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Note from the President

Dear Clinical Group Members,

It's hard to believe Summer is upon us and the Annual Meeting is only five months away. Thanks to everyone who submitted a symposium or abstract; I think the content will again be really excellent this year. Once again we had an enormous slate of applicants for the Clinical Group travel award to support our Meet the Professor sessions. I wanted to congratulate Dr. Sanjib Sharma who is a Professor at Koirala Institute of Health Sciences in Nepal and will be our Meet the Professor Travel Awardee this year. Dr. Sharma is an expert in snake bite management and I think his session at the meeting will be amazing.

This year, for the first time, we will also be awarding three trainee travel awards. The selectees will be based on their clinical case submissions and the call for cases should be announced very soon. The three selected cases will be presented by the trainees at a Meet the Professor session at the meeting. In terms of other upcoming deadlines, don't forget to submit your packages for <u>Fellow of ASTMH</u> and the <u>Martin Wolfe Mentoring Award</u>, one of our groups highest recognitions.

Finally, I wanted to thank our STLG councilor Hendrik Sy, who along with Johanna Daily, Anna Rosanas-Urgell and Abdoulaye Djimde presented a fantastic webinar on malaria resistance last month. It had one of our highest attendance rates ever. If you missed it, a recording is available for you to read on the GOTropMEd website, another outstanding resource you can access as a Clinical Group member. There will be two more webinars coming before the Annual Meeting so keep an eye out for registration announcements in the near future.

Have a great summer and we'll see you in November!

Warm regards, Dr. Kyle Petersen President, ACCTMTH kyle.petersen@usuhs.edu

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

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Tips? Content ideas? Send them our way!

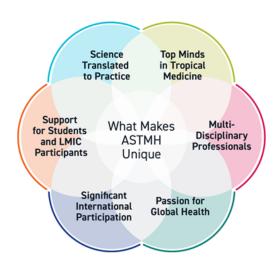
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Renew ASTMH Membership by June 30

Membership dues for the coming year are due **June 30**, **2024**. Continue as a member of the clinical community dedicated to reducing the worldwide burden of tropical infectious diseases and improving global health and receive society benefits such as:

- **Discounts** on Annual Meeting registration and *American Journal of Tropical Medicine and Hygiene* author fees
- Access to exclusive webinars and education through the ASTMH Global Online Tropical Medical Education (GOTropMEd) website
- **Networking** through ASTMH subgroups and social media
- **Supporting advocacy** for evidence-based policies that promote tropical medicine and global health



Registration open for CTropMed® Examination

Registration is now open for the Certificate of Knowledge in Clinical Tropical Medicine and Travelers' Health! This certificate assesses and recognizes individual excellence in training and knowledge in the fields of clinical tropical medicine and travelers' health.

Testing is offered **September 30 - October 20, 2024** at 1,400 testing center locations in 115 countries. Registration is \$635 for ASTMH members and \$785 for nonmembers. <u>Register today!</u>

Individuals are eligible to apply if they have taken an ASTMH-approved Diploma Course in tropical medicine prior to June 17, 2024 or demonstrate a minimum of five years of substantial, cumulative practice experience in the field of clinical tropical medicine following completion of residency training. All applicants must have at least two months of practical experience meaningful to clinical tropical medicine.



2024 Annual Meeting Dates and Registration

What: The 2024 Annual Meeting, with 150+ education programs, four plenary sessions, abstracts in 17 specialties, access to program slides and syllabi, and much more!

When: The meeting will be held November 13-17. Registration opens July 15 and remains open throughout the meeting. The deadline for the discounted early registration rate is September 23.

Where: Ernest N. Morial Convention Center, New Orleans, Louisiana

Who: You and your distinguished friends and colleagues in tropical medicine and global health!

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.

RESEA	RCH SUMMARY
Live, Attenuated, Tetravalent Butantan–Dengue Vaccine in Children and Adults	
CUNCEL PROBLEM Two retransfers, like, amenand dengue viras (DENY) succines are currently licensed in a selected constraints, hew- ever, a signi-dose vaccine that is indicated for a boost gar mage and prevents gainst all dore DENY serveyes, without regard to dengue sensutate, is needed.	DEVE SERVICES AND ADDRESS OF A SERVICES AND ADDRESS AN
CONCERTIBUL Design An ongoing phase 3, double-blind, randomized, platobe-controlled trial conducted in RoaZa assessed the efficacy and adaptive of a single-design, warmanated, intraviente vaccise candidate, Bauntan-Dengere Noccine Obsensto IPUA, See prevention of supportantia, virtualiz- ally confirmed denges in thirdare, adolescents, and adabts with or whitten previous denges requester.	Sendanatic, Weinglich Conferent Dergen 28 Days after injection
Intervention: 12.135 participants 2 in 99 years of age were assigned in a 2.1 ratio to receive a single door of fluxanes/Wor of patients is this propertied analysis at 2 years of father-up for a projected 5-year follow-up, the printury of points was the indicator of sympostatic, windogically confirmed denges 526 days after injection, regardless of previous exposure to denges.	Control Provide Provide <t< td=""></t<>
Efficacy During 2 years of follow-up, fewer symptomatic cases of visologically confirmed dengue occurred in the	Particle Particle Estimated incidence 0.17(000 persons) at 0.4 0.68(300 persons) at 0.4 (0.51, 0.01 - 0.5) (0.61, 0.01 - 0.5) (0.61, 0.01 - 0.5)
succine group than in the placebe group. Safety Within 21 days after injection, solicited systemic succine- or placebo-solarid adverse events — most often headache, farigae, or rash — occarred more frequently in the succine group.	Most Common Solicited Systemic Adverse Events 422 Days after Injection
No DENV3 or DENV4 cases occurred, which peedaded assessment of succine efficiency against these scorepes. No safety concerns were identifyed, casteful follow-op through the planned 5 years will be important so confirm this finding.	40- 10- 10- 10- 10- 10- 10- 10- 1
 The effect of presiding instances from other flavirus- es (22ks virus er yellow fever) on subsequent DENV in- fection or Batantan-DV succination requires exploration. 	CONCLUSIONS
 A low incidence of virelogically confirmed dengue per- cluded meaningful analyses of vaccine efficacy against severe dengue. 	In an ongoing phase 3 trial in Brazil, a single dose of Bitantan-DF prevented symptomatic DEW-1 and DEW-2 in children and adolts, regardless of dengue serostatas at baseline, through 2 years of follow-up.

Paper Reviewed: "Live, Attenuated, Tetravalent Butantan-Dengue Vaccine in Children and Adults", by Kallás et al (2024) published in the New England Journal of Medicine.

Summary: Esper Kallás et al. published the findings of first two years of an ongoing clinical trial to assess the efficacy of the live-attenuated tetravalent Butantan-Dengue Vaccine, which is analogous to the TV003 formulation developed by the National Institutes of Health. In this Phase 3 trial, which began in February 2016 and involves 16,235 participants in 13 states, the investigators showed that a single-dose Butantan-DV had high efficacy against virologically confirmed dengue serotype 1 (DENV-1) (89.5% [95%-confidence interval (CI), 78.7 to 95.0]) and DENV-2 (69.6% [95%-CI, 50.8 to 81.5]) in vaccine recipients aged 2 to 59 years. Butantan-DV prevented symptomatic dengue regardless of serostatus at baseline. The frequencies of serious adverse events within 21 days were 0.2% and 0.1% of vaccine and placebo recipients, respectively, and rash was reported by 22.5% and 4.2%. Nine and seven deaths occurred (none related to dengue). Important questions that remain to be answered are the duration of protection induced by the vaccine, and if the vaccine is efficacious against DENV-3 and DENV-4, serotypes that were not circulating during the follow-up period.

Context: Dengue is the most widespread arbovirus in tropical and subtropical regions, that is expanding into countries and territories with temperate climates where suitable vectors are present. Dengue poses a heavy burden on society, and dengue control remains a challenge for public health in many countries. There are no antivirals available to relieve infected individual's suffering. The first dengue vaccine (CYD-TDV, Dengvaxia®, Sanofi-Pasteur) is licensed in the United States and recommended for children aged 9 to 16 years who are living in dengue-endemic areas and have evidence of a previous dengue infection. This vaccine requires 3 doses 6 months apart. TAK-003 (Qdenga®, Takeda Vaccines) was approved by the European Commission regardless of serostatus and is administered in 2 doses 3 months apart. With dengue cases surging at unprecedented rates in many parts of the world, a single shot that reduces denguerelated mortality and hospitalizations and prevents virologically confirmed dengue could be a game-changer in dengue control efforts globally. The five-year follow-up period will be completed later this month, and presentation of the results is eagerly anticipated.

Related publications that may be of interest to readers

(a selection of papers presented as 'The Year in Travel Medicine' by Lin H. Chen at NECTM9 in Copenhagen on May 24, 2024)

1. Pierreux J, et al. Failure of artemether-lumefantrine therapy in travellers returning to Belgium with Plasmodium falciparum malaria: an observational case series with genomic analysis. J Travel Med. 2024 Apr 6;31(3):taad165. <u>doi: 10.1093/jtm/taad165.</u>

2. España-Cueto S, et al. Post-infectious irritable bowel syndrome following a diagnosis of traveller's diarrhoea: a comprehensive characterization of clinical and laboratory parameters. J Travel Med. 2023 Oct 31;30(6):taad030. <u>doi: 10.1093/jtm/taad030</u>.

3. Backer HD, et al. Wilderness Medical Society Clinical Practice Guidelines on Water Treatment for Wilderness, International Travel, and Austere Situations: 2024 Update. Wilderness Environ Med. 2024 Mar;35(1_suppl):45S-66S. doi: 10.1177/10806032231218722.

4. Worby CJ, et al. Gut microbiome perturbation, antibiotic resistance, and Escherichia coli strain dynamics associated with international travel: a metagenomic analysis. Lancet Microbe. 2023 Oct;4(10):e790-e799. doi: 10.1016/S2666-5247(23)00147-7.

5. Mathis AD, et al. Measles - United States, January 1, 2020-March 28, 2024. MMWR Morb Mortal Wkly Rep. 2024 Apr 11;73(14):295-300. <u>doi: 10.15585/mmwr.mm7314a1</u>.

6. Datoo MS, et al; R21/Matrix-M Phase 3 Trial Group. Safety and efficacy of malaria vaccine candidate R21/Matrix-M in African children: a multicentre, double-blind, randomised, phase 3 trial. Lancet. 2024 Feb 10;403(10426):533-544. doi: <u>10.1016/S0140-6736(23)02511-4</u>.

7. Ochomo EO, et al. Detection of Anopheles stephensi Mosquitoes by Molecular Surveillance, Kenya. Emerg Infect Dis. 2023 Dec;29(12):2498-2508. doi: <u>10.3201/eid2912.</u> <u>230637</u>

8. Whitehouse ER, et al. Human rabies despite post-exposure prophylaxis: a systematic review of fatal breakthrough infections after zoonotic exposures. Lancet Infect Dis. 2023 May;23(5):e167-e174. doi: 10.1016/S1473-3099(22)00641-7.

9. Juan-Giner A, et al. Immunogenicity and safety of fractional doses of 17D-213 yellow fever vaccine in children (YEFE): a randomised, double-blind, non-inferiority substudy of a phase 4 trial. Lancet Infect Dis. 2023 Aug;23(8):965-973. <u>doi: 10.1016/S1473-3099(23)00131-7</u>.

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).

Martin S. Wolfe Mentoring Award

A Society Award from the Clinical Group. Nominations close June 24, 2024.

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.

Past Award Recipients

2022 Michele Barry, Stanford University 2021 Latha Rajan, Tulane University 2020 Clinton White, University of Texas Medical Branch 2019 Elaine Jong, University of Washington School of Medicine

2024

Martin "Marty" S. Wolfe, MD, FACP, FASTMH 1935-2017

Read the guidelines here:



Erratum (June 13, 2024) - Rectified to include Dr Latha Rajan as a Martin S. Wolfe Mentoring Awardee. The Clinical Group apologizes for the omission of Dr Rajan in the list of awardees.

New and Upcoming The Clinical Group Case Competition

LOOK WHAT'S NEW! Introducing a Trainee Clinical Case Session at the 2024 ASTMH Annual Meeting in New Orleans, November 13-17, 2024. ACCTMTH will host a dedicated Trainee clinical case presentation during the Meet the Professors noon session.

ACCTMTH will solicit submissions for interesting clinical cases from trainees beginning in June/July 2024 (faculty support of the case via a letter of support will be required). The Clinical Group will review all submissions and select three trainees to present their clinical case at the Meet the Professor session during the Annual Meeting.

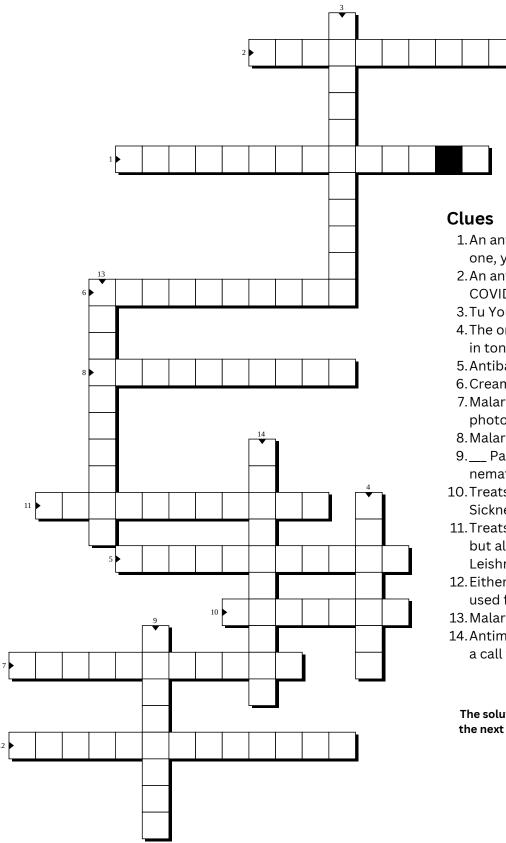
Format: Each selected trainee will present their clinical case as an "unknown" and a panel of clinical tropical medicine experts will discuss the presented case. Following discussion, the trainee will provide teaching points from their case. A travel award will be provided to all three selected trainees. Stay tuned for more information.

If you have any questions about the Trainee clinical case submission process please contact Jill Weatherhead at weatherh@bcm.edu.

2024

Clinical Group Crossword

By Charles Tiu (Clinical Group Intern) Reviewed by Dr Kyle Petersen, DO, FACP, FIDSA (Clinical Group President)



- 1. An antifungal: lots of side effects; for one, you ought to monitor renal function
- 2. An antiparasitic, was thought to help in COVID-19
- 3. Tu You You
- 4. The one that started it all, bitter flavoring in tonic water
- 5. Antibabesial macrolide
- 6. Cream formulation used to treat scabies
- 7. Malarial prophylaxis, can cause photosensitivity
- 8. Malarial prophylaxis, taken weekly
- 9. ___ Palmoate, blocks the ACh of nematodes
- 10. Treats 1st stage of African Sleeping Sickness, not FDA approved
- 11. Treats Pneumocystis Pneumonia (PCP), but also used in Babesiosis, Leishmaniasis and others
- 12. Either this or Vancomycin in C. diff, also used for giardiasis and amoebiasis
- 13. Malaria drug, for hypnozoites
- 14. Antimony, treats leishmaniasis, requires a call to the CDC

The solution to this Crossword Puzzle will be in the next issue of the Clinical Group Newsletter.

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