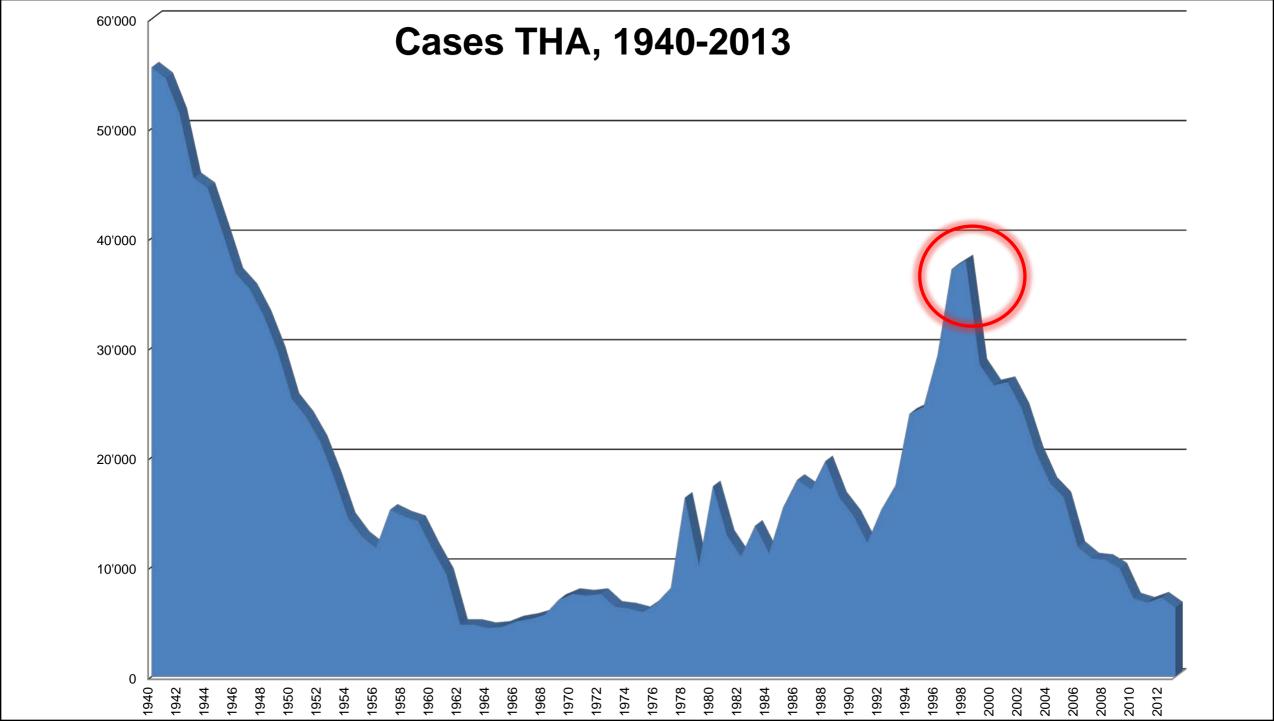
Aiming to achieve HAT elimination.





Editorial

Gambiense sleeping sickness: re-emerging and soon untreatable?

Simon Van Nieuwenhove

Tropical Medicine and International Health

VOLUME 6 NO 5 PP 330-334 MAY 2001

The situation of sleeping sickness in Angola: a calamity

A. Stanghellini^{1,2} and T. Josenando¹

Tropical Medicine and International Health

VOLUME 6 NO 5 PP 342-347 MAY 2001

Re-emergence of epidemic sleeping sickness in southern Sudan

A. Moore and M. Richer

A burgeoning epidemic of sleeping sickness in Uganda

E M Fèvre, K Picozzi, J Fyfe, C Waiswa, M Odiit, P G Coleman, S C Welburn

Tropical Medicine and International Health

VOLUME 6 NO 5 PP 335-341 MAY 2001

Sleeping sickness resurgence in the DRC: the past decade

Simon Van Nieuwenhove¹, Victor Kande Betu-Ku-Mesu², Philemon Mansinsa Diabakana², Johan Declercq^{2,1} and Constantin Miaka Mia Bilense²

THE LANCET

POLICY AND PEOPLE

Southern Sudan hit by epidemic of sleeping sickness

THE LANCET

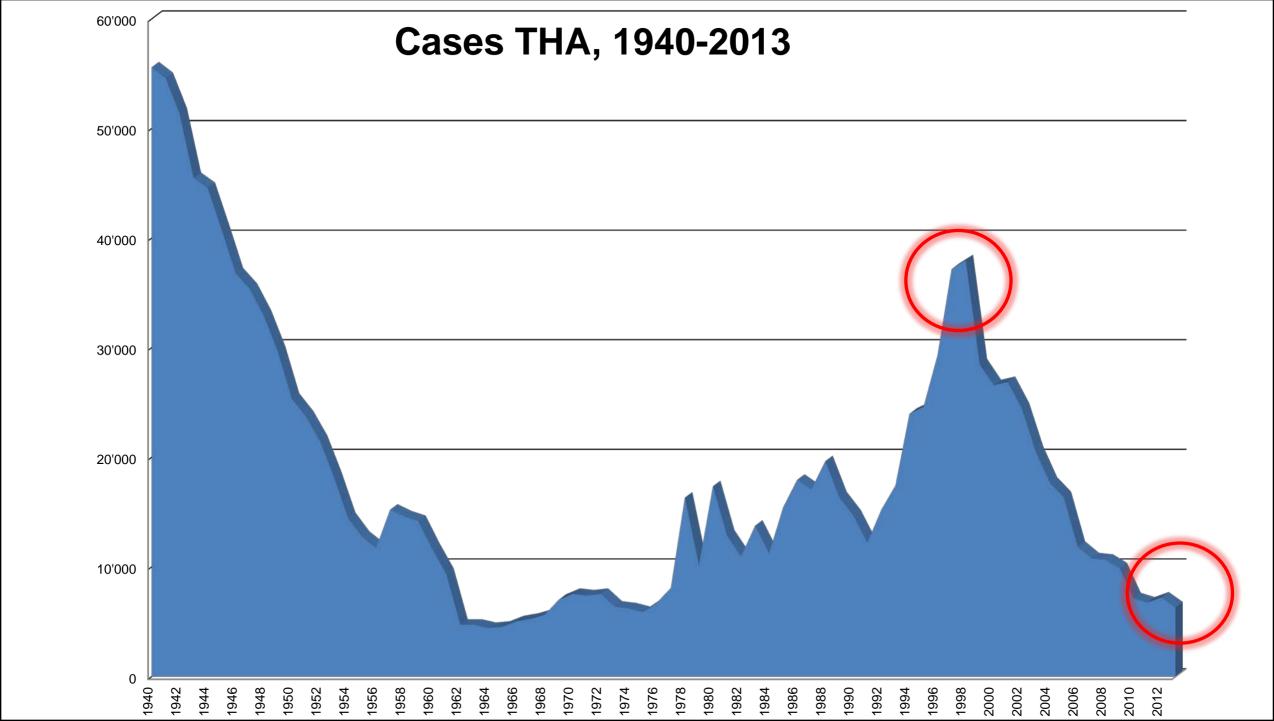
In the heart of darkness: sleeping sickness in Zaire

Mosiana Ekwanzala, Jacques Pépin, Nzambi Khonde, Sadi Molisho, Herman Bruneel, Philippe De Wals

Human African trypanosomiasis: an emerging public health crisis

David H Smith*, Jacques Pepin* and August H R Stich‡





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WHO HAT elimination strategy: Objectives

Goal of WHO NTD Roadmap:

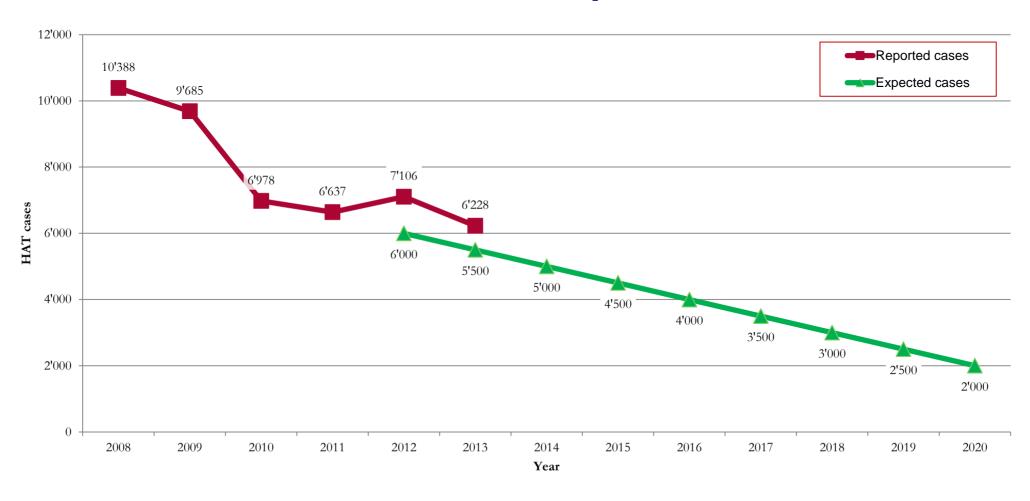
"To eliminate gambiense HAT as a public health problem" by 2020.

This is an intermediate step, defined as <1 new case in 10,000 inhabitants in at least 90% of foci, with < 2,000 cases reported annually at continental level.



Gambiense HAT elimination: Progression

Number of cases reported





WHO HAT elimination strategy: Objectives

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Final goal of WHO and DEC and according to NTD STAG recommendations:

"To interrupt transmission of gambiense HAT" by 2030

This is a sustainable final step, defined as reduction to zero of the incidence of infection caused by gambiense HAT in endemic countries

Continued actions will be required to prevent re-establishment of the disease.



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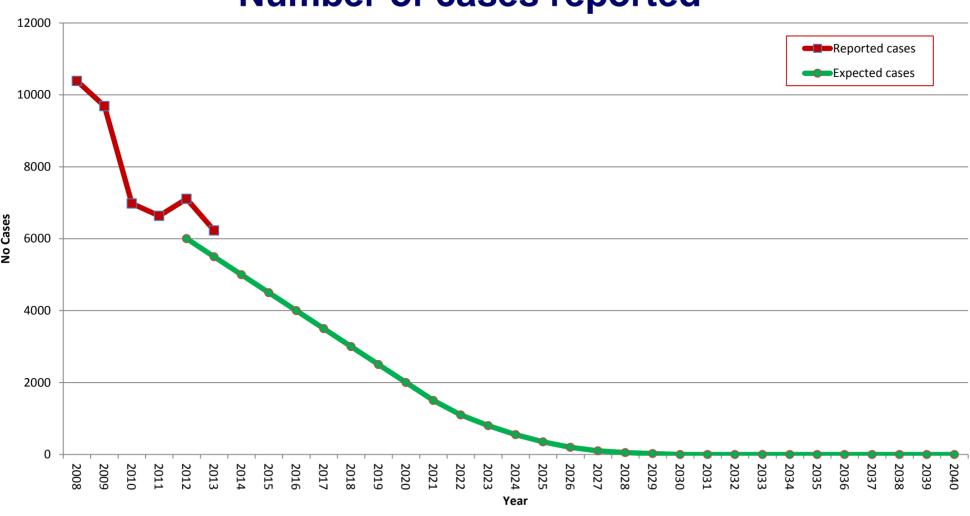
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Being a zoonosis, the elimination of rhodesiense HAT as the total interruption of transmission of rhodesiense HAT is not feasible at this time.

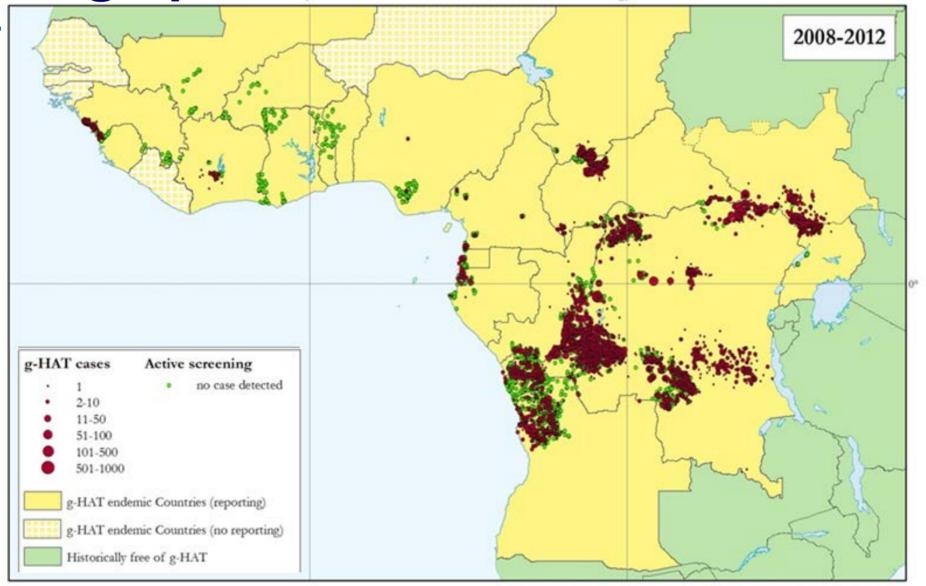


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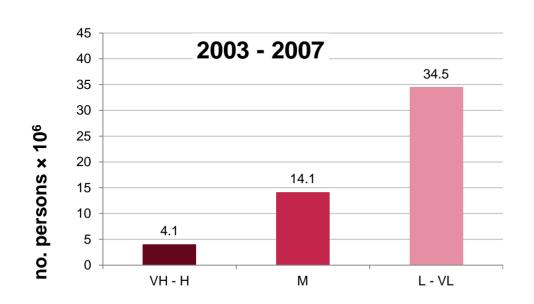


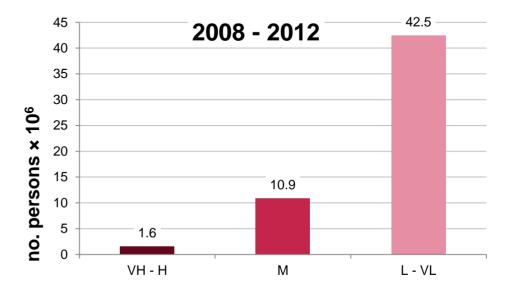
Geographical extent of the disease





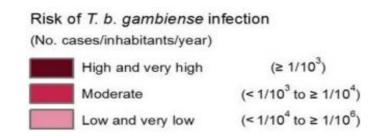
Population at risk





Total: 52.7 million

Total: 55.0 million



Gambiense HAT elimination strategy: Methods

There are four classical HAT control elements:

Active case-finding through mobile teams

Passive case-finding integrated in fixed health facilities

Vector control to reduce tsetse populations

Management of detected cases



Gambiense HAT elimination strategy: Methods

There are four classical HAT control elements:

- Active case-finding through mobile teams,
- Passive case-finding integrated in fixed health facilities,
- Vector control to reduce tsetse populations,
- Management of detected cases.

The strategy has to be flexible and dynamic enough to be adapted to:

- the disease progress
- the changes affecting the local health services.
- The social changes in the population
- the new tools and the results of the researchers



WHO Network for HAT elimination

