**Trypanosomiasis in the Democratic Republic of Congo**

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Your Feature1 discusses the potential of fexinidazole as the first oral treatment for the eradication of human African trypanosomiasis (HAT), and how this is particularly welcome in light of the recent publications about latent carriers – humans, as well as animals. Apart from being a tremendous clinical breakthrough, this oral drug and acoziborole have indeed the potential to be a gamechanger for elimination, and possibly eradication. There is an important distinction between the two concepts. Elimination is definedas “*reduction to zero of the incidence of disease or infection in a defined geographical area*” opposed to eradicationas “*permanent reduction to zero of the worldwide incidence of infection*”.2 WHO has targeted elimination of HAT *“as a public health problem”* by 2020, defined as an annual incidence rate of less than 1 per 10,000 population in 90% of endemic HAT areas, and a global number of HAT cases below 2000. In a second phase, it aims to achieve the elimination of infection, i.e. reaching and sustaining zero HAT cases by 2030. Therefore the latter is not necessarily equivalent to the eradication of the pathogen from the planet. We are still engaged in the first battle. Here is our perspective from the field.

The Democratic Republic of Congo (DRC) yielded for many years more than 60- 80% of the world’s HAT caseload. Recently, great progress has been made towards WHO’s goals for HAT elimination, despite a difficult political period. The strategy of the National Sleeping Sickness Control Programme of DRC (PNLTHA) is based on case detection and treatment, through massive screening by mobile teams and through passive screening in fixed health structures, in line with WHO guidelines. Since 2001, PNLTHA managed to screen between 2- 2.5 million people per year for HAT, with a dip in 2010-12 due to declining donor funding. The number of confirmed HAT cases has steadily declined since 1998, in large part explained by this massive screening effort (figure).

We agree that sleeping sickness can, and has, rebounded to epidemic levels following periods of control, with the last alarming peak occurring in the late 1990s, when international support to HAT screening was totally withdrawn. To prevent history repeating itself we need novel and multiple strategies to tackle both the infection and the vector.3 In 2015, PNLTHA formed a consortium with research institutes and implementation agencies in support of the HAT elimination agenda that was funded by the Bill &Melinda Gates Foundation and Belgian aid. We intensified the screening efforts and integrated tsetse control based on riverine deployment of so-called tiny targets, i.e. small, insecticide-treated screens that attract and kill tsetse flies (the vectors of the trypanosome parasite).4 We added digital data-driven microplanning of screening operations and quality control oftest results.5 Overt clinical HAT cases were for long thought to be the main if not only source of infection but, if pathogenic trypanosomes are present in animal hosts and undetectable in some human carriers, then the serological screening will indeed leave a proportion of infected hosts untreated. The size and epidemiological significance of this hidden reservoir are uncertain, and the research being carried out by Annette MacLeod (University of Glasgow, Glasgow, UK) and others highlighted in the Feature is of immediate relevance to our work. Vector control is part of the HAT control strategy in DRC, andprovides an intervention that can interrupt transmission whatever the host of the parasite. In the DRC health system, oral HAT drugs will play an important role for both elimination of HAT as a public health problem and elimination of the infection, because oral administration will greatly facilitate access to HAT care.

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Declaration of interests

We declare no competing interests.

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Figure. **Number of persons screened and number of confirmed trypanosomiasis cases reported in the Democratic Republic of Congo (1990-2018)** (source PNLTHA-DRC)