



ISSUE 2 | JULY 2026

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

Official Subgroup of the American Society of Tropical  
Medicine & Hygiene

# NEWSLETTER

**INSIDE:**  
Award Winner Features +  
Tropical Medicine Opportunities +  
Crossword Raffle!

# President's Note

Dear Clinical Group Members,

As my city of Atlanta hosts FIFA World Cup matches, I am reminded of how the world can engage in positive ways to build connections, understanding, and of course, rivalries of the sporting type. It is a welcome contrast to recent world events, including outbreaks that have put us on alert. Cases of hantavirus pulmonary syndrome caused by Andes virus on a small cruise ship put the world's spotlight on a pathogen that was relatively unknown outside of South America. Prior to this outbreak, I, myself, honestly knew little about this unique virus and its potential for person-to-person spread. The ongoing Ebola outbreak caused by the Bundibugyo virus affecting the northeastern Democratic Republic of the Congo and Uganda has also been a reminder of how outbreaks of emerging and neglected diseases can thrive in settings of limited resources (exacerbated by international aid funding cuts), conflict, and distrust of public health.

Atlanta's World Cup preparations have included planning for visitors who may have infectious diseases not typically seen in North America. The Ebola outbreak also raised various concerns about the likely influx of visitors from DR Congo, whose team qualified for the tournament. While the likelihood of travelers presenting with Ebola is extremely low, unnecessary fear among healthcare workers can lead to delayed and inadequate treatment for more likely infections, including malaria. These fears are compounded by the fact that most Americans are ignorant about countries outside of North America, and our impressions are often based on international news reporting that is sparse and focuses on bad news.

DR Congo's team has thrillingly exceeded expectations, doing well enough to earn a spot in the knockout stage; and, as I write this piece, they nearly upset a strongly favored England team. Despite their eventual loss, the team's achievement is remarkable, not only in sport but also because they were the only team subject to quarantine by the host country as a condition of entry. While their loss is heartbreaking, DR Congo has made a strong statement, affirming that they belong on this stage. They remind us to look beyond the problems that dominate our headlines, and see the talent, determination, and spirit that our foreign friends bring to the table.

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!**

# NEW RESOURCE!

## CDC ALTERNATIVE LABORATORY TESTING FOR PARASITIC DISEASES

**When CDC parasitic disease laboratory testing is unavailable,  
where can clinicians turn?**

ACCTMTH has released a practical reference guide that identifies alternative laboratories and testing options for a wide range of parasitic diseases, helping clinicians navigate diagnostic challenges and maintain continuity of care.

### In the Guide

#### Serology

Chagas disease  
Schistosomiasis  
Strongyloidiasis  
Leishmaniasis  
Toxoplasmosis

#### Molecular Testing

Malaria  
Babesia  
Leishmania  
Trypanosoma cruzi  
Microsporidia

#### And More

CDC consultation contacts  
Public health laboratory resources  
International referral laboratories

Whether you're managing a complex tropical disease case, seeking alternative diagnostic pathways, or supporting clinical decision-making, this guide is a valuable starting point.

**CLICK HERE TO EXPLORE THE  
FULL RESOURCE**

# JOIN US AT THE PRE-MEETING COURSE

## Zoonotic and Vector-borne Diseases in an Era of Climate Change: A One Health Perspective

As climate change continues to reshape the epidemiology of infectious diseases, staying informed has never been more important. Join leading international experts for the 2026 ASTMH Clinical Pre-Meeting Course exploring the diagnosis, prevention, and management of zoonotic and vector-borne diseases through a One Health lens.



**November 18, 2026**

Gaylord National Harbor, Maryland

Attend in person or via livestream

### Session Highlights

- Rabies in a Changing World
- Viral Haemorrhagic Fevers in an Era of Climate Change
- Arboviruses Without Borders
- The Expanding Landscape of Tick-Borne Diseases
- Alveolar Echinococcosis: Diagnosis and Care

Ready to join?

Scan the QR code or visit the link below to explore the full agenda and secure your spot.



Scan to register

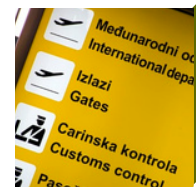
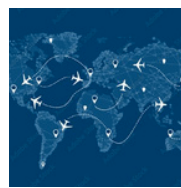
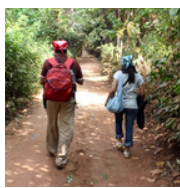
**[CLICK TO REGISTER NOW →](#)**

# New in 2026 — Join us in Brazil!

## 2026 UPDATE COURSE IN CLINICAL TROPICAL MEDICINE AND TRAVELERS' HEALTH

**Day 1: Sunday, August 16, 2026.** In conjunction with the **Brazilian Society of Tropical Medicine MedTrop 2026 Meeting** in Brasilia, Brazil. **With a livestream option as well.**

**Day 2: Saturday, September 19, 2026.** **Livestream only.**



### Update Course [View Agenda Here](#)

**Day 1** of the Update Course will take place on Sunday, August 16, 2026 in Brasilia, Brazil, in conjunction with the Brazilian Society of Tropical Medicine MedTrop 2026 Meeting. The course will offer a livestream for those unable to travel to Brazil.

**Day 2** of the Update Course will take place on Saturday, September 19, 2026 as a livestream only.

Designed for licensed physicians, nurses, nurse practitioners, physician assistants, veterinarians and other health professionals. Developed and presented by internationally recognized experts in the field of tropical medicine and travelers' health.

Approximately 15 AMA PRA Category 1 Credits™ will be offered for this course. CME is only offered when the course is attended as a live-internet based or in-person activity. CME is not offered for on-demand purchases or pre-recorded sessions.

### Attend This Meeting if You:

1. Work in clinical tropical medicine and travelers' health and want to learn the most up-to-date science in the field.
2. Spent some of your professional time in clinical tropical medicine and travelers' health and are interested in obtaining an overview of the field.

### Objectives:

1. Prepare patients for overseas travel to tropical endemic regions.
2. Diagnose and treat patients who have become ill during overseas travel or who recently arrived as immigrants and present with syndromes of fever and other pathologies.
3. Diagnose and treat individuals living in the tropics and subtropics who are ill.

### Benefit from This Course by:

1. Increasing your knowledge of patients' pre-travel needs.
2. Increasing your competence to diagnose and treat fever and illness in the returned traveler.
3. Increasing your knowledge of illness in endemic settings.

THE 2026  
UPDATE COURSE WILL BE  
**LIVESTREAM AND IN PERSON**



**REGISTER TODAY!**

### 2026 Registration Fees\*

**ASTMH Member**  
\$390 US

**Nonmember**  
\$525 US

**Students/Trainees/ Residents/Fellows**  
\$230 US

\* Fees are for both days. Fees are the same whether you attend virtually both days or virtually and in person.





# ACCTMTH's Spot On

## Genomics in Real-Time Outbreak Decision-Making: Lessons from the Transnational Bundibugyo Response

Miracle I. Abraham

On April 24, 2026, a volunteer nurse in the Ituri Province of the Democratic Republic of the Congo presented at a medical centre in Bunia, the province capital, with fever, followed by hemorrhage, vomiting and “intense malaise.” The clinical presentation was consistent with a viral hemorrhagic fever (VHF), yet, as with most index VHF cases, the specific causative agent was a mystery. The DRC has historically been a global hotspot for filoviruses, so the managing team ran a GeneXpert assay at the local laboratory. It returned a negative result while the nurse unfortunately passed away.<sup>1</sup>

Over the following weeks, similar cases began appearing throughout Mongbwalu Health Zone, then in adjacent communities. On May 5, the WHO was alerted of this “high-mortality outbreak of unknown illness.” Blood samples were collected from 13 new suspected cases and sent for more in-depth pan-filovirus testing at the Institut National de Recherche Biomédicale in Kinshasa. On May 14, whole-genome sequencing confirmed that eight of the cases were due to the Bundibugyo ebolavirus.<sup>2</sup>

By this point, approximately three weeks had elapsed since the initial case presentation, during which undetected transmission had continued. By May 15, when the Ministry of Public Health, Hygiene and Social Welfare officially declared this the seventeenth Ebola Virus Disease (EVD) outbreak in DRC, the outbreak was suspected to have expanded across three health zones in Ituri Province, with 246 suspected cases and 80 reported deaths. On May 15 and 16, the Uganda Ministry of Health also identified transnational spread in the case of travellers from DRC, one of whom eventually died in Kampala. On May 17, the WHO declared the outbreak a public health emergency of international concern (PHEIC), with recommendations to institute cross-border screening, set up surveillance on major roads, and implement clinical trials for developing vaccines and treatments.<sup>3</sup>

The 2026 Bundibugyo outbreak is a case-study of how critical delays in genomic confirmation and limited pre-positioned surveillance infrastructure can compromise real-time clinical epidemiology and outbreak response. Genomic sequencing technology ultimately resolved the diagnostic puzzle, but with the limitations of existing infrastructure, that clarity only came after weeks of clinical uncertainty, while contacts and cases remained at large during the

diagnostic process. This Spot-On review examines the experience, exploring how genomic surveillance could be better integrated into outbreak response in real time, and what clinical and epidemiological decisions this data can inform.

Genomic surveillance for infectious disease monitoring can perform multiple key functions. Phylodynamics, the leveraging of data from the genomic analysis of a sequenced pathogen, can determine where and when disease transmission occurred to infer how the epidemiological dynamics might evolve over time.<sup>4</sup> The data can also be utilized for mutation tracking, which monitors the circulating pathogen to detect any changes it might be acquiring during the current outbreak, and how these changes can alter immune response and therapeutic efficacy of the developed drugs and vaccines.

According to the Africa CDC, the rapid ramp-up of genomic capacity during and after the COVID-19 pandemic has ensured that 53 of the 55 African Member States now have the capacity to sequence pathogen genomes locally, in contrast to only seven countries pre-COVID<sup>5</sup>. However, while countries have rapidly built genomic sequencing capacity, supply chain resilience remains a challenge. A 2024 analysis found that 85% of surveyed African Union member states experienced inconsistent availability of laboratory reagents as the major barrier in surveillance and diagnostics for epidemic-prone diseases within their countries. Similarly, 45% faced infrastructure gaps, making it unsurprising that all respondent countries had to selectively prioritise their limited resources for epidemic surveillance in favour of the most threatening conditions at the time<sup>6</sup>.

The Bundibugyo species of Ebolavirus was discovered during its first outbreak in Western Uganda in 2007. Prior to 2026, it had caused two outbreaks with 92 total laboratory-confirmed cases and a mortality rate historically estimated at 30% to 50% across both outbreaks<sup>7</sup>. In contrast, the Zaire ebolavirus species has a mortality rate of up to 90% in confirmed cases, with at least 15 documented outbreaks that have caused over 30,000 suspected cases and over 10,000 deaths<sup>8</sup>. With research and genomic capabilities focused on Zaire ebolavirus as a perceived greater threat, no licensed diagnostics, therapeutics or vaccines were available for Bundibugyo ahead of the current outbreak. As of 1 July, the 2026 Bundibugyo outbreak had 1,460

confirmed cases and 452 deaths in the DRC, with 20 confirmed cases and two deaths in Uganda<sup>2</sup>, an epidemic more than ten times larger than the previous Bundibugyo ebolavirus outbreaks combined.

On May 29, the WHO published an invitation for manufacturers to submit in-vitro diagnostic testing kits for Emergency Use Listing<sup>9</sup>. Remarkably, four days later, the first diagnostic test was finally listed, with additional applications under review<sup>10</sup>. However, this accelerated timeline came after weeks of diagnostic uncertainty had already enabled sustained community transmission. The months-long cascade from the presentation of the index case to confirmation of the diagnosis shows that the infrastructure to deploy genomic technology in real-time is still fragmented, causing a gap in global epidemic preparedness.

Genomic surveillance is now indispensable for outbreak characterization and response, yet it is unevenly distributed across the globe and concentrated on pathogens that have already caused large epidemics. Even when the technology is available, the lag in accessing limited sequencing facilities can render data less effective in a rapidly expanding outbreak. To build toward a future where rapid, species-level confirmation can minimize diagnostic uncertainty, accelerate access to infection control protocols, and enable more effective outbreak containment, the field of tropical medicine will need a universal preparedness model where robust real-time sequencing, analysis, and data-sharing capabilities are available for all outbreak-prone pathogens.

With sustained investment in sequencing networks, the international scientific community can build a genomic surveillance database robust enough to detect novel transmission patterns and inform public health action within the critical first days of an outbreak. Beyond outbreak response, building this infrastructure during inter-epidemic periods may be the most cost-effective investment in shifting global health from reactive crisis response to proactive prevention.

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**In Spot On, a recurring feature in our Newsletter, we highlight timely topics, emerging issues, and noteworthy publications in travel and tropical medicine. We encourage you to submit brief commentaries on articles, new developments, or other issues you think would be of interest to our readership.**



**Miracle Abraham** is a final-year medical student at the College of Medicine, University of Ibadan, interning with the Clinical Group. She is currently exploring Cancer and Infectious Disease Genomics as a member of the Consortium of Genomics Students and Young Researchers in Africa (CoGSAYR Africa).

# SPOTLIGHT

## 2025 Clinical Research Award Recipient



### Zakiul Hassan

International Centre for Diarrhoeal Disease Research, Bangladesh  
DPhil Candidate in Clinical Medicine, Pandemic Sciences Institute,  
Nuffield Department of Medicine, University of Oxford

Research Topic: Pneumococcal Serotype Replacement in the Post-PCV Era: Implications for Immunization Strategy in Bangladesh

#### **Congratulations on receiving the Clinical Research Award!** **Can you tell us about yourself and your work?**

I am a physician-scientist and infectious diseases researcher working on advancing clinical research to improve outbreak response and pandemic preparedness. I am currently a DPhil candidate in Clinical Medicine at the Pandemic Sciences Institute, University of Oxford, and an Associate Scientist at the International Centre for Diarrhoeal Disease Research, Bangladesh. My research aims to generate evidence that improves the prevention, diagnosis, clinical management, and outbreak preparedness of epidemic- and pandemic-prone infectious diseases. My work spans clinical epidemiology, clinical research during outbreaks, vaccine policy, and health system preparedness, with particular interests in Nipah virus disease, influenza, COVID-19, pneumococcal disease, and other emerging infections.

I lead several multicentre clinical studies in Bangladesh and work closely with the Bangladesh Ministry of Health and international partners to strengthen clinical research and outbreak preparedness in low- and middle-income countries. My research has been published in leading international journals, including The Lancet Infectious Diseases, The Lancet Microbe, and Emerging Infectious Diseases, and has informed national and international policy discussions on vaccine strategy, infectious disease preparedness, and clinical research during outbreaks. My long-term goal is to build sustainable clinical research capacity in resource-limited settings and generate evidence that directly informs clinical practice, public health policy, and global health security.

#### **What inspired your research on pneumococcal serotype replacement in Bangladesh?**

Bangladesh has made remarkable progress in childhood immunisation, yet pneumococcal disease remains a leading cause of severe illness and death among young children. Following the introduction of PCV10, it became increasingly important to understand whether the circulating pneumococcal serotypes were changing and whether the current vaccine continued to provide optimal protection. Answering this question was essential to ensure that national immunisation policies continue to provide the greatest possible benefit for Bangladeshi children.



# SPOTLIGHT

## 2025 Clinical Research Award Recipient



### Zakiul Hassan

“Pneumococcal Serotype Replacement in the Post-PCV Era:  
Implications for Immunization Strategy in Bangladesh”

#### What were the most important findings from your study?

Our study demonstrated clear evidence of serotype replacement following PCV10 introduction. While vaccine-type disease has declined substantially, many circulating serotypes are now not covered by the current vaccine. Our modelling further suggested that introducing higher-valency pneumococcal vaccines could prevent a substantial number of childhood pneumonia cases, hospitalisations, and deaths each year. Together, these findings provide robust local evidence to inform future vaccine policy decisions in Bangladesh.

#### How do you hope this research will influence public health?

The greatest impact of this work lies in translating research into policy. The findings have already informed national discussions on pneumococcal vaccine strategy and contribute to ongoing evidence-based decision-making on vaccine optimisation in Bangladesh. More broadly, the study highlights the importance of continuous surveillance after vaccine introduction to ensure immunisation programmes remain effective as pathogen epidemiology evolves. Similar evidence will also be valuable for other low- and middle-income countries using PCV10.

#### What challenges did you face while conducting your research?

Conducting a multicentre study across four large tertiary hospitals was both scientifically and logistically challenging. It required close coordination among clinicians, laboratory scientists, field teams, and hospital staff while maintaining consistent data quality and laboratory standards across all sites. We overcame these challenges through strong teamwork, regular communication, continuous training, and a shared commitment to generating high-quality evidence. One of the most rewarding aspects of the project was seeing how collaboration across different disciplines and institutions could come together to answer an important public health question.

#### What advice would you give to students and early-career researchers interested in clinical research in tropical medicine?

Always remember why you are doing research. Clinical research is not just about publishing papers—it is about improving the care of patients, informing public health policy, and ultimately saving lives. Choose research questions that address real problems faced by patients and communities, and never lose sight of the people behind the data.

Find good mentors, stay curious, and don't be discouraged by setbacks. Some of the most meaningful research takes years to complete, but its impact can last for generations. As the father of a five-year-old daughter, I often remind myself that the work we do today helps create a healthier and safer world for our children and future generations. That thought continues to inspire and motivate my research every day.

**Congratulations to all ACCTMTH Award Winners!**

## SPOTLIGHT: 2025 Clinical Trainee Case Presentation Travel Award Winner



### Anjely Pulparampil Sebastian

Infectious Diseases Trainee, Kasturba Medical College, Manipal

“Fever with a Wild Diagnosis”

#### **Congratulations on your award! Can you tell us about yourself and your work?**

I am currently an Infectious Diseases trainee at Kasturba Medical College (KMC), Manipal, India. I completed my MBBS and MD in Internal Medicine at Christian Medical College (CMC), Vellore, India. My clinical and research interests center on tropical infections and the diagnosis of rare and complex infections. Every patient encounter raises questions that go beyond the individual case, reinforcing my belief that clinical practice and research must go hand in hand. I aspire to build a career in tropical medicine with a focus on infections endemic to South Asia, while working to make these opportunities more accessible to fellow clinicians and researchers across India.

#### **What made this case particularly interesting?**

The case that I presented was that of a 69-year-old farmer from rural Karnataka who arrived in status epilepticus with multiorgan dysfunction, which included encephalitis, acute kidney injury, hepatitis, myocarditis, myositis, thrombocytopenia, and hemorrhagic manifestations. A systematic workup ruled out malaria, dengue, leptospirosis, scrub typhus, Japanese encephalitis, and numerous other differentials, and it was ultimately the epidemiological history with forest exposure for farming and wood collection, a summer presentation, and a cluster of similar illness in his village that led us to the diagnosis of Kyasanur Forest Disease (KFD). The case was a powerful reminder that in tropical medicine, the geography and occupation of a patient are as diagnostic as any laboratory test.

#### **What do you hope clinicians and trainees took away from your presentation?**

I hope clinicians and trainees who attended the session left with an awareness of KFD as an emerging tick-borne viral hemorrhagic fever with relevance beyond India's borders, and with a renewed appreciation for meticulous history-taking in resource-diverse settings.

#### **How has participating in the Clinical Case Competition influenced your interest in tropical medicine or clinical research?**

Presenting this case to an international audience deepened my conviction that clinical cases from South Asia deserve a prominent place in global tropical medicine. It has strengthened my commitment to a career that bridges clinical practice and research focused on infections endemic to this region.

**Congratulations to all ACCTMTH Award Winners!**

## SPOTLIGHT: 2025 Clinical Trainee Case Presentation Travel Award Winner



### Elizabeth Wendt

Hospitalist, Department of Medicine, Hennepin Healthcare  
Associate Program Director, Internal Medicine Residency

**“Fever from Far Away: Investigating a Mysterious Febrile Illness in a Traveler Returning from Zimbabwe”**

#### **Congratulations on your award! Can you tell us about yourself and your work?**

I am a Hospitalist in the Department of Medicine at Hennepin Healthcare and, recently, the Associate Program Director for the Internal Medicine Residency. At the time of the case submission, I was an Epidemic Intelligence Service Officer/Fellow with the Centers for Disease Control and Prevention. I completed my Master of Public Health (MPH) at the University of Wisconsin School of Medicine and Public Health, my medical degree at the Medical College of Wisconsin, and my Internal Medicine residency at Hennepin Healthcare. I then spent two years as an Epidemic Intelligence Service Officer/Fellow with the Division of Parasitic Diseases and Malaria at the Centers for Disease Control and Prevention.

My clinical and research interests include parasitic diseases, global health/global medicine, and medical education. I am currently adjusting to a new position in medical education as the Associate Program Director for the Internal Medicine Residency at Hennepin Healthcare. I continue to be involved with the University of Minnesota global health course, where I gave two case-based lectures this year, and with the global health pathway for residents at Hennepin Healthcare.

#### **What made this case particularly interesting?**

This case highlighted how early-stage *Rhodesiense* human African trypanosomiasis can present with subtle, nonspecific symptoms, making diagnosis challenging despite the disease's rapid progression and high mortality if left untreated. It reinforced the importance of obtaining a thorough travel history and maintaining suspicion for tropical diseases even when recent reports from a region are limited. The case also underscored the need for prompt treatment and careful post-treatment follow-up given the potential for relapse.

#### **What was the experience of presenting at the Clinical Case Competition like for you?**

It was an honor to have my case selected for the Trainee Clinical Case Competition at ASTMH. Having leaders in infectious diseases, tropical medicine, and global health so engaged and interested in my work was incredibly rewarding. The panelists' questions and commentary were thoughtful and thought-provoking, creating an environment where it was possible not only to share and teach about a rare case, but also to learn from the expertise and perspectives of others.

I especially appreciated the collegial atmosphere among the presenters and the opportunity to hear about other fascinating cases, rare diseases, and the diverse training paths and experiences of the other presenters. The experience reinforced my enthusiasm for tropical medicine and highlighted the value of sharing unusual clinical cases that spark discussion, curiosity, and learning.

**Congratulations to all ACCTMTH Award Winners!**

## SPOTLIGHT: 2025 Clinical Trainee Case Presentation Travel Award Winner



### Renato Bobadilla León

Infectious Diseases Fellow, University of California San Diego

**“An Egyptian Traveler: A Case of Severe Eosinophilia”**

#### What inspired your work in tropical medicine?

I am an Infectious Diseases fellow and HOPE T32 research trainee at UC San Diego. I am originally from Peru and completed medical school at the Universidad Nacional de Trujillo in Peru, followed by Internal Medicine residency at Saint Barnabas Hospital in the Bronx, NY, and later served as an academic hospitalist and core faculty in Pennsylvania before beginning my fellowship. My current research focuses on translational virology, particularly HIV and hepatitis B viral reservoirs in the liver using rapid-autopsy samples from the Last Gift study. Clinically, I'm interested in tropical and travel-related infections, viral hepatitis, HIV and global health. My long-term goal is to bridge mechanistic virology with equitable, patient-centered clinical research.

#### What made this case memorable?

This case was memorable because the patient's persistent GI symptoms, significantly elevated eosinophilia, and initially negative serologies created a lot of diagnostic uncertainty. It underscored the importance of revisiting exposure history, especially dietary exposures abroad, and recognizing that early serologic testing for parasitic infections can be falsely negative. I hope trainees took away the value of broad differentials and maintaining curiosity (and digging deep into the exposure history!!!) when the clinical picture evolves. Participating in the competition strengthened my interest in tropical medicine and reminded me how global health perspectives inform everyday clinical care.

#### What advice would you give to early-career researchers?

My advice to future presenters is to choose a case that challenged their thinking and to focus on the clinical reasoning journey, not just the final diagnosis.

**Congratulations to all ACCTMTH Award Winners!**

## SPOTLIGHT: 2025 Clinical Group Essay Competition Winner



### Rizwana Khan

Assistant Scientist,  
International Centre for Diarrhoeal Disease Research, Bangladesh

“A Rising Leader- Bangladesh”

#### What inspired you to write this essay?

Working in Bangladesh, where tropical diseases remain a daily reality. I have seen how limited resources and fragmented efforts hinder effective control. This experience inspired me to explore how stronger international cooperation can bridge these gaps and drive more equitable and sustainable solutions.

#### What is the most important message you hope readers take away from your essay?

The key message for the readers is that no country can effectively address tropical diseases alone. These diseases are shaped by shared environmental, social, and economic drivers, and their control requires sustained international cooperation in research, surveillance, and response. When countries work together specially across high and low resource settings, solutions become more timely, equitable, and impactful.

#### How do you see your chosen topic shaping the future of tropical medicine?

The future of tropical medicine will depend heavily on how well countries are able to work together rather than in parallel. I believe international cooperation will fundamentally shape the future of tropical medicine by transforming fragmented efforts into coordinated global action. As disease burdens become increasingly interrelated through travel, climate change, and urbanization, no country will be able to respond effectively alone. Stronger collaboration in surveillance, research, and capacity building will be essential to ensure faster detection, more equitable access to innovations, and more coordinated responses to outbreaks.

#### What advice would you give to students and trainees interested in tropical medicine?

I would encourage students and trainees to stay connected, curious and ground their learning in real-world contexts. Tropical medicine is not only about diseases, it requires both scientific understanding and empathy for the communities which are mostly affected. Early exposure to field settings, mentorship, engaging with multidisciplinary teams and international collaboration can provide a deeper understanding of both the science and the people behind it.

**Congratulations to all ACCTMTH Award Winners!**



*Funding Available!*

# CLINICAL TROPICAL MEDICINE TRAINEE EVENTS

## ORGANIZE A TROPICAL MEDICINE EVENT

- Organize an event that aims to increase interest in clinical tropical medicine among students or trainees.
- Examples include film viewings, career talks, pizza parties, or other activities that introduce ASTMH & tropical medicine to trainees.
- Funds of up to USD \$200 will be provided to selected proposals. 10 awards available annually.

**APPLY NOW**

Send a 1-2 page proposal to Buffy Finn ([bfinn@astmh.org](mailto:bfinn@astmh.org)) and Clinical Group President Henry Wu ([henry.m.wu@emory.edu](mailto:henry.m.wu@emory.edu)) at least 1 month prior to the event

**MORE INFO:** [www.astmh.org/subgroups/acctmth](http://www.astmh.org/subgroups/acctmth)





## Clinical Group Opportunity Watch



### **VOLUNTEER**

#### **Physicians for Human Rights**

TPHR's Asylum Network supports survivors of torture and ill-treatment who are seeking refuge in the United States. It invites health professionals to volunteer their time to provide basic pro bono forensic medical and psychological evaluations that support asylum seekers' applications. Training provided to all prospective volunteers.'

Further details and application here: [PHR](#)



### **COURSE**

#### **Utrecht Summer School: Public Health in Humanitarian contexts**

Utrecht University is offering a one-week in-person course led by experienced practitioners and researchers from humanitarian organizations working across crisis-affected areas, such as Gaza and the Democratic Republic of Congo. The course will explore urgent public health priorities in humanitarian contexts through a lens of intersectionality and equity.

13 - 17 July 2026. Application deadline: 12 July. Course fee: €900

Further details and registration here: [Utrecht Summer School](#)



### **FUNDING**

#### **Wellcome Early-Career Awards**

The Wellcome trust offers funding to early-career researchers looking to design, plan and deliver their own innovative research project. The research can be in a number of disciplines, including experimental medicine and clinical health sciences, and must have the potential to improve human life, health and wellbeing.

Application deadline: 21 July 2026

Further details here: [Wellcome Awards](#)



## Clinical Group Opportunity Watch



### COURSE

#### **Infectious Diseases Society of America (IDSA) Rising Leaders Program**

The Infectious Diseases Society of America is accepting applications for its Rising Leaders Program, a fully online leadership development initiative for early-career professionals in infectious diseases and HIV. Participants will receive personalized coaching from certified leadership coaches, complete self-paced and interactive learning modules, and develop essential leadership skills in communication, influence, and inclusive leadership through a collaborative cohort model.

Registration opens 29 May and closes 21 August 2026. Course runs from 31 August to 20 November 2026

Further details and registration here: [\*\*IDSA Rising Leaders Program\*\*](#)

### **Upcoming Tropical Medicine Conferences**

Tropical medicine conferences happening around the world in 2026



#### **RSTMH Annual Meeting 2026**

October 15-16, 2026. Wellcome Collection, London, UK.

Registration now open. More details [here](#).



#### **World Congress on Infectious Diseases & One Health**

October 05-07, 2026. Tokyo, Japan

Early bird registration closes 16 July. More details [here](#).

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

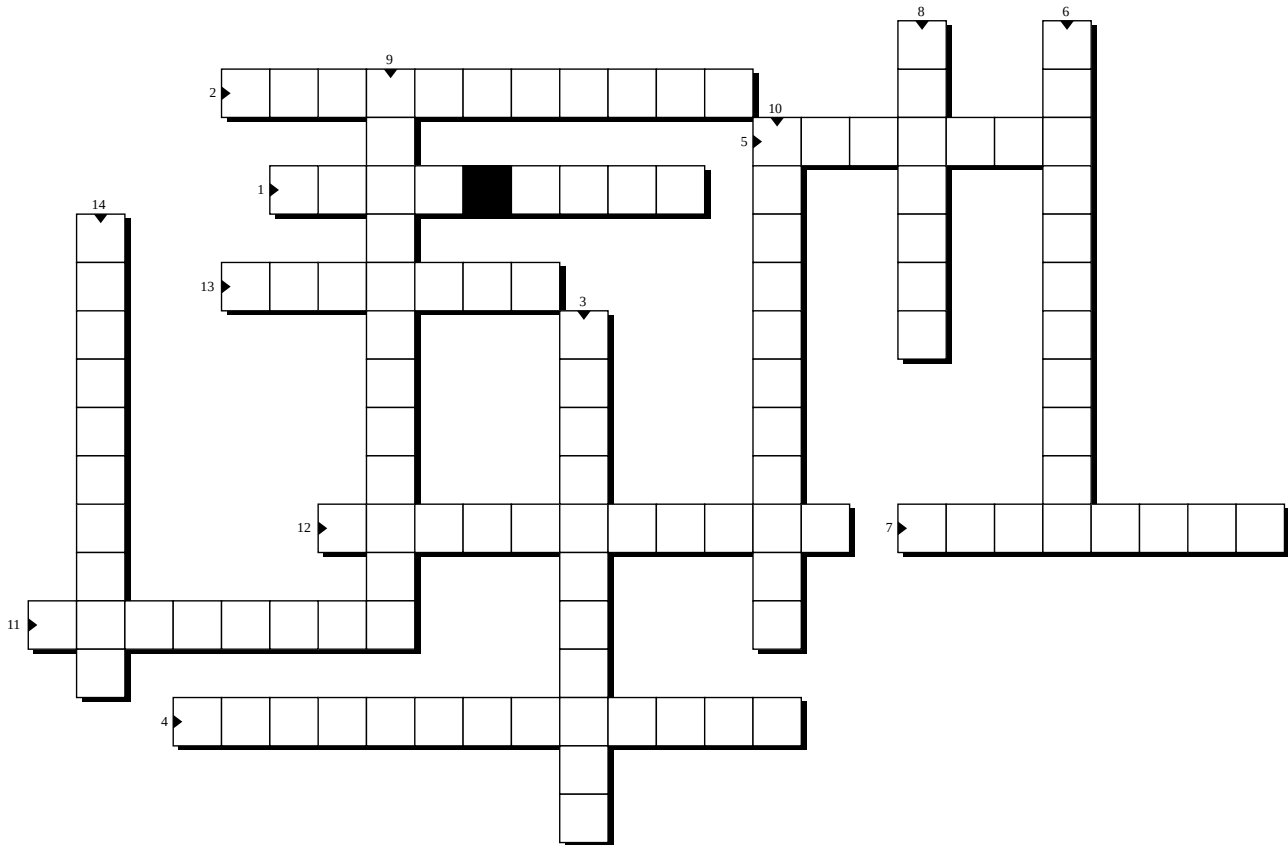
Please send it to the [\*Clinical Group Interns\*](#).

# Clinical Group Crossword

By Charles Tiu (Former Clinical Group Intern)

Reviewed by Dr Kyle Petersen, DO, FACP, FIDSA, FASTMH (Past President)

Send your answers [here](#) to enter your name in a raffle draw for  
**1 year of free membership!**



Created with XWords – the free online crossword puzzle generator  
<https://www.xwords-generator.de/en>

## Clues

1. “Black Fever”
2. Intracellular tissue stage of the parasite that causes Leishmaniasis.
3. Where you can find #2 in a blood film?
4. The motile extracellular stage after #2; after maturation in the midgut of the vector.
5. Tissue culture that can be used to grow Leishmania parasites: Novy-\_\_\_\_\_-Nicolle.
6. Old World vector of Leishmaniasis.
7. Scottish pathologist, discoverer of the parasite that causes visceral leishmaniasis.
8. Irish doctor, independently discovered our parasite of interest.
9. Clinical sign predominantly seen in patients with visceral leishmaniasis.
10. An FDA-approved treatment for visceral leishmaniasis.
11. The elemental basis of the drug sodium stibogluconate.
12. This aminoglycoside can be used to treat leishmaniasis.
13. This Leishmania subgenus can cause mucosal leishmaniasis.
14. Described as the recurrence of cutaneous leishmaniasis around the original ulcer site.