ACCTMTH Clinical Group

ASTMH

American Committee on Clinical Tropical Medicine and Travelers' Health (ACCTMTH)

Official Subgroup of the American Society of Tropical Medicine & Hygiene

ISSUE 1 | APRIL 2026

# NEWSLETTER

INSIDE: RAFFLE TRIVIA

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# President's Note

Dear Clinical Group Members,

This is a busy time at ASTMH as we prepare for the Annual Meeting this November. If you haven't yet, start planning your trip to Gaylord National Harbor, Maryland, next to Washington DC.

In the ACCTMTH Executive Council, we look forward to another great clinical and social program. We are excited about our sessions, like the Marcolongo Lecture, Meet the Professor sessions, and of course, our pub trivia night! I would also like to thank all of you who are submitting symposia and abstracts. I know it can be tough getting things together, but your expertise, ideas, and innovation really make the meeting successful.

Don't forget the travel awards for young investigators, LMIC clinicians and clinical trainees—deadlines for applications are coming soon in early April. Most of all I look forward to connecting with old and new friends, so I hope to see you there!

Sincerely,
Henry Wu, MD
President, ACCTMTH

**The American Committee on Clinical Tropical Medicine and Travelers' Health (ACCTMTH) Newsletter**
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**Tips? Content ideas? Send them to the Clinical Group Interns!**

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# Meet the Clinical Group Council

**Dr. Henry Wu** (President)

Dr. Henry Wu is an Associate Professor of Medicine and Distinguished Physician in the Division of Infectious Diseases at Emory University. Dr. Wu serves as the Director of the Emory TravelWell Center, Emory's clinical center dedicated to the prevention, treatment, and surveillance of infections related to travel and migration.

He received his MD from Harvard Medical School and trained in internal medicine and infectious diseases at the University of Pennsylvania, and a Diploma in Tropical Medicine and Hygiene at the London School of Hygiene an Tropical Medicine. He previously served at the US Centers for Disease Control and Prevention as an Epidemic Intelligence Service Officer and Medical Epidemiologist at the Meningitis and Vaccine Preventable Diseases Branch.

**Dr. Jill Weatherhead** (President-Elect)

Dr. Jill Weatherhead is an Assistant Professor at Baylor College of Medicine and Texas Children's Hospital, specializing in Pediatric Tropical Medicine, Pediatric Infectious Diseases, and Adult Infectious Diseases.

She holds multiple certifications in Pediatrics, Internal Medicine, and Infectious diseases, with a sub-specialty in Tropical Medicine and Travelers' health. Jill is the Assistant Dean and Director of the Diploma of Tropical Medicine Course at the National School of Tropical Medicine. Her clinical work includes treating patients in Adult and Pediatric Tropical Medicine Clinics.

She completed her PhD in immunoparasitology and conducts research on parasite-host immune interactions and the impact of parasitic infections on chronic diseases in children, focusing on helminths and disease models.

**Dr. Daniel Leung (Past President)**

Dr. Daniel Leung is an Associate Professor and the Dr. Thomas D. Rees and Natalie B. Rees Presidential Endowed Chair in Global Medicine in the Division of Infectious Diseases at the University of Utah. A native of Hong Kong, he received his BSc and MSc from the University of British Columbia, an MD from Wake Forest, completed a residency in Internal Medicine at the University of Washington, and a fellowship in Infectious Diseases at Beth Israel Deaconess Medical Center.

Dr. Leung is the Utah site co-director of the Global TravEpiNet and GeoSentinel surveillance networks for travel-related illnesses. His research focuses on the mucosal immunology, epidemiology, and clinical management of diarrheal diseases.

# Meet the Clinical Group Council

**Dr. Crystal Zheng** (Secretary/Treasurer)

Crystal Zheng is an Assistant Professor at the Tulane University School of Medicine in New Orleans, Louisiana, where she practices clinical infectious diseases. She completed her MD at the University of Pennsylvania, internal medicine residency at Montefiore Medical Center, and infectious diseases fellowship at Tulane.

Her areas of research include Ebola, Lassa fever, HIV, COVID-19, and tuberculosis and has projects in Sierra Leone, Bolivia and New Orleans. She is also the Tulane Geosentinel site director.

**Dr. Ralph Huits** (Councilor)

Ralph Huits is an infectious disease physician and scientist at the Sacro Cuore Don Calabria hospital in Negrar, Italy. He has extensive experience working in LMICs. His research focuses on the clinical presentation, diagnosis, and management of infectious diseases in travellers and endemic populations. He is interested in emerging infections, applying data science methods to improve outbreak detection and in climate-based early warning systems for outbreaks.

Dr. Huits is the Research lead for GeoSentinel, a member of the WHO SAGE Working Group on Chikungunya Vaccines, and a third-year councilor for the ASTMH Clinical Group. He enjoys playing the tenor saxophone.

**Dr. Clara Crespillo-Andújar (Councilor)**

Dr. Clara Crespillo-Andújar is an internist, infectious diseases physician, and researcher specializing in tropical medicine, emerging infectious diseases, and neglected tropical diseases. She obtained her PhD in Chagas disease from the University of Alcalá (Madrid) and currently works in the Tropical Medicine Unit at Ramón y Cajal University Hospital in Madrid, Spain, following a postdoctoral fellowship in infectious diseases and tropical medicine.

She leads national and international research projects focused on neglected tropical diseases, with extensive experience in Chagas disease, particularly in biomarker research. She also has international clinical experience in El Salvador, Ethiopia, and Cameroon, contributes to the development of clinical guidelines in tropical medicine, and teaches in university master's programs. Within the ASTMH Clinical Group, she has focused on increasing the group's visibility and its initiatives through social media and outreach.

# Meet the Clinical Group Council

## **Dr. Mónica Roxana A. Pachar Flores** (Councilor)

Dr. Mónica Roxana A. Pachar Flores is an infectious diseases and tropical medicine physician who serves as a consultant and attending at Hospital Santo Tomás and the Instituto Oncológico Nacional in Panama. She is currently pursuing a Postgraduate Diploma in Global Health Research at the Oxford Centre for Tropical Medicine and Global Health within the Nuffield Department of Medicine. She holds a master's degree in tropical medicine from the London School of Hygiene and Tropical Medicine, completed as a Chevening Scholar, and trained in internal medicine and infectious diseases at Hospital Santo Tomás and the University of Panama.

Her interests span neglected tropical diseases, opportunistic infections in patients with AIDS, and infectious complications in oncology, alongside a strong focus on clinical teaching rooted in classical semiology and propaedeutics. Dr. Pachar Flores' primary research focus is Chagas disease, with additional work on other neglected tropical diseases such as snakebite, conducted in collaboration with international partners. Her clinical experience includes managing endemic mycoses, MPOX, COVID-19, zoonoses, and migrant health during the Darién Gap migration crisis. She is also actively involved in fieldwork and research support with national and international institutions.

A longstanding member of the ASTMH clinical group, she is committed to amplifying Latin American scientific voices, particularly those of women in science.

## **Dr. David Adetula (**STLG Chair**)**

David Adetula is a dental surgeon and public health researcher whose work focuses on infectious diseases and the intersections of health systems and health policy in low and middle-income countries. With a background in clinical practice and research, he is particularly interested in how evidence, community realities, and policy decisions interact to shape health outcomes across African health systems.

He is the founder of Healthialogue, a platform dedicated to promoting informed dialogue and policy engagement around critical public health issues. Through Healthialogue, David convenes conversations that bring together health professionals, students, policymakers, and community stakeholders to examine gaps in health systems and explore practical policy solutions. The platform also supports knowledge sharing and collaborative efforts to strengthen health literacy and public participation in health governance.

Beyond his work with Healthialogue, David is actively involved in research and knowledge dissemination on priority health challenges, including infectious diseases and health system strengthening. His work often emphasises translating research findings and frontline health experiences into policy-relevant insights to inform decision-making and improve health outcomes.

## **Ms. Miracle Abraham** (Intern)

Miracle Abraham is a sixth-year medical student at the College of Medicine, University of Ibadan, Nigeria and a global health advocate committed to strengthening research capacity among young African scientists.

As an aspiring clinician-scientist, she currently works with the World Association for Disaster and Emergency Medicine (WADEM) Students and Young Professionals arm, the International Association of Surgical Students' Societies (IASSS), and the Federation of African Medical Students' Societies (FAMSA) to expand access to biomedical education, foster collaboration, and promote youth engagement in local research, particularly in Oncology, Genomics, and Infectious Diseases.

Outside of medicine, she volunteers with multiple non-governmental organizations dedicated to caring for underprivileged young women, paediatric patients, and persons with disability.

## **Dr. Tori Lau (Intern)**

Dr Tori Lau is a UK-trained doctor currently working as an emergency physician on the Isle of Lewis, Scotland. She obtained her Bachelor of Medicine and Bachelor of Surgery from King's College London before completing her foundation training in Glasgow. She subsequently earned a Diploma in Tropical Medicine and Hygiene from the University of Glasgow. Her clinical interests encompass rural and humanitarian medicine.

She has held numerous acute medical posts across the Scottish Highlands, and has worked internationally, including providing medical care in Madagascar with Mercy Ships, supporting displaced populations in Greece with Boat Refugee Foundation, and working in primary care in remote Indonesia. She is particularly motivated by improving access to high-quality care in remote, rural, and underserved settings.

## **Mr. Mathias Renteros** (Intern)

Mathias Renteros is a seventh-year medical student at Universidad Peruana de Ciencias Aplicadas (UPC), Lima, Peru, currently working as an intern at the British American Hospital. He has served as Director of the Permanent Committee on Comprehensive Health Care (CPAIS) within his local medical student society and has led student-driven rural health interventions across Peru. He has completed the LAPAHS Tropical Medicine Course and clinical rotations at the University of Miami and the Instituto Nacional de Enfermedades Neoplásicas (INEN), gaining broad exposure to diverse infectious disease settings. He has been selected for international mentorship programs in ID with The Global Health Network - Latin America and the Caribbean with a focus on metaxenic and parasitic infections. Driven by a strong interest in neglected tropical diseases and global health in underserved communities, he is committed to integrating clinical practice, research, and public health to improve health outcomes. He also enjoys taking his dogs for a walk!

# ACCTMTH's Spot On

## When a Tropical Disease Comes to a Non-Tropical Setting

**In Spot On, a recurring feature in our Newsletter, we share recent publications that caught our attention. We encourage you to submit your comments on articles in the field of travel or tropical medicine that you think may be of interest to our readership.**

**By Victoria Lau and Henry M. Wu**

A recent article about a fatal visceral leishmaniasis (VL) case in the US[(1)] described a man from New Jersey (NJ) with a history of traveling to Italy presenting with chronic fevers, hepatosplenomegaly, and low blood cell counts. Despite an extensive workup by numerous physicians, including multiple hospitalizations at a major academic medical center, the VL diagnosis was not made until late in his course. Unfortunately, the patient died from his illness, likely exacerbated by the corticosteroids and chemotherapy he was treated with prior to the VL diagnosis. While it is easy to retrospectively connect the dots, the challenges faced by the clinicians are familiar to all of us who encounter tropical diseases in non-endemic settings. In the US, despite our access to resources for diagnosing and managing tropical diseases, familiarity is limited. Even among experts like ourselves, it can be difficult to decide when to pursue a diagnosis that is rarely seen. In era of increased attention to resource management and diagnostic stewardship, how do we approach low probability conditions? Outside of some academic centers with extensive experience, it is not easy being an "expert" on conditions we don't see on a regular basis. In this practice environment, bridging knowledge gaps and overcoming discomfort in managing unfamiliar diseases remain some of our greatest challenges.

Outside of endemic areas, VL is rarely encountered and can be easily missed. Globally, there are 600,000 to 1,000,000 new cases of cutaneous leishmaniasis (CL) and 50,000 to 90,000 new cases of VL annually.[(2)] While the majority (>96%) of endemic cases of VL occurs in 13 countries (Sudan, Kenya, Ethiopia, Brazil, South Sudan, India, Somalia, Uganda, Eritrea, Chad, Nepal, Yemen and Iraq[(3)]) there is a recognized endemic area in Southern Europe.[(4,5)] Although rare, travel-associated cases arising from the Mediterranean regions pose are well-described.[(6, 7, 8)]

Factors that increase the challenge of recognizing VL from European travel include the non-specific presentation, long incubation period, and the sometimes incorrect assumption that travelers to high-income countries of Europe are not at elevated risk of “tropical” infections. Furthermore, since a significant proportion of Mediterranean VL cases are among immunocompromised persons, VL may be even less suspected in an immunocompetent person. An appropriate medical workup begins with clinical suspicion, so an increased awareness of tropical diseases is clearly needed among travelers and providers.

Even when considered, diagnosing leishmaniasis can be a logistically complicated process, potentially involving multiple tests and specimens. Confirmation involves identifying parasites in infected blood, liver, bone marrow or lymph nodes (via microscopy, tissue culture methods or PCR), or serology. Multiple diagnostic methods are recommended to maximize the likelihood of a positive result.[9] In the United Kingdom (UK), samples must be sent to a reference laboratory. Likewise in the US, only a few reference laboratories offer leishmania testing. While the US Center for Disease Control and Prevention (CDC) has historically supported US physicians with testing for parasitic diseases, test offerings have been more limited recently, and leishmania testing is not currently available from CDC. A list of non-CDC parasite testing resources in the US is being updated now and will be posted on the ACCTMTH website shortly.

The development of new diagnostic tools may aid clinicians when faced with perplexing clinical syndromes or infections like VL.[10] Notably, the identification of VL in the reported NJ case was initially made with metagenomic next-generation sequencing (mNGS). mNGS is now commercially available in the US (Karius test), although it is not currently US FDA-approved or cleared. mNGS detects and sequences all DNA in a blood sample. The Karius test reportedly can detect over 1000 pathogens (bacteria, fungi, parasites, and DNA viruses), including several Leishmania species, malaria and filaria. A key limitation is the inability to detect RNA viruses, including flaviviruses like dengue and yellow fever viruses. At first glance, mNGS might be particularly useful in difficult cases where the diagnosis is elusive, or when testing options are limited for a suspected pathogen. While the costs are significant ($2000 per Karius test), formal evaluation of mNGS as a diagnostic strategy for sick returned travelers is needed.

Ultimately, sharing expert knowledge can improve awareness and strengthen the response to tropical diseases. While many tropical infections are uncommonly encountered in temperate or non-endemic areas, increasing travel and human migration worldwide is increasing this possibility. In the UK, an online, remote leishmaniasis multi-disciplinary team provides access to expertise, guides therapeutic advice and empowers local management of patients.[8] In the US, CDC offers clinical advice for parasitic infections including malaria and leishmaniasis. A limitation of both of these critical resources is the inherent requirement for clinicians to suspect the diagnosis. Support of initiatives that reduce knowledge gaps and enable equitable access to expert guidance are essential. To this end, we, as experts in tropical medicine, play an increasingly critical role in educating providers and the public. ASTMH and ACCTMTH can support us in this mission.

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# Special Feature

## Tropical Medicine Guidelines Update

**By Mónica Roxana A. Pachar Flores, MD, MSc, DTM&H**

The World Health Organization recently published a global update in the Weekly Epidemiological Record summarizing progress in implementing preventive chemotherapy (PC) for neglected tropical diseases (NTDs). Preventive chemotherapy, defined as the periodic, large-scale administration of safe medicines to at-risk populations without prior individual diagnosis, remains a fundamental strategy for controlling several helminthic and bacterial NTDs.

The update focuses on five diseases targeted through preventive chemotherapy: lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiases, and trachoma. These interventions are typically delivered through mass drug administration (MDA) in schools or communities, often supported by pharmaceutical donation programs and coordinated through national reporting systems such as the WHO Preventive Chemotherapy Joint Application Package.

Globally, the scale of these programs remains remarkable. In 2024, about 1.4 billion people required preventive chemotherapy, and about 880 million received treatment, corresponding to global coverage of roughly 63%. Coverage varied across diseases, with higher implementation for lymphatic filariasis (about 75%) and onchocerciasis (about 68%), and lower coverage for soil-transmitted helminthiases, schistosomiasis, and trachoma. The report also highlights persistent treatment gaps in some target populations, especially adults needing treatment for schistosomiasis, where coverage remains much lower than in school-aged children. Regional differences are clear, with the highest coverage in South-East Asia and Africa, reflecting long-standing program infrastructure and pharmaceutical donation partnerships.

The report underscores the importance of integrating preventive chemotherapy with complementary interventions, including vector control, clinical case management, and improvements in water, sanitation, and hygiene (WASH), all essential components of the WHO Neglected Tropical Diseases Roadmap 2021–2030.

At the same time, the update shows limitations in global program monitoring. The analysis is based on 2024 program reports from Member States, and coverage estimates rely mainly on country-reported administrative data, where inaccuracies in population denominators or reporting completeness may affect calculated coverage. Changes in census estimates or population projections can significantly alter coverage indicators without reflecting actual program performance. Readers interested in the latest information can consult the WHO Preventive Chemotherapy Data Portal.

For clinicians and tropical medicine practitioners, the update reminds us that although preventive chemotherapy operates mainly at the population level, its impact is reflected in the clinical burden of disease seen in endemic settings. Strengthening links between frontline clinical services, surveillance systems, and community-based treatment programs will remain essential for turning large-scale public health interventions into lasting health gains as countries move toward the NTD elimination targets for 2030.

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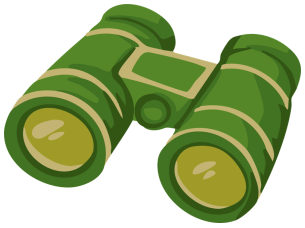


# Clinical Group Opportunity Watch

*CONFERENCE*

## Going Far Together: Shaping the Future of Travel Medicine in Africa

The **Pan African Travel Medicine Federation** is organising a conference, to be held on 14-17 October 2026 in Dar es Salaam, Tanzania. This event is in association with the 9th Regional Conference of the International Society of Travel Medicine. The conference is a unique opportunity for doctors, nurses, pharmacists, allied health professionals, and researchers to learn directly from leading African and international experts, gain practical skills tailored to real-world challenges, and connect with professionals shaping the future of travel health and disease prevention across the continent.

*Further details here: PATMF*

*COURSE*

## International Virtual Internship in Infectious Diseases and Tropical Medicine

The **Alexander von Humboldt Institute of Tropical Medicine (IMTAVH) of the Cayetano Heredia Peruvian University** invites you to participate in this internship aimed at physicians, infectious disease residents and related fields, in order to train them virtually and enable them to acquire theoretical and practical skills in the field of bacterial infections, fungal infections, parasitic infections, viral infections, etc. Activities will be scheduled Monday to Friday from April 1st - April 30th with synchronous and asynchronous sessions available. All teachings will be held in Spanish.

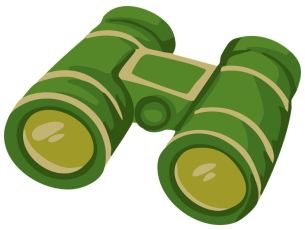
Further details here: *IMTAVH*

*FUNDING*

## Infectious Disease Catalyst Grants

The **Novo Nordisk Foundation** provide this programme to provide catalytic funding for exploratory, use-inspired, and innovative research projects that have exceptional potential for future direct impact on global challenges within human infectious diseases. In 2026, projects submitted to this call for applications must be within one of the two scientific themes, namely Novel AMR tools or Pandemic Influenza. Applications close May 15th.

Further details here: *Novo Nordisk Fonden*



# Clinical Group Opportunity Watch

*LECTURE*

**'New vaccines to dramatically interrupt the TB epidemic' with Professor Willem Hanekom**

Join the annual Stephen Lawn memorial lecture hosted by the **London School of Hygiene and Tropical Medicine**. The lecture will be delivered by Professor Willem Hanekom, the executive director of the Africa Health Research Institute (AHRI). The lecture will be held in Cape Town with a watch party in London. On March 31st 15:30-17:00 GMT. Free and open to all, no registration required.

Further details here: *LSTMH*

## Upcoming Tropical Medicine Conferences

Tropical medicine conferences happening around the world in 2026

**NECTM 10: Northern European Conference of Travel Medicine**

3-5 June, 2026. Belfast, Northern Ireland.

Early bird registration closes April 7, 2026. More details here.

**FLAP 2026: Latin American Congress of Parasitology**

27-30 October, 2026. Cartagena De Indias, Colombia.

Early bird registration closes 30 April. More details here.

**Do you have an opportunity you would like to share with the Clinical Group for our next issue?**

Please send it to the *Clinical Group Interns.*

# Announcements

**American Committee on Clinical Tropical Medicine and Travelers' Health-Clinical Group (ACCTMTH) Clinical Research Award**

This award is open to students and post-doctoral fellows who are conducting clinically-oriented research with scientific clinical content. The applicants must be available to present their work in person during the award competition at the Annual Meeting.

Submit your application online. *Deadline: April 6, 2026*

**American Committee on Clinical Tropical Medicine and Travelers' Health - Clinical Group (ACCTMTH) ACCTMTH Clinician Travel Award**

This travel award recognizes a tropical medicine physician practicing in a low and middle income country who has demonstrated excellent clinical and teaching skills.

Submit your application online. *Deadline: April 6, 2026*

**Upcoming Call For Applicants: Clinical Trainee Case Presentation**

Clinical trainees (medical students, residents, clinical post-doctoral fellows, nursing students and other allied healthcare professional students) are encouraged to submit a clinical case of a tropical disease that had been evaluated, diagnosed and treated by the trainee under faculty supervision at their training facility.

Trainees will submit a clinical case summary to the ACCTMTH subcommittee for review prior to the meeting. Three cases out of all the submissions will be selected to be presented, in-person, at the ASTMH Trainee Clinical Case Presentation Session during the 2026 Annual Meeting.

*Opens April 28, 2026*

# Student-Trainee Leadership Group (STLG)

## Upcoming Webinars

Thank you to everyone for attending the previous Clinical Student Trainee Leadership Group's webinars. The group will be hosting some webinars this year.

More details about the speakers, dates and times for the webinars will be communicated once they are finalized.

## Essay Competition

The Student-Trainee Leadership Group of the ASTMH Clinical Group is excited to announce the application call for its 2026 essay competition. The competition is open to trainees, students, and non-trainee members of the Clinical Group.

**Call for entry begins**
April 28, 2026

**Deadline for entry**
May 18, 2026

**Topics and Submission Guidelines**
To be communicated when applications open

# Clinical Group Trivia

**By Miracle Abraham (Clinical Group Intern)**
**Reviewed by Dr. Crystal Zheng**

**Test your knowledge of Tropical Medicine and ASTMH History with these questions. Send your correct answers here to enter your name in a draw for 1 year of free membership!**

1. A 29-year-old man in Kenya presents with prolonged fever, weight loss, and massive splenomegaly. Labs show pancytopenia. Consistent with national guidelines in East African countries, first-line combination therapy is administered with sodium stibogluconate. Which second drug is standardly co-administered with sodium stibogluconate in this setting?

2. Locally acquired cases of a sandfly-borne parasitic infection are increasingly reported in southern regions of the United States. What are the vector genera responsible for the transmission of this infection in the New World?

3. A febrile traveller's peripheral blood smear shows multiple delicate ring forms within single erythrocytes, including forms attached to the red cell membrane. Which Plasmodium species is most consistent with this finding?

4. ASTMH awards the CTropMed® certification to assess and recognize individual excellence in training and knowledge of clinical tropical medicine. What is the minimum duration of tropical medicine field experience required to be eligible for this certification?

5. The viral haemorrhagic fever transmitted by the multimammate rat was first discovered in what city?