



ACCTMTH
Clinical Group

AMERICAN COMMITTEE
ON CLINICAL TROPICAL MEDICINE
AND TRAVELERS' HEALTH



ISSUE 1 | MARCH 2025

NEWSLETTER

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President's Welcome

Dear Clinical Group Members,

The New Year has brought with it rapid changes in the US government's investment in global health, resulting in the abrupt cessation of development and aid programs, dismissal of our colleagues, and reduction of research funding. Amidst these challenging times, as we continue our vital work managing neglected tropical diseases, diagnosing travel-associated infections, and vaccinating travelers, I urge us all to unite in making our voices heard. Please check out the communications put out by our parent society, ASTMH, for the necessary tools to do so.

Preparations for this year's Annual Meeting are already underway, and our Clinical Group Council is working on building up the clinical content at the meeting, including organizing trainee-oriented sessions such as Meet the Professor, Trainee Case Competition, and Trivia Night. As a sneak peak, our Marcolongo Lecture will be on "Navigating malaria risk for international travelers," and our Clinical Group Symposium II on "Science communication for clinicians."

We are pleased to welcome our new Clinical Group interns, Victoria Cavallino and David Adetula. They have kicked off their term with an impressive newsletter and are actively working with the Student Trainee Leadership Group (STLG), now led by former intern Praise Okunlola, to organize webinars and an essay competition (more details to come soon). A reminder that we have funds available to support local events for trainees at academic institution to promote clinical tropical medicine. Please don't hesitate to reach out if you have an idea!

Regards,
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 our way!

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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.](#)

Call for Abstracts

- *Submission deadline: **Wednesday, April 16***
- The Call for Abstracts with submission guidelines is now [available here](#).
 - The abstract submission fee is \$55 US.
 - ASTMH membership is not required to submit an abstract.
 - Contact Natalia Gutierrez with questions at ngutierrez@astmh.org



New Clinical Group Council Members

We welcome four new executive council members: Dr. Henry Wu, Dr. Clara Crespillo-Andújar, Dr. Crystal Zheng, and Dr. Praise Okunlola. Also joining the Clinical Group members are two new interns: Victoria Cavallino and Dr. David Adetula.



Dr. Henry Wu (President-Elect)

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 and 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. Clara Crespillo-Andújar (New Councilor)

Dr. Clara Crespillo-Andújar is an internist, infectious disease physician, and researcher specializing in tropical medicine, emerging infectious diseases, and neglected tropical diseases. After completing her residency, she started her professional career in the tropical medicine and international health unit of La Paz-Carlos III, Madrid, Spain. She obtained her PhD in 2021 from the University of Alcalá de Henares in Madrid, Spain. Then, she pursued a fellowship at the Tropical Medicine Unit of the Infectious Diseases Department at Ramón y Cajal Hospital in Madrid, where she currently works. She collaborates with national and international research networks in tropical medicine and teaches in university master's programs. She has extensive clinical and research experience in various international settings, including Ethiopia, El Salvador, and Cameroon. Her research focuses on neglected tropical diseases, particularly Chagas disease, exploring its molecular biomarkers, epidemiology, and clinical management.



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 and New Orleans. She is also the Tulane Geosentinel site director.

New Clinical Group Council Members

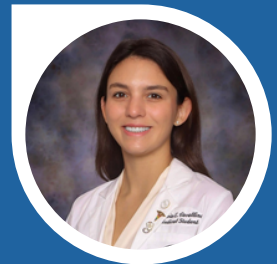


Dr. Praise Okunlola (Student Representative)

Dr. Praise Okunlola is a dental house officer at the General Hospital Odan, Marina, Lagos, and a graduate of the Faculty of Dentistry, University of Ibadan, Nigeria. Previously, he served as a student intern with the clinical group under the leadership of Dr. Natasha Hochberg. Dr. Okunlola's research expertise lies in infectious diseases and equitable healthcare. He is enthusiastic about being the Student/Trainee Representative and further contributing to the clinical group's endeavors.

Victoria Cavallino (Intern)

Victoria Cavallino is currently a medical student at the LSU Health Science Center School of Medicine - New Orleans. She earned her Master of Science in Public Health in Tropical Medicine from Tulane's University School of Public Health and Tropical Medicine. Victoria participated in the NIH funded Minority Health and Health Disparities Research Training Program during her master and focused on arboviruses and neglected tropical diseases. Following her MSPH she worked in Lima, Peru with a focus on Chagas and dengue. Prior to medical school she was a program coordinator for UCSF's Proctor Foundation which focuses on infectious and inflammatory eye disease. She currently serves as the President of LSU-NO's international health interest group and is a Health Policy Fellow, placed with the Louisiana Center for Health Equity.



Dr. David Adetula (Intern)

Dr. David Adetula is a dental surgeon, currently undergoing his housemanship training at the University of Nigeria Teaching Hospital, Ituku-Ozalla, in Enugu State, Nigeria. Before earning a Bachelor of Dental Surgery at the University of Ibadan, he obtained a Bachelor of Science (BSc., Botany) from the Obafemi Awolowo University. David's major career interests are in health policy and management, with the view to developing policy solutions to achieve equitable healthcare delivery and universal health coverage. He is a Co-founder and Executive Director of the Public Health Interest Group Africa, a continental-wide NGO focused on offering young African students and early career professionals with an interest in public and global health the platform for development and collaboration. David has robust op-ed writing and editorial experience, and he is also very interested in collaborative research efforts.

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 two webinars this year. The webinars will focus on the following themes:

Webinar 1

Vaccine Inequity and Hesitation

Webinar 2

The future of AI in Tropical Medicine

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 2025 essay competition. The competition is open to trainees, students, and non-trainee members of the Clinical Group.

Call for entry begins

Mid-April, 2025

Deadline for entry

May 5, 2025

Topics

- The Role of Cooperation in Combating Tropical Diseases
- Tropical Medicine in the 21st Century

Submission Guidelines

To be communicated soon



ACCTMTH's Spot On

Edited by Ralph Huits, MD, PhD
ACCTMTH Councilor

As a new, recurring feature in our Newsletter, we would like to share recent peer reviewed papers 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.

Tuberculosis (TB) remains one of the leading causes of death worldwide. The reduction in the TB incidence rate from 2015 to 2023 was 8.3%, far from the WHO End TB Strategy milestone of a 50% reduction by 2025. And this decline is stagnating: in 2023, 10.8 million new cases were reported, signifying an increase in TB incidence for the third year in a row and the number of TB deaths (i.e., among HIV-negative people) was 1.1 million (2024 WHO Global TB Report). There were an estimated 1.4 million incident cases of isoniazid-resistant TB in 2023, including people with both rifampicin-susceptible and rifampicin-resistant TB.

However, it's not all doom and gloom. Over the last decade, major changes in the treatment landscape for drug-susceptible (DS-) and drug-resistant (DR-)TB are promising affordable, patient-centred access to new treatment options for all people affected by TB. Among the most important advances are the arrival of new compounds, dose optimization of rifamycins and repurposing of other drugs, and the adoption of clinical practice guidelines for shorter treatment regimens for both DS-TB and DR-TB by the American Thoracic Society (ATS), the Infectious Diseases Society of America (IDSA), the European Respiratory Society (ERS) and clearance of these regimens by the U.S. Centers for Disease Control and Prevention (CDC).

In the issue of ACCTMTH's Newsletter, the Spot On is a review by Motta 2024 et al., that highlights the major changes and their potential impact on patient outcomes and TB management.



Papers Reviewed:

1. Motta, Ilaria; Boeree, Martin; Chesov, Dumitru; Dheda, Keertan; Günther, Gunar; Horsburgh, C Robert; Kherabi, Yousra; Lange, Christoph; Lienhardt, Christian; McIlleron, Helen M; Paton, Nicholas I; Stagg, Helen R; Thwaites, Guy; Udwadia, Zarir; Van Crevel, Reinout; Velásquez, Gustavo E; Wilkinson, Robert J; Guglielmetti, Lorenzo. Recent advances in the treatment of tuberculosis. *Clinical microbiology and infection*, 2024 Sep;30(9):1107-1114. doi: 10.1016/j.cmi.2023.07.013

Summary: Over the past 50 years, the global standard for treating DS-TB was a 6-month regimen of an 'intensive' phase (2 months of rifampicin, isoniazid, and pyrazinamide), followed by a 'continuation' phase (4 months of rifampicin and isoniazid). Non-inferiority of shorter 4-month regimens containing fluoroquinolones (moxifloxacin or gatifloxacin) compared with the standard 6-month regimen could not be demonstrated.

Strategies to shorten treatment of DS-TB include optimization of the pharmacokinetics of TB drugs, especially the rifamycins; rifampicin (well tolerated in doses up to 40 mg/kg/d that increase early bactericidal activity), rifabutin, and rifapentine (which has a half-life of 15 hours). A large phase III trial (Study 31/A5349) demonstrated that rifapentine-based regimen safely shortened therapy to 4 months. Clinical investigations of safety and efficacy of regimens that contain new drugs are in different trial phases. The SHINE trial showed that 16 weeks of standard first-line TB treatment was noninferior to 24 weeks of treatment in children with drug-susceptible, nonsevere, smear-negative tuberculosis. The TRUNCATE-TB trial met the 12% non-inferiority margin for a strategy of an initial 8-week combination of bedaquiline, linezolid, isoniazid, pyrazinamide, and ethambutol for the treatment of adults with mild or moderately severe pulmonary TB. While promising, 3 of 189 participants (2%) in the bedaquiline-, linezolid-containing arm extended regimen, 24 (13%) started a second treatment course, and 2 participants in the arm relapsed and acquired phenotypic drug resistance to bedaquiline (and clofazimine). For multi-drug-resistant (MDR)/ rifampicin resistant (RR-)TB, a phase III trial (STREAM) compared a 9-month injectable-containing regimen (4 months of kanamycin, isoniazid, prothionamide, and 9 months of moxifloxacin, clofazimine, ethambutol, and pyrazinamide) with a 9-month all-oral regimen where bedaquiline replaced kanamycin. Favourable treatment outcomes with the all-oral regimen were observed in 83%, vs. 71% with the injectable-containing regimen. A 6-month regimen with bedaquiline, linezolid, pretomanid (a new nitroimidazole), and moxifloxacin (BPaLM) was superior (89% favorable outcomes) to the standard of care (51%) for MDR/RR-TB (TB-PRACTECAL trial). Importantly, the new regimens studied in the STREAM and TB-PRACTECAL trials showed far better safety results (occurrence of grade 3/4 adverse events) than standard of care.

The review by Motta et al. summarizes the major changes in the treatment landscape for drug-susceptible and drug-resistant treatment TB. It provides insights in host-directed therapies, and advances in pharmacokinetics and pharmacogenomics, and it highlights ongoing therapeutic clinical trials and different approaches and goals in current TB clinical research.

2. Jussi J. Saukkonen, Raquel Duarte, Sonal S. Munsiff, Carla A. Winston, Manoj J. Mammen, Ibrahim Abubakar, Carlos Acuña-Villaorduña, Pennan M. Barry, Mayara L. Bastos, Wendy Carr, Hassan Chami, Lisa L. Chen, Terence Chorba, Charles L. Daley, Anthony J. Garcia-Prats, Kelly Holland, Ioannis Konstantinidis, Marc Lipman, Giovanni Battista Migliori, Farah M. Parvez, Adrienne E. Shapiro, Giovanni Sotgiu, Jeffrey R. Starke, Angela M. Starks, Sanket Thakore, Shu-Hua Wang, Jonathan M. Wortham and Payam Nahid. Updates on the Treatment of Drug-Susceptible and Drug-Resistant Tuberculosis: An Official ATS/CDC/ERS/IDSA Clinical Practice Guideline. *American Journal of Respiratory and Critical Care Medicine*, 2025 Jan.; 211 (1), p: i-P2

Summary: The recent clinical trial data for the treatment of DS-TB and DR-TB have led the ATS, IDSA, ERS and CDC to updated clinical practice guidelines for TB treatment in children and adults, in settings in which mycobacterial cultures, molecular and phenotypic drug susceptibility testing, and radiographic studies are available on a routine basis.

The new drug-susceptible TB recommendations include the use of novel 4-month regimens:

- For adults with pulmonary TB: 17 weeks of isoniazid (300 mg daily) AND rifapentine (1,200 mg daily) AND pyrazinamide (weight-based dosing daily for 8 weeks: 40 to <55 kg: 1,000 mg; ≥55–75 kg: 1,500 mg; >75 kg: 2,000 mg) AND moxifloxacin (400 mg daily for 17 weeks).
- For children with non-severe TB: 8 weeks of isoniazid (10–15 mg/kg) AND rifampin (10–20 mg/kg) AND pyrazinamide (35 (30–40) mg/kg) AND ethambutol (20 (15–25) mg/kg), followed by 8 weeks of (same dose) isoniazid AND rifampin.

Drug-resistant TB recommendation updates (for RR-TB) include the use of novel regimens containing bedaquiline (400 mg daily for 2 weeks, then 200 mg three times/week for subsequent 24 weeks), pretomanid (200 mg daily for 26 weeks), and linezolid (600 mg daily for 26 weeks) with or without moxifloxacin (400 mg daily for 26 weeks) depending on fluoroquinolone susceptibility.

How to contribute to Spot On?

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.

Please submit comments or entries to Ralph Huits (RHuits@geosentinel.org).





Announcements

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

This award recognizes excellence in clinically-oriented research presented by a student at the Annual Meeting. Applicants' research will be judged at the Annual Meeting and winners will be announced at the opening awards ceremony.

[Submit your application online.](#)

Deadline: April 21, 2025

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 low-middle income country who has demonstrated excellent clinical and teaching skills.

[Submit your application online.](#)

Deadline: April 21, 2025

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. Once the Call for Applicants has opened (anticipate April 2025), trainees can submit a clinical case abstract, curriculum vitae (CV), three high-yield take away points from the case and a letter of support from the clinical faculty advisor to the ACCTMTH student engagement sub-committee for review. Three abstracts will be selected and the three selected trainees will receive a travel award to attend the 2025 Annual Meeting from November 9-13, 2025 in Toronto, Ontario, Canada. Selected trainees will present their clinical case, in-person, at the ASTMH Trainee Clinical Case "Meet-the-Professors" Session during the 2025 Annual Meeting (date and time of the session to be determined). For questions regarding the Clinical Trainee Case presentation please contact Jill Weatherhead (weatherh@bcm.edu).

Thanks!

Jill



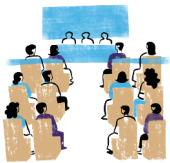


Clinical Group Trivia

By Victoria Cavallino (Clinical Group Intern)

Test your knowledge of ASTMH history with these questions (answers will be revealed in our next issue)

1. When were the symptoms of malaria first reported?
2. Who is the founder and first president of ASTMH?
3. What was ASTMH's first name?
4. Which female scientist became the first woman and first non-physician to be elected as an active member of the American Society of Tropical Medicine in 1908?



Upcoming Tropical Medicine Conferences

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

-  Congress of the European Society of Clinical Microbiology and Infectious Diseases
Vienna, Austria. April 11–15, 2025.
Details here: [ESCMID](#)
-  The 19th Conference of the International Society of Traveler Medicine
New Orleans, LA USA. May 11–15, 2025.
Details here: [CISTM19 – International Society of Travel Medicine](#)
-  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](#)

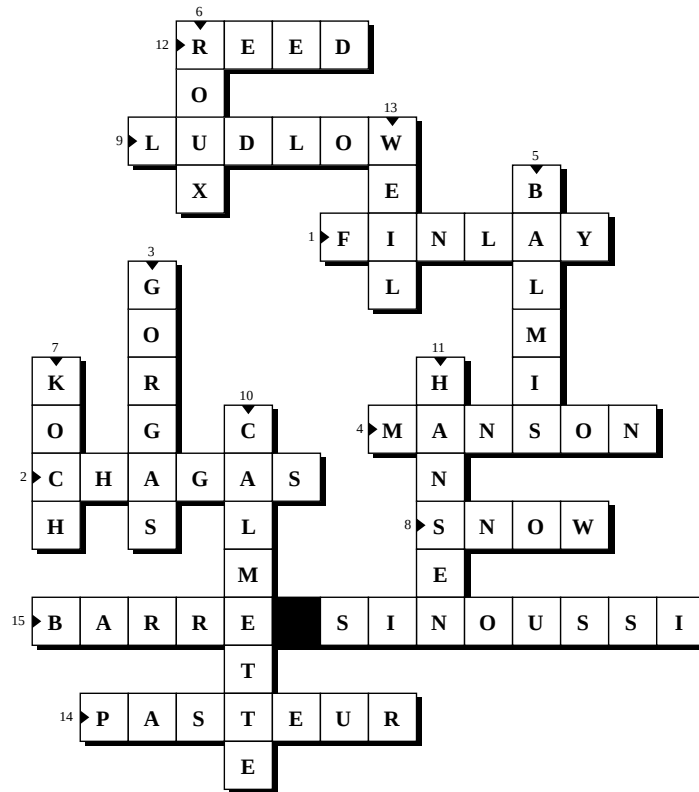


Clinical Group Crossword

By Charles Tiu (Former Clinical Group Intern)

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

Solution to October 2024's issue crossword puzzle



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

Clues

- Cuban physician that hypothesized that Yellow Fever is transmitted by mosquito.
- Brazilian physician and microbiologist. Discovered the disease caused by *Trpanosoma cruzi*.
- Former U.S. Surgeon General; known for successfully implementing mosquito control policies in the Panama Canal.
- Father of Tropical Medicine.
- Spanish physician that led a 19th century vaccination campaign against smallpox in the Americas and the Philippines.
- Developed the first rabies vaccine, together with #14.
- German physician; associated with tuberculosis.
- British physician that showed cholera is linked with drinking water from a pump.
- First woman member of the ASTMH. An entomologist.
- The “C” in BCG, as in the vaccine.
- Leprosy is also known as ___’s Disease.
- American Army physician. Confirmed #1’s theory.
- German physician who first described leptospirosis.
- Eponymous with a French international research institution.
- Co-discoverer of HIV (2 words)

