Epidemiology

**PO - (8473) - IMPACT OF EBOLA ON SLEEPING SICKNESS IN COASTAL GUINEA: A RETROSPECTIVE ANALYSIS (2012-2017) FROM THE GUINEAN NATIONAL CONTROL PROGRAM**

Camara, Oumou (Guinea); Ilboudo, Hamidou (Guinea); Camara, Mariame (Guinea); Ouattara, Eric (France); Duvignaud, Alexandre (France); Leno, Mamadou (Guinea); Solano, Philippe (France); Malvy, Denis (France); Bucheton, Bruno (France); Camara, Mamadou (Guinea)

1 - UMR 177 IRD-CIRAD INTERTRY, Institut de Recherche pour le Développement, Montpellier, France; 2 - Programme National de lutte contre la Trypanosomiase Humaine Africaine PNLTNA-Ministère de la Santé, Conakry, République de Guinée; 3 - Department of Tropical Medicine and Clinical International Health, CHU Bordeaux, Bordeaux, France

**Introduction:** Coastal Guinea harbours the most active Human African Trypanosomiasis (HAT) foci in West Africa. The Guinean government and his partners are conducting HAT control activities to reduce the burden of this neglected tropical disease and, as set-up by WHO, to eliminate it as a public health problem by 2020. Unfortunately, control efforts were deeply impaired during the Ebola outbreak that stroke the country in 2014–15. The aim of the study was to evaluate the impact of this unprecedented outbreak on HAT screening and caring activities and more globally on T. brucei gambiense transmission.

**Methods and results:** A retrospective analysis of the data collected by the HAT-NCP between 2012 and 2013 (pre-ebola period) and 2014-2015 (ebola outbreak) as shown an interruption of HAT active screening activities and a rapid decrease of HAT passive screening activities as the ebola outbreak was spreading. During ebola, HAT patients were also diagnosed in a later stage of the disease and attendance to post-treatment control visits was also severely affected. Only 59 HAT patients were diagnosed and treated during ebola (January 2014-October 2015) as compared to 154 before the outbreak (February 2012-December 2013). This potentially high number of undiagnosed human reservoir of trypanosomes may have contributed to increase transmission levels. After Guinea was declared free of ebola, screening activities (both passive and active) were progressively set-up again. In 2016 and 2017 Guinea reported 107 and 140 HAT cases respectively (almost twice as much as during the pre-ebola period) and became the second most affected country after DRC.

**Conclusion:** A major lesson taken from the ebola outbreak is that medical care disruption may lead to quick HAT burst in areas of high transmission levels. Current HAT control measures combining screening and tsetse control interventions will help we hope keep in line with the elimination goal.