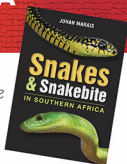


# SNAKEBITE PROFILE



## 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.



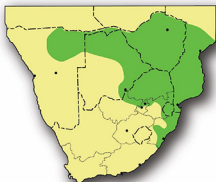
### Most Bites

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 potentially 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.

