

About the SLMA Expert Committee on Snakebite

The Beginning

The Council of the Sri Lanka Medical Association established the Expert Committee on Snakebite in 1983 under the Chairmanship of Dr. Dennis Aloysius. This was the first SLMA Expert Committee appointed; it has remained intact over the years and continues to function to this day, responding to issues regarding the management of snakebite in the country. Membership in the SBC is open to all registered medical practitioners, and selected non-medical persons, interested in the topic or with specialized herpetological knowledge; its composition has seen many changes over the years.

Dr. Aloysius, a leading Family Physician at that time, made the Council aware of the high incidence of deaths from snakebite, paucity of knowledge amongst members of the medical profession regarding snakebite and its management and the preference of victims to opt for treatment from traditional practitioners. The principal aim of the committee at its inception was to collect what information was available at the time regarding snakes, their bites, envenoming and the management of victims, and to make that information available to the medical profession. The scope of the Committee expanded over the years and, in 2011, its Aims & Objectives were defined as set out below.

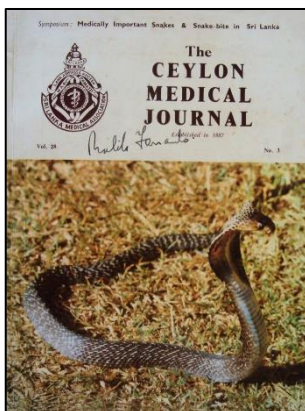
Aims & Objectives

1. Advise the SLMA Council on all matters relating to issues in connection with snakebite in Sri Lanka.
2. Be available to advise the Ministry of Health and other Government bodies on all matters relating to issues in connection with snakebite in Sri Lanka.
3. Play proactive roles in the prevention of snakebite and the promotion of best practices in the management of snakebite by venomous snakes through:
 - a. lectures and seminars at SLMA clinical and scientific meetings;
 - b. outreach programmes for doctors and other health delivery staff in provincial institutions;
 - c. radio and television programmes for the general public;
 - d. talks and publications for the general public; and
 - e. publications, including management guidelines, for medical practitioners.
4. Promote, encourage and facilitate development of effective snake antivenom for use in Sri Lanka.
5. Promote, encourage and facilitate collection of accurate data regarding snakebite and snakebite deaths.
6. Any other activities including partnering civil society organizations that may be necessary to achieve the general objectives 1 to 5.

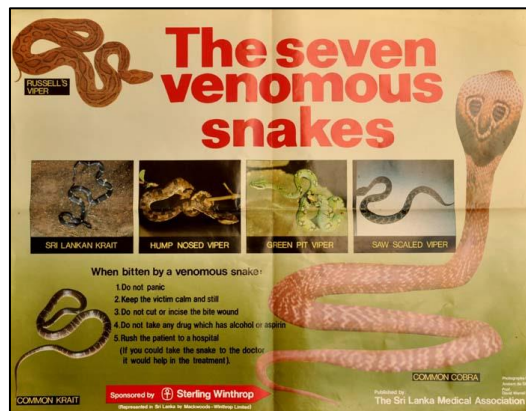
Activities

The Committee’s activities have been spread out over the years during which time it conducted radio and television programmes, lectures and seminars for medical practitioners and lay people, publication of posters, booklets, pamphlets and a compact disc on snakebite management. The list below details some of the more notable activities and publications:

- 1983. *Symposium: Medically important snakes & snakebite in Sri Lanka*. The Ceylon Medical Journal Vol. **28** no. 3. pp. 107-201. This was the first output of the committee. The journal contained articles written by many knowledgeable people on a variety of snake-related topics—such as venomous snakes, identification of snakes, epidemiology of snakebite, prevention, first aid and treatment of snakebite including traditional methods etc. (For a list of the contents see [Appendix below](#))

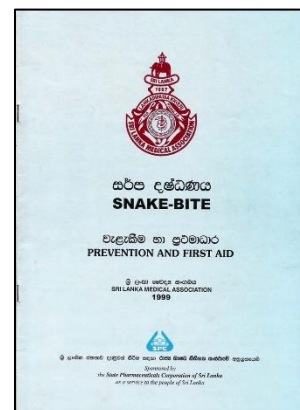
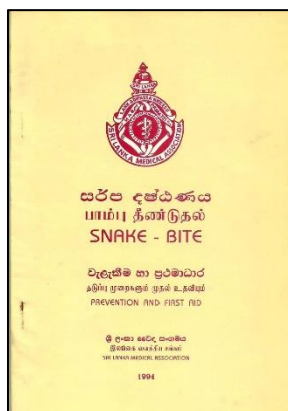


- 198? Colour poster featuring the deadly venomous snakes of Sri Lanka. In English, Sinhala and Tamil.

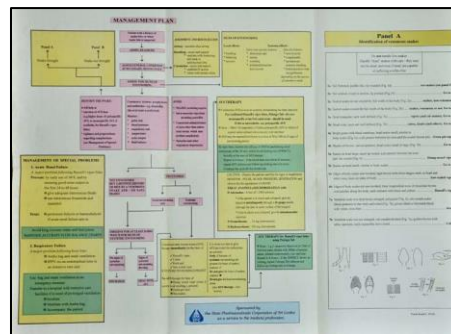
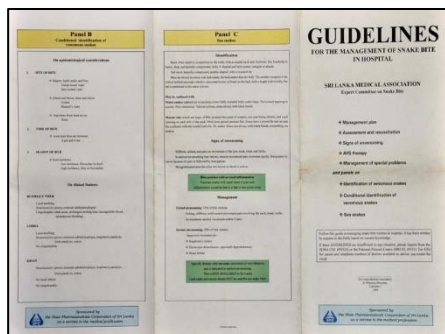


- Successfully lobbied with the Health Ministry to stop sensitivity testing before administering AV.

- 1994. Snakebite: Prevention and First Aid. A booklet for lay people. In Sinhala, English & Tamil. Re-printed 1999 (English and Sinhala only.) Updated 2013, available on SLMA website and CD in all three languages.

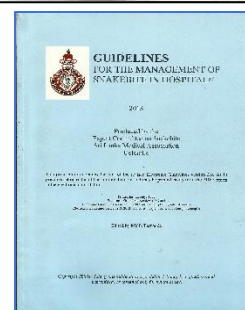
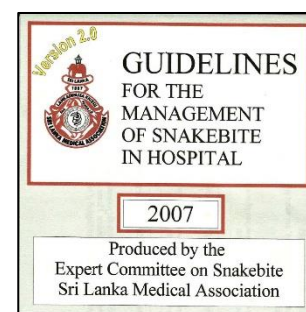


- 1999. GUIDELINES for the management of snakebite in hospital. English. Double-sided foldable-poster format, in colour.



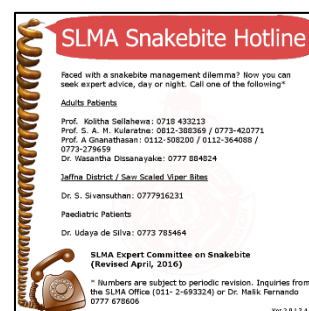
Ver. 2.1 - 27.11.2017

- 2002. Commenced programme of outreach seminars for doctors in outstation hospitals on management of snakebite. The WHO had given Dr. Sellahewa a grant to carry out 12 programmes. By the end of 2008, 18 seminars had been held and the balance money had been utilised to print (in 2007) copies of the Snakebite Management Guidelines as a booklet.
- 2004. Commenced programme 'Training of health personnel and selected persons on first aid and basic life support with bag & mask ventilation at village level' supported by a grant from WHO.
- 2005. Electronic guidelines ver. 1.0. Containing the 1999 guidelines on a CD, as a Power Point presentation.
- 2007. Electronic guidelines ver. 2.0. An updated and revised version including a picture library of venomous and non-venomous snakes on CD, as a Power Point presentation. CD included the guidelines and the English version of the booklet on Prevention and First Aid in pdf format.
- 2013. Electronic guidelines ver. 3.0. Updated and extensively revised, the CD included the guidelines and the booklet on Prevention and First Aid (pdf format) in English, Sinhala and Tamil. A printed booklet of the guidelines was also published for free distribution.



Subsequent activity has been focused on the following:

- **Snakebite incidence as shown by admissions to Government Hospitals.** The Ministry of Health accepted the SBC proposal and was to implement the scheme through the Epidemiology Unit of the Ministry. Data collection sites will be the nine Sentinel Surveillance Sites already collecting information regarding non-communicable diseases. (Status: Implementation failed.)
- **Incidence of snakebite deaths in Government Hospitals.** Report form prepared, accepted by DGHS, circulated to all Government Hospitals (DGHS/COR/2008/55 of 11.8.2008). (Status: Reporting has been incomplete. Receipt of data delayed. Was inactive. A change in strategy was considered by SBC. This data to be henceforth collected and analysed in the office of the Chief Epidemiologist of the Ministry of Health. Failed to implement on a sustainable basis.)
- **SLMA Snakebite Hotline.** Revived in July 2010; provides telephone numbers of SBC members available 24/7 for resolving management dilemmas and help with snake identification. Publicized through Newsletters of SLMA and College of Physicians. (Status: A positive response but poor, suggesting that the news of the existence of this facility has not reached those treating snakebite. An aggressive promotional campaign is deemed necessary – such as, for a start, laminated posters for display in hospital ETUs, ICUs and medical



wards. Was unable to raise funding owing to difficulty in ensuring sustainability.)

- **Promotion of Sri Lanka species-specific anti-venom.** A number of initiatives were started only to fail to gain permits for necessary activities such as collection of snakes, establishment of herpetaria etc. (Status: There is one such project current (as at November, 2017), at the stage of a dose-finding clinical trial, involving two SBC members independent of the committee.)
- **Management guidelines for treatment of envenoming by other venomous animals and insects.** This is a new initiative that expands the aims and objectives stated above responding to a perceived need. One article was received: *Management of Hymenoptera (bee & wasp) Stings* and published in the SLMA Newsletter (March, 2011). (Status: Not proceeded with.)
- **Updating the 1983 CMJ Symposium.** A series of CMJ articles on various snakebite-related topics were planned and articles were called for. (Status: The Committee was unable to proceed with this project on the lines planned. However, updating of the Snakebite Management Guidelines that is now in progress will cover many of the areas proposed at that time.)
- **Forming of partnership with Environmental Foundation Limited.** EFL is a public interest law firm working in the environment sector. They had a National Snakebite Awareness Programme in 2010. The SBC teamed up with them (informally) to improve the quality and accuracy of their publications by providing specialised inputs (such as stressing the seriousness of hump-nosed viper bites that was first highlighted by Prof. Sellahewa) and providing editorial help in English posters and booklets. In return, SBC members were able to use the platforms they provided to reach out to the public, and some hospital staff – in the English and Sinhala media.

The Snakebite Committee has not been able to proceed with its programmes in an uninterrupted fashion because of involvement of its members in other professional activities that limit time available for work in this committee. Another, more recent, problem has been that members are scattered throughout the Island making it difficult to meet physically. This problem has been resolved, but not entirely, by the members communicating through e-mail. Despite these barriers what is encouraging, however, is that there are a number of younger members, researchers, who are interested in snakes, their venoms and managing bites, and above all, are willing to share their knowledge and work as a team. So, the future is not bleak for the SLMA SBC.

Malik Fernando
Editor
Colombo, November 2017

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