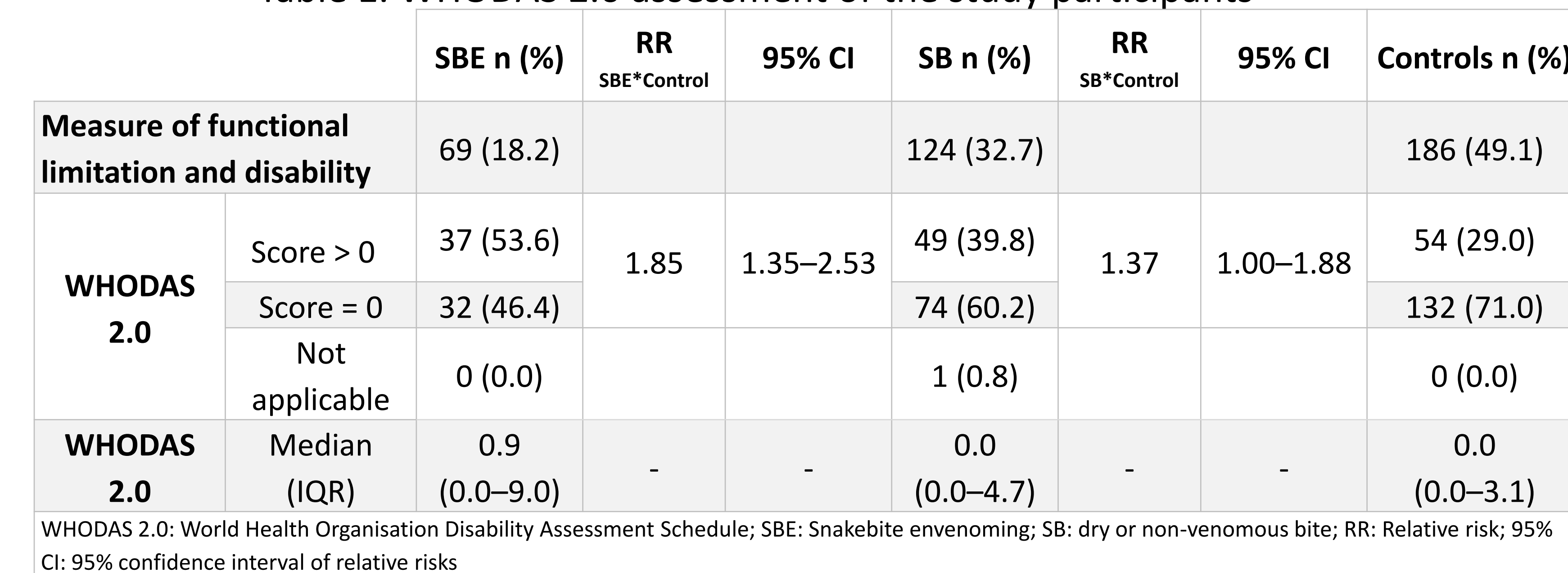


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RESULTS

Table 1. WHODAS 2.0 assessment of the study participants



Snakebite victims had a higher risk of impaired joint function (RR 3.05; 95% CI 1.25–7.47)



- ✓ Describe functional limitations and disabilities in community members with and without a history of snakebite
- ✓ Determine the relative risk of snakebite induced functional limitations and disabilities and the factors best predicting long-term consequences



Horizontal bar chart showing the percentage of participants with scores > 0 for various WHODAS 2.0 Domains across three groups: SBE (red), SB (dark blue), and Controls (grey).

WHODAS 2.0 Domain	SBE (%)	SB (%)	Controls (%)
Cognition	~13	~10	~9
Mobility	~35	~32	~23
Self-care	~6	~8	~8
Relationships	~10	~8	~10
Life activities	~47	~21	~20
Participation in society	~48	~26	~24
Total score	100	~40	~29

Group	Severe/extreme disability	Moderate disability	Mild disability	No disability
SBE	0	~6	~29	~65
SB	~1	~5	~17	~77
Controls	~2	~3	~17	~80

Fig 4. WHODAS ICE categorisation of the severity of disabilities

Predictors	OR	95% CI
Severity of the snakebite		
SB	-	
SBE	1.91	1.01 – 3.62
Age (years)	1.03	1.01 – 1.04
Gender		
Male	-	
Female	3.13	1.66 – 5.89
Region		
Upper West	-	
Ashanti	2.74	1.22 – 6.14

OR: Odds ratio; SB: Dry or non-venomous snakebite; SBE: Snakebite envenoming;
Nagelkerke R² = 0.169; 95% CI: 95% confidence interval of odds ratios

Snakebite envenoming victims were found to have a higher risk of developing psychosocial and physical disabilities.

Mild to moderately severe disabilities are not included in hospital-based estimates of snakebite burden. These disabilities also occur in victims who do not visit hospitals.

To better appreciate the true magnitude of the burden of snakebite envenoming, subsequent assessments of the disease burden should include mild and moderate long-term consequences along with the more severe consequences of amputation and death.

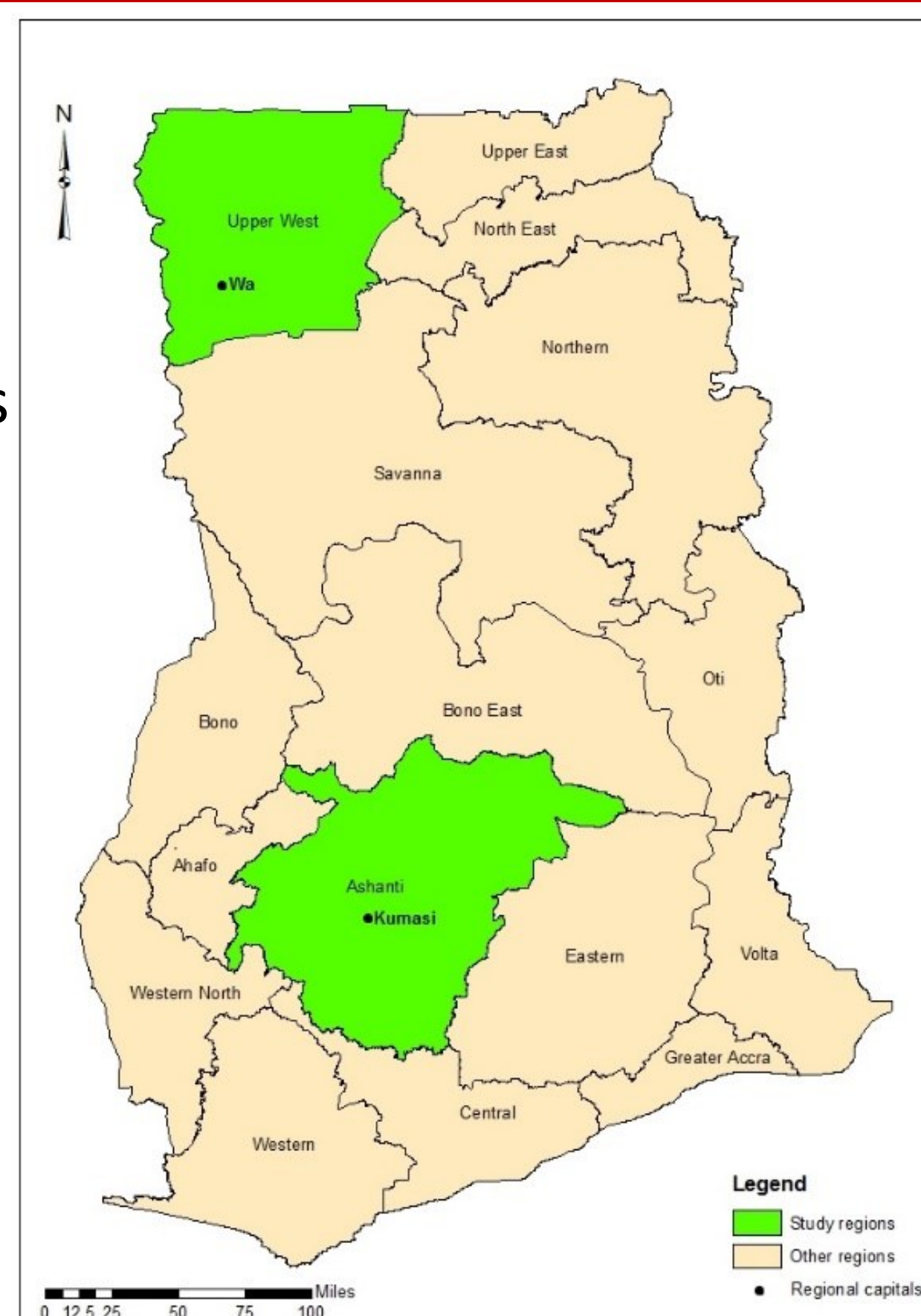


Fig 1. The study regions in Ghana