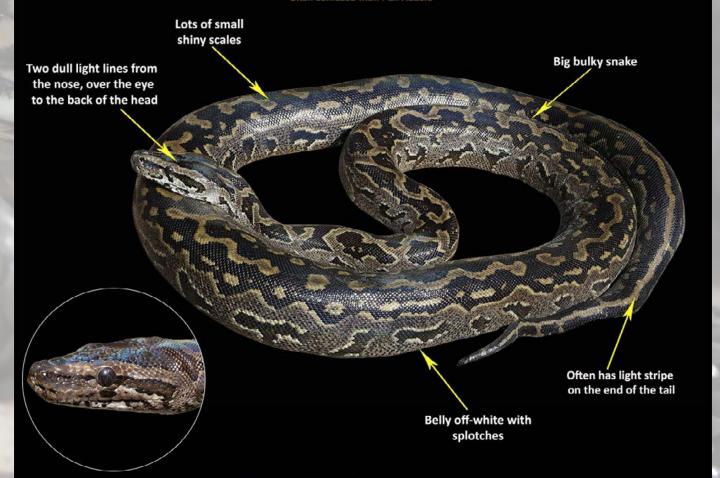
ASI EASY ID

Southern African Python (Python natalensis)

NON-VENOMOUS, BUT CAN INFLICT A NASTY BITE

Average length: 3 m. Maximum length: 5.5 m

Often confused with: Puff Adders





SNAKEBITE PROFILE

SOUTHERN AFRICAN PYTHON

Python natalensis



Risk of Bites

Pythons are ambush hunters and bites usually occur when walking down pathways or through thick bush, where a python is coiled up awaiting a passing prey animal.



Most Bites 🚇

Most bites occur to the lower leg, when the snake lunges at a passerby. They are usually quick to release the bitten person, and often leave a row of small teeth punctures in the leg or calf.



风 Symptoms & Venom

Pythons have no venom, but have over 80 long recurved teeth, which they use to hang onto prey items. Large pythons may leave nasty wounds after a bite.

See pages 103-105 - Snakes and Snakebite in Southern Africa (2024).



First Aid

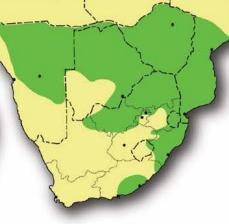
Immobilise and reassure the patient. Bandage the bitten area to reduce blood loss and transport the victim to a hospital or doctor.



Medical Treatment

In severe bites victims may require stitches. Bites from pythons should be cleaned and disinfected and monitored for signs of infection. Doctors will also administer tetanus injection.



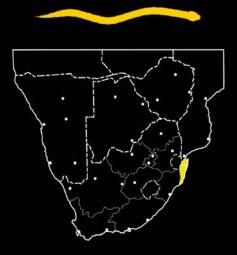






Pygmy Wolf Snake (*Lycophidion pygmaeum*)

Maximum Length: 30 cm



Other names: Pigmee Wolfslang

A harmless little snake that averages 15-25 cm with a maximum length of 30 cm. The Pygmy Wolf Snake inhabits lowland forests, grasslands and mesic savanna in northern Zululand northwards into southern Mozambique.

It is usually uniform dark grey to blackish in colour with a broad light band around the snout.

It is a secretive terrestrial snake that shelters under logs and grass tussocks. It is endemic to South Africa and extreme southern Mozambique. The Pygmy Wolf Snake feeds almost exclusively on burrowing skinks of the genus *Scelotes*.

This snake is not venomous and poses no threat to humans.







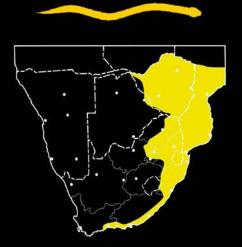
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Green Water Snake (Philothamnus hoplogaster)

Maximum Length: 1 m



Other names:

South-eastern Green Snake, Groen Waterslang

A smallish bright green snake that averages 25-40 cm in length with a maximum length of 1 m. It is day-active and favours damp localities such as reed swamps, riverine thickets and flood plains where it feeds mainly on frogs. It also eats fish, small lizards and juveniles reportedly eat grasshoppers. Like the harmless natal green snakes, it is often mistaken for a Green Mamba and needlessly killed. Most individuals are bright emerald, green with a whitish belly and often have a yellow snout. Some individuals, especially further north, have a few blackish bars behind the head. This snake is not venomous and completely harmless to humans.







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ASI EASY ID

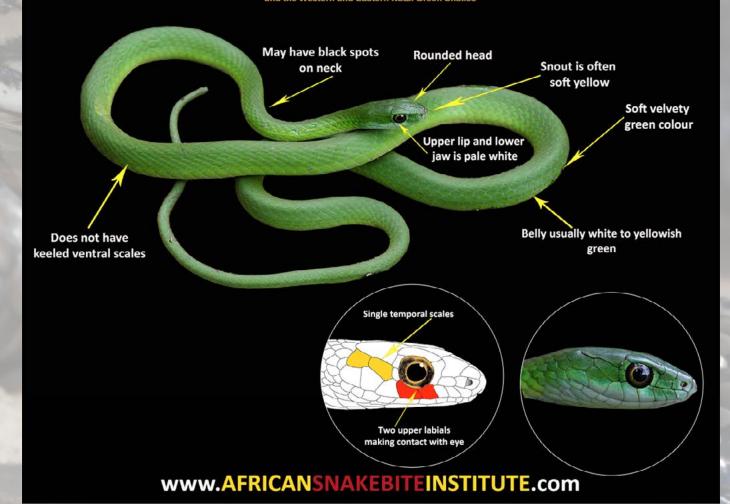
Green Water Snake (Philothamnus hoplogaster)

HARMLESS

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

Often confused with: Green Mambas, Boomslang, and the Western and Eastern Natal Green Snakes



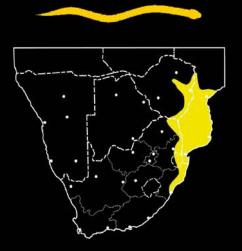






Eastern Natal Green Snake (Philothamnus natalensis)

Maximum Length: 1.2 m



Other names:

Oostelike Natal Groenslang

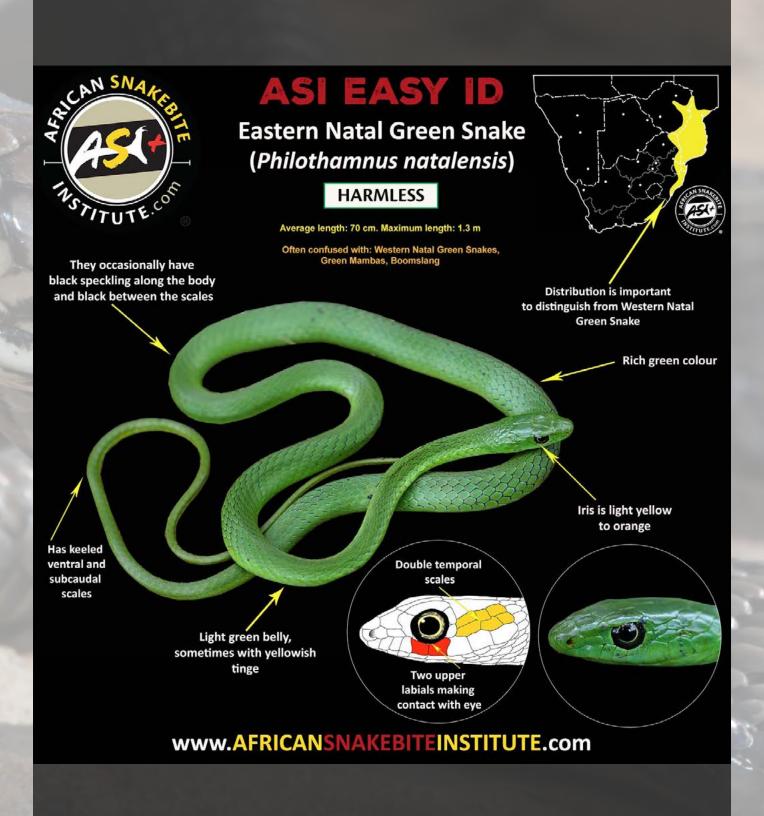
An attractive bright, grass-green snake that is active during the day when it hunts for geckos and frogs. This snake climbs well and may be seen high up in trees. It is quick to escape when disturbed but may bite readily if handled. Because of the green colour it is often mistaken for a Boomslang or Green Mamba and needlessly killed. The Eastern Natal Green Snake has keels on the belly as well as the underside of the tail and tends to be bright green with some light yellow on the belly and chin. This snake occurs from Amanzimtoti northwards along the KZN coast and eventually into the Kruger National Park and Mozambique. It is completely harmless.







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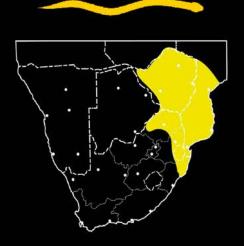






East African Shovel-snout (*Prosymna stuhlmanni*)

Maximum Length: 35 cm



Other names:

Gespikkelde Graafneusslang

A smallish snake averaging around 18-25 cm reaching 35 cm. This snake inhabits lowland forest and moist savanna where it may be found under rocks or logs or in leaf litter. It is extremely docile and rarely attempts to bite. Unlike the other shovel-snouted snakes this snake does not coil and uncoil when threatened. May be confused with other shovel-snouted snakes but usually has small whitish spots flanking the vertebrae and a yellow snout. The snout is not as pointed as other shovel-snout species. It feeds on reptile eggs, especially hard-shelled gecko eggs, as well as young lizards and reportedly flying ants. Females lay 3 – 4 eggs. This snake is harmless and poses no threat to humans.







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ASI EASY ID

East African Shovel-snout (Prosymna stuhlmanni)

HARMLESS

Average length: 22 - 26 cm. Maximum length: 35 cm



Often confused with: stiletto snakes, other shovel-anout snakes, Herald Snakes and baby Black Mambas.

Has a spike on the end of the tail to purplish-blue in colour or with each scale pale-centred

Yellow to orange snout

Often has white flecks in indistinct rows flanking the vertebrae, down length of snake

Small head

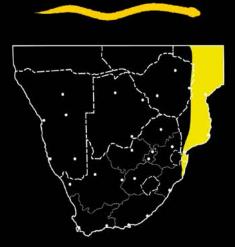




East African Egg-eater

(Dasypeltis medici)

Maximum Length: 90 cm



Other names:

Oos-Afrika Eiervreter

A harmless egg specialist that averages 60 cm but may reach 90 cm in length. This snake occurs from St. Lucia Village in Zululand northwards into Mozambique, eastern Zimbabwe and elsewhere further north, where it favours lowland evergreen forest and moist savanna. Like the Common Egg-eater it will coil and uncoil when threatened or agitated, rubbing its strongly keeled dorsal scales against each other to cause a rasping sound similar to a hiss. It will strike aggressively but is harmless and has no visible teeth. Like other egg-eaters it will swallow a bird's egg into the neck region and crack the eggshell, it then crushes the egg and swallows the contents where after the crushed shell is regurgitated.







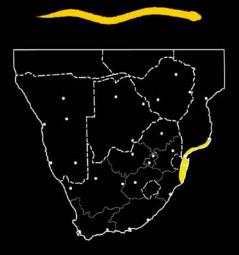
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Variegated Slug-eater (*Duberria variegata*)

Maximum Length: 40 cm



Other names: Gevlekte Slakvreter

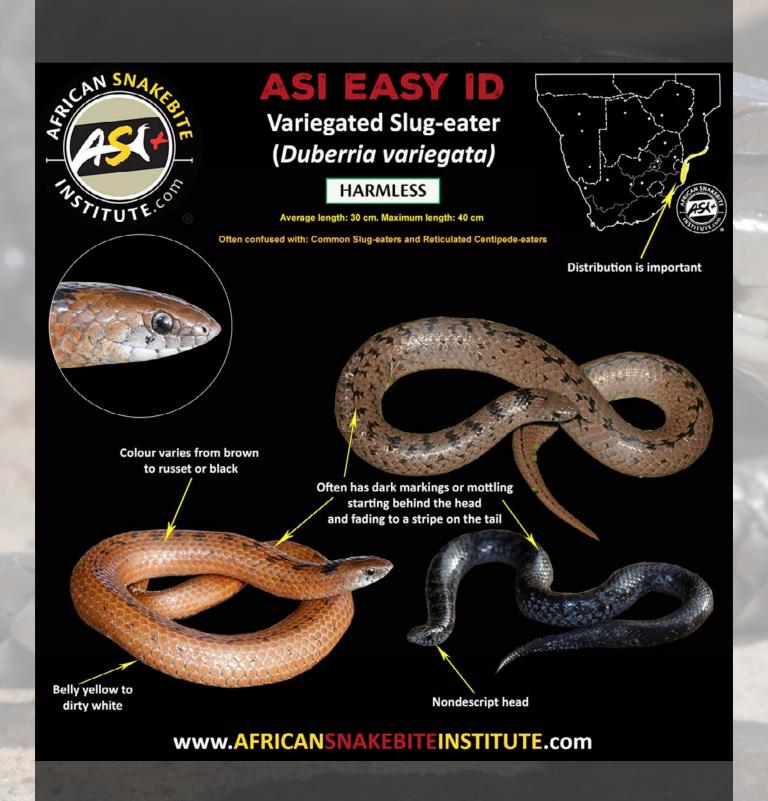
A harmless snake that feeds on slugs and snails. Adults average 30 cm but may reach a length of 40 cm. This snake is secretive and slow-moving and may be encountered during the day or at night, usually moving along in decaying vegetation. It is quite common in parts of its distribution. Unlike the Common Slug-eater, this snake does not roll into a protective spiral. The Variegated Slug-eater ranges in colour from plain light brown with no markings to chocolate brown with dark spots to grey-black with lighter sides or brick red with darker markings. It is endemic to KwaZulu-Natal and southern Mozambique, occurring from Richards Bay to Inhambane.







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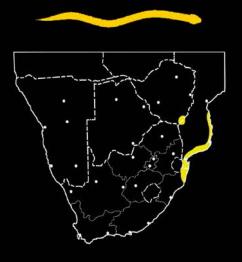




Fornasini's Blind Snake

(Afrotyphlops fornasinii)

Maximum Length: 18 cm



Other names:

Fornasini se Blindeslang

A uniform grey to dark brown or blackish snake that may have irregular yellow blotches, especially on the throat and in the anal region. It is a small snake averaging 15 cm with a maximum length of 18 cm. This snake inhabits coastal forest and moist savanna in northern Zululand, Mozambique and south-eastern Zimbabwe. Little is known about its biology, but it is common in alluvial sand where it may be found burrowed amongst leaf litter. This harmless blind snake may be confused with the venomous stiletto snake or Bibron's Blind Snake.







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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 (0)82 494 2039

HOSPITALS AROUND KOSI BAY

Manguzi Hospital

Tel: 035 592 0150 (-26.984325, 32.757122) Hospital Road, Manguzi

Mseleni Hospital

Tel: 035 574 1005 (-27.327440, 32.556378) uMhlabuyalingana, Rural Mseleni, 3967, 3967

Life Empangeni Private Hospital

Tel: 035 902 8000 (-28.736349, 31.893755) Cnr Biyela &, Ukula St, Empangeni, 3880



SNAKE REMOVERS CONTACTS

Find SNAKE REMOVERS in Kosi Bay

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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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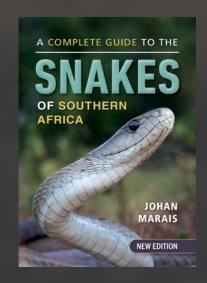


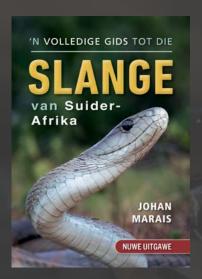


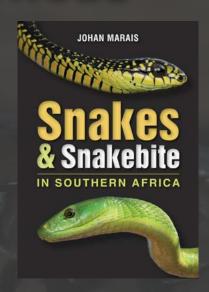




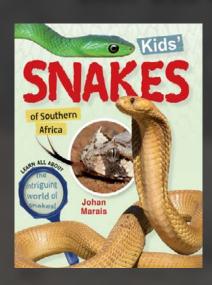
MORE RESOURCES



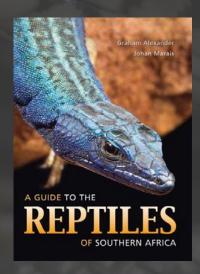




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