Tackling snakebite in low and middle-income countries

Snakebite envenoming is back on WHO’s list of Neglected Tropical Diseases (NTDs), and will benefit from recent experience tackling other NTDs and support from the new International Snakebite Alliance to focus research and funding.

Snakebite fits the NTD profile even though it’s not infectious. It affects rural populations and disproportionately impacts the vulnerable, causing death and lifelong disability. Africa, Asia and Latin America are the most affected regions, and climate change is predicted to increase the range of their venomous snakes. India has the highest burden with up to 2 million people bitten and 50,000 deaths each year.

CABI’s Global Health database provides access to global research, enabling the work of policymakers & practitioners, researchers & students at leading public health schools including Melbourne [Australia], Tulane [USA], Makerere [Uganda] and the London School of Hygiene and Tropical Medicine [UK].

CABI’s Global Health database comprehensively covers hot topics that matter

Global Health draws from social, economic, environmental, agricultural & public health sources to provide a more complete picture of snakebite incidence, treatment and control in LMIC.

- **Agricultural practices and farmworkers:** farming cocoa, cattle and chickens increases incidence; young workers are most bitten, with loss of national productivity & serious toll on families.
  - The snakebite problem and antivenom crisis from a health-economic perspective.
  - Toxicon, 2018
  - Agriculture and snakebite in Bahia, Brazil - an ecological study.
  - Annals of Agricultural and Environmental Medicine, 2016

- **Antivenoms and novel protection:** cheap effective antivenoms and protective drugs are needed, preferably administered in the first 4 hours after bite.
  - Protective effect of the sulfated agarans isolated from the red seaweed Laurencia aldingensis against toxic effects of the venom of the snake, Lachesis muta.
  - Marine Biotechnology, 2016

- **Rural hospitals and traditional medicine:** more local clinics, better incidence data and community education will improve outcomes & shift reliance on traditional medicine.
  - Epidemiology & outcome of snake bite in a rural teaching hospital: a retrospective study.
  - Indian Journal of Basic and Applied Medical Research, 2017
  - Why snakebite patients in Myanmar seek traditional healers despite availability of biomedical care at hospitals?
  - PLoS Neglected Tropical Diseases, 2018

- **Tissue necrosis and disability:** ¼ of deaths are due to delay in reaching a hospital. Delay also means survivors face disabling & disfiguring necrosis in the tissues surrounding the bite.
  - Medicinal plants for the treatment of local tissue damage induced by snake venoms: an overview from traditional use to pharmacological evidence.
  - Evidence-based Complementary and Alternative Medicine, 2017
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