



ASI SNAKE BOOKLET

COMMON SNAKES OF LEPHALALE

Copyright: Johan Marais - African Snakebite Institute
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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,
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INTRODUCTION

The 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 distributor 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.

Our 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 LEPHALALE

Limpopo has 77 different snake species. Of the 30 snakes that occur in Lephalale six are highly venomous, four can inflict a bad 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 occurred 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](#).



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COMMON SNAKES OF LEPHALALE



Lephalale has around thirty different species of snakes. Six species are considered highly venomous. Another four may give a bad bite but are not life-threatening. Nine are considered mildly venomous and the other nine are completely harmless to humans.

HIGHLY VENOMOUS

Has caused human fatalities

VENOMOUS

Painful bite, but does not require antivenom

MILDLY VENOMOUS

Not thought to be harmful to humans

HARMLESS

Not dangerous to humans



Black Mamba
(*Dendroaspis polylepis*)

HIGHLY VENOMOUS



Snouted Cobra
(*Naja annulifera*)

HIGHLY VENOMOUS



Mozambique Spitting Cobra
(*Naja mossambica*)

HIGHLY VENOMOUS



Boomslang - male
(*Dispholidus typus*)

HIGHLY VENOMOUS



Bibron's Stiletto Snake
(*Atractaspis bibronii*)

VENOMOUS



Speckled Shield-nose Snake
(*Aspidelaps s. scutatus*)

VENOMOUS



Puff Adder
(*Bitis arietans*)

HIGHLY VENOMOUS



Southern Vine Snake
(*Thelotornis capensis*)

HIGHLY VENOMOUS



Southern African Python
(*Python natalensis*)

CAN INFLICT A PAINFUL BITE



Striped Skaapsteker
(*Psammophylax triaenatus*)

MILDLY VENOMOUS



Western Yellow-bellied Sand Snake
(*Psammophis subtaeniatus*)

MILDLY VENOMOUS



Herald Snake
(*Crotaphopeltis hotamboeia*)

MILDLY VENOMOUS



Eastern Tiger Snake
(*Teloscopus semiannulatus*)

MILDLY VENOMOUS



Spotted Bush Snake
(*Philothamnus semivariegatus*) - photo Luke Kemp

HARMLESS



Brown House Snake
(*Boaedon capensis*)

HARMLESS



Common Egg-eater
(*Dasypeltis scabra*)

HARMLESS

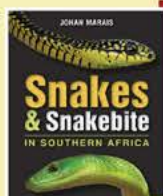
JOHAN MARAIS is the author of various books on reptiles including the best-seller *A Complete Guide to Snakes of Southern Africa*. He is a popular public speaker and CEO of the African Snakebite Institute. The **African Snakebite Institute (ASI)** offers a variety of courses including Snake Awareness, 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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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 help-line 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](#).

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HIGHLY VENOMOUS



Black Mamba

(Dendroaspis polylepis)

Maximum Length:
3.8 m



Other names:

Swartmamba

This is by far the largest venomous snake in Africa, with a maximum length of 3.8 m (historically specimens over 4 m were reported). Despite its reputation it is a shy, elusive snake that is quick to escape but will not hesitate to strike repeatedly if cornered. It is active during the day, often basking near a hole in an anthill or large rock crevice, into which it quickly disappears if disturbed. When threatened it will gape exposing the black inner lining of the mouth and it may form a narrow hood. The venom of this snake is potently neurotoxic and may cause difficulty with breathing within half an hour. Antivenom is effective but often required in large quantities (10 – 15 vials).



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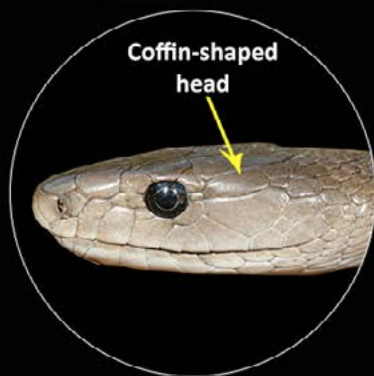
ASI EASY ID

Black Mamba (*Dendroaspis polylepis*)

HIGHLY VENOMOUS

Average length: 2.2 - 2.6 m. Maximum length: 4.5 m

Can be confused with: Boomslang, Olive Grass Snakes, Cobras



Coffin-shaped head

Can lift up to a third of its body off the ground

Colour varies from light olive to light grey, darkening with age to olive, greyish brown, or gunmetal grey. Sometimes has mottling

Elongated coffin-shaped head

Inside of the mouth is usually black

Forms a narrow hood when threatened

May have barring toward the tail

Light grey belly, sometimes with mottling

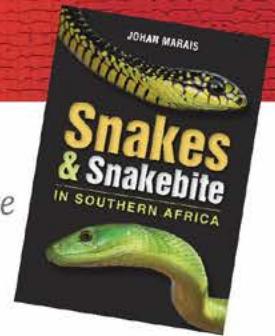
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SNAKEBITE PROFILE

BLACK MAMBA

Dendroaspis polylepis



Risk of Bites

The Black Mamba is a nervous snake and is quick to escape. If accidentally cornered in a confined space or surprised in the veld, it may strike out and bite more than once in quick succession. Contrary to popular stories, it does not chase people and bites are quite rare.



Most Bites

Most victims are bitten in the veld when they accidentally get very close to a Black Mamba basking. Or when accidentally cornering a mamba in a confined space like a pump house on a farm. Never approach a Black Mamba closely and do not try to kill or catch one.



Symptoms & Venom

A potent and fast-acting neurotoxic venom that results in pins and needles in the lips, hands and feet, as well as nausea, excessive sweating, drooping eyelids, difficulty in swallowing and eventually drowsiness and muscle pain followed by paralysis and respiratory failure. In severe cases victims become unresponsive within less than one hour.

See pages 43-45
– *Snakes and Snakebite in Southern Africa*
(2024).



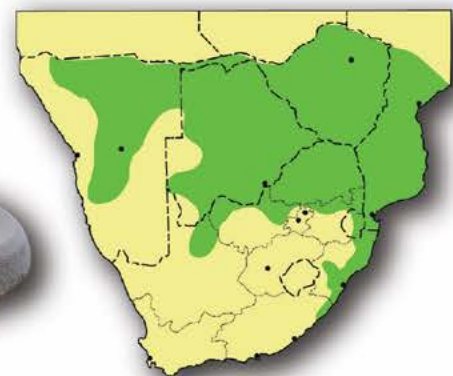
First Aid

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

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



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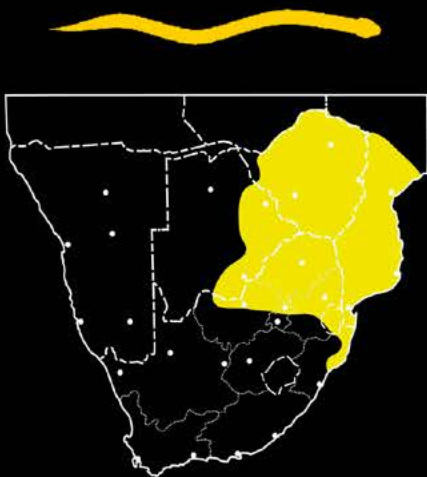


HIGHLY VENOMOUS



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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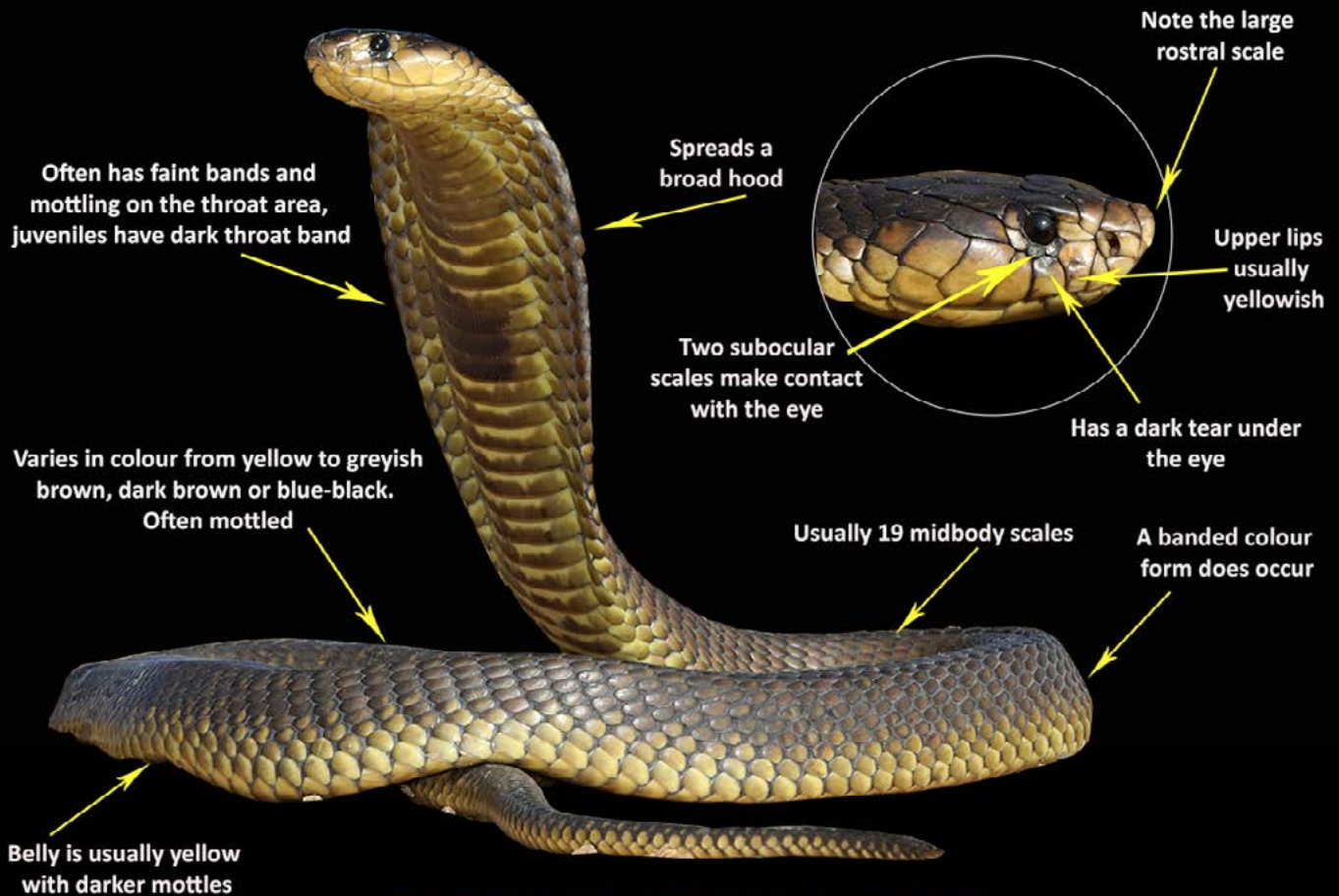
Snouted Cobra (*Naja annulifera*)

HIGHLY VENOMOUS



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

Can be confused with: Mozambique Spitting Cobras, Cape cobras



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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.



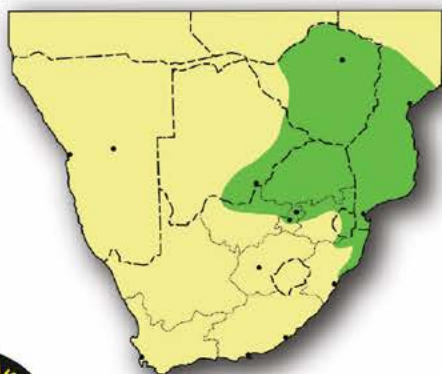
Most Bites

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.

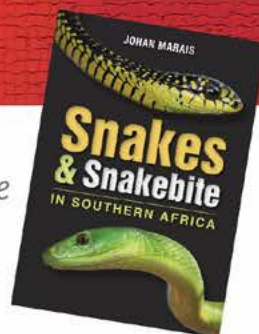


Symptoms & Venom

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
– *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

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.



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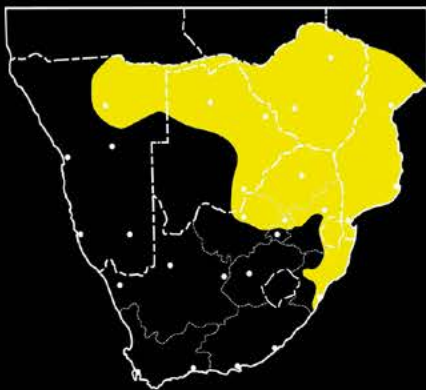


HIGHLY VENOMOUS



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 potentially 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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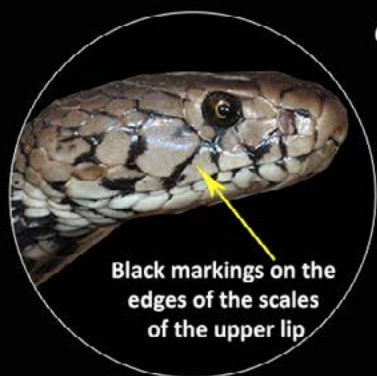
ASI EASY ID

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



Black markings on the edges of the scales of the upper lip

Can spit effectively up to 3 m

Salmon coloured throat

Black bars and blotches on the throat

Spreads a hood, but can spit from any position

Slate grey to olive brown body

Belly may be off-white, to salmon in colour

Black edged scales

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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.



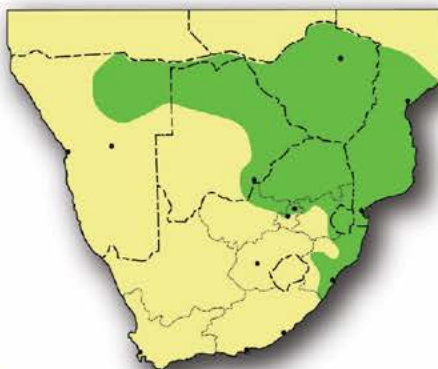
Most Bites

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

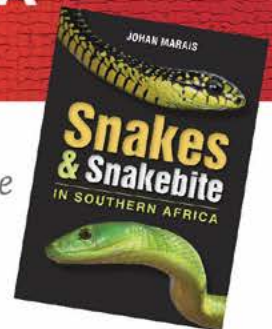
The venom is predominantly and potently cytotoxic. Symptoms include severe pain, progressive swelling, various lesions and, in some cases, severe tissue damage.



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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.



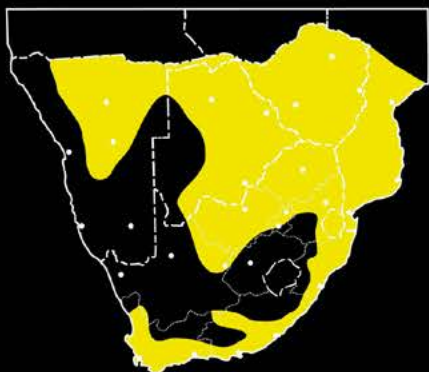


HIGHLY VENOMOUS



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 usually 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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ASI EASY ID

Boomslang (*Dispholidus typus*)

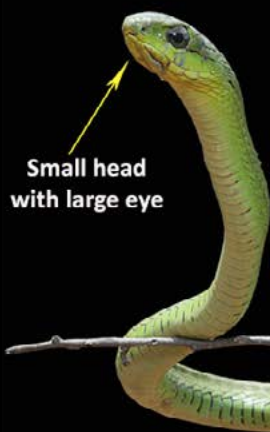
HIGHLY VENOMOUS

Average length: 1.2 m. Maximum length: 2.1 m

Often confused with: Black Mambas, Green Mambas, green snakes and sand snakes

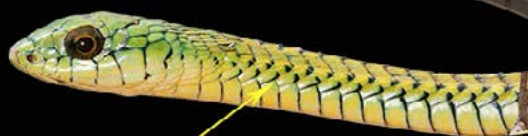
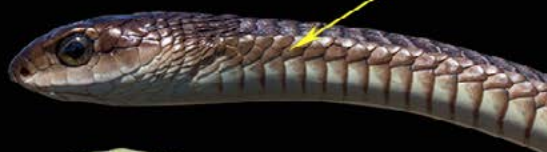


Females are normally olive grey to brown or brick red in colour



Small head with large eye

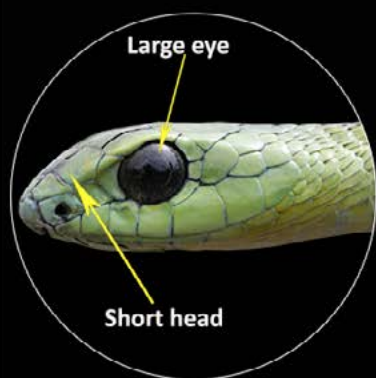
Scales are keeled giving snake a rough texture



Most males are green in colour



Males in the Cape are usually black above with yellow, green or orange sides



Large eye

Short head



Juveniles have big emerald green eyes

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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.

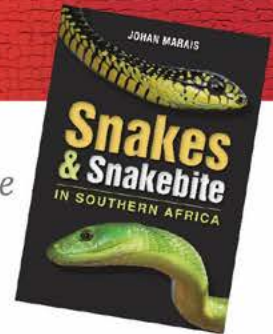


Symptoms & Venom

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).



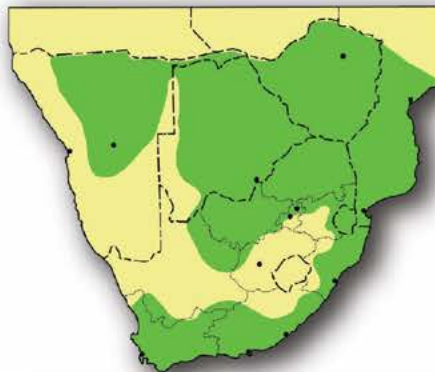
First Aid

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 treated with monovalent Boomslang 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.



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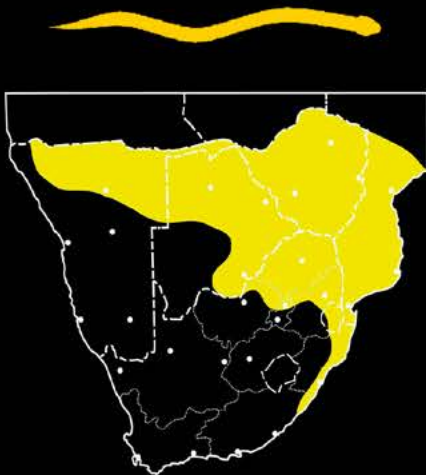


HIGHLY VENOMOUS



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



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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.

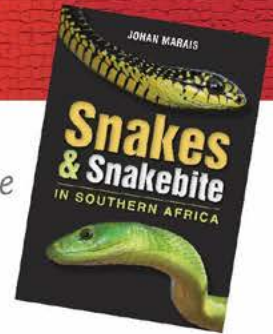


Symptoms & Venom

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).



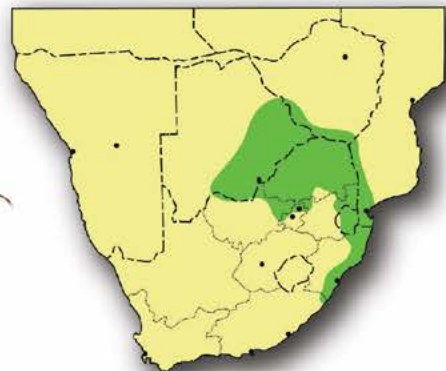
First Aid

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 blood 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.



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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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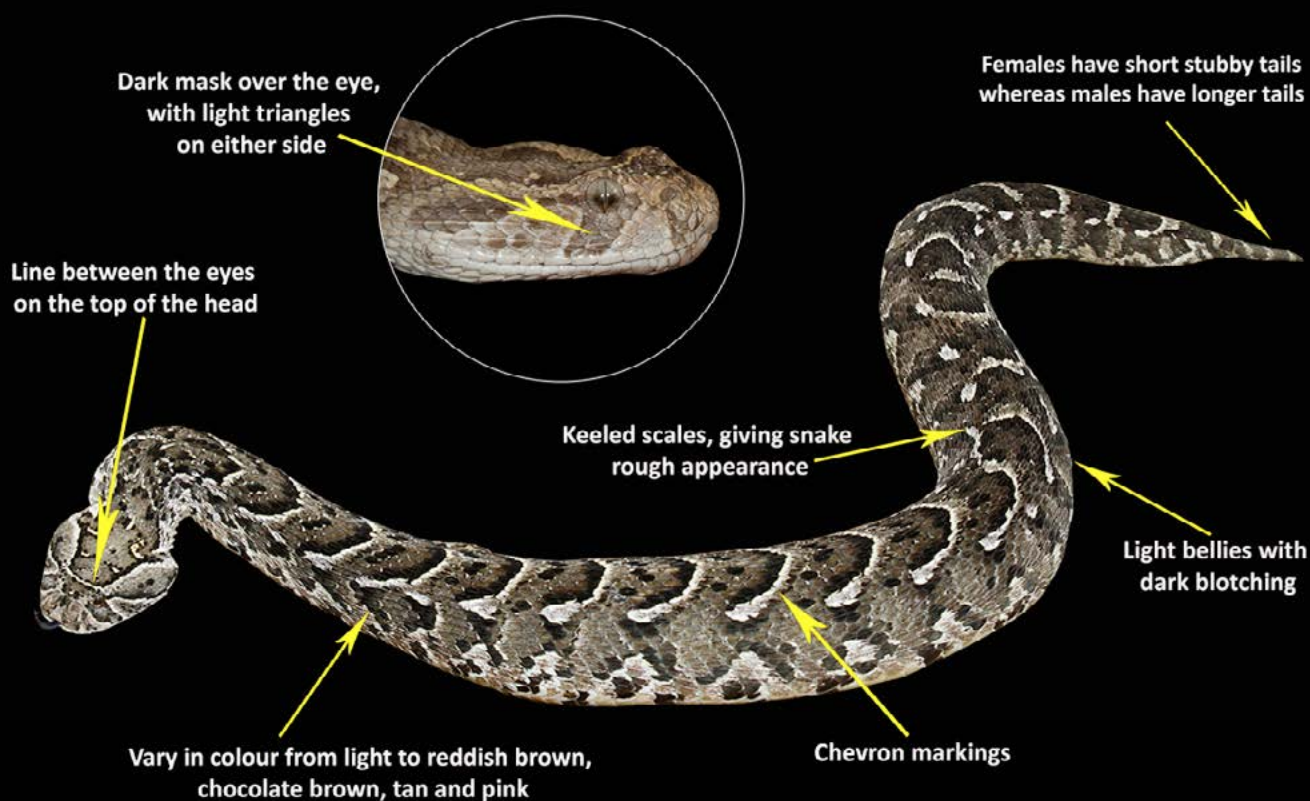
ASI EASY ID

Puff Adder (*Bitis arietans*)

HIGHLY VENOMOUS

Average length: 90 cm. Maximum length: 1.4 m

Often confused with: night adders and Berg Adders



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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

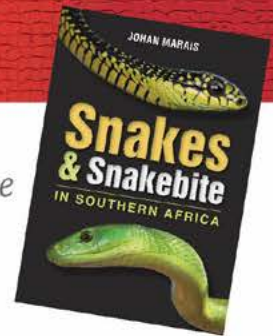
Most victims are bitten at night when accidentally stepping on the snake, but bites are also inflicted during the day when the snake is basking. Most bites are on the feet or lower legs.



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.

Fatalities are rare.



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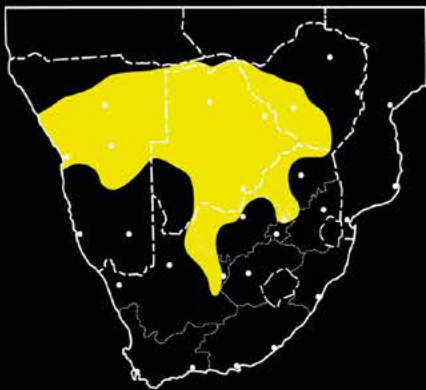


VENOMOUS



Speckled Shield-nose Snake (*Aspidelaps s. scutatus*)

Maximum Length:
65 cm



Other names:

Skildneusslang, Skildneuskobra

A smallish nocturnal snake that averages 40 – 45 cm in length and with a maximum length of 65 cm. It spends most of its time foraging in loose sand in search of small mammals, frogs and especially legless lizards, using its large rostral scale as a bulldozer.

If threatened it will lift its head off the ground, flatten the neck region into somewhat of a hood and strike repeatedly while hissing.

The venom of the Speckled Shield-nose Snake is mildly cytotoxic and neurotoxic, causing local swelling and necrosis. Respiratory failure may occur but is rare. There is no antivenom for the bite of this snake and patients must be treated symptomatically.



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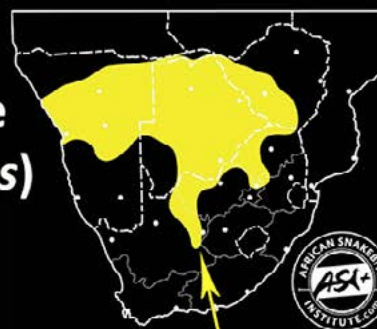
ASI EASY ID

Speckled Shield-nose Snake (*Aspidelaps scutatus scutatus*)

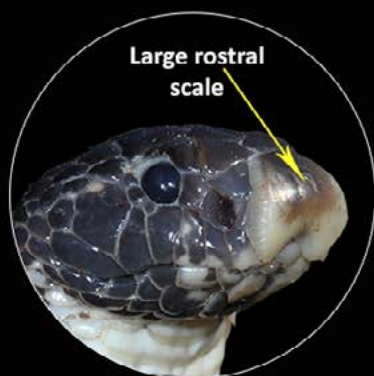
VENOMOUS

Average length: 45 cm. Maximum length: 75 cm

Often confused with: other shield-nose snakes



Distribution
is important



Black head

White patch
on throat

Black neck

Keeled scales on the back
half of body

Faint dark blotches
down spine

Reddish-brown
to grey in colour

Yellowish-white
to pink belly

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Snakebite Profile

Speckled Shield-nose Snake

Aspidelaps scutatus scutatus



Risk of Bites

Bites to humans are not common. This snake puts up a big show when cornered and is quick to hiss and strike repeatedly.



Most Bites

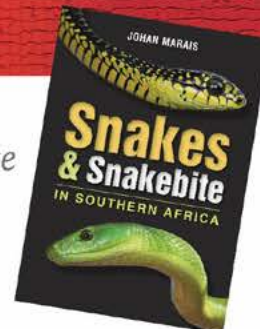
Bites occur mostly at night, when the snake is trodden on, or accidentally cornered. There is one recorded death of a child.



Symptoms & Venom

The venom of this snake is both cytotoxic and neurotoxic, resulting in local swelling and possibly necrosis. Paralyzed facial muscles, drooping eyelids (ptosis) and blurred vision have been recorded. Victims may experience breathing issues in severe bites.

See pages 74-75
– Snakes and Snakebite
in Southern Africa
(2024).



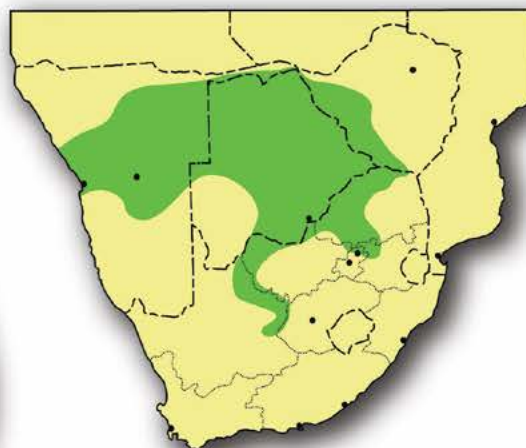
First Aid

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

There is no antivenom for bites from this snake and doctors will treat the bite symptomatically.



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VENOMOUS



Bibron's Stiletto Snake

(Atractaspis bibronii)

**Maximum Length:
70 cm**



Other names:

**Bibron se Sypikslang; Moladder; Mole
Viper; Burrowing Asp**

After the Mozambique Spitting Cobra and Puff Adder, the Bibron's Stiletto Snake accounts for most serious snakebites in South Africa. It spends most of its life underground but often emerges on hot humid nights and may be stepped on. With large hinged fangs it cannot be handled safely and also cannot be held behind the head – it merely twists its head sideways and will get a fang to penetrate a fingertip. It is usually blackish brown in colour and is easily confused for a variety of harmless snakes. This snake averages 30 cm but can exceed 70 cm in length. Its venom is potently cytotoxic causing severe pain, swelling, blistering and necrosis. Antivenom is not available for this snake.



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ASI EASY ID

Bibron's Stiletto Snake (*Atractaspis bibronii*)

VENOMOUS

Average length: 40 - 60 cm. Maximum length: 98 cm

Often confused with: wolf snakes, blind snakes, purple-glossed snakes



Body is brown to blackish in colour

Short stubby tail with spike on the end

Tries to bury head in sand, forming an arch in its neck

Has single subcaudal scales

Belly may be white or same colour as body

Small pig-like eyes

Large hinged fangs

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Snakebite Profile

BIBRON'S STILETTO SNAKE

Atractaspis bibronii



Risk of Bites

Bibron's Stiletto Snake is largely active at night, especially on warm summer nights after a bout of rain. It may also fall into swimming pools and may be brought indoors by cats.



Most Bites

Most victims are bitten picking up Stiletto Snakes, mistaking them for a harmless snake. Otherwise, when stood on while walking barefoot at night.

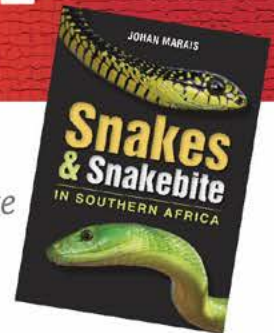


Symptoms & Venom

The venom of this snake is potently cytotoxic, causing severe pain, local swelling, blistering, and potentially local tissue damage.

See pages 85-87

– *Snakes and Snakebite in Southern Africa* (2024).



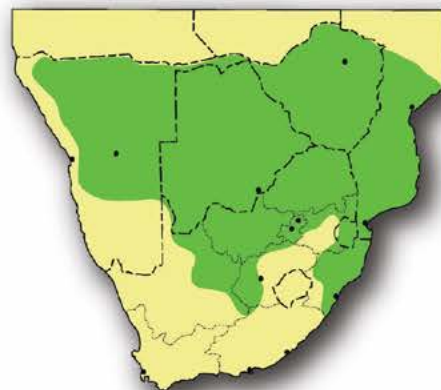
First Aid

There is virtually nothing that can be done. Elevate the affected limb and get to a hospital that has an emergency department.



Medical Treatment

As there is no antivenom for a bite from this snake, doctors need to treat for pain and rehydrate the victim. Anti-inflammatories, antibiotics and antihistamines are not effective and should not be administered. It is equally as important not to resort to any form of surgery for at least 5-7 days. Only thereafter should debridement be considered depending on the severity of the bite.



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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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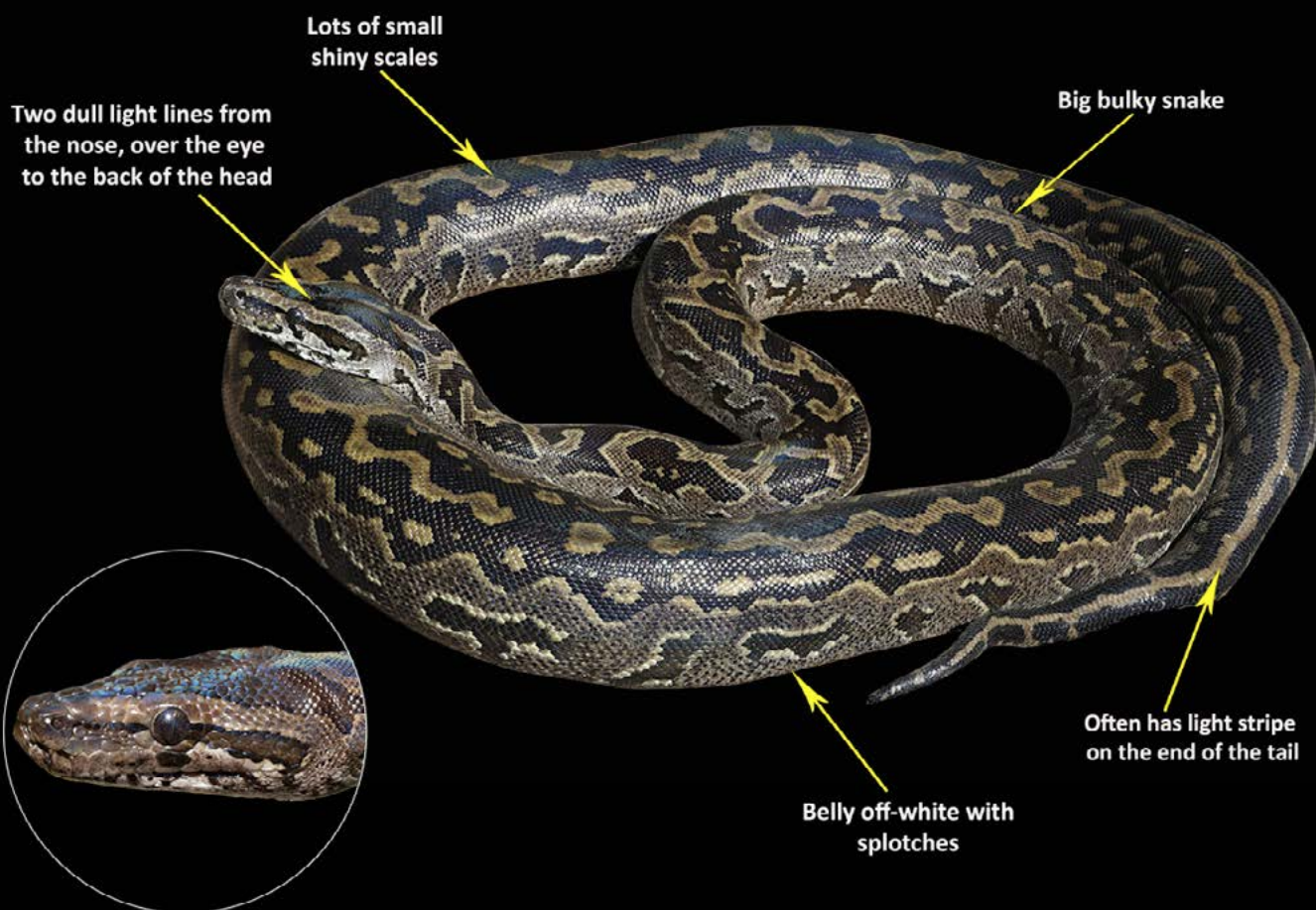
ASI EASY ID

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



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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

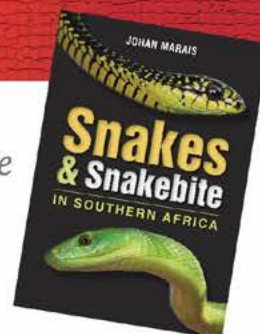
Most bites occur to the lower leg, when the snake lunges at a passerby. They are usually quick to release the bitten person, and often leave a row of small teeth punctures in the leg or calf.



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).



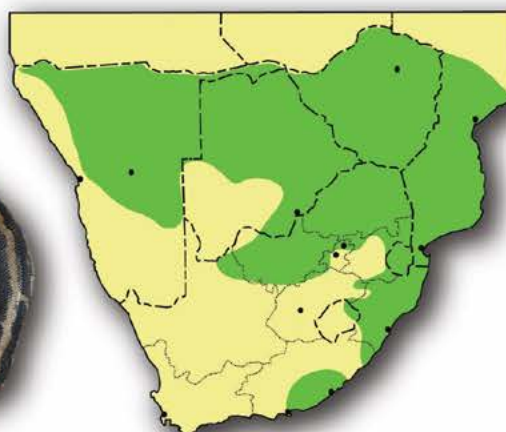
First Aid

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.



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MILDLY VENOMOUS



Western Yellow-bellied Sand Snake (*Psammophis subtaeniatus*)

Maximum Length:
1.4 m



Other names:

Westelike Geelpenssandslang

A fast-moving, slender snake that averages 50-80 cm. This snake is active during the day and is without doubt one of our fastest snakes. It is fond of basking but will move off rapidly if disturbed. It is comfortable in trees and shrubs. Like some of the other snakes in the genus *Psammophis*, it will spin if caught by the tail and snap a piece off. The Western Yellow-bellied Sand snake feeds on lizards, frogs, rodents, small birds and other snakes. The venom of this snake is very mild and has no real effect on humans. Sand snakes, Grass snakes and Skaapstekers can be difficult to tell apart – always check the distribution when attempting to identify one of these snakes.



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ASI EASY ID

Western Yellow-bellied Sand Snake (*Psammophis subtaeniatus*)

MILDLY VENOMOUS

Average length: 80 cm - 1 m. Maximum length: 1.4 m

Often confused with: Short-snouted Grass Snakes, Striped Skaapsteker



Longitudinal stripes of
brown, beige and black

Patterns
on neck

Butter-yellow
belly

Black spots
on upper lip

Elongated head

Pale chin

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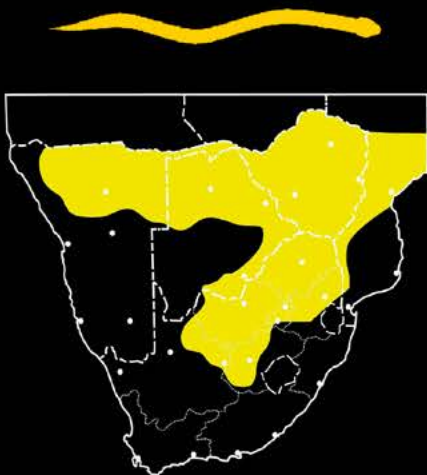


MILDLY VENOMOUS



Striped Skaapsteker (*Psammophylax tritaeniatus*)

Maximum Length:
93 cm



Other names:

Gestreepte Skaapsteker

A common diurnal snake that frequents vleis, areas, open grasslands and lowland savannah. It is often found under building rubble near towns. It is very quick to escape and will usually coil around a grass tuft and remain absolutely still. This is one of our fastest-moving snakes. Even when captured it is reluctant to bite. The Skaapstekers and Grass or Sand Snakes are easily confused. Always check the distribution and make sure the snake occurs in your area when attempting to make a positive identification. The Striped Skaapsteker feeds on rodents, frogs, lizards and nestling birds. It has a mild venom that has virtually no effect on humans.



Graham Alexander



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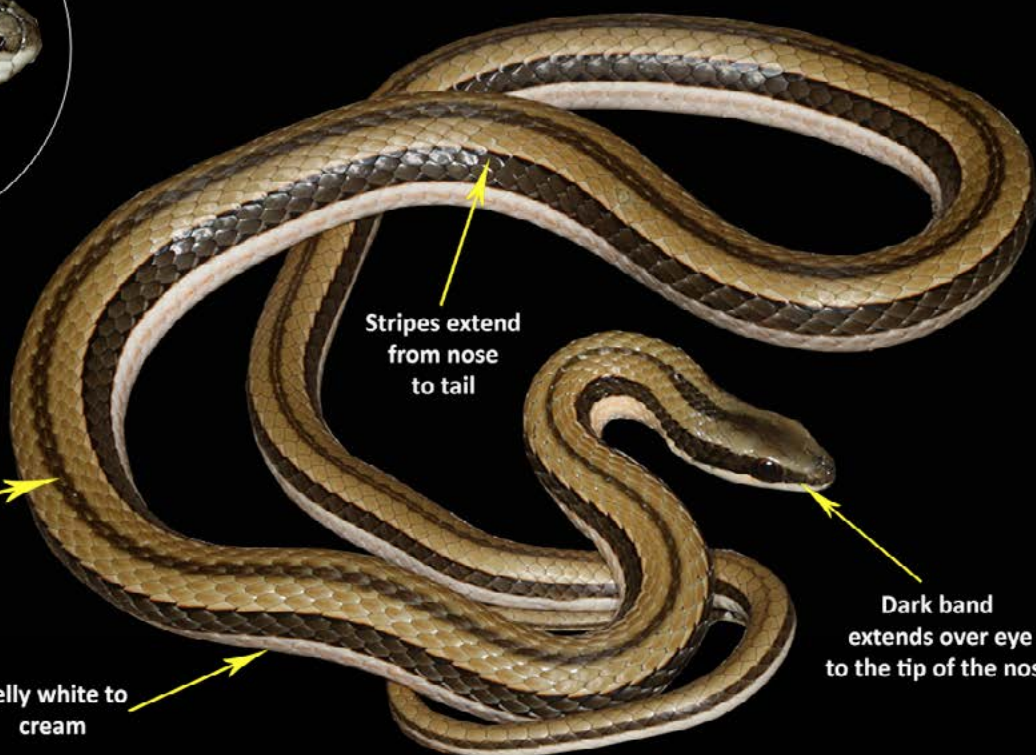
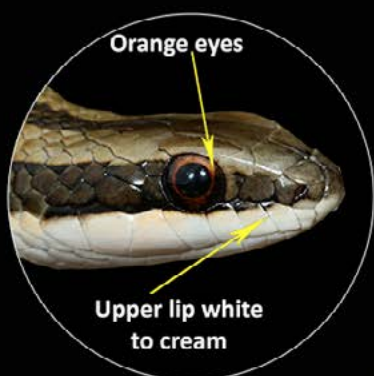
ASI EASY ID

Striped Skaapsteker (*Psammophylax tritaeniatus*)

MILDLY VENOMOUS

Average length: 65 cm. Maximum length: 93 cm

Often confused with: Spotted Skaapstekers, and other sand and grass snakes



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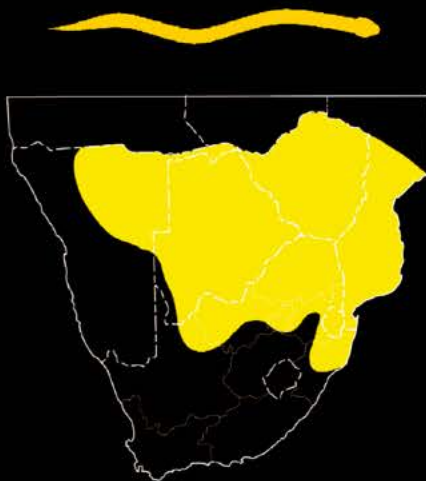


MILDLY VENOMOUS



Eastern Tiger Snake (*Telescopus semiannulatus*)

Maximum Length:
1 m



Other names:
Oostelike Tierslang

A slow-moving nocturnal snake that hunts for lizards, especially geckos, nestling birds, bats and small rodents. It is an excellent climber and spends its days hiding under the bark of trees or under rocks. It can often be seen crossing roads at night. Like the Herald Snake, this snake puts up quite a show when cornered, drawing its head back with coiled neck and striking dramatically with an open mouth. The strikes are rather slow, and the snake may lose its balance. It also flattens the head in the process but does not make a hood. The venom of the Tiger snake is mild and has virtually no effect on humans.



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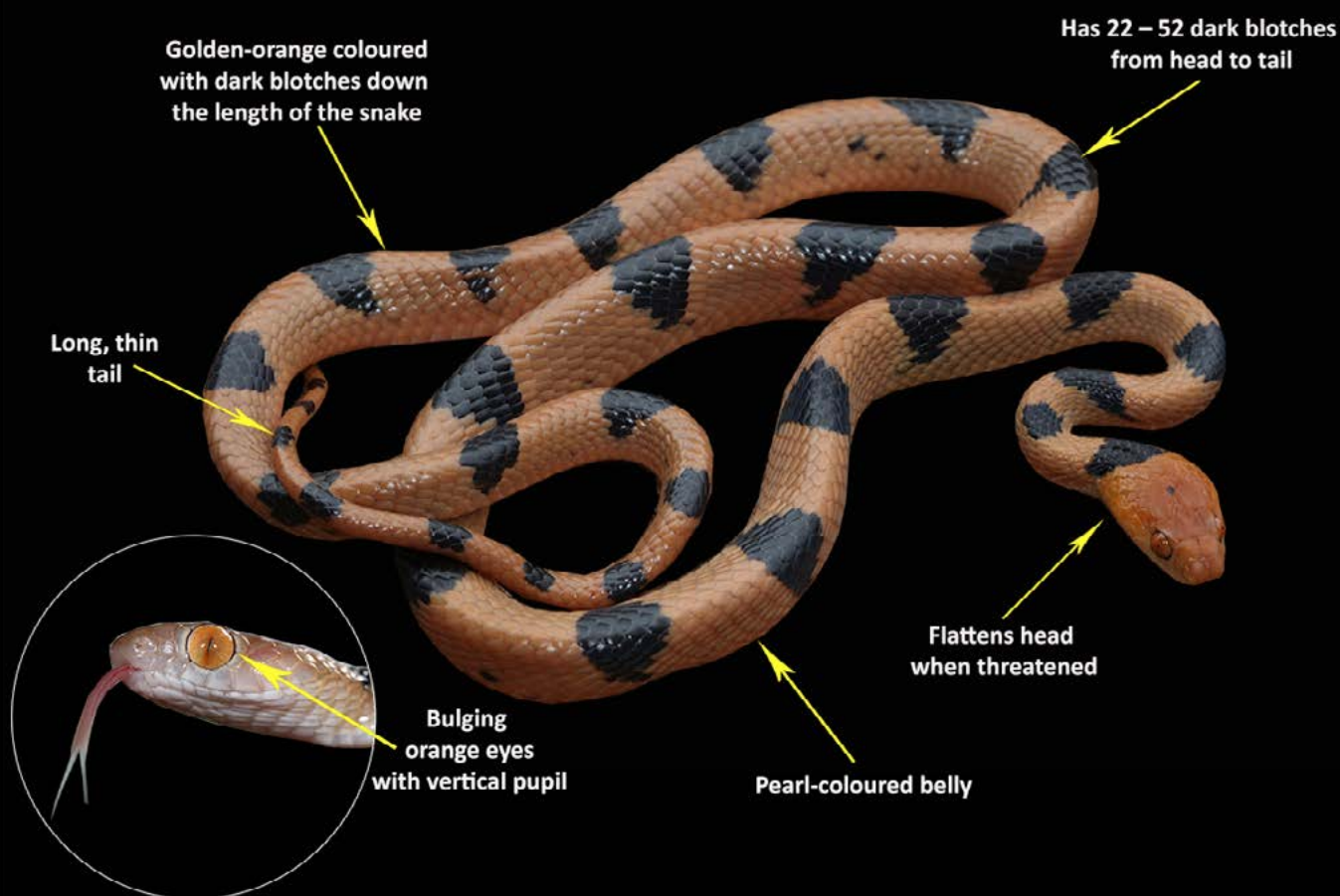
ASI EASY ID

Eastern Tiger Snake (*Telescopus semiannulatus*)

MILDLY VENOMOUS

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

Often confused with: Cape Coral Snakes, Harlequin Snakes



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MILDLY VENOMOUS



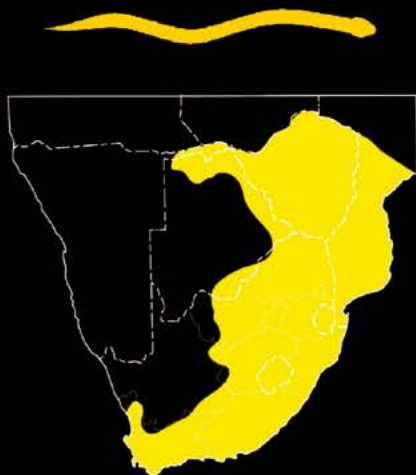
Photo Luke Kemp

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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ASI EASY ID

Herald Snake (*Crotaphopeltis hotamboeia*)

MILDLY VENOMOUS

Average length: 40 - 60 cm. Maximum length: 82 cm

Can be confused with: juvenile mambas and cobras



Head is distinctly darker
in colour than body.

Dark temples with
iridescent sheen

Dark temples

Upper lips can be red,
orange or white

Body usually light brown,
grey to olive grey

White speckles down the body

Belly is usually white,
to mother of pearl cream

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HARMLESS



Spotted Bush Snake (*Philothamnus semivariatus*)

Maximum Length:
1.3 m



Other names:

Variegated Bush Snake; Gespikkelde Bosslang

An alert, day-active snake, that climbs well and is often found between the walls and ceilings of outbuildings, where it hunts for geckos. Sadly, this harmless snake is often mistaken for a Green Mamba or Boomslang and needlessly killed.

The body is bright green to a copper-green with distinct blackish spots on the front half of the snake, but little or no dark marks on the back half. The belly is yellowish to white and the pupil orange.

This snake has keeled belly scales which enables it to climb up the bark of a tree or even up face-brick walls. It is commonly found in suburban gardens and juveniles are often killed by domestic cats.



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ASI EASY ID

Spotted Bush Snake (*Philothamnus semivariegatus*)

HARMLESS

Average length: 70 cm. Maximum length: 1.3 m

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



Prominent
yellow to red iris

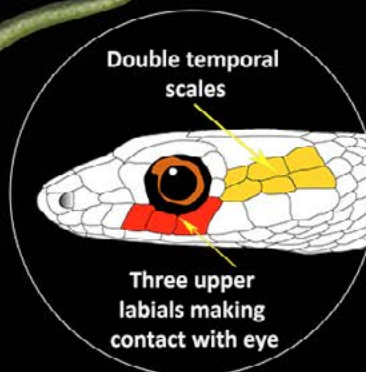
Blackish spots on the
first half of the body

Have bright metallic blue flecks

Excellent climbers, often found in trees and bushes
and in ceilings of outbuildings

In the north of their range,
they often have a
copper coloured tail

Yellowish to white belly
with keeled ventral
and subcaudal scales
for climbing



Double temporal
scales

Three upper
labials making
contact with eye



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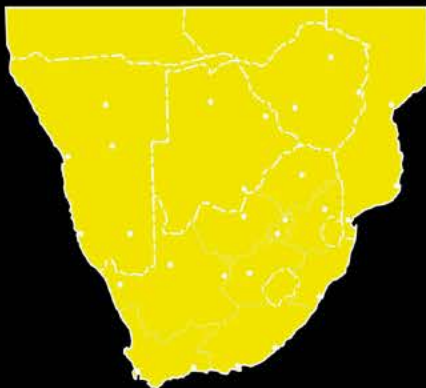
HARMLESS



Brown House Snake

(*Boaedon capensis*)

Maximum Length:
1.5 m



Other names:

Bruin Huislang

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 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



Varies in colour from light brown to reddish brown, chocolate brown, tan and pink

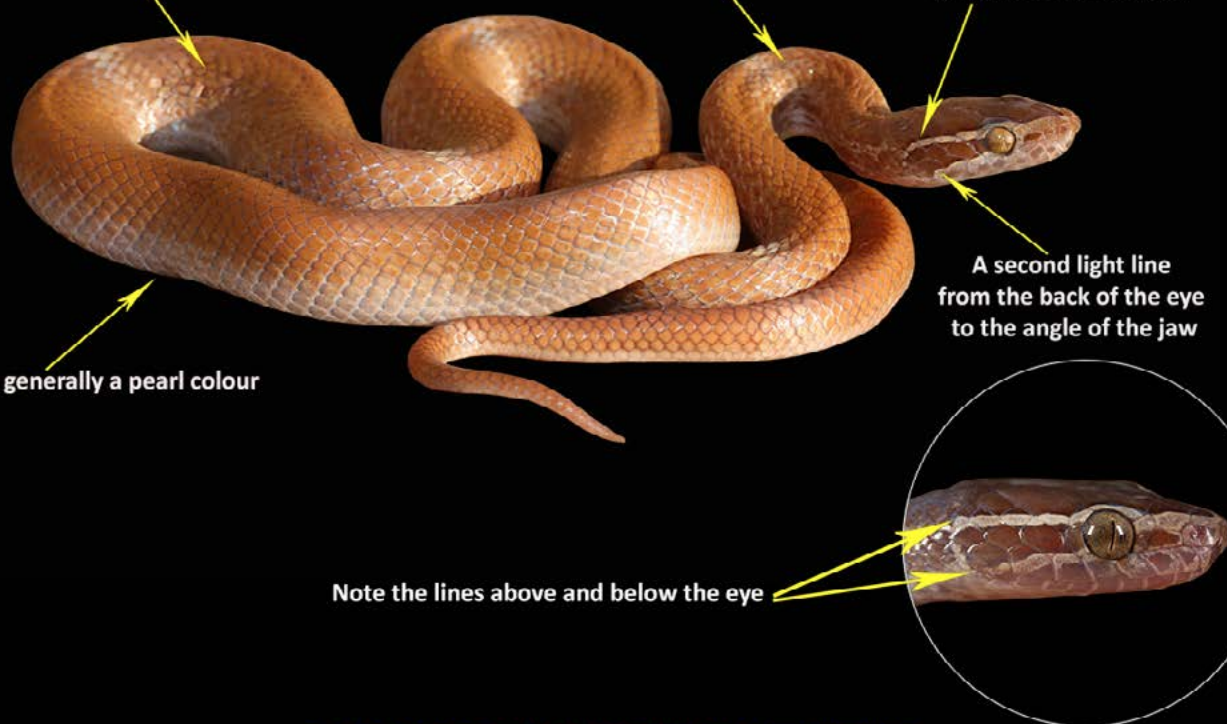
May have mottled markings down the neck

One light line from the nose through the top of the eye to the back of the head

Belly is generally a pearl colour

A second light line from the back of the eye to the angle of the jaw

Note the lines above and below the eye



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HARMLESS



Common Egg-eater (*Dasypeltis scabra*)

Maximum Length:
1.16 m



Other names:

Rhombic Egg-eater, Gewone Eiertvreter

A common snake throughout most of southern Africa except for true desert and closed canopy forests. It averages around 50 cm and is well adapted at climbing trees. It is most abundant in thornveld and grasslands where it can be found in any situation. It is nocturnal, spending most of the day hiding beneath rocks or under loose bark. When agitated, it will coil and uncoil while striking out viciously. The rubbing scales create a rasping sound similar to a hiss. It is completely harmless, and the teeth are reduced. It feeds exclusively on birds' eggs. It may be confused with the venomous Common Night Adder.



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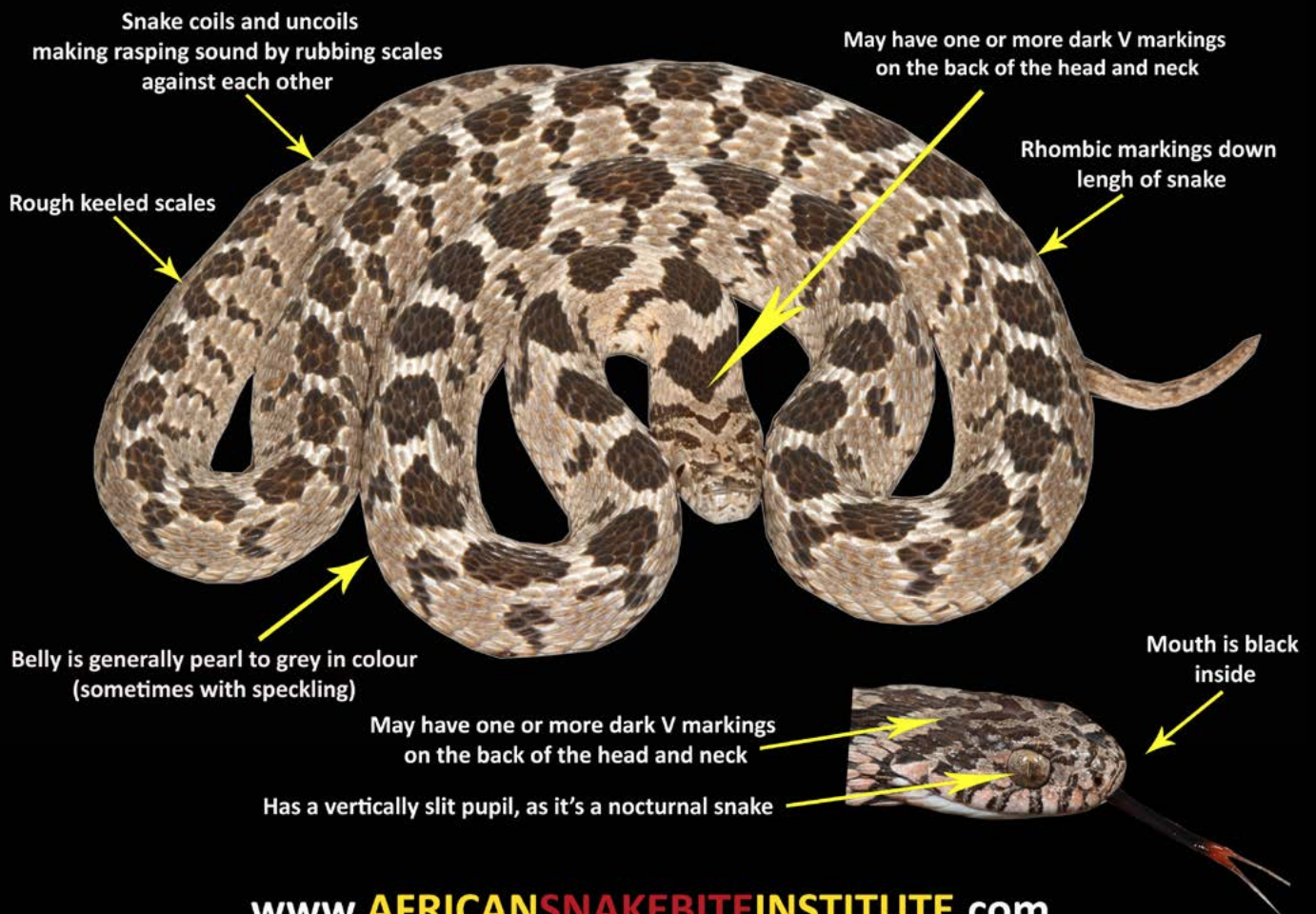
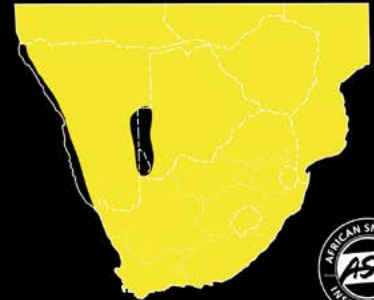
ASI EASY ID

Common Egg-eater (*Dasypeltis scabra*)

HARMLESS

Average length: 55 cm. Maximum length: 1.16 m

Often confused with: Common Night Adders



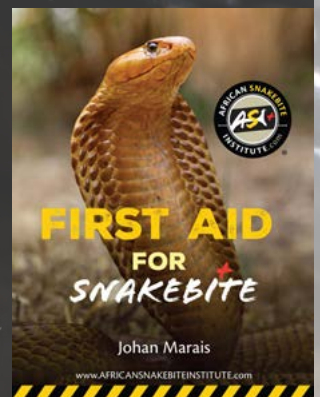
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IN THE EVENT OF A SNAKEBITE, DO NOT...

- ✦ 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 life-saving 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.

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 LEPHALALE

Lephalale District Hospital-ER

Tel: 014 763 2227

(-23.678073, 27.703670)

Onverwacht Alwyn Street &, Chris Hani Ave, Lephalale, 0555

Voortreker Hospital (Mokopane)

Tel: 015 409 1759

(-24.195952, 29.014094)

Geyser str, Trim Park, Mokopane

Mediclinic Lephalale Hospital

Tel: 086 118 1181

(-23.686370, 27.698165)

Cnr Douwater Road, Joe Slovo Ln, &, Lephalale, 0557

Witpoort Hospital

Tel: 014 769 0025

(-23.334821, 28.010043)

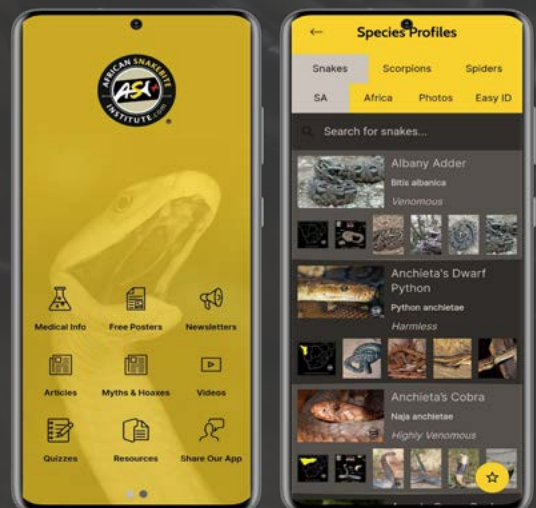
1 Jan Lee Street, Lephalale, 0555



SNAKE REMOVERS CONTACTS

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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.

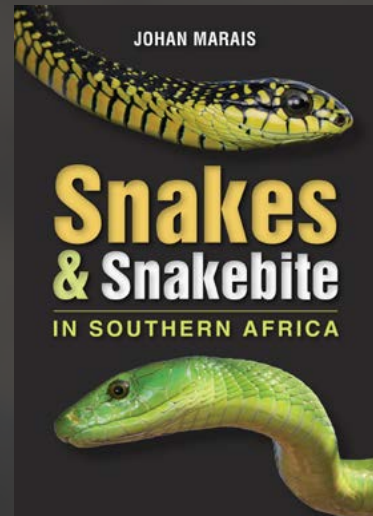
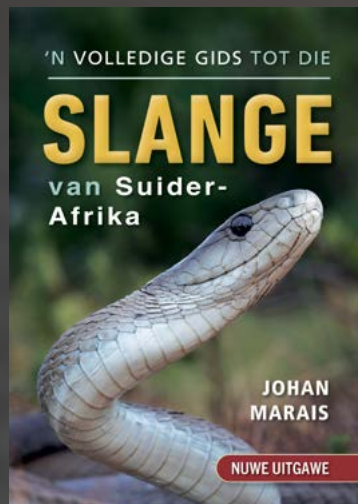
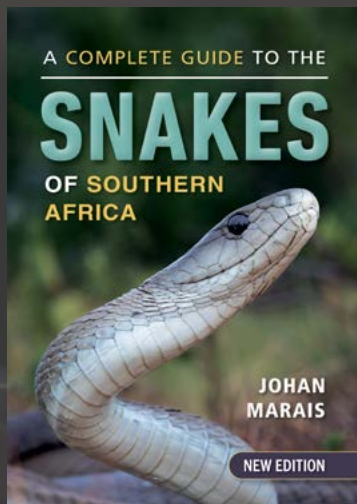
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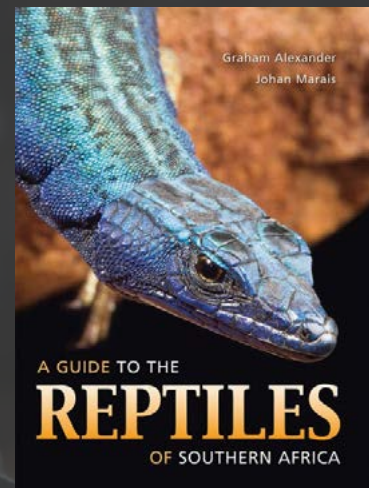
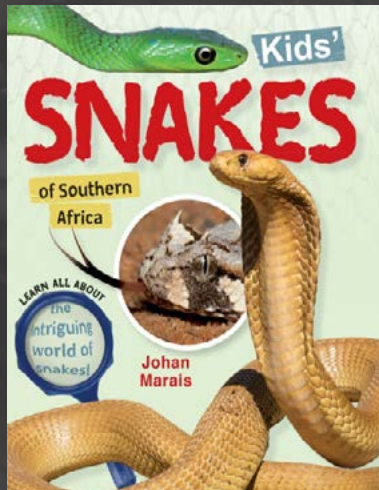
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Snake Handling Equipment: +27 60 957 2713 or info@asiorg.co.za

Snake Identification: +27 72 979 1249 or support@asiorg.co.za

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