

TRAVEL INFORMATION: SCORPION STINGS AND SNAKE BITES

1 General

Scorpions are most active at night, so walking around barefoot after sunset is not a good idea. When you get up in the morning you must check your shoes for scorpions that might have got into them during the night. A scorpion sting is really painful, but symptoms usually remain restricted to a local reaction. Occasionally, adults develop severe symptoms. The sting can be fatal, particularly for small children.

Snakes hide especially in dense undergrowth and under large stones and rocks, and sometimes in termite mounds or damp, dark garden sheds, summerhouses etc. After a rain shower snakes may also readily seek out open places. They normally stay away from human environments and they bite humans only in self-defence. About 375 of the approximately 2700 snake species are venomous. Bites by venomous snakes are not always accompanied by actual injection of venom and symptoms of envenomation. The interval between bite and eventual death varies enormously. The prognosis depends on many factors, including the general condition of the individual and the treatment.

2 Prevention

Never walk through long grass, or if you do have to walk across pastureland:

- Wear sturdy high boots.
- Make the ground vibrate by treading heavily or by thumping with a stick in front of you.
- Use a torch when it is dark.
- Putting unprotected hands in holes between stones or rocks must also be avoided.

3 Treatment

- Whatever you do, avoid panic;
- Seek suitable medical help as quickly as possible;
- Avoid dangerous procedures such as incision, bleeding and sucking, ligatures, tourniquets, etc. The use of a suction device Aspivenin[®] type for snakebites is very controversial, as in

animal trials it at best aspirates only 30% of the venom, even when used within three minutes after the snakebite.

- Immobilisation and a lymphatic tourniquet (elastic bandaging of the affected limb for a maximum of 1 hour) is the only recommended technique for neurotoxic snakebites.
- In Australia a swab can be taken from the bite to determine which species of snake was responsible for the bite.
- If possible, the dead snake should be brought in for identification (but beware of recently killed snakes since they still have a bite reflex even after decapitation);
- Treatment with antivenom is necessary only in the event of specific symptoms of envenomation such as haemorrhages, local tissue necrosis or paralysis. Antivenom is still effective, even when administered at a late stage. There is no advantage in carrying antiserum if the correct storage temperature cannot be continuously guaranteed, and if no knowledgeable and competent person is present who can administer the antiserum.