



NEWSLETTER

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President's Welcome

Dear Clinical Group members,

While summer often brings a slower rhythm in some academic settings, our leadership team has remained hard at work to bring meaningful opportunities to our tropical medicine community.

Our incredible interns and the Student-Trainee Leadership Group (STLG) team have been busy organizing two exciting webinars. The first, *"AI's Future in Tropical Medicine,"* was held on June 26 and is now available for viewing on [GOTropMED](#). The second, *"Vaccine Hesitancy and Equity,"* is coming up in August. In addition, our STLG lead Praise Okunlola moderated the society-wide webinar, *"Global Health Scientists and Clinicians: Strategies for Unexpected Career Transitions,"* on June 24, which is also available on [GOTropMED](#).

A heartfelt thank you to everyone who submitted entries for the LMIC Clinician Travel Award, the Trainee Case Competition, and the Essay Contest. We're also deeply grateful to our Council and subcommittee members who took the time to review submissions. The quality of the entries was truly outstanding, making the selection process incredibly challenging. We can't wait to spotlight the winners in our next newsletter.

Looking ahead, planning for the Annual Meeting in Toronto is well underway. Highlights include the Pre-Meeting Course, the Update Course (offered in hybrid format for the first time), a Symposium on Science Communication, a celebration of the 35th anniversary of the Marcolongo Lecture, and a special joint ACCTMTH-ISTM podcast. This year's meeting will feature plenty of clinical content, so now is a great time to start making your travel plans.

Sincerely,
Daniel Leung, MD
President, ACCTMTH



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

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Version 1.1

Tips? Content ideas? Send them to the Clinical Group Interns!

David: davidadetula@gmail.com
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Annual Meeting 2025

November 9-13, 2025 (Sunday through Thursday)
Metro Toronto Convention Centre
Toronto, Ontario, Canada



2025 Annual Meeting
November 9-13 | Metro Toronto Convention Centre
Toronto, Ontario, Canada



REGISTER NOW TO APPLY FOR YOUR VISA!

PLEASE NOTE: The Government of Canada requires that you register for the ASTMH 2025 Annual Meeting first before we can provide you with a letter of invitation for visa purposes.

[Click here for more information.](#)

Secure your stay at the ASTMH 2025 Annual Meeting in Toronto!

After registering, you'll receive exclusive access to our partner hotels offering special per-night rates (USD) near the Metro Toronto Convention Centre. Booking through ASTMH helps the Society meet its contractual commitments, keeps costs down, and safeguards you from fraudulent "housing pirates".

We look forward to welcoming you!

[MORE INFO](#) 



UPDATE COURSE IN CLINICAL TROPICAL MEDICINE & TRAVELERS' HEALTH

ASTMH has developed this course as an update in the essential components of tropical medicine and travelers' health. This meeting is designed for physicians and for all other health care providers working in tropical medicine or travelers' health. Speakers are internationally recognized authorities in the field and cover a broad range of topics.



Day 1: September 27

Day 2: November 9



Livestream

In-person & Livestream
InterContinental Toronto Centre
225 Front Street West
Toronto, Ontario, Canada
Room - Ballroom A



8:30 am - 5 pm EST

8:15 am - 5 pm EST

[REGISTER HERE](#)

CLINICAL PRE-MEETING COURSE:

Challenges in the Treatment of Tropical Diseases: Emerging Resistance and Difficult to Manage Infections

Date: Sunday, November 9, 2025
Time: 8:30 a.m. - 5 p.m. Eastern Time
Venue: InterContinental Hotel,
Toronto, Ontario, Canada
Room - Caledon/Oakville

Course Organizers: Sapha Barkati, MD, MSc, DTM&H and Miguel Cabada, MD, MSc

This Clinical Pre-Meeting Course brings together leading global experts to address the growing challenges of treating tropical diseases in the era of emerging drug resistance and complex infections. This timely course is essential for clinicians, researchers, and public health professionals involved in tropical and travel medicine worldwide.

[MORE INFO](#)



Meet 2024 Clinical Research Award Recipient



Theresa Sepulveda

Can you briefly introduce yourself and your current academic or professional role?

I'm currently a first-year attending at Baylor College of Medicine in infectious diseases with a clinical focus in tropical medicine. I completed my fellowship last year and now split my time between patient care and research. My academic interests center on parasitic infections and immigrant health, with a particular focus on neurocysticercosis, a condition I encountered frequently during my training in Houston, TX. I'm also involved in medical education and enjoy teaching lab and didactics for Baylor National School of Tropical Medicine's Diploma in Tropical Medicine to trainees and clinical providers who are passionate about global health.

How did you get to know about ASTMH and the Clinical Group, and when did you join?

I was first introduced to ASTMH during fellowship when I attended the Annual Meeting. That experience opened my eyes to the depth and diversity of global health research. Dr. Jill Weatherhead is the head of the pediatric tropical medicine clinic at Baylor, and also leads the ASTMH Clinical Group. I was drawn to the group through her leadership in fostering a community of clinicians and researchers who are passionate about improving care for underserved populations, both internationally and in the U.S.

What motivated you to pursue the specific research project that earned you the ACCTMTH Clinical Research Award last year?

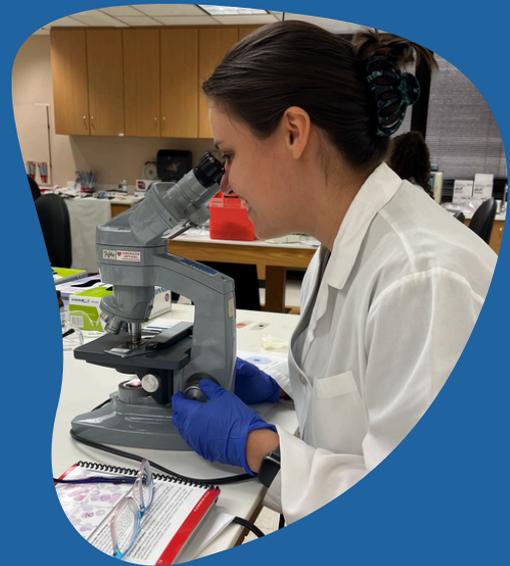
During fellowship, I noticed significant variability in how neurocysticercosis was diagnosed and managed in the US, despite the 2017 IDSA clinical practice guidelines. I became interested in understanding why these discrepancies existed and whether they were due to gaps in knowledge, access to guidelines, or system-level barriers. That led me to design a descriptive study under Dr. Eva Clark's guidance analyzing the management of neurocysticercosis cases seen in our medical center in light of the IDSA guidelines.



Meet 2024 Clinical Research Award Recipient

Could you give us a brief overview (including the key findings) of the research you presented at the ASTMH Annual Meeting?

Our study found 113 patients with neurocysticercosis seen from 2017-2021 in the Houston Harris Health system, and demonstrated considerable variability in diagnostic approaches and treatment regimens for neurocysticercosis. Notably, no EITB (enzyme-linked immunoelectrotransfer blot: gold-standard serology) tests were ordered by provider teams first diagnosing these patients, and many had variable courses of antiparasitics prescribed that were shorter than recommended durations. These findings highlight a clear need for improved education and standardized protocols. The tropical medicine team has piloted a subarachnoid neurocysticercosis treatment protocol to address this.



Theresa Sepulveda

What was it like to learn you had received the Clinical Research Award, and how was your experience presenting at the ASTMH Annual Meeting?

I was incredibly honored and honestly a bit surprised to receive the award. It was deeply validating to have my work recognized by a community I respect so much. Presenting at ASTMH was both exhilarating and humbling—being surrounded by people who are leaders in tropical medicine and global health research was inspiring. The feedback I received helped shape further phases of this project, and I left the meeting feeling energized and connected.

What advice would you give to students or trainees preparing to submit abstracts to the ASTMH Annual Meeting?

Start early, and seek mentorship among our outstanding tropical medicine clinicians. Don't be afraid to share work that's still evolving—ASTMH is a great space for feedback and collaboration. Focus on clarity: make sure your abstract communicates your question, methods, and findings as clearly and concisely as possible. And don't underestimate the importance of context—explain why your work matters, in terms of public health or patient care. Thank you!



ACCTMTH's Spot On

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 Ralph Huits, MD, PhD
ACCTMTH Councilor

Antimicrobial resistance (AMR) is one of the top global public health and development threats. A systematic analysis of the global burden of bacterial AMR estimated that in 2019, 4.95 million deaths were associated with bacterial AMR and that 1.27 million global deaths were directly attributable to bacterial AMR (Murray, et al. *Lancet*. 2022 Feb 12; 399(10325):629-655. doi: 10.1016/S0140-6736(21)02724-0). Blood culture and sensitivity (BCS) testing remains an essential diagnostic and provides the foundation for diagnostic stewardship in managing bloodstream infections. However, the availability, accessibility and affordability of blood culture for patients in low-income and middle-income countries (LMICs) is low. Ondoa et al. found that only 675 of 53,770 (1%) of laboratories in sub-Saharan Africa conducted bacterial testing. (*Lancet Microbe* 2025; 6: 100976 doi: 10.1016/j.lanmic.2024.100976)

In the issue of ACCTMTH's Newsletter, the Spot is on a qualitative study by Bahati et al., that aimed to assess whether BCS testing is a feasible component of Kenya's response to AMR.

Bahati F, Mutua E, Akech S, English M, Nyamwaya B, Gachoki J, McKnight J. Effects of health system limitations on the use of blood culture and sensitivity testing in Kenyan county hospitals: an interview-based qualitative study using causal loop diagrams. *Lancet Microbe*. 2025 Jan;6(1):100945. doi: 10.1016/j.lanmic.2024.07.008.

Summary: The authors conducted key informant interviews (KIIs) with health-care workers (HCWs) in Kenya in 2021, to establish whether BCS testing is a feasible component of the response to AMR in large Kenyan hospitals. The study included hospital laboratories that reported fewer than 50 BCS tests (or none) in 6 months prior. The thematic analysis used inductive coding to identify key themes, and causal loop diagrams were used to illustrate how health system issues relate to each other and influence the use of BCS testing in these study settings. The 72 KIIs with clinicians, laboratory staff, and pharmacists across 8 tertiary-level Kenyan hospitals showed that insufficient demand from patients and clinicians greatly affected BCS testing.

The following key themes were identified: utilization and uptake of BCS, normalization of clinical diagnosis, unaffordability of the BCS test, turnaround times of the BCS test, use of alternative biochemistry and hematology tests by clinicians, diagnosis by malaria confirmation, and influence of negative results on clinician trust. Availability and sustenance of BCS testing were also hindered by health system logistics or supply issues, including laboratory capacity, commitment from hospital management, and scarcity of training opportunities. These multiple factors create mutually reinforcing feedback loops that make the feasibility of sustainable and routine BCS testing unlikely in the short term for Kenyan hospitals.



The authors suggest alternatives to routine BCS testing for the control of AMR in these settings - such as the adoption of a targeted or vertical approach and the use of survey-informed antimicrobial stewardship to inform local treatment guidelines.

Context: The outcomes of the study by Bahati et al. may not come as a surprise to HCWs. By mapping the supply and demand loops that limit successful adoption of BCS testing in routine care in LMICs, the authors offer valuable insights into understanding the complex interactions that appear to reinforce the status quo. To really have an impact, the factors they visualized in the causal loop diagrams (Figures 2, 3 & 4 in the article) need to be targeted simultaneously and continuously. An accompanying editorial (The Lancet Microbe. Rethinking blood culture. Lancet Microbe. 2025 Jan;6(1):101060. doi: 10.1016/j.lanmic.2024.101060) highlighted the 2024 blood culture bottle shortage in the USA because of relying on a single manufacturer. Maintaining diagnostic stewardship is vulnerable to elements of supply and demand and therefore also a challenge outside LMIC contexts. While a case can be made for alternatives to routine BCS testing, such as culture-independent methods that have faster turnaround times and require less demanding laboratory skills, or using artificial intelligence for predicting bloodstream infections, these methods cannot replace phenotypic susceptibility testing.

In a recent survey among 66 LMICs, the median cost per blood culture incurred by patients AND by health-care facilities was more than \$5 in more than half of the countries (Hyland P, et al. The cost of blood cultures: a barrier to diagnosis in low-income and middle-income countries. Lancet Microbe. 2025 Mar 26:101125. doi: 10.1016/j.lanmic.2025.101125). Most respondents from LMICs that reported a median cost below \$5, indicated support from donors or universal health coverage in the country.

In July 2025, the UK government announced that the Fleming Fund that supports the surveillance of AMR in 25 countries across Africa and Asia, will see their funding cut. Restricting foreign aid and support for international health organizations will have disastrous consequences for global health.

In 2024, the Silent Pandemic of AMR was estimated to kill 39 million people over the next 25 years (GBD 2021 Antimicrobial Resistance Collaborators. Global burden of bacterial antimicrobial resistance 1990-2021: a systematic analysis with forecasts to 2050. Lancet. 2024 Sep 28;404(10459):1199-1226. doi: 10.1016/S0140-6736(24)01867-1).

The threat of AMR will not stop at the borders.

Student-Trainee Leadership Group

Thank you for attending our last webinar

The Student-Trainee Leadership Group thanks everyone who attended the Clinical Group's webinar on *AI's Future in Tropical Medicine*. Our appreciation also goes to our speakers Dr. Kamran Khan and Dr. Rie Yotsu for their insightful presentations.

The turn out for the webinar was impressive! If you were unable to join, a recording of the webinar can be found on [GOTropMED](#).

Upcoming Webinar: Vaccine Hesitancy and Equity

August 7, 2025; 12:00 Noon EST / 5 pm WAT

Join the Clinical Group for another exciting and engaging webinar where we explore the complex interplay between vaccine access, trust, and health equity. This session will bring together experts to discuss the root causes of vaccine hesitancy, its impact on vulnerable populations, and strategies for building confidence in vaccines globally. Don't miss this opportunity to be part of the conversation driving change.

Panelists



Emily Treleaven, PhD, MPH

Research Assistant Professor, University of Michigan, Ann Arbor, Michigan, United States

Presentation Title: Developing and testing a digital vaccine card for early childhood immunizations: A new approach to promote vaccine equity



Michael Head, PhD

Senior Research Fellow, University of Southampton, Southampton, United Kingdom

Presentation Title: Addressing anti-vaccine activism: The Mr. Andrew Wakefield story and pandemic misinformation

REGISTER NOW





Clinical Group Opportunity Watch

By David Adetula (Clinical Group Intern)



- ✓ **ACCTMTH Funding for Trainee Events**
The Clinical Group will be funding selected in-person student-led tropical medicine events. These events may include film viewings, career talks, or other activities that introduce ASTMH and tropical medicine to trainees. Funds of up to US\$200.00 will be provided on a reimbursement basis to selected proposals.

Interested parties may send a 1-2 page proposal to [Buffy Finn](#), cc-ing Clinical Group President [Dr Daniel Leung](#), at least 1 month before the event.

Deadline: On a rolling basis (10 awards per year)

- ✓ **TDR Clinical Research Leadership Fellowship**
Launched in 2023, the Clinical Research Leadership (CRL) fellowship programme is built on four key pillars: Advanced clinical research skills through placements at training partner organizations (TPOs), Development of strong leadership skills in clinical research, Promotion of gender equity and inclusion, and Institutional capacity strengthening through fellows' re-integration into home institutions. The CRL fellowship programme strengthens the capacity of individuals, institutions, and societies in low- and lower-middle-income countries (LMICs) to conduct impactful research addressing the following global health challenges: Epidemics and outbreaks, Control and elimination of diseases of poverty, Climate change's impact on health, and Resistance to treatment and control agents. TDR will fund fellows employed by academic and research institutions in any low- and middle-income country (not limited to those in sub-Saharan Africa) to be placed in pharmaceutical companies, product development partnerships (PDPs) and academic-affiliated research organizations, in Africa, America, Asia, Europe and Latin America, to train and develop new research skills on infectious diseases.

[Check more application info](#) | [Apply here](#)

Deadline: 15 September 2025

Upcoming Tropical Medicine Conferences

Please find here some of the tropical medicine conferences happening around the world in 2025.

- The European Congress on Tropical Medicine and International Health
Hamburg, Germany. September 29–October 2, 2025.
Details here: [ECTMIH 2025 | FESTMIH](#)
- ID Week 2025
Atlanta, GA USA. October 19–22, 2025.
Details here: [ID Week](#)





Clinical Group Opportunity Watch



By David Adetula (Clinical Group Intern)



2025 ASTMH Communications Award

The Communications Award, established under the vision of ASTMH Past President Claire Panosian, MD, DTMH (London), FASTMH, recognizes excellence in tropical medicine storytelling. The goal of the award, which is selected by a Committee, is to recognize content that enhances the public's understanding and appreciation of tropical medicine research, clinical practice and/or policy. Entries are judged on scientific accuracy, initiative, originality, clarity of interpretation and value in fostering a better understanding of the field of tropical medicine by non-science audiences.

Articles published by a news media outlet, including newspapers, popular magazines and TV news websites, are eligible along with stories broadcast by recognized TV and radio news outlets, and documentaries produced for TV or other public distribution. (Please Note: *The New York Times* prohibits its reporters from entering any competition hosted by an organization "with a direct interest in the tenor of *Times* coverage.")

[Check more application info](#) | [Apply here](#)

Deadline: 06 August 2025

Do you have any opportunity you would like to share with the Clinical Group members for our next issue (October 2025)?

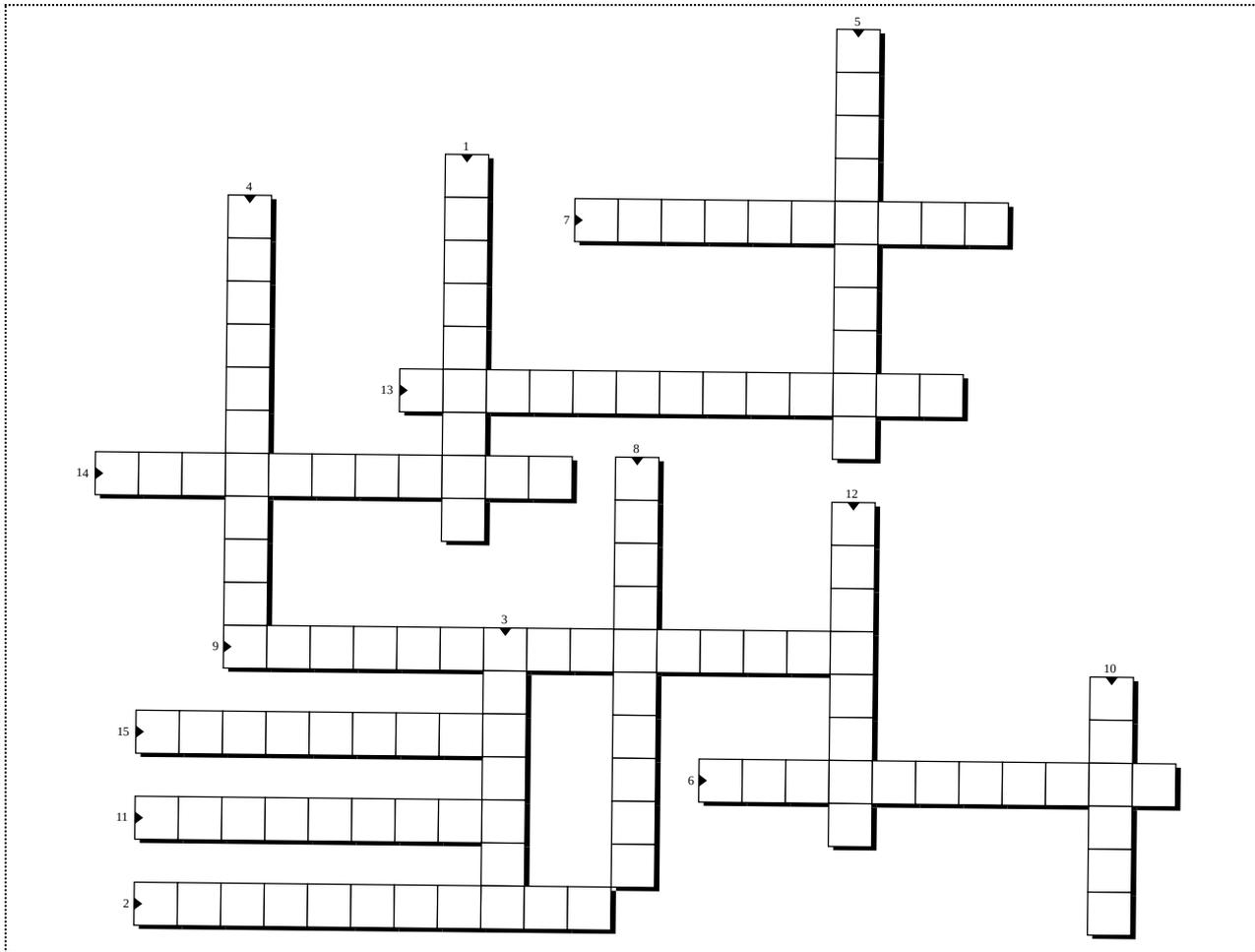
Please send it to the Clinical Group Intern
David Adetula (davidadetula@gmail.com)



Clinical Group Crossword

By Charles Tiu

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



Clues

1. Malaria vector.
2. Malaria drug from sweet wormwood.
3. Fever in Vivax malaria.
4. An antibiotic that can be used for malaria prophylaxis.
5. A component of Malarone.
6. Malaria hiding in the liver.
7. Fever in malaria presenting with dark urine due to hemolysis in malaria.
8. Stage of malaria that leaves a mosquito when it feeds on a human.
9. The initial phase where malaria parasites target the liver.
10. Stain used for malaria diagnosis.
11. Malaria transmitted from macaque monkeys.
12. Natural source of quinine.
13. Malaria recurrence due to hypnozoites.
14. Malaria parasite phylum.
15. Eosinophilic dots within RBC in vivax malaria

