

Snakebites gain global attention

May 9 2018, by Benjamin Waldmann



Screenshot from *Minutes to Die*. Selvarasu and his wife.

Selvarasu, a coconut farmer in Erode, India, met his fate with a bite from a Russell's viper. With his life hanging in the balance, it wasn't until he reached a third and final hospital—some five hours away—where doctors with specialised training and access to effective antivenom and medical care saved his life. Although he survived, the envenoming rotted his leg tissue, leaving him permanently disabled and unable to climb and harvest his coconut trees. He must now pay a farmhand to do this work. At the same time, he struggles to repay loans he took out to cover the exorbitant treatment costs that saved his life. To

keep his children in school and food on the table, he and his wife have had to sell their few remaining belongings and now face an uncertain future.

Sadly, stories like Selvarasu's are not unique—just largely unknown. The reality is that snakebite kills over 100,000 people every year and leaves 400,000 more with significant disabilities, such as amputated limbs and blindness. Given that most [snakebite victims](#) never make it to a health facility to be counted, these figures are believed to be a gross underrepresentation of the true burden. Agricultural workers and children living in impoverished rural areas in Africa, Asia and Latin America are hardest hit. Being largely out of sight and, therefore, out of political leaders' minds, these populations have, for decades, suffered the devastating consequences of snakebite envenoming alone.

Fortunately, this is slowly starting to change. Recognising that concerted action by the global health community is sorely lacking and desperately needed, the World Health Organization (WHO) was persuaded to add snakebite envenoming to its priority list of neglected tropical diseases last year. And this May at the World Health Assembly (WHA), the WHO's 193 Member States will have the opportunity to move the needle even further on this most neglected tropical disease by voting on a resolution that could finally make snakebite envenoming a global health priority. If passed, the resolution would further compel the WHO and all countries to take increased action.

A WHO-led global strategy, which is already under development by a range of stakeholders, must be bold enough to tackle this multi-faceted [health](#) threat. Country-level data on the total snakebite burden is needed, along with evidence on current levels of access to safe, effective, affordable, appropriate and quality-assured medical treatment and rehabilitation. Knowledge and use of effective snakebite prevention and first aid measures must also be increased. And, as research and

development into new diagnostic tests and antivenoms continues, access to existing forms of treatment by trained healthcare workers must also be scaled up.

Snakebite-endemic countries, meanwhile, must do their part. This includes adequately funding national snakebite prevention and treatment programmes that incorporate civil society expertise. Making snakebite envenoming a notifiable disease is also a start. Ensuring that region-specific, quality-assured antivenoms are registered, and that healthcare workers are trained to effectively treat snakebite envenoming is crucial.

Political will at the global and national levels isn't the only thing needed, however. Stable funding from [global health](#) donors is also crucial for the WHO and affected countries to curb [snakebite](#)'s devastating impact. Many of the necessary tools are already available and waiting to be implemented or expanded. The potential social and economic gains are enormous. And every life that can be saved will be worth the investment.

More information: José María Gutiérrez, Juan J. Calvete, Abdulrazaq G. Habib, Robert A. Harrison, David J. Williams, and David A. Warrell. "Snakebite envenoming", *Nature Reviews Disease Primers*, vol. 3, 2017.

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