

SNAKEBITES — ANTIVENOM

1726. Hon Rick Mazza to the parliamentary secretary representing the Minister for Health:

- (1) How many reported snake bites have there been in the past five years in regional Western Australia?
- (2) How many of these snake bites resulted in the death of the patient?
- (3) How many snake bit victims required the Royal Flying Doctor Service due to no antivenin being available locally?

Hon Alanna Clohesy replied:

I am advised that:

- (1) For regional Western Australia, the Department of Health only has reliable data for the patients who were admitted to a WA Country Health Service (WACHS) hospital. The numbers of hospital inpatient separations (admitted episodes) for snake bite injuries in WACHS sites (regional Western Australian), 2013–2018 (2018 YTD) were as follows:

2013 – 156

2014 – 185

2015 – 166

2016 – 162

2017 – 177

2018 (YTD up to 31 August) – 126

- (2) Of these patients admitted at WACHS hospitals for snake bite injuries, no patients died during an admission in these regional hospitals. It is not possible to identify all snake bite victims who died as a result of their snake bites in regional Western Australia as the methodology for responding to (1) applied only to those patients who were admitted at WACHS sites.
- (3) The Department of Health does not collect information on availability of antivenin as a factor for transport via Royal Flying Doctor Service. The figure provided includes all WA hospital separations where Royal Flying Doctor Service was recorded as the type of transport the patient used to go to hospital prior to admission, irrespective of the availability of antivenin.

The number of hospital inpatient separations for snake bite injuries in WA where the patient arrived at the hospital via the Royal Flying Doctor Service, 2013–2018 (YTD) was as follows:

2013 – 31

2014 – 39

2015 – 33

2016 – 35

2017 – 37

2018 (YTD up to 31 August) – 26

It's important to note that anti-venom is only one aspect of the treatment for effective management of snake bites. For patients with significant envenomation, aeromedical transport to a tertiary metropolitan hospital will always be needed.