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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 SABIE

M pumalanga has 69 different snake species. Of the 30 snakes that occur in Sabie five are highly venomous, three 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.

S nakebite 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 SABIE



Sabie has around thirty different types of snakes. Five species are considered highly venomous while another three can give a bad bite. Most snakes encountered are mildly venomous or harmless to humans.

HIGHLY

Has caused human fatalities **VENOMOUS**

Painful bite, but does not require antivenom

VENDMOUS

Not thought to be harmful to humans **HARMLESS**

Not dangerous to



Black Mamba
(Dendragsnis polylenis)



Mozambique Spitting Cobra (Naia mossambica)



inkhals



Puff Adder



Short-snouted Grass Snake



Black-headed Centipede-eater (Aparalloctus capensis)



Common Night Adder



Berg Adder



(Crotaphopeltis hotambaiea) - photo Luke Kemp



Southern African Python



Brown House Snake (Boardon capensis)



Dusky-bellied Water Snake (Lycodonomorphus laevissimus



(Lycodonomorphus inornatus)



Western Natal Green Snake

0



Southern Brown Egg-eater (Dasypeltis inornata)



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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Snakes & Snakebite IN SOUTHERN APRICA



EMERGENCY PROTOCOL

1 Keep the victim calm, immobilized and transport the victim to the closest hospital without delay.

IN THE EVENT OF A SNAKE BITE

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.

For snake removals - Jonathan -

DO NOT —

- ... apply a tourniquet.
- ... cut and suck the wound.
- ... use ice or very hot water.
- \dots 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.







Black Mamba

(Dendroaspis polylepis)

Maximum Length: 3.8 m



Other names:

Swartmamba

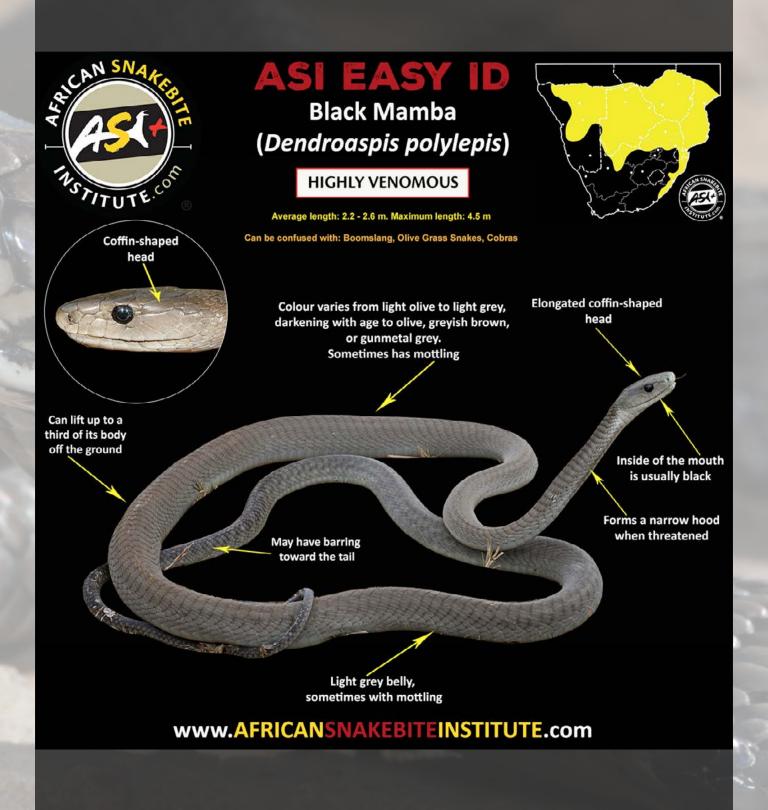
This is by far the largest venomous snake in Africa, with a maximum length of 3.8 m (historically specimens over 4 m were reported). Despite its reputation it is a shy, elusive snake that is quick to escape but will not hesitate to strike repeatedly if cornered. It is active during the day, often basking near a hole in an anthill or large rock crevice, into which it quickly disappears into 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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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

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.





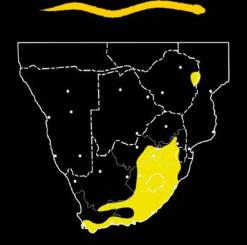




Rinkhals

(Hemachatus haemachatus)

Maximum Length: 1.5 m



Other names:

Ring-necked Spitting Cobra

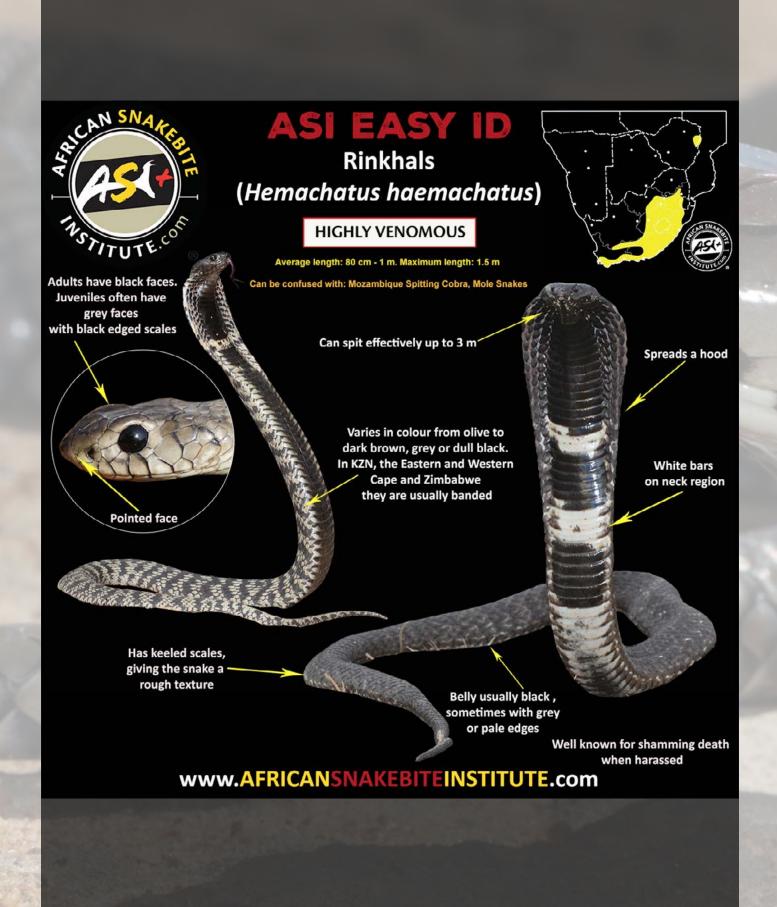
The Rinkhals is endemic to Southern Africa and is found only in South Africa, eSwatini, Lesotho and eastern Zimbabwe. Though it resembles a cobra (spreads a hood) it is not a true cobra and gives birth to live young. It is essentially a grassland inhabitant but is also found in fynbos in the Western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







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SNAKEBITE PROFILE RINKHALS

Hemachatus haemachatus



Risk of Bites

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



Most Bites

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



Symptoms & Venom

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



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



First Aid

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



Medical Treatment

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



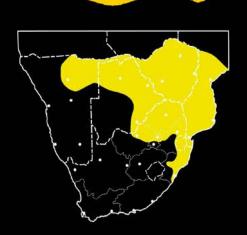




HIGHLY VENOMOUS

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

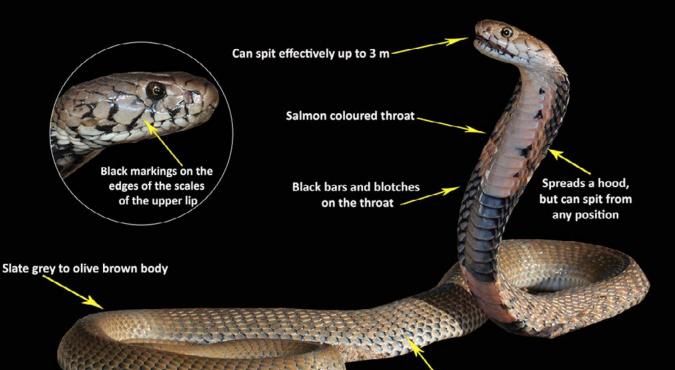
Mozambique Spitting Cobra (Naja mossambica)

HIGHLY VENOMOUS

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

Can be confused with: Rinkhals, Snouted Cobras





Belly may be off-white, to salmon in colour

www.AFRICANSNAKEBITEINSTITUTE.com

Black edged scales

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.



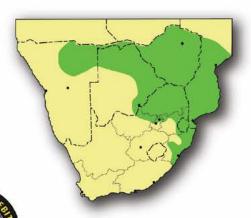
Most Bites

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.



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.





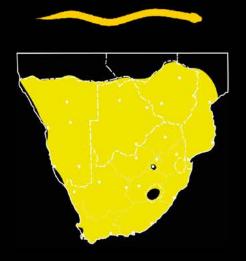
HIGHLY VENOMOUS



Puff Adder

(Bitis arietans)

Maximum Length: 1.4 m



Other names:

Pofadder, Imbululu

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







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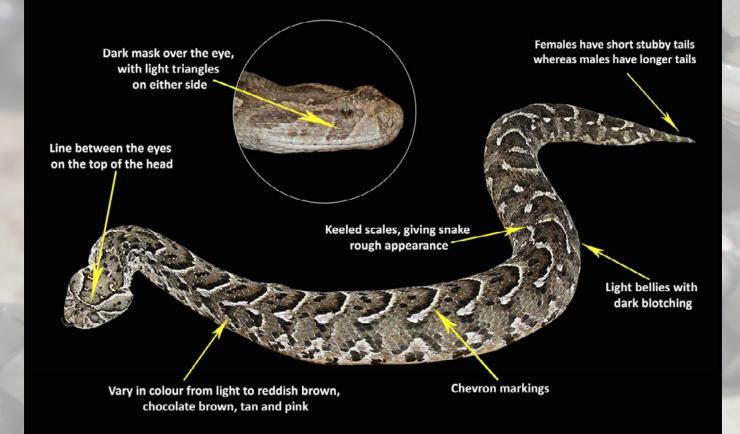
Puff Adder (*Bitis arietans*)

HIGHLY VENOMOUS

Average length: 90 cm. Maximum length: 1.4 m

Often confused with: night adders and Berg Adders







SNAKEBITE PROFILE **PUFF ADDER**

Bitis arietans



Risk Of Bites

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



Most Bites

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



Symptoms & Venom

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

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





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.





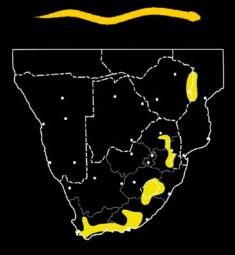






Berg Adder (*Bitis atropos*)

Maximum Length: 60 cm



Other names: Bergadder

There are at least four isolated populations of the Berg Adder, largely at high altitudes except for the Western Cape and Eastern Cape where they may occur at sea level. This snake averages 30 – 40 cm, reaching 60 cm in length.

It is fond of basking, especially on mountain paths and rocky ledges. The Berg Adder is a badtempered snake that hisses loudly and strikes easily. Its venom is mainly neurotoxic and attacks the facial and optic nerves. Breathing may be affected by the venom and most patients may need to be ventilated. There is no antivenom for the bite of this snake, but no fatalities have been recorded.







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ASI EASY ID

Berg Adder (Bitis atropos)

VENOMOUS

Average length: 40 cm. Maximum length: 60 cm

Often confused with: Puff Adders and other dwarf adders

Colour varies from grey to brown to red /

No tufts above eye

ito tuits above eye

Dark paired butterfly-like markings down spine

In Cape and
Drakensberg
specimens
the "butterflies"
have white outlines

Light line under the eye

Belly usually off-white to dark grey with dusky infusions

> Elongated head

Mpumalanga specimens are grey to brown or red



SNAKEBITE PROFILE BERG ADDER

Bitis atropos



Risk of Bites

Bites are not common with around 5 serious bites a year reported in South Africa.



Most Bites

Most bites occur to hikers who tread on a snake or place their hands on a ledge close to a snake. Berg Adders are ill-tempered and are quick to bite when threatened.



Symptoms & Venom

The venom results in both neurotoxic and to a lesser degree cytotoxic symptoms. The optic and facial nerves are affected with symptoms including drooping eyelids (ptosis), dilated pupils, blurred vision, squinting, as well as dizziness and temporary loss of taste and smell. Respiratory failure may occur several hours after the bite, and several victims end up on a ventilator. Pain and swelling can be expected. Necrosis, though not common, has been recorded in some bites.



See pages 32-34 Snakes and Snakebite in Southern Africa (2024).



First Aid

Immobilise and reassure the patient. 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

There is no effective antivenom and victims are treated symptomatically. In a recent study of 14 bites, all victims had to be intubated and ventilated 5-7 hours after envenomation. Despite a bite from a Berg Adder being considered life-threatening, no fatalities have been documented.



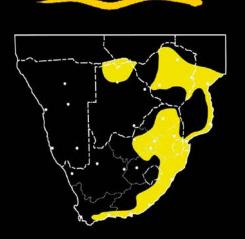




VENOMOUS

Common Night Adder (Causus rhombeatus)

Maximum Length: 1 m



Other names:

Rhombic Night Adder, Gewone Nagadder

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

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







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ASI EASY ID

Common Night Adder (Causus rhombeatus)

VENOMOUS

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

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



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



SNAKEBITE PROFILE **COMMON NIGHT ADDER**

Causus rhombeatus



Risk of Bites

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



Most Bites

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



First Aid

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

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





Symptoms & Venom

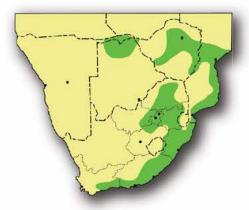
largely venom cytotoxic (cell-destroying), causing pain, swelling, and discoloration of the bitten area within an hour or two. The lymph nodes may also be affected. Swelling and discoloration may persist for more than a week, but blistering is rare. The venom of this snake does not cause tissue damage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



Medical Treatment

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









MILDLY VENOMOUS

Black-headed Centipede-eater (Aparallactus capensis)

Maximum Length: 40 cm



Other names:

Swartkop Honderdpootvreter,

A small slender nocturnal snake that averages 30 cm with a maximum length of 40 cm. This common snake is usually found in deserted termite mounds or under logs and rocks as well as in leaf litter. It occurs in the eastern half of the country from the Eastern Cape northwards.

The Black-headed Centipede-eater is a specialist feeder and preys on centipedes – it will seize its prey and then chew along the body until the venom takes effect. The centipede is eaten headfirst. It has a blackish head and light brown to orange-brown body, making it easy to identify. This snake is back-fanged and mildly venomous and poses no threat to humans.







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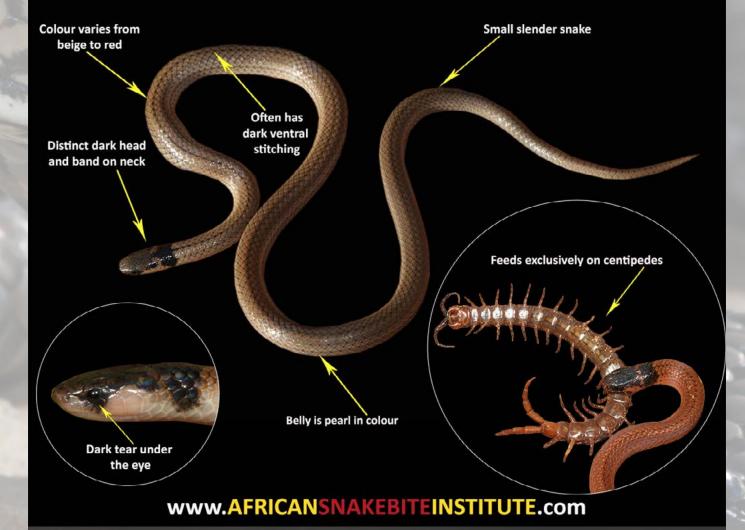
ASI EASY ID

Black-headed Centipede-eater (Aparallactus capensis)



Average length: 30 cm. Maximum length: 40 cm





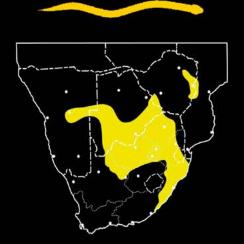




MILDLY VENOMOUS

Short-snouted Grass Snake (*Psammophis brevirostris*)

Maximum Length: 1.2 m



Other names:

Short-snouted Whip/Sand Snake, Kortsnoet Grasslang

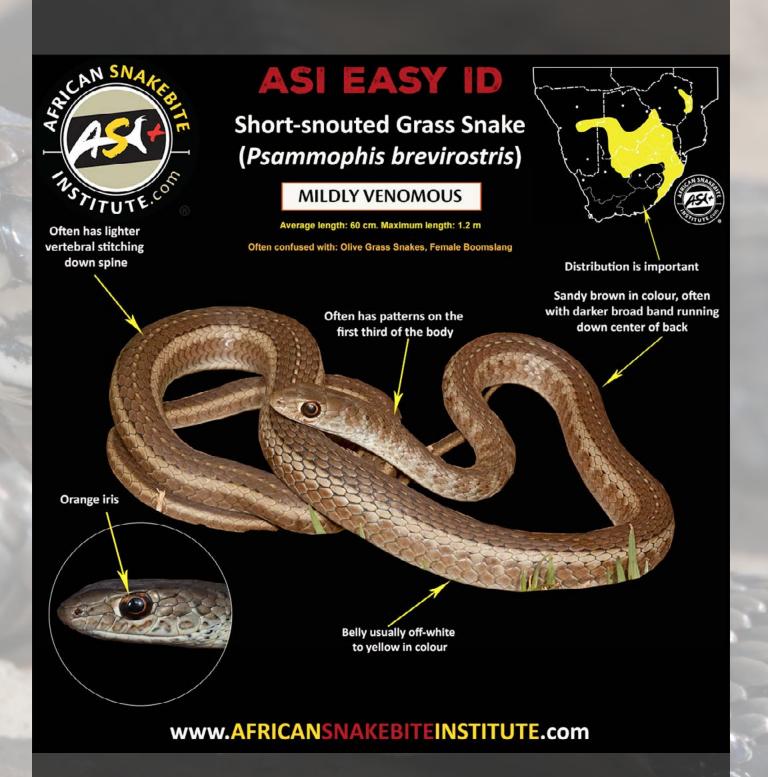
A medium sized, fast-moving snake that is active during the day. It averages 40-60cm but may exceed a meter in length. This snake is fond of basking and very quick to escape. It may flee into low shrubs. If handled it will not hesitate to bite. Individuals captured by the tail will spin and snap a piece of tail off in order to escape. The Short-snouted Grass Snake feeds on lizards, snakes and small rodents. It is a common snake in Gauteng and occurs throughout most of the central part of southern Africa and as far south as the Eastern Cape. Also found in Limpopo, North West and elsewhere further north. The venom of this snake is mild and poses no threat to humans.







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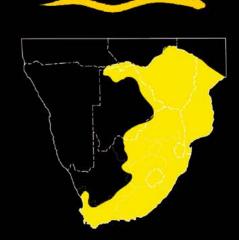
MILDLY VENOMOUS



Herald Snake

(Crotaphopeltis hotamboeia)

Maximum Length: 1 m



Other names:

Rooilipslang, Red-lipped Snake

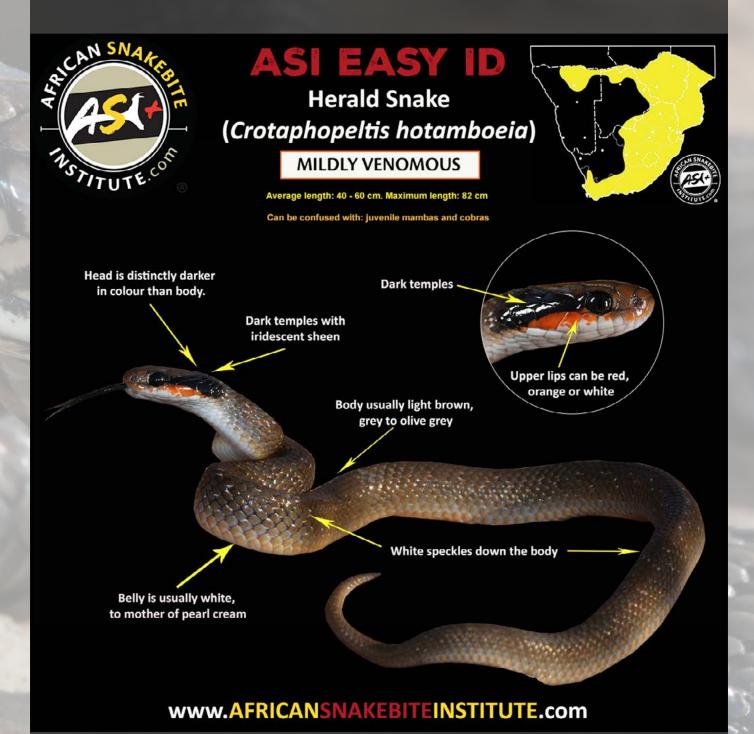
A nocturnal snake that frequents suburban gardens, especially those with water features. It is a toad specialist and often eats toads that look far too large to swallow. The Herald Snake is usually greyish to olive-grey in colour, but some individuals are quite dark. The head is always darker than the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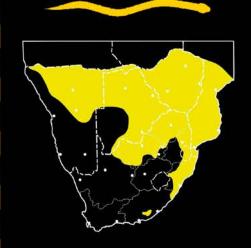




CAN INFLICT A NASTY BITE

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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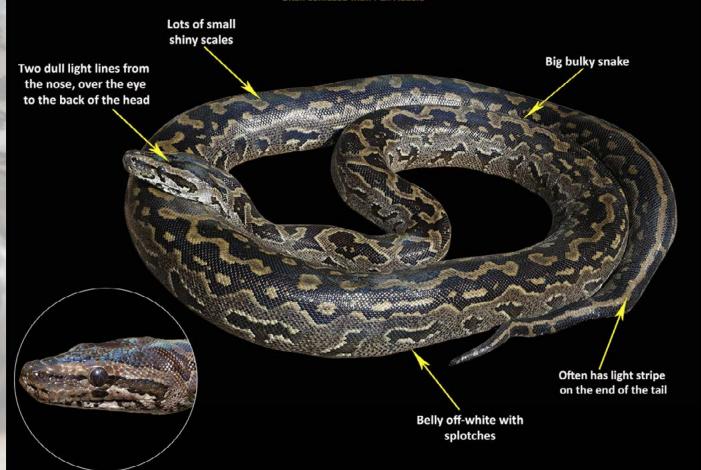
ASI EASY ID

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

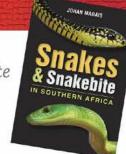
Most bites occur to the lower leg, when the snake lunges at a passerby. They are usually quick to release the bitten person, and often leave a row of small teeth punctures in the leg or calf.



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

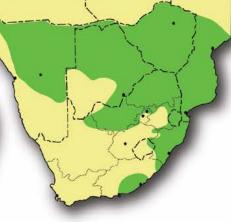
Immobilise and reassure the patient. Bandage the bitten area to reduce blood loss and transport the victim to a hospital or doctor.



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.







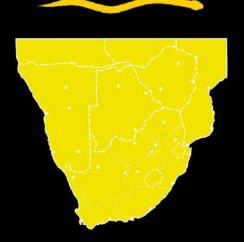


HARMLESS

Brown House Snake

(Boaedon capensis)

Maximum Length: 1.5 m



Other names: Bruin Huisslang

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

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







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ASI EASY ID

Brown House Snake (Boaedon capensis)

HARMLESS

Average length: 55 cm. Maximum length: 1.5 m

Can be confused with: Slug-eaters





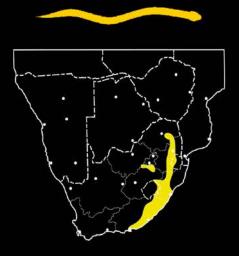




HARMLESS

Dusky-bellied Water Snake (Lycodonomorphus laevissimus)

Maximum Length: 1.2 m



Other names: Swart Waterslang

The largest of our water snakes, averaging 30-60 cm but reaching 1.2 m in length. It is largely aquatic and favours pools and shaded streams where it often swims submerged. Although harmless the Dusky-bellied Water Snake bites readily. It feeds on frogs, tadpoles and fish that it may swallow under water or carry to the edge of the water to swallow. Females produce 4 – 17 eggs. This snake is dark olive grey to brownish or black above with a cream to yellow belly that has dark blotches that often form a jagged broad band down the centre of the belly. The eyes are very prominent and are quite high up on the side of the head.







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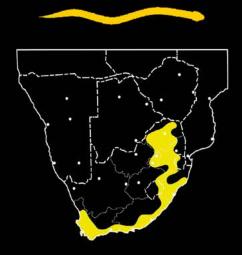




Olive Snake

(Lycodonomorphus inornatus)

Maximum Length: 1.3 m



Other names:

Olive House/Ground Snake, Olyfslang

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

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







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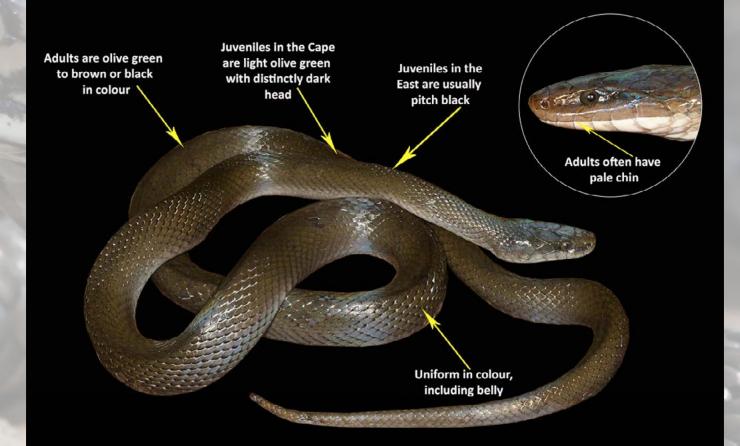


Olive Snake (Lycodonomorphus inornatus)



Average length: 75 cm. Maximum length: 1.3 m

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



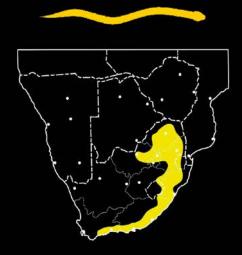




HARMLESS

Western Natal Green Snake (Philothamnus occidentalis)

Maximum Length: 1.3 m



Other names:

Westelike Natal Groenslang

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







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Western Natal Green Snake (Philothamnus occidentalis)

HARMLESS

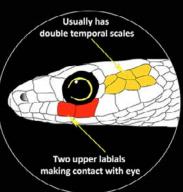
Average length: 70 cm. Maximum length: 1.3 m

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



Distribution is important to distinguish from the Eastern Natal Green Snake









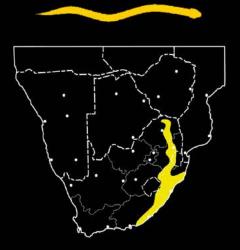




Brown Egg-eater

(Dasypeltis inornata)

Maximum Length: 1.2 m



Other names:

Bruin Eiervreter

A harmless egg—eating snake that averages 75 cm but may exceed 1 m in length. It is active at night and is amazingly skilled at finding birds' eggs. These snakes can be problematic for bird breeders as several eggs can be devoured in a single session.

Eggs are swallowed whole, and the shell is cracked by special bony projections in the neck – the contents is swallowed, and the shell is regurgitated in a neat small package.

All of the egg-eating snakes have heavily keeled body scales. If cornered, this snake puts up quite a show, flattening its head exposing the upper lips and will strike quite viciously but lacks teeth.







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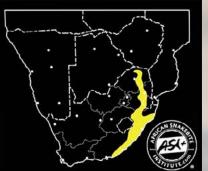


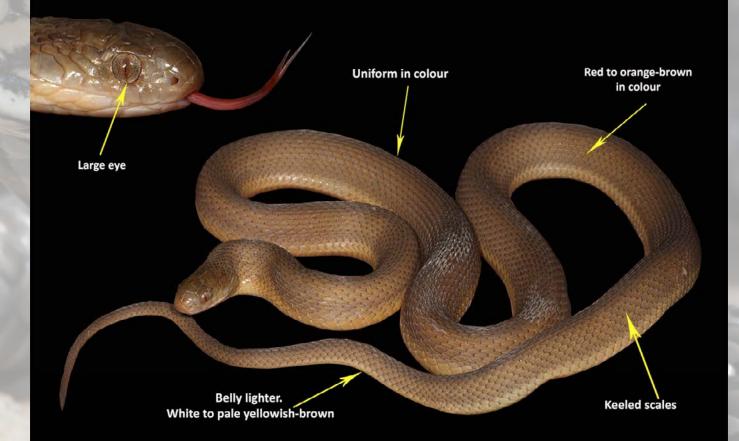
Southern Brown Egg-eater (Dasypeltis inornata)

HARMLESS

Average length: 50 - 70 cm. Maximum length: 1.2 m

Often confused with: Brown House Snakes and female Boomslang









HARMLESS

Common Slug-eater (*Duberria lutrix*)

Maximum Length: 43 cm



Other names:

Gewone Slakvreter, Tabakrolletjie

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

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







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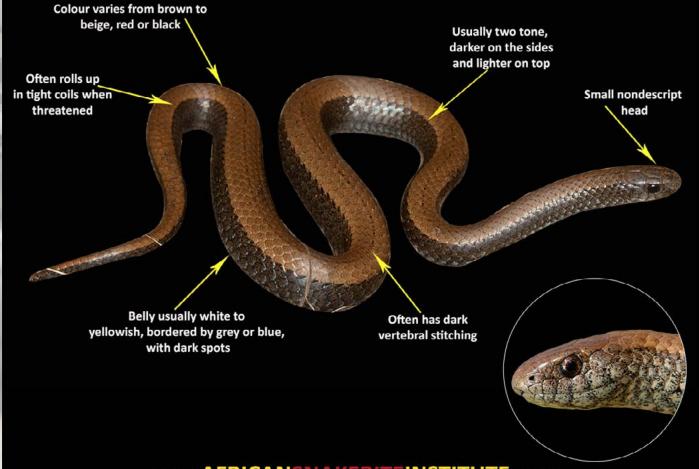
Common Slug-eater (Duberria lutrix)

HARMLESS

Average length: 35 cm. Maximum length: 45 cm

Often confused with: Juvenile Cape Cobras





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 SABIE

Sabie Hospital Tel: 013 764 1222 (-25.093159, 30.782218) Hospital Street, Sabie, 1260

Mapulaneng Hospital Tel: 013 799 0214 (-24.843946, 31.054928) Masana Masana Trust, Graskop Road, Bushbuckridge, 1280

Rob Ferreira Hospital (Nelspruit/ Mbombela) Tel: 013 741 6100 (-25.478519, 30.969944) Piet Reief st, Sonheuwel, Mbombela, 1201 Nelmed Medicross(Nelspruit/ Mbombela) Tel: 013 755 5000 (-25.476232, 30.977789) Rothery Street, Nelspruit, 1200, Mbombela, 1201

Mediclinic Nelspruit Hospital Tel: 086 117 4448 (-25.493146, 30.962332) 1 Louise St, Sonheuwel, Mbombela, 1201

SNAKE REMOVERS CONTACTS

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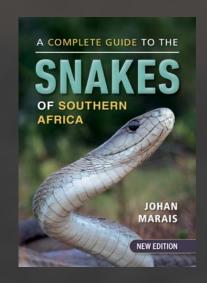


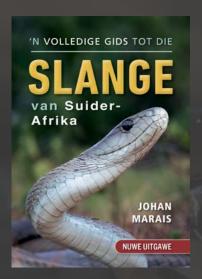


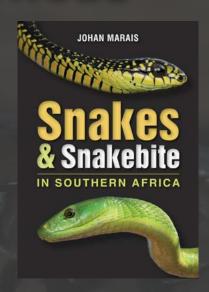




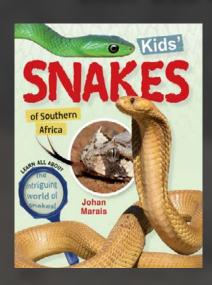
MORE RESOURCES



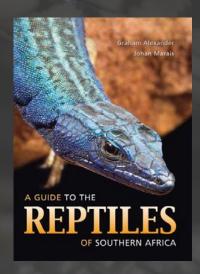




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