HAT Platform

July 2010, Newsletter ..... N°7

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Printing : Grapic Systèms

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Sommaire

Photo A.Ebeja

Dr Augustin Kadima Ebeja
HAT Platform Coordinator

Editorial

2010 is the year to consolidate our growth. Our success so far is due to the combined efforts of all the members of the HAT Platform, and this force us to improve our communication and reassess our situation regularly.

The publication and circulation of this seventh issue of our Newsletter are in line with our expectations.
In addition to our usual headings (latest news on on-going research, miscellaneous information, upcoming scientific meetings and recent publications on HAT), you will also find a review of the epidemiology of sleeping sickness in the Platform countries, and the impact of EU funding of the Platform activities.

CHANGES IN THE PATTERN OF SLEEPING SICKNESS IN HAT PLATFORM COUNTRIES

Our platform is dedicated to the control of a disease that has been going on for too long and killed too many people, and thus to helping research on diagnostic tools and treatments. To ensure that we concentrate our efforts in the right direction, it is important to analyse the changes that occurred over the past five years in the Platform countries.

The data below were presented by the national trypanosomiasis control programs of each country at the last meeting of the HAT Platform Steering Committee, held in Kinshasa on 4 June 2010. There are three categories of endemic countries (WHO classification):

1. Those who declared over 1000 cases per year over the past few years (highly endemic/epidemic risk), i.e. the Democratic Republic of Condo (DRC), Angola, and the Central African Republic (CAR)
2. Those who declared between 101 and 1000 cases per year (endemic), i.e. Sudan, Chad, Uganda and the Republic of Congo
3. Those who declared between 0 and 100 cases per year (mildly endemic)

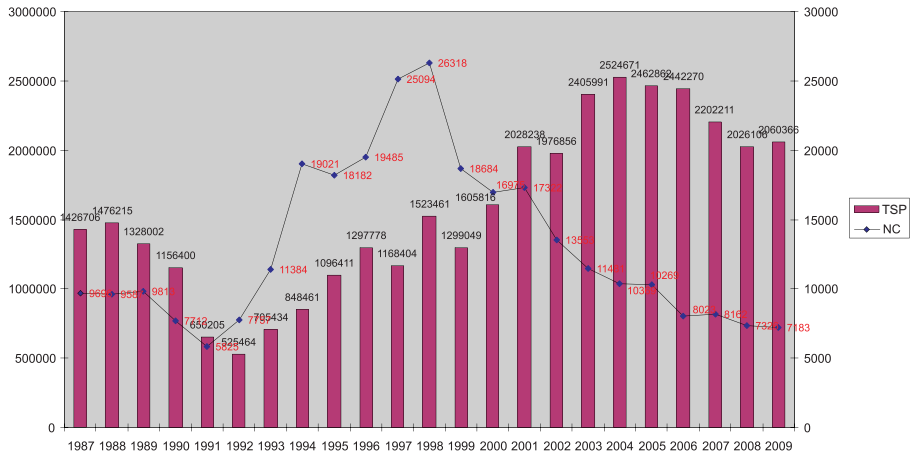
None of the Platform member countries reports less than 100 new cases per year on average.

All the countries except CAR have seen their number of declared cases drop year after year. This is due to several factors, one of them being the efforts produced by these countries to control the disease, helped by the WHO which supplies at no cost the drugs given by the pharmaceutical groups Sanofi-Aventis and Bayer. The success of HAT control is also due to the involvement of various partners, and to improving diagnostic tools.

1) Democratic Republic of Congo

This country has always had the largest number of sleeping sickness cases; in the past five years, over 70% of the cases declared on the African continent were in DRC.
However, it is important to look at the progression of HAT in DRC over the years, as this shows a marked downward trend, helped by Coopération Technique Belge, the national HAT control program, and numerous partners such as our Platform.

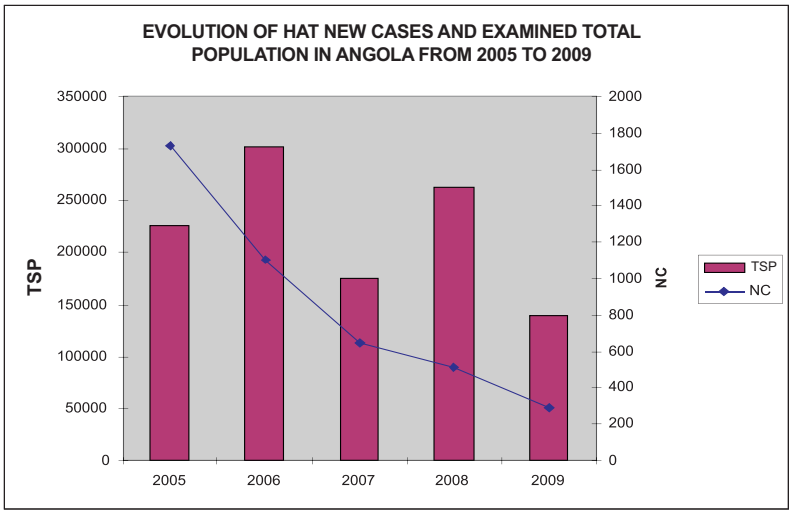
EVOLUTION OF THE EXAMINED TOTAL POPULATION AND CASES FROM 1987 TO 2009



2) Angola

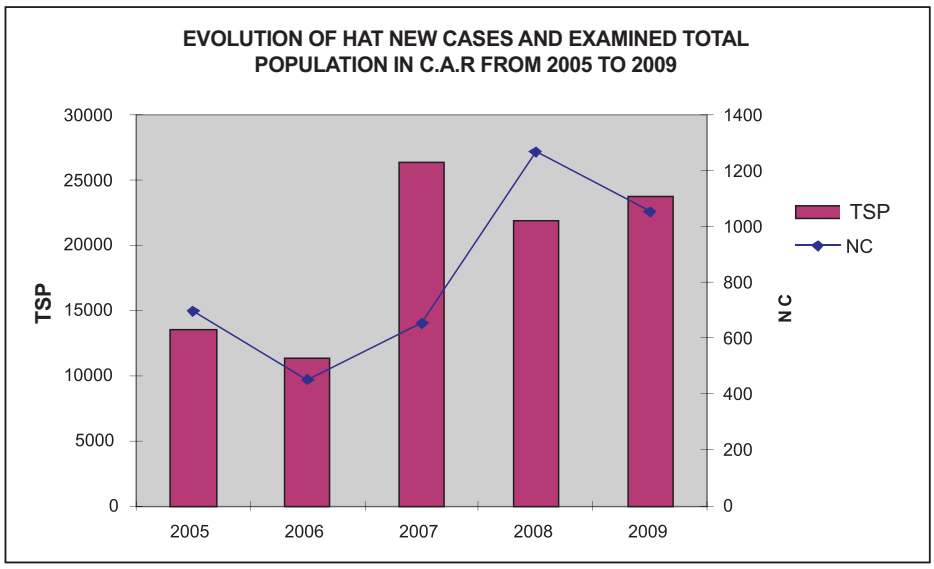
Over the past five years, the number of new cases has fallen, as shown in the graph below. Interestingly, despite the increase in population examined (2006 and 2008), the number of new cases continued to drop.

EVOLUTION OF HAT NEW CASES AND EXAMINED TOTAL POPULATION IN ANGOLA FROM 2005 TO 2009



3) Central African Republic (CAR)

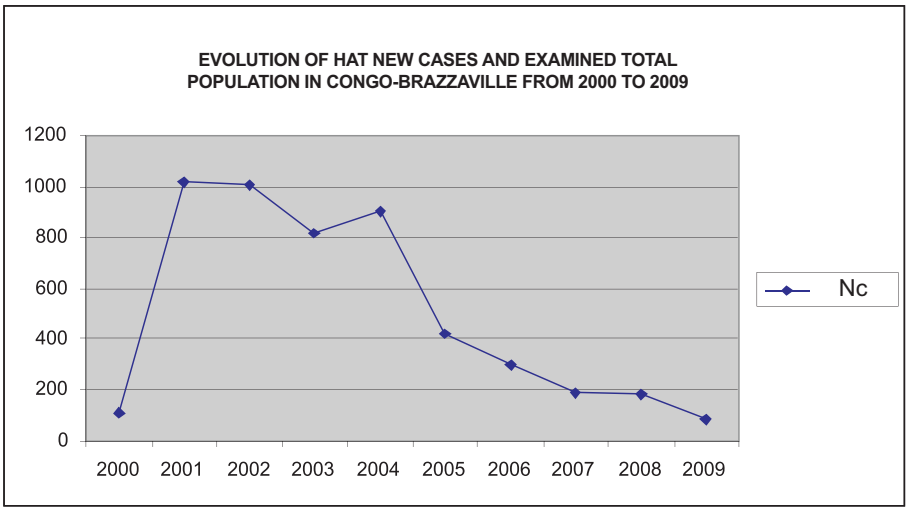
CAR is the only country showing an upward trend over past five years. This is probably due to improved post-conflict security, which has enabled partners such as MSF to screen and treat most cases.



4) Republic of Congo

The number of cases identified in 2009 has dropped compared to the previous years. This regression has been remarkable since 2004.
It is important to note, however, that the program cannot target all the foci in the country within the same year, and the results given here are only a reflexion of the activities carried out.
Still, the upside is that the number of cases reported this year does take into account the two largest foci in the country.

The current evaluation of the trypanosomiasis situation in the country shows that it is endemic, despite the regression in the number of cases observed in the past few years. There are however large disparities from one focus to another, and even within one focus, as in some villages the disease is highly endemic with prevalence rates which can exceed 5%.



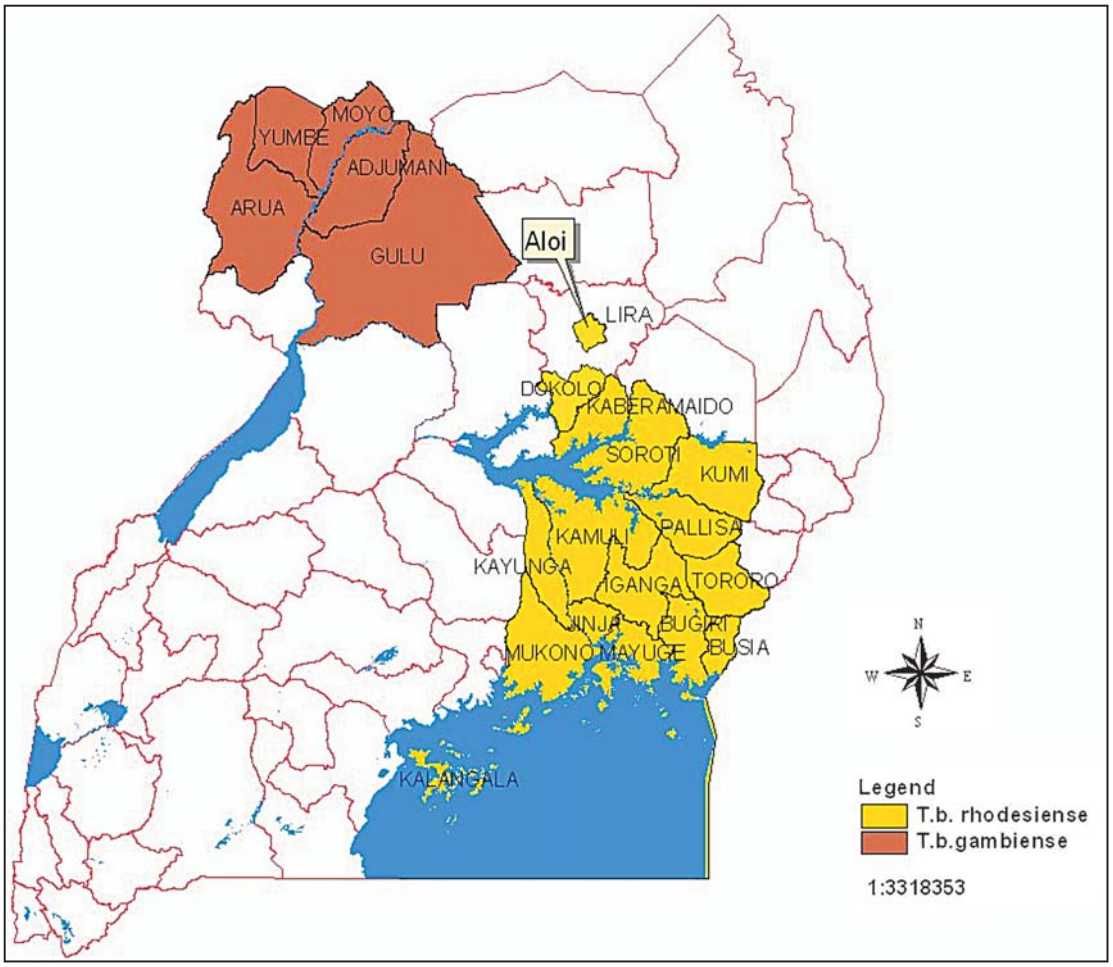
Extract of the mission of HATP latform :

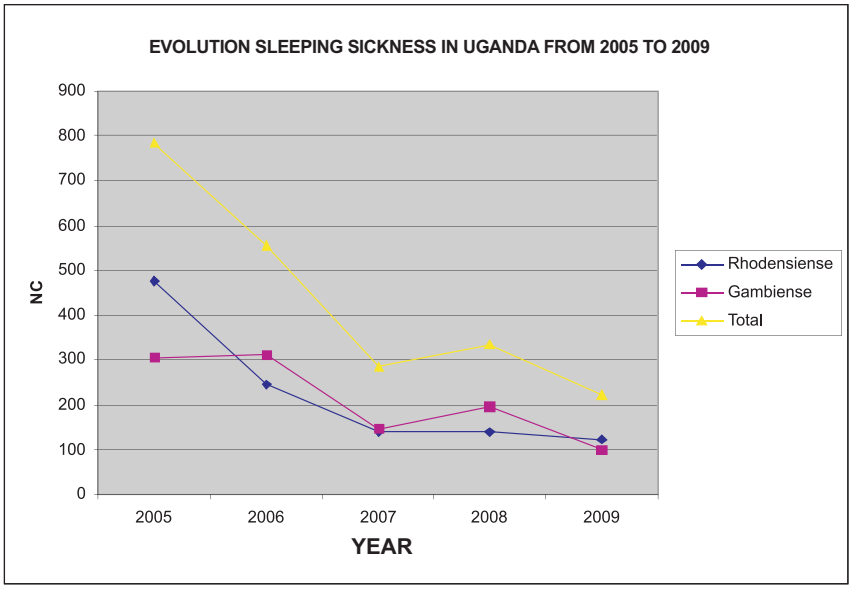
The HAT Platform is a regional network, scientific and technical, dedicated to the Human African Trypanosomiasis (HAT), more commonly called "sleeping sickness". Its main objective is to set up a pool of highyl qualified regional skills through relevant training in order to facilitate clinical trial and develop new diagnistics and treatment tools against the disease.

5) Uganda

This country harbours two types of trypanosomes, T. rhodesiense and T. gambiense. In Uganda, 8 to 9 million inhabitants in the North West region are exposed to T. gambiense, and an estimated 2 million inhabitants in the South East region are exposed to T. rhodesiense (see map).

The two forms of trypanosomiasis are both on a downward trend, but there is a risk that they might overlap geographically.

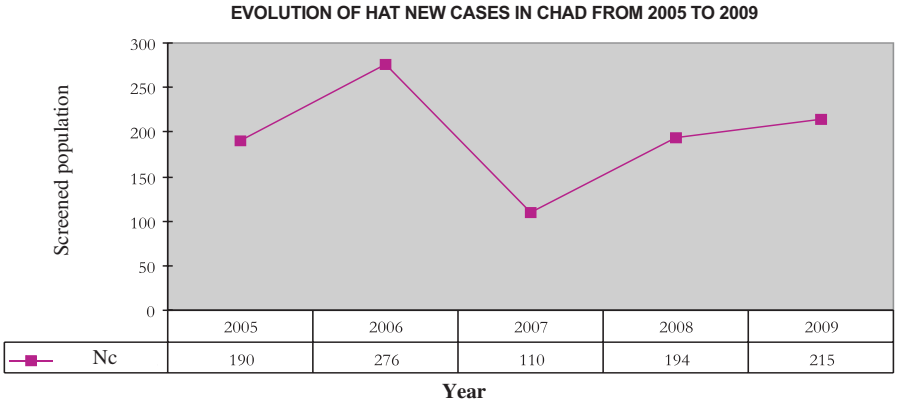




6) Chad.

The current foci of the disease in Chad are located in the southern tip of the country. They are the 4 historical foci: Mandoul, Moissala, Tapol and Goré. OCEAC and the WHO are helping the active screening activities of the national HAT control program.

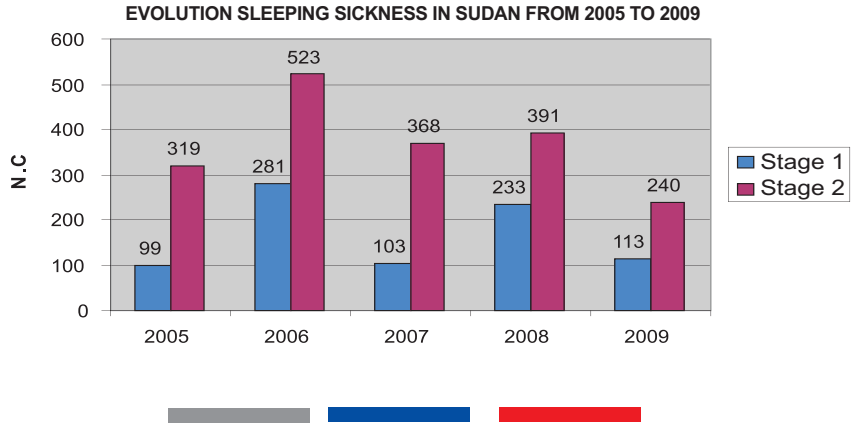
The prevalence of sleeping sickness varies between 1 and 2%, and the rate of coverage of the population at risk over the past five years is estimated at 35%.



7) Sudan

The drop in the number of cases in this country must be put back into its context, as few trypanosomiasis control measures have been effectively put into place, and most of the work has been passive with the help of outside organisations (WHO and humanitarian NGOs). Therefore, there has been a lack of continuity in active detection, and most partners have left recently.

Dr Kadima Ebeja
HAT Platform Coordinator.



IMPACT OF EU FUNDING (FP6) ON HAT PLATFORM ACTIVITIES

The five countries which started the HAT Platform (Angola, Congo Brazzaville, DRC, Uganda and Sudan) received from the European Union a total of 221,703 Euros to get the project up and running.

The Platform has several major objectives, including the creation of a functional network of endemic countries working together to strengthen clinical trial capacities, as well as set up of a winning partnership with Northern institutions involved in research on sleeping sickness.

The Platform currently includes seven African countries (Central African Republic and Chad joined in 2009). In each country, there are two focal points: the national HAT control program, and research institutions and other partners involved in sleeping sickness. All the partners work with these two focal points to implement the Platform's action plan in the countries.
The coordination maintains a permanent contact with all focal points to share information, as well as harmonise and support the organisation of activities.

Every year, the HAT Platform organises two steering committee meetings, one scientific meeting, and training sessions for physicians, laboratory technicians, monitors, investigators and ethics committee members (see table).

The steering committee brings together the focal points and other partners, such as DNDi, Swiss TPH, WHO, MSF and FIND, to review the achievements and update the directions for the Platform.
A larger selection of members is invited to the annual scientific meetings, to discuss with various experts the results of the trials in which the Platform is involved, and the latest news on HAT.


Workshop training of Ethics committee members in Juba, Sudan Dec. 2009
Photo Ebeja

1. ANNUAL TECHNICAL MEETINGS OF THE PLATFORM

TIME AND PLACE	OBSERVATION
1st in KINSHASA /DRC 16 to 17 August 2005	CREATION OF HAT-PLATFORM 52 PARTICIPANTS
2nd in LUANDA / ANGOLA 13 February 2006	ADOPTION OF THE ACTION PLAN NEED TO HAVE A COORDINATION OFFICE AGENDA FOR THE NAIROBI MEETING 30 PARTICIPANTS
3rd in NAIROBI / KENYA September 2006	UPDATE ON HAT AND THE STUDIES TRAINING IN GCP AND ETHICS COMMITTEE APPOINTMENT OF THE STEERING COMMITTEE MEMBERS 32 PARTICIPANTS
4th in KHARTOUM / SUDAN November 2007	WORKSHOP ON THE METHODOLOGY OF CLINICAL TRIALS 30 PARTICIPANTS
5th in BRAZZAVILLE /R of CONGO November 2008	PRESENTATION OF NECTFINAL RESULTS 60 PARTICIPANTS
6th in NAIROBI June 2009	DRUG REGULATIONS IN NEGLECTED DISEASES 45 PARTICIPANTS

2. STEERING COMMITTEE MEETINGS (15 to 20 members)

PLACE	DATE
1st in NAIROBI / KENYA	September 2006
2nd in BASEL / SWITZERLAND	June 2007
3rd in KHARTOUM/ SUDAN	November 2007
4th in KAMPALA /UGANDA	June 2008
5th in BRAZZAVILLE /REPUBLIC OF CONGO	November 2008
6th in NAIROBI / KENYA	June 2009
7th in KAMPALA /UGANDA	October 2009
8th in KINSHASA / DRC	June 2010

3. SPECIAL COMMISSION MEETING

DATE AND PLACE	OBSERVATION
BRAZZAVILLE / R of CONGO 16-17 NOV 2007	STUDY OF THE FUNCTIONAL STRUCTURE OF THE PLATFORM COORDINATION 10 PARTICIPANTS

The training sessions for physicians, laboratory technicians, and investigators focused on the Good Clinical Practice (GCP) or Good Laboratory Practice (GLP) to help the implementation of clinical trials.

These clinical trials have been carried out on behalf of the Platform (DB289, NECT, and Pentamidine): DB289 has been terminated, Pentamidine is still on-going, and NECT has produced results which were satisfactory enough to justify its introduction on the WHO 16th List of Essential Medicines, and its adoption by several countries.

A training session was organised in Kampala for a pool of monitors from six countries, based on the international standards and on the practical experience of the teams of facilitators from the following institutions: Trypanosomiasis Research Centre, Kenya Agricultural Research Institute (TRC-KARI), Rakai Health Sciences Uganda Virus Research Institute (UVRI), Kenya Medical Research Institute (KEMRI), and Centre for Respiratory Disease Research (CRDR). This is an example of a very good South-South cooperation, helped by a financial support from the North (European Union).

This same funding was also used to train the ethics committee of all the HAT Platform countries, and provide a follow-up of this training. We were thus able to improve one of the major steps in the regulation and quality assurance of clinical trials.
Over 220 people from all the Platform countries attended these various training sessions.

4. FORMATIONS

ACTIVITIES	DATE AND PLACE	OBSERVATION
TRAINING OF ETHICS COMMITTEE MEMBERS AND FOLLOW-UP	1st in KINSHASA March 2007	15 PEOPLE
	2nd in KHARTOUM July 2007	32 PEOPLE
	3rd in KAMPALA Nov 2007	30 PEOPLE
	4th in LUANDA May 2008	20 PEOPLE
	5th in JUBA Dec 2009	25 PEOPLE
TRAINING FOR PHYSICIANS ON GOOD CLINICAL PRACTICE	NAIROBI Oct 2006	32 PEOPLE
TRAINING FOR PHYSICIANS ON THE HAT PATIENT EXAMINATION	KINSHASA April 2007	25 PHYSICIANS FROM: ANGOLA 3, CONGO BRAZZAVILLE 3 DRC 20
CLINICAL MONITORS TRAINING	KAMPALA March 2008	13 PARTICIPANTS FROM: ANGOLA 2, CONGO 2, DRC 3, SUDAN 2 KENYA 2, UGANDA 2

The European Union funding was also used to promote scientific exchanges and sharing of information by giving the opportunity to our Platform members to participate in several congresses and international forums, such as:

- American Society of Tropical Medicine and Health (ASTMH)
- International Scientific Council for Trypanosomiasis Research and Control (ISCTRC)
- International Congress for Tropical Medicine and Malaria (ICTM)
- International Congress of Infectious and Parasitic Diseases (ICIPD)

We also produced six issues of the Platform's Newsletter.

On behalf of all the members of our Platform, I would like to thank the European Union for its support in the control of neglected diseases, and for its contribution to saving numerous human lives.

Dr Kadima Ebeja
HAT Platform Coordinator.

Photo Ebeja

Participants to the E.C. Training Juba, south Sudan, Dec 2009

Photo Swiss TPH

Monitors training, Mbuji-Mayi, March 2009

LATEST NEWS ON ON-GOING RESEARCH

a) DNDI advances on new treatments.

DNDi sees access for new treatments against Human African Trypanosomiasis as an essential contribution to the future elimination of the disease.
Two Clinical trials are ongoing.

- NECT Field a Phase 3b trial to assess tolerability, feasibility and effectiveness of the use of NECT in real life conditions. The study is going on in the Democratic Republic of Congo in 6 centres, in Kasaï and Bandundu province. During the month of May all 630 patients that were needed for the trial have been recruited. The follow up phase has started and will last 24 months in order to fully assess efficacy. Preliminary results in tolerability during treatment and feasibility will be presented to the HAT Platform in the next meeting (October 2010).

- The phase I study of Fexinidazole is advancing, assessing tolerability in human volunteers in Paris, France. We have achieved the maximum planned single ascending dose without finding adverse effects. The trial is nowadays progressing in the multiple ascending doses still with good tolerability. If successful, Fexinidazole could be the first oral drug against HAT requiring only one dose once a day.

Olaf Valverde
HAT Project Manager, DNDi

b) ARCEAU - Alliance for clinical research & clinical epidemiology in the Democratic Republic of Congo

The School of Public Health (ESP Kin), Faculty of Medicine, UniKin, DRC, the Biamba Marie Mutombo Hospital (BMMH), Kinshasa, DRC and the Swiss Tropical and Public Health Institute (Swiss TPH), Basel, Switzerland created in 2008 "Alliance for clinical research & clinical epidemiology in the Democratic Republic of Congo - ARCEAU-RDC" with the goal to expand and promote the capacities in clinical and epidemiological research in the DRC. The overall objective of this Allianceis to strengthen the capacities in clinical and epidemiological research in the DRC. Funding for the first project period of four years was granted by the Bill & Melinda Gates Foundation.

The two branches of the research center will contribute to the development of new drugs and vaccines by participating in clinical trials and research in the area of clinical epidemiology. To secure continuous clinical research on sleeping sickness, the link with the sleeping sickness control program (PNLTHA) remains of high importance.

Photo Swiss TPH
Inauguration of the Research Laboratory, Centre Mont Amba, RDC

Since 2008 continuous trainings in areas like good clinical practice, laboratory techniques, and project management have been provided.. In 2009 the (re)construction of two laboratories for clinical research including the installation of state-of-the-art laboratory equipment was initiated. Simultaneously, the elaboration of a comprehensive Quality Assurance (QA) system was started. On Saturday March 27th 2010 the two research laboratories (Mont Amba and BMMH) were officially inaugurated in the presence of representatives of the Ministries of Health and Higher Education of the DRC, the UniKin, and the local press and TV channels.

Christian Burri
Dpt Chief of Med Res Swiss TPH

Delivering on the promise: FIND gets closer to unveiling novel rapid diagnostic test for sleeping sickness

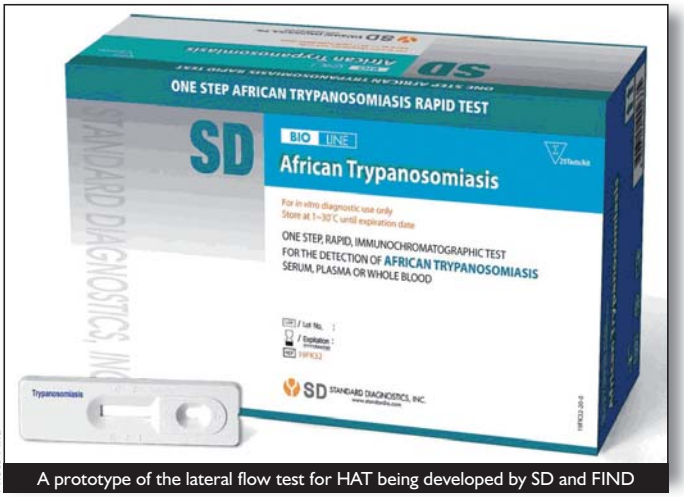


Photo Find
A prototype of the lateral flow test for HAT being developed by SD and FIND

According to recent reports, a search for better diagnostics for sleeping sickness (also known as human African trypanosomiasis, or HAT) by FIND and partners is yielding fruits, saying that a point of care test (POC) could soon be available. Over the past four years a partnership led by FIND and including the World Health Organization (WHO), academic and industry partners has been searching for molecules that could be used to develop a simple, instrument-free and field applicable test. In February 2010, FIND and Standard Diagnostics (SD) in Korea announced a co-development partnership to move the process further by developing an immunochromatographic test in a lateral flow format, which could be available for clinical application in 2011.

Under the new arrangement, FIND has provided SD with data generated during the process of screening molecules, and will facilitate evaluation, registration and demonstration of the new test. FIND is also facilitating access to antigens for the first phase of the development, and to serum samples from the WHO Specimen Bank. Standard Diagnostics, Inc., on their part, is developing and will market and distribute the test under terms that guarantee its access at lower cost than any of the existing tests.

FIND has been working with partners to develop diagnostic tests for HAT that are affordable, easy to use, sensitive and specific enough to accurately detect patients when they are in the first stage of the disease. Other projects include tests to determine the stage of disease, tests to confirm cure after treatment, and to detect relapses after a failed treatment. The test being developed by SD is in a lateral flow format, which

will be easy to use in health posts and in screening programmes
Over the years, fundamental research on trypanosomes, the parasites that cause HAT, has described many parasite-specific proteins with diagnostic potential, but only minor attempts have been made to convert them into diagnostic formats. The strategy FIND adopted was to select candidate antigens amongst those that are currently available. Scientists and laboratories with such antigens have been collaborating with FIND in screening native, recombinant and synthetic peptides for their potential in diagnosis of sleeping sickness. The laboratories that provided antigens are, among others, the University of Texas Southwestern Medical Center at Dallas (US), the Research Unit for Tropical Diseases, de Duve Institute, and Laboratory of Biochemistry, Université catholique de Louvain (Brussels, Belgium), Laboratoire de Génomique Fonctionnelle des Trypanosomatides (Bordeaux, France), the Institute of Tropical Medicine (ITM, Belgium), the University of Cambridge (UK), the Biochemical Proteomics Research Group (BPRG, University of Geneva, Switzerland), the International Livestock Research Institute (ILRI, Kenya), University of Dundee (Scotland) and the Wellcome Trust Centre for Molecular Parasitology, University of Glasgow (Scotland).
In order to identify the most promising candidates, an initial panel of 32 different antigens was screened by MicroCoat in Germany, using a collection of well-defined sera from patients infected with T.b. gambiense and T.b. rhodesiense. The first screen led to selection of 13 antigens, which underwent two more rounds of screening, with greater emphasis on specificity. Selection of the antigens for the POC test is being done by SD during the first phase of development, to be completed before the end of 2010. The positive and negative human serum samples used for screening antigens were donated by among others, the National Livestock Resources Research Institute (NaLIRRI, Uganda), ITM (Belgium) and the WHO Specimen Bank.

The primary target of the new partnership is a POC test that will be broad enough to detect patients infected with either T.b. gambiense or T.b. rhodesiense. The test will not require any instruments, allowing its introduction into the lowest level of the health service, hence making integration of HAT diagnosis in the public health sector of endemic countries a realistic goal.

Joseph M. Ndung'u and **Sylvain Bieler**
Foundation for Innovative New Diagnostics (FIND), Geneva, Switzerland

LATEST EVENTS AND MISCELLANEOUS INFORMATION

a) TRAINING OF ETHICS COMMITTEE MEMBERS OF CHAD AND CENTRAL AFRICAN REPUBLIC

Science and technology are currently progressing at a staggering speed. For humanity as a whole to benefit from this evermore-promising potential, it is important to associate such breakthroughs with a reflexion on the ethics of their applications.

Eager to strengthen the capacities and methodologies of clinical trials in its member countries, including Chad and Central African Republic (CAR), our Platform organised on 21-23 February 2010 in Bangui, CAR, a workshop on good practice in the ethical evaluation of biomedical research for the future members of the ethics committees in CAR and Chad. Chad was represented by five officials from the national HAT control program (PNLTHA), the National School of Health and Social Workers (ENASS), the National Governing Body of Physicians, the Ministry of Public Health, and the National Governing Body of Pharmacists. CAR provided fifteen participants from the Ministry of Health, the Ministry of Agriculture, academia and civil society.

These training sessions were held at the Calmette Guérin amphitheatre of Institut Pasteur, and was designed to help the representatives of these two countries to set up their own national ethics committees (NEC).

The opening and closing ceremonies were chaired by Mr. André NALKE DOROGO, Minister of Public Health, Population and AIDS Control of Central African Republic, assisted by Dr Janine NTIDANYIHA from the WHO, Dr Mirdad KAZANJI, Director of Institut Pasteur, Professor Gérard GRESENGUET, Dean of the Faculty of Health Sciences at the University of Bangui, and Dr Augustin KADIMA EBEJA, Coordinator de of the regional Human African Trypanosomiasis Platform.

The facilitators of the School of Public Health in Kinshasa, DRC, i.e. Professor Kiyombo Mbela and Dr Bavon Mupenda, as well as the HAT Platform coordinator directed these training sessions with the financial help of DNDi.

Twenty-one themes (ranging from the role and composition of ethics committees, to the responsibility of the different actors involved in clinical trials) were presented and group exercises were conducted to demonstrate practical applications.


Photo Ebeja
Autorities opening session


Working group during the E.C members training, Feb. 2010, Bangui C.A.R
Photo Ebeja

The current situation of ethics and research in CAR and Chad were reviewed. The representatives of these countries confirmed the absence of ethics committees. Projects of statutory material have been drawn up but they were never adopted. Questions referring to biomedical research are thus currently treated by the Ministry of Health or the Faculty of Health Sciences.

At the end of the training sessions, the representatives of both countries agreed to take every possible measure to lobby political decision-makers and development partners to create ethics committees in their respective country.

Dr Sylvestre MBADINGAÏ (CAR) and Jean Claude Peka Mallaye (CHAD), PNLTHA Coordinators

b) STEERING COMMITTEE MEETING

The eighth meeting of the HAT Platform steering committee was held on 4 June 2010 in Kinshasa, DRC. All the member countries were present, with the exception of Uganda whose representative was unable to attend due to last minute unforeseen circumstances. The representatives of the Platform's partners, DNDi, Swiss TPH, IMT.A and WHO, were actively involved in this meeting.

The meeting was a success, focusing primarily on an analysis of the epidemiological situation in all the Platform countries (see article above on the changes in sleeping sickness in HAT Platform countries). Discussions were also centred around the profile of the ideal drug, strengthening partnerships with other platforms, and the continuity of

Photo Ebeja

Steering Committee meeting, June 2010 Kinshasa DRC

the Platform as a network promoting the implementation of clinical trials and the exchange of information.
The coordinator of our Platform was sent to the EANETT steering committee meeting in Nairobi on 28-29 June 2010, to present the HAT Platform and organise their joint scientific meeting to be held in October 2010.
This meeting also provided the opportunity to formalise the collaboration between our two platforms, with separate identities but a synergy in their activities.

Augustin Kadima Ebeja
HAT Platform Coordinator.

c) Pharmacovigilance workshop and review of HAT control strategies

This workshop was organised in Kinshasa on 1-3 June 2010 by the national HAT control programs in DRC and its partners, i.e. ITM-Antwerp, HAT Platform, WHO, UNIKIN and many others. Its purpose was to present the national pharmacovigilance system in DRC, and analyse the preliminary results of the joint ITM-Antwerp and WHO pilot pharmacovigilance project on trypanocides. The WHO focused on the pharmacovigilance aspects of the new NECT combination therapy.

Photo Mutombo

Part of participants to the pharmacovigylance work shop, June 2010, DRC

The results of the various studies carried out over the past few years were reviewed to integrate them if necessary in the HAT control strategies on diagnosis, treatment and socio-economic considerations.

Photo Mutombo

Spekers and chairpersons pharmacovigilance workshop, june 2010, DRC

The heads of the national HAT control programs in Chad and Central African Republic were able to benefit from this exchange of information

Augustin Kadima Ebeja
HAT Platform Coordinator.

d) KASAI MYTH ON SLEEPING SICKNESS

In a quiet village on the edge of the river Kasai, close to the diamond mine of Tukunyema, the sun is disappearing behind the horizon. A group of people including men, women and children, is listening carefully to a man who appears to be the spokesman for the clan.
"Dear brothers and sisters...Ntambua, the son of Tatu Kalala, has come back from Mbuji-Mayi where he had been staying in hospital. They diagnosed him over there with « lubunga », or sleeping sickness. This had never occurred before on the land of our ancestors. And it happens now, when our son has just had his first son; and he has honoured me by giving him my name. Open your eyes, brothers! Malevolent spirits must be angered by the prosperity of our village.
We must try everything to identify the sorcerer behind our suffering.

When I visited Ntambua in the hospital, someone told me that after being treated for this disease, the victim must observe sexual abstinence for two years. He must not do heavy work. He must not be out in the sun. He must not eat hot, spicy or sour food, etc.
We must also find out from the soothsayer whether it is not the young girl he married who brought this horrible disease in the family. Until we find out what's what, I have asked her kindly to go back to her village before the spirits of our ancestors seek revenge.
Dear brothers and sisters, we must from now on be suspicious of these people who discovered the disease of our son after having felt the neck of our women and children for hours on end. Could it not be them who brought the disease? Our son complained about nothing at all and was minding his own business. I tell you, I for one did not let them fool around with me; my sixth sense has protected me. This is pure witchcraft!"

Comments
Any physician who has treated sleeping sickness in Kasai has been confronted with the taboos surrounding this disease. This question is often raised by the patients themselves, or their carers, the day they leave the hospital.
We did not conduct an in-depth scientific study of this problem, but our clinical experience suggests the following explanations:
As far as sexual relations are concerned, some patients may be overexcited with increased libido in the first stages of the disease. On the contrary, when the disease is in its advanced stage, many men complain of sexual asthenia. In both cases, this may affect the couple's relationship.
In women of childbearing potential, as long as the post-treatment follow-up has not been completed, if trypanosomes are still present on the body, there is a risk of transmission to the unborn child. In our view, these are the only cases when unprotected sexual intercourse should be discouraged.
As far as food restrictions are concerned, we consider that « stimulants » such as alcohol, tobacco, and coffee, are not recommended in trypanosomiasis patients. Very hot food and sun exposure are not recommended in patients with sensitivity disorders. However, these represent only a very small proportion of the victims of sleeping sickness.
Regarding their return to work, we believe that convalescent patients deserve a physical rest. The question is for how long? For independent workers, there is no problem and we advise them to return to work when they can. But in the case of company employees, it can become very complicated. It is sometimes necessary to recommend a change of job to find something more suitable.
We do not know where the taboos in Kasai come from, but unfortunately these negative ideas circulate freely and are common, even among certain healthcare representatives.
Please send your comments and opinions to the following email address: ilungawakyhi@yahoo.fr

Médard Ilunga
Head of CRT DIpumba

UPCOMING SCIENTIFIC EVENTS

Kinetoplastid Drug Discovery Meeting	August 13, 2010	Brisbane, Australia
ICOPA (XIIth International Congress of Parasitology)	August 15 - 20 2010	Melbourne, Australia
Neglected protozoan diseases (EU FP7)	September 24, 2010	Paris, France
EANETT Meeting	October 4-6, 2010	Nairobi, Kenya
HATCap meeting	October 4-6, 2010	Nairobi, Kenya
DNDi SAC (Scientific Adviser Committee)	October 7-8, 2010	Nairobi, Kenya
Malaria and HAT symposium: Innovative strategies for their prevention and control http://www.symposiumpaluHAT.org/en/index.html	October 7-8, 2010	Cotonou, Benin
ASTMH Meeting	November 3 - 7 2010	Atlanta, GA, USA
Partnership in Clinical Trials	November 17 - 18 2010	Vienna, Austria
Swiss TPH symposium: Human African Trypanosomiasis	December 9-10, 2010	Basel, Switzerland
DNDi stakeholder meetin	December 1-3 2010	New Delhi, India

RECENT PUBLICATIONS ON HAT

1. Tshimungu, K., et al., [Re-emergence of human African trypanosomiasis in Kinshasa, Democratic Republic of Congo (DRC).]. Med Mal Infect, 2010.

2. Steverding, D., The development of drugs for treatment of sleeping sickness: a historical review. Parasit Vectors, 2010. 3(1): p. 15.

3. Mumba Ngoyi, D., et al., How to shorten patient follow-up after treatment for Trypanosoma brucei gambiense sleeping sickness. J Infect Dis, 2010. 201(3): p. 453-63.

4. Lutumba, P., et al., Research capacity strengthening in the DRC. Lancet, 2010. 375(9720): p. 1080.

5. Chappuis, F., et al., Human African trypanosomiasis in areas without surveillance. Emerg Infect Dis, 2010. 16(2): p. 354-6.

6. Editorial, L., Killer coma: the evolving story of sleeping sickness treatment. Lancet, 2010. 375(9709): p. 93.

7. Yun, O., et al., NECT is next: implementing the new drug combination therapy for Trypanosoma brucei gambiense sleeping sickness. PLoS Negl Trop Dis, 2010. 4(5): p. e720.

8. d'Alessandro, E., Médecins sans Frontières (MSF) et la lutte contre la maladie du sommeil. De la brousse à l'espace sanitaire international. Bull Soc Pathol Exot, 2009. 102(1): p. 41-8.

9. Deborggraeve, S. and P. Buscher, Molecular diagnostics for sleeping sickness: what is the benefit for the patient? Lancet Infect Dis, 2010. 10(6): p. 433-9.

10. Hasker, E., et al., A new format of the CATT test for the detection of human African Trypanosomiasis, designed for use in peripheral health facilities. Trop Med Int Health, 2010. 15(2): p. 263-7.

11. Yun, O., et al., NECT Is Next: Implementing the New Drug Combination Therapy for Trypanosoma brucei gambiense Sleeping Sickness. PLoS Negl Trop Dis 4(5): e720.

12. M. Camara et al. Sleeping sickness diagnosis: use of buffy coats improves the sensitivity of the mini anion exchange centrifugation test. Trop Med Int Health 2010 15 (7): p 796-9

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