

GLOBAL HEALTH HOT TOPIC:

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 its 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 healtheconomic 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 agaran 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:** 3/4 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

KNOWLEDGE FOR LIFE

Introducing CABI's Global Health database

CABI's world-renowned **Global Health** database gives researchers, students and practitioners unparalleled access to all the world's relevant public health research and practice - providing knowledge without borders. Global Health is the only specialist bibliographic abstracting and indexing database dedicated to public health, completing the picture of international medical and health research by capturing key literature that is not covered by other databases.

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Can gender difference in prescription drug use be explained by gender-related morbidity?: A study on a swedish

Author(s): Skoog, J.; Midlöv, P.; Borgouist, L.; Sundquist, J.; Halling, A. Author Affiliation: Department of Clinical Sciences in Malmö, Center for Primary Health Care Research, Lund University, SF-205502 Malmö, Sweden. Author Email : Jessica.skoog@med.Mu.se

Journal article : BMC Public Health 2014 Vol.14 No.329 pp.(8 April 2014) ref.41 Abstract : Background: It has been reported that there is a difference in drug prescription between males and fermales. Even after adjustment for multi-morbidity, females tend to use more prescription drugs compared to males. In this study, we wanted to analyse whether the gender difference in drug treatment could be explained by gender-related morbidity. Watchods: Data was collected on all individuals 20 years and older in the county of Ostergottand in Sweden. The Johns Hopkins ACG ass-Mix System was used to calculate individual level of multi-morbidity. A report from the Swedish National institute of Public Health using the WHO term DAIV was the basis for gender-related morbidity. Prescription drugs used to treat diseases that mainly affect females were excluded Form the analyses. Results: The odds of having prescription drugs for males, compared to females, increased from 0.45 (5% confidence interval (CI) 0.440,466) to 0.82 (5% CI 0.403, 30) ere exclusion of prescription drugs that diseases that mainly affect females. Conclusion: Gender-related morbidity and the use of anti-conception drugs may explain a large part of the difference in prescription drug use between males and females but still there remains a difference between the genders at 18%. This implicates that it is of importance to take the gender-related morbidity into

Journal article : BMC Public Health 2014 Vol.14 No.329 pp.(8 April 2014) ref.41

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population during 2006.



BVZS AUTUMN MEETING 2014

SESSION 3: LEGISLATION AND NOVEL USE OF DRUGS

THE PRESCRIPTION. SUPPLY AND CONTROL OF PRESCRIPTION-ONLY VETERINARY MEDICINES (POMs) IN ZOOLOGICAL COLLECTIONS AND WILDLIFE RESCUE CENTRES

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RCVS Recognised Specialist in Zoo and Wildlife Medicine

Co-author: M. Hosegood MRCVS

BVZS receives regular requests for advice from its members who provide veterinary services to zoological collections (whether or not they are licensed under the Zoo Licensing Act 1981) and wildlife facilities (including rescue centres). The very nature of these organisations, and the animals kept there, present unique challenges for the veterinary surgeon charged with their care, both from a clinical and a regulatory perspective. This advice note is intended to assist members interpret the regulation associated with the use of POM medications in these facilities. Further advice can be obtained from the Royal College of Veterinary Surgeons. Veterinary Medicines Directorate or the Veterinary Defence Society (if you are a member).

The most frequently asked questions include:

1. What is the legal positon when prescribing and/or supplying POMs, including Controlled Drugs?

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