

FACTSHEET

HUMAN AFRICAN TRYPANOSOMIASIS

Key aspects briefly summarized

- Human African trypanosomiasis, or sleeping sickness, is transmitted by the bite of tsetse flies in some countries of sub-Saharan Africa.
- Now a rare disease, it should be suspected if fever and local redness (chancre) appear within weeks after a tsetse bite.
- Diagnosis and treatment require advice by a specialist in tropical medicine.



Disease

The clinical presentation of Human African Trypanosomiasis (HAT) mainly depends on the parasite species and the stage of the disease. *T.b. rhodesiense* HAT is usually an acute life-threatening disease whereas *T.b. gambiense* HAT is characterised by a chronic progressive course. The disease occurs in two stages, the first (or haemo-lymphatic) stage and the second (or meningo-encephalitic) stage with invasion of the central nervous system (CNS) by the trypanosomes.

Occurrence / Risk areas

T.b. gambiense HAT: less than 1'000 cases reported yearly. West- and Central Africa, with the majority of cases reported in the Democratic Republic of Congo; *T.b. rhodesiense* HAT: less than 100 cases reported yearly. East Africa, with the majority of cases reported in Malawi. Sporadic cases have been reported among travelers in Eastern and Southern Africa.

Transmission

Bite of an infected tsetse fly (see picture).

Symptoms

***T.b. rhodesiense* HAT** has a short incubation period in travelers (less than 3 weeks). It is generally an acute, life-threatening disease with fever, headache, nausea/vomiting and a trypanosomal chancre (see picture) at the tsetse bite site. In travelers, sleeping disorders or neuro-psychiatric deficits are only rarely present.



***T.b. gambiense* HAT** is only exceptionally reported in travelers. It affects local rural population in endemic areas. The disease evolves over months or years. First stage is characterized by fever, itching, headache and lymph nodes. Once the parasite invades the CNS (second stage), various neurologic or psychiatric symptoms, including sleep disturbance, can occur.

Diagnosis

Detection of the trypanosomes in blood, for example during a search for malaria, lymph nodes or cerebrospinal fluid by microscopy. Screening by serology only for *T.b. gambiense* HAT.

Treatment

HAT can be cured in both first and second stages. Specific treatment requires advice by a specialist in tropical medicine.

In case of a suspicious skin lesion, immediately consult a doctor as a rapid therapy as well as a supportive therapy must be initiated as soon as possible.

Prevention

- Protection against the bite of tsetse flies (see Factsheet "Mosquito and tick bite prevention measures"), in particular well-covering, light-coloured clothing impregnated with permethrin.
- Avoid wearing blue or black dress that attract tsetse flies.
- No drug prophylaxis advised.

Further Information

- WHO Factsheet on human African trypanosomiasis: [https://www.who.int/news-room/factsheets/detail/trypanosomiasis-human-african-\(sleeping-sickness\)](https://www.who.int/news-room/factsheets/detail/trypanosomiasis-human-african-(sleeping-sickness))