



ISSUE 4 | DECEMBER 2025

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

Official Subgroup of the American Society of Tropical Medicine & Hygiene

NEWSLETTER



Moments from the 2025 Annual Meeting

President's Welcome

Dear Clinical Group Members,

As the incoming President, I would first like to thank our Past-President Daniel Leung for his leadership. I am truly amazed at how much our group has accomplished in the past year for the clinicians of ASTMH and beyond, thanks to many of you who dedicated your time and expertise. Your contributions have made a real difference, culminating in an Annual Meeting rich with clinical content and activities!

Looking ahead, we will be increasingly challenged by old and new threats to our mission to treat and prevent tropical diseases. Decreasing financial support for public health programs and increasing distrust of medical professionals and vaccines have made our work more difficult. Meanwhile, pathogens continue to adapt, spread, and cause outbreaks. Whether you are a clinician, researcher, public health official, or trainee, your passion has never been more critical. I hope you see the Clinical Group as your home base, where you can find support and camaraderie. To that end, we welcome your ideas, help and enthusiasm. Thank you for all you have done and continue to do.

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!

David: davidadetula@gmail.com
Victoria: vcaval@lsuhsc.edu



L-R: Monica Pachar (Councilor), Victoria Cavallino (Intern), Praise Okunlola (Outgoing STLG Chair), Daniel Leung (Past President), Henry Wu (President), Crystal Zheng (Secretary/Treasurer), Jill Weatherhead (President-Elect)



Four lucky grand prize winners took home giant microbes from our exhibit booth trivia!



MOMENTS FROM THE 2025 ASTMH ANNUAL MEETING



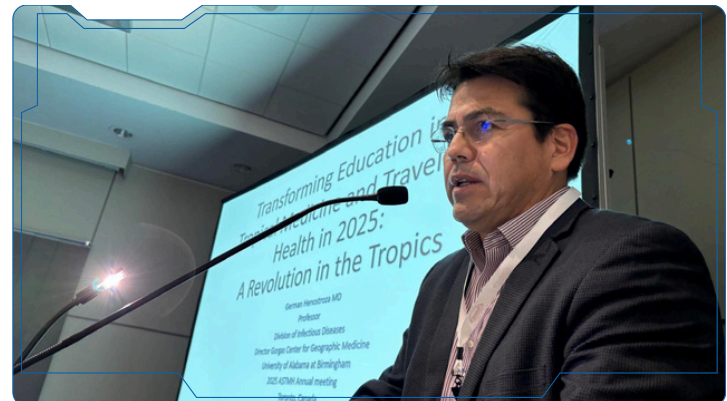
Celebrating 35 years of Vincenzo Marcolongo Lectures, the Marcolongo Celebration brought together distinguished speakers to honor the visionary founder of modern travel medicine.



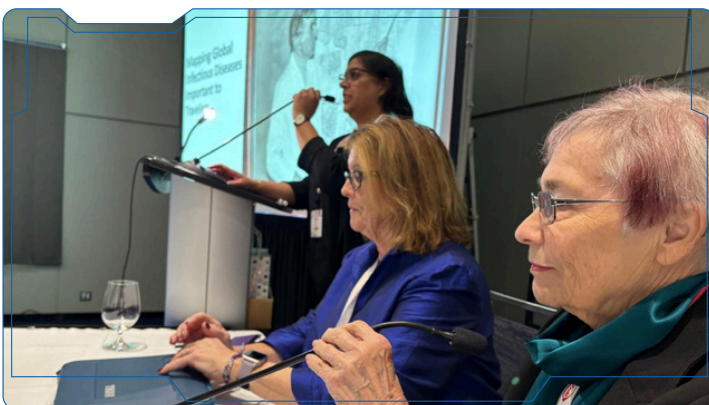
L-R: Mark Kortepeter, Ralph Huits, Lin Chen and Ivan Gonzalez at 'What's New in Clinical Tropical Medicine' session



Tullia Marcolongo, speaking at the Vincenzo Marcolongo Celebration Symposium, honoring her parents' achievements



German Henostroza speaking on transforming education in tropical medicine during the Vincenzo Marcolongo Celebration Symposium



L-R: Aisha Khatib, Anne McCarthy and Assunta Marcolongo at Vincenzo Marcolongo Symposium



Vincenzo Marcolongo Dinner



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 Carla Howell, BSN, RN and
Henry M. Wu, MD, DTM&H**

For effective treatment of *Plasmodium vivax*, prevention of relapse requires treatment with a hypnozoicidal 8-aminoquinoline drug, primarily primaquine, and more recently tafenoquine. Prior to administering 8-aminoquinoline drugs, screening patients for glucose 6-phosphate dehydrogenase (G6PD) deficiency is essential, due the potential for triggering severe hemolysis in deficient individuals. Evidence from numerous studies worldwide indicated that higher total doses of primaquine (7 mg/kg given over 7-14 days) are more effective for preventing relapse than lower doses (3.5 mg/kg)¹, and the WHO recently updated their treatment guidelines and recommend a 7.0 mg/kg total dose in most countries, except those in South Asia and the Americas, where the lower dose might be considered.² However, there has been some reluctance in endemic areas in incorporating primaquine, especially the higher dose, into treatment guidelines due to concerns about the potential of adverse events, especially hemolysis. In this Spot-On, we highlight a recent study by Eng et al. that compared relapse rates with low versus high-dose 14 day primaquine regimens for the treatment of *P. vivax* infection in Cambodia. (Lancet Infect Dis. 2025 Aug;25(8):884-895. doi: 10.1016/S1473-3099(25)00033-7.)

In the issue of ACCTMTH's Newsletter, the Spot is on a randomized controlled trial in Kampong Speu province, western Cambodia by Eng V et al., that aimed to determine the most effective regimen to eliminate *P. vivax* hypnozoites to support elimination efforts of this malaria parasite.

Eng V, Lek D, Sin S, et al. High versus low dose of 14 days treatment of primaquine in *Plasmodium vivax* infected patients in Cambodia: a randomised open-label efficacy study. Lancet Infect Dis. 2025 Aug;25(8):884-895. doi: 10.1016/S1473-3099(25)00033-7.

Summary: This study was an open-label, randomized controlled trial in Kampong Speu province, western Cambodia. Participants had confirmed *P. vivax* infections and were first treated with a 7-day course of artesunate (2 mg/kg daily), immediately followed with randomization to one of 3 study groups: A low-dose primaquine treatment group (3.5 mg/kg total; 0.25 mg/kg per day for 14 days), a high-dose group (7.0 mg/kg total; 0.5 mg/kg per day for 14 days), and a no primaquine comparator group. G6PD-deficient individuals were included but not randomized and assigned to the no primaquine group. Exclusion criteria included severe malaria, pregnancy, and breastfeeding. All participants were sequestered to a study site in Aoral town (an area without malaria transmission) for 90 days to eliminate the risk of reinfection, although they were allowed to leave the site during the day. Patients receiving primaquine were tested with blood smears and PCR daily during the 14 days of treatment, then every 48 hours until day 90. Patients not receiving primaquine were tested every 48 hours until day 90. Patients then had monthly visits at day 120, day 150, and day 180 to assess for malaria recurrence.

There were 147 patients (15-30) years old with 59 in the no primaquine group (37 with G6PD deficiency), 45 in the low-dose primaquine group, and 43 in the high-dose group. For the primary outcome of *P. vivax* recurrence during the first 90 days, 48 (81% [95%CI 69.6-89.2]) patients in the no primaquine arm had at least one recurrence, while in the primaquine arms 11 (24% [95%CI 14.2-38.7]) had a recurrence in the low-dose group versus 2 (5% [95%CI 0.8-15.5]) high-dose group ($p=0.014$ for high vs. low). Primaquine was well tolerated in both treatment groups, and the highest rates of hemoglobin decrease were observed amongst patients that received no primaquine.

Context: Prior to this study, there had not been any trials in southeast Asia and Oceania that directly compared the 3.5 mg/kg and 7.0 mg/kg total doses of primaquine administered over 14 days. The findings of this study support the higher primaquine dose in Cambodia. Strengths of the study include the tightly controlled 90-day follow-up environment achieved by the sequestration of participants in an area without malaria transmission to minimize the possibility of reinfection, and intense follow-up during this period. Limitations include the small sample size limited to Cambodians aged 15-30 years and the majority being male (>90%). The 7 day artesunate blood stage regimen is not consistent with WHO *P. vivax* treatment guidelines, which recommends chloroquine (for areas without chloroquine-resistance) or ACT regimens.

This study adds evidence supporting the WHO recommendation for treating *P. vivax* infection with the higher primaquine total dose, particularly in Southeast Asia. However, the ideal primaquine dose may depend on numerous considerations, including host, parasite, and geographical considerations.¹ G6PD deficiency considerations, including prevalence and availability of screening tests, also affect local practice. Studies such as this one can help further delineate the ideal dose in each region.

References

1. Commons RJ, Rajasekhar M, Edler P, et al. Effect of primaquine dose on the risk of recurrence in patients with uncomplicated *Plasmodium vivax*: a systematic review and individual patient data meta-analysis. *Lancet Infect Dis.* 2024;24(2):172-183.
2. World Health Organization. WHO guidelines for malaria. 2024. <https://iris.who.int/server/api/core/bitstreams/ce77cf41-2afe-4598-a221-dbd1a1a7243d/content>. Accessed 28 September 2025.



MOMENTS FROM THE 2025 ASTMH ANNUAL MEETING



A huge congratulations to Past-President Daniel Leung, recipient of the Bailey K. Ashford Medal, in recognition of his leadership and lasting impact in tropical medicine!



Fast conversations, big ideas! Students and early-career scientists connected with senior leaders at the speed networking event, exploring career paths and possibilities in tropical medicine.



A powerful dance performance celebrating Canada's First Nations heritage welcomed attendees to the opening keynote, setting an inspiring and meaningful tone for the meeting.



Sweet swag alert! Visitors to our exhibit booth were treated to custom cookies featuring the Clinical Group logo



MOMENTS FROM THE 2025 ASTMH ANNUAL MEETING

Presentation of the Martin S. Wolfe Mentoring Award



Celebrating excellence in mentorship!
Congratulations to Susan McLellan (University
of Texas Medical Branch), recipient of the 2025
Martin S. Wolfe Mentoring Award!



Richard Oberhelman presented Susan
McLellan with the award, honoring her lifelong
dedication to global health, tropical medicine,
and dedication to guiding and inspiring the
next generation of leaders.





Supported Trainee Events



Securing the Future: Sustainable Financing for HIV/AIDS Prevention and Care in Africa

Convener: Dr. David Adetula

On August 4, 2025, *Healthialogue* convened its maiden panel session and discussion forum at the University of Nigeria Teaching Hospital, Enugu, titled “Securing the Future: Sustainable Financing for HIV/AIDS Prevention and Care in Africa.” Supported by the ASTMH Clinical Group, the event assembled 31 healthcare trainees and experts to analyze the current funding landscape and identify sustainable financing models for HIV/AIDS programmes in Africa. Discussions covered health policy reforms, innovative domestic financing mechanisms, and strategies to reduce donor dependency.

Panelists emphasized multi-sectoral collaboration, accountability, and the role of young professionals in shaping resilient HIV/AIDS responses. The event also marked the formal launch of *Healthialogue*—a youth-led initiative promoting evidence-based health policy dialogue and advocacy. Participants described the session as highly informative and solution-oriented, reinforcing the importance of sustained trainee engagement in advancing global health dialogue within African contexts.





Supported Trainee Events



Her Life, Our Roles (HLOR): Health Professionals in Maternal Care

Convener: Mary Funmilayo Oni

The inaugural Her Life, Our Roles (HLOR 1.0) program, convened by Meds & Memo in partnership with Healthialogue and supported by the ASTMH Clinical Group, was held on August 23, 2025, at the University of Ibadan, Nigeria. The event brought together 30 emerging health professionals from seven disciplines to engage in a multidisciplinary exploration of maternal care challenges in low-resource settings. Through a documentary screening, expert panel discussion, and interactive workshop, participants examined evidence-based strategies for reducing maternal mortality and improving health system coordination.

A pre- and post-event assessment demonstrated a 20% increase in participants' knowledge, reflecting measurable learning outcomes. Feedback highlighted the event's strong organization and relevance to real-world practice. HLOR 1.0 exemplified how structured inter-professional dialogue can build capacity among early-career health workers and strengthen the foundation for collaborative maternal health advocacy across Africa.



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) and Clinical Group President Henry Wu (henry.m.wu@emory.edu) at least 1 month prior to the event

MORE INFO: www.astmh.org/subgroups/acctmth

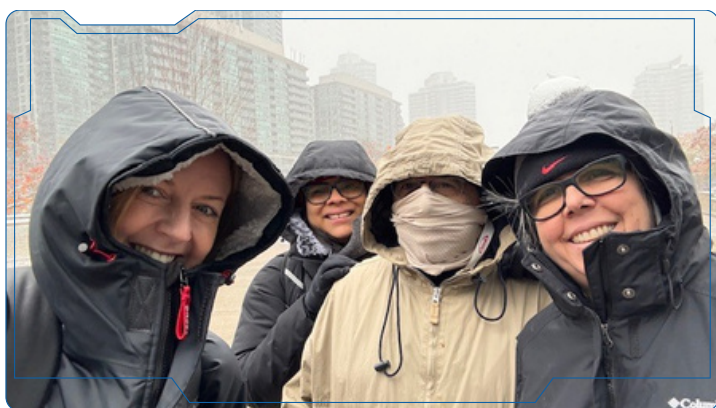




MOMENTS FROM THE 2025 ASTMH ANNUAL MEETING



Celebrating over dinner! Jill Weatherhead and Rachel Martin-Blais with the four outstanding student winners of the trainee case competition.



From the tropics to a winter wonderland! Clinical Group members experiencing snow in style



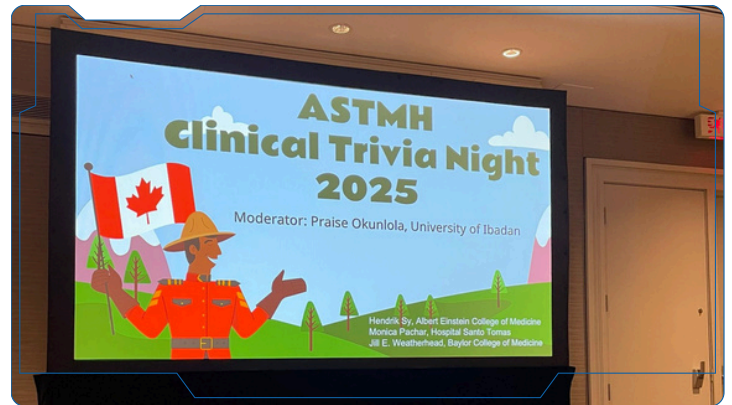
Clinical Group members connecting, collaborating, and enjoying the conference!



MOMENTS FROM THE 2025 ASTMH ANNUAL MEETING

Pub Trivia Night: Brains, banter, and bragging rights!

Senior faculty and trainees teamed up for the Clinical Group's pub trivia night—always a can't-miss event.



The ACCTMTH (Clinical Group) would like to acknowledge the following members who contributed to our activities in 2025. Thank you for your support!

Trainee Engagement Subcommittee

- **Ngusha Anyam** - University of Ibadan
- **Carlie Cerne** - Uniformed Services University
- **Patrick Ching** - Virginia Commonwealth University
- **Suma Krishnasastry** - Kerala University of Health Sciences
- **Monica Pachar** - Hospital Santo Tomas
- **Jessica Quirk** - Eastern Virginia Medical School
- **Liliana Sanchez-Gonzalez** - Centers for Disease Control and Prevention
- **Hendrik Sy** - Albert Einstein College of Medicine
- **Agnes Wechoemang** - City of Ekurhuleni, Gauteng Province, South Africa

Social Media/Communications

- **Milion Gebrewold Abdi** - All Africa Leprosy, Tuberculosis and Rehabilitation Training Centre
- **Lois Osei Bonsu** - Noguchi Memorial Institute for Medical Research
- **Nistha Rutam Dash** - All India Institute of Medical Sciences, Raipur, India
- **Atish Mohapatra** - All India Institute of Medical Sciences, Raipur, India
- **Paul Niyonkuru** - University of Rwanda
- **Akshatha Ravindra** - Kasturba Medical College, Manipal, Karnataka, India
- **Amana Bokagne Therese Vanessa** - Eberhard Karl University Tuebingen

Clinical Research Award

- **Obinna Nnedu** - Ochsner Clinic Foundation
- **Kristina Krohn** - University of Minnesota
- **Brady Page** - UC San Diego
- **Latha Rajan** - Tulane University School of Public Health and Tropical Medicine

Volunteer Judges

- **David Oluwatimilehin Adetula** - University of Nigeria Teaching Hospital
- **Nicholas Aderinto** - University of Utah
- **Elizabeth Montgomery Collins** - Harvard Medical School
- **Charles Kevin Tiu** - Duke-NUS Medical School

Student Trainee Leadership Group

- **Praise Okunlola** - University of Ibadan (Chair)
- **David Oluwatimilehin Adetula** - University of Nigeria Teaching Hospital (Intern)
- **Victoria Cavallino** - Louisiana State University School of Medicine (Intern)
- **Bickey Chang** - National Institutes of Health
- **David Ellis** - United States Navy
- **Rachael Kramas** - Louisiana State University School of Medicine
- **Hendrik Sy** - Albert Einstein College of Medicine
- **Charles Kevin Tiu** - Duke-NUS Medical School
- **Johnathone Yang** - University of Minnesota

Update Course Chairs

- **German Henostroza** - University of Alabama at Birmingham
- **Aisha Khatib** - University of Toronto

Pre-Meeting Course Chairs

- **Sapha Barkati** - McGill University
- **Miguel M. Cabada** - University of Texas Medical Branch

Meet the Professor Session

- **Rachel Martin-Blais** - Nationwide Children's Hospital

Interested in contributing to the Clinical Group? Email Clinical Group President Henry Wu (henry.m.wu@emory.edu)

CONGRATULATIONS TO THE 2025 CLINICAL GROUP AWARDEES!**ACCTMTH (Clinical Group) LMIC Clinician Travel**

This travel award, introduced in 2023, recognizes a tropical medicine physician practicing in a low and low-middle income country who has demonstrated excellent clinical and teaching skills.

2025 Recipient: **Leonard Kambewa** - Malawi Ministry of Health

Martin S. Wolfe Mentoring Award

The Clinical Group has established an award to honor the life of inspiring mentorship by our friend, teacher and colleague, Martin S. Wolfe, MD, FACP, FASTMH. This award will recognize one individual who has served as an exemplary and inspiring mentor. It will be presented to a member of the American Committee on Clinical Tropical Medicine and Travelers' Health (ACCTMTH, the Clinical Group) who has been exceptional in guiding the professional growth of careers in tropical and travel medicine. In addition, the award will highlight and celebrate the importance of mentorship within the ACCTMTH and the ASTMH.

2025 Recipient: **Susan McLellan** - University of Texas Medical Branch

ACCTMTH Clinical Research Award

The ACCTMTH Clinical Research Award recognizes excellence in clinically-oriented research presented by a student (within six months of completing undergraduate or master's level training, including medical undergraduate degrees) or person in graduate medical training, of work submitted and presented at the ASTMH Annual Meeting.

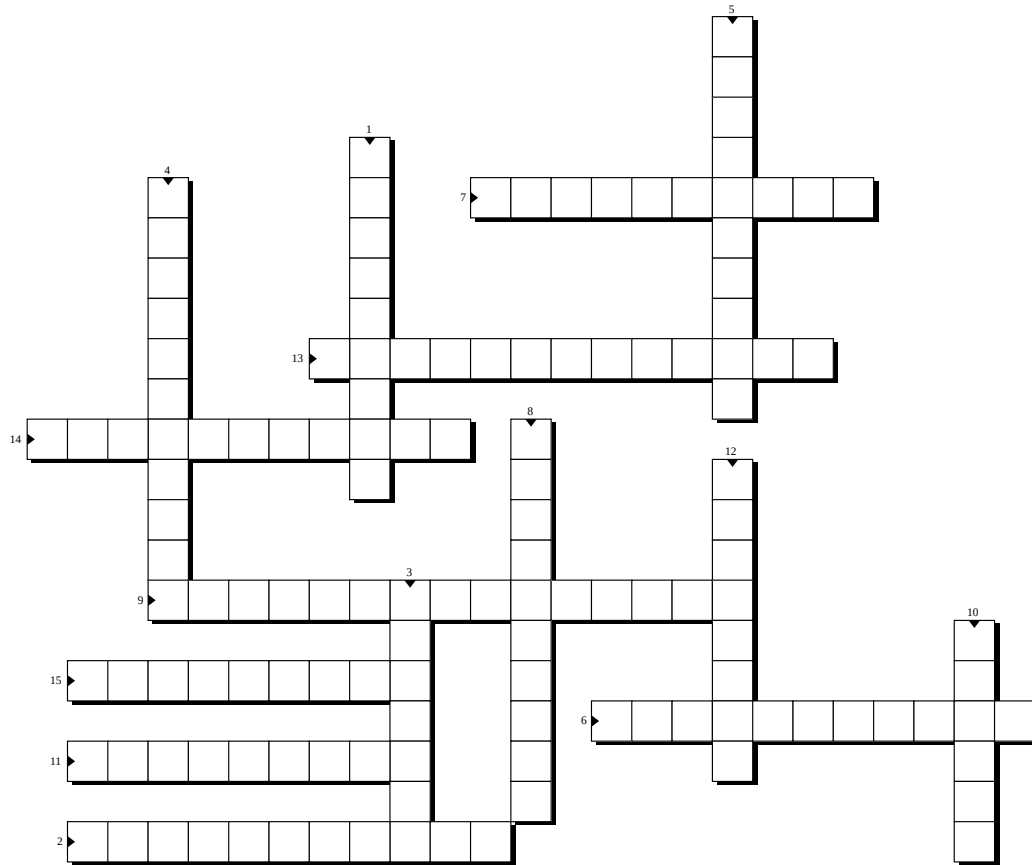
2025 Recipients: **Zakiul Hassan, MD, MSc** - Icddr,b, Bangladesh and University of Oxford
Sarah Dallas - University of Utah
Hendrik Sy, MD - Montefiore Medical Center/Albert Einstein College of Medicine

Clinical Group Crossword

By Charles Tiu

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

Solution to July 2025's issue crossword puzzle



Clues - Answers

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

Thank you to the Clinical Group 2025 Interns!



David Oluwatimilehin Adetula

University of Nigeria Teaching Hospital

The Clinical Group Internship has been a defining milestone in my career journey, and I am deeply grateful for the opportunity. Over the past year, I have connected with inspiring leaders in tropical medicine, benefited from meaningful mentorship, and learned from their wealth of experience. The internship also strengthened my communication abilities, refined my writing, enhanced my administrative skills, and deepened my appreciation for effective teamwork. It has truly broadened my professional outlook and shaped my growth in meaningful ways.



Victoria Cavallino

Louisiana State University School of Medicine

My experience as a Clinical Group Intern has been amazing. I had the opportunity to connect with fellow trainees and clinicians, contribute to group activities such as developing and hosting webinars, and actively participate in events during the annual meeting. The Clinical Group is a wonderful, supportive community, and I'm grateful for the chance to have worked with them over the past year!

Happy Holidays

FROM YOUR CLINICAL GROUP

*See you in 2026 for an
even more exciting year!*

