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New Situation of snakebite management in Indonesia

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Data in 5 years snakebites 135.000 cases/years same HIVAIDS but it neglected. Cases biggest in Java, Kalimantan and Sumatra, Sulawesi and NTT, NTB, Bali and Papua. No data in small island. Mortality is 4% per years. 2017 in October until December 15 mortality, king cobra bites biggest from all mortality. Morbidity 80% cases from sequelae wound, infection, traditional methods to severe bad condition necrosis and ischemia after tourniquet, secondary infection from snakebites no adequate antivenom and antibiotics. Skill specialist, GP, and nurse management snakebites 20% and facilities in emergency department first aid and antivenom 25%. Antivenom in mini hospital (puskesmas) 1-2 vial /district /year in west Indonesia (Sumatra, Jawa, Kalimantan, Sulawesi, NTT, NTB, Bali), and 1 vial/province/2-5 years in East Indonesia (Maluku and Papua). Price antivenom biosave 1 (Naja sputatrix, Calotes lesleyi, Bungarus) 500.000-1,5 million per vial and CS Polyvalent BoCSL Australia for 5 snakes (Tiger snake, Brown snake, taipan, Death adder, Black snakes) 67,5 million -8 million per vial (import from Biocsl Australia). Its complicated problem and difficult problem.

Programme too reducing snakebites problem with department of health Indonesia must plan to many program to collecting data, update skill and knowledge specialist, GP and nurse, antivenom in all big hospital and first aid equipment in mini hospital and have communication medical system (EMS toxicology) to helping emergency cases snakebites. Long step its make antivenom Indonesia and import antivenom relevant cases before result research antivenom snakes.