NIFURTIMOX-EFLORNITHINE COMBINATION THERAPY (NECT) FOR SECOND-STAGE GAMBIENSE HUMAN AFRICAN TRYPANOSOMIASIS: MSF EXPERIENCE IN THE DEMOCRATIC REPUBLIC OF THE CONGO

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Introduction: Existing diagnostic and treatment tools for Human African Trypanosomiasis (HAT) are limited. The recent development of Nifurtimox Eflornithine Combination Therapy (NECT) has brought new hopes for patients in the second stage. While NECT has been rolled out in most endemic countries, safety data are scarce and only derive from clinical trials. The WHO coordinates a pharmacovigilance program to collect additional data on NECT safety and efficacy. We report here the results of 18 months experience of NECT use in treatment centres run by Médecins Sans Frontières (MSF) in Democratic Republic of the Congo (DRC).

Méthode: This cohort study included 684 second-stage HAT patients (including 120 children) treated with NECT in Doruma and Dingila hospitals, northeastern DRC, between January 2010 and June 2011. All treatment emergent Adverse Events (AE) were recorded and graded according to the Common Terminology Criteria for Adverse Events (CTCAE) version 3.0. Safety and efficacy data were retrieved from the WHO pharmacovigilance forms and from Epitryps, a program monitoring database.

Résultat: < td>86% of the patients experienced at least one AE during treatment. On average, children experienced less AE than adults. Most AEs were mild (37.9%) or moderate (54.7%). Severe AEs included vomiting (n=32), dizziness (n=16), headache (n=11) and convulsions (n=11). The in-hospital case fatality rate was low (0.15%) and relapses were rare (n=14).

Conclusion: In comparison with previous treatments, NECT was effective, safe and well tolerated in non-trial settings in DRC, further supporting the roll out of NECT as first-line treatment in second-stage T.b. gambiense HAT. Tolerance was particularly good in children.