Few updates from the travel clinic front:

WHO disease outbreaks news:

- <u>Ebola virus</u> disease Democratic Republic of the Congo: As of 17 December, a total of 3351 EVD cases were reported, including 3233 confirmed and 118 probable cases, of which 2217 cases died (overall case fatality ratio 66%)
- <u>Middle East</u> respiratory syndrome coronavirus (MERS-CoV) Saudi Arabia. From 1 through 30 November 2019, the National IHR Focal Point of Saudi Arabia reported 10 additional cases of Middle East respiratory syndrome (MERS-CoV) infection and one associated deaths.
- Yellow Fever Nigeria. From 1 January through 10 December 2019, a total of 4,189 suspected yellow fever cases were reported from 604 of 774 Local Government Area (LGAs) across all the 36 states and the Federal Capital Territory in Nigeria. Of the total 3,547 samples taken, 207 tested positive for yellow fever by Immunoglobulin M (IgM) in Nigerian network laboratories.
- Measles Samoa. From 1 January through 4 December 2019, a total of 4,217 confirmed and suspected cases including 62 measles associated deaths have been reported, with the majority of cases reported among children under 5 years of age.
- <u>Dengue Fever</u> Afghanistan. Between 1 October to 4 December 2019, 14 out of the 40 samples tested positive for dengue fever by the CPHL (13 by polymerase chain reaction (PCR) and one by Immunoglobulin M (IgM)). Of the 14 confirmed cases of dengue fever, seven were presumably autochthonous as the persons had no travel history to dengue endemic countries.

NEWS and UPDATES:

- <u>Tafenoquine</u> (Arakoda, 100 mg tablets) can be used for chemoprophylaxis for all species of malaria. 200 mg daily for the 3 days preceding the trip, 200 mg weekly during the trip, and a single 200 mg dose during the week after returning. Must Check G6PD. Available at IDGP
- Some worrisome findings that <u>yellow fever</u> immunity may not last or protect in children. Rapid
 waning of immunity during the early years after vaccination of 9-month-old infants argues for a
 revision of the single-dose recommendation for this target population in endemic countries. The
 short duration of immunity in many vaccinees suggests that booster vaccination is necessary to
 meet the 80% population immunity threshold for prevention of yellow fever outbreaks.
- Chagas Disease in the United States: A Public Health Approach
- In this double-blind, placebo-controlled trial, a tetravalent dengue vaccine was evaluated in 20,071 children. The vaccine was found to be 80% effective in preventing dengue infection. https://nej.md/2POanZr
- Eastern Equine Encephalitis Virus Another Emergent Arbovirus in the United States
- Yellow fever reemerged in Venezuela https://promedmail.org/post/6783261
- Incubation periods of enteric illnesses in foodborne outbreaks, United States, 1998–2013
- Global Eradication of <u>Dracunculiasis</u>: the number of cases increased to 25 cases in 3 countries (Angola, Cameroon, and Chad). Existence of infected dogs and impeded access because of civil unrest and insecurity are now the greatest challenges
- <u>Congenital Chagas</u> disease: Updated recommendations for prevention, diagnosis, treatment, and follow-up of newborns and siblings, girls, women of childbearing age, and pregnant women

- Oral <u>Amphotericin B</u> Formulation Gets Orphan Drug Status for Cryptococcosis. Ongoing phase I clinical trial. First research participant completed 1000 mg daily dose (in 4 divided doses) without side effects.
- CDC travel notice: <u>Dengue</u> in Spain and France
- Check this awesome Interactive dynamic <u>malaria maps</u>. Great tools for epi and travel medicine information
- Emerging parasitic disease <u>Crithidia</u> mimics the symptoms of visceral leishmaniasis in people
- Yellow fever vaccination for immunocompromised travelers: unjustified vaccination hesitancy?
 Check this report with successful control YF administration in two immunocompromised patients

CLINIC ACTIVITIES:

- Great news! Carlos efforts have secured a second philanthropic gift for the fellowship and tropical medicine programs through the campus office of advancement.
- We evaluated a patient with possible malaria and Dengue co-infection in clinic. His malaria smears were negative, but the rapid test was positive. He responded quickly to treatment.
- Check the updated travel clinic template developed by Brian during the Spring EPIC week
- Please check the recent emails on Yellow fever administration and required consent forms

RESEARCH:

- Can Chagas cardiomyopathy cause left ventricular pseudoaneurysm? Yes, it can! https://www.amjmed.com/article/S0002-9343(19)30943-X/fulltext
- Greg published this very interesting report of steroid responsive IRIS in SOT related cryptococcal meningitis. https://www.ncbi.nlm.nih.gov/pubmed/31737740
- John presented an interesting poster of "Multidisciplinary management of hepatobiliary ascariasis causing hepatic abscess, cholangitis, and septic shock" at the ASTMH meeting in DC. https://www.abstractsonline.com/pp8/#!/7935/presentation/6135
- David a Colombian medical student leaded this clinical case series: Anaerobic Bacteremias in Left Ventricular Assist Devices and Advanced Heart Failure. https://www.hindawi.com/journals/criid/2019/7571606/
- Swati, another rotating student from Nepal published in *Emerging Infectious Disease Journal* this fascinating case of Hantavirus renal disease in Colorado. Schedule to be published in February. https://wwwnc.cdc.gov/eid/early-release
- We are excited and honor to share that we participated in the next Manson's Tropical Diseases
 24 edition with Chapter 53 (American Trypanosomiasis: Chagas Disease)
- Please stay tuned on the upcoming outstanding correspondence by Carlos in Lancet ID:
 "Vaccination strategies to prevent vaccine-derived poliovirus type 2 paralytic polio"
- We have some exciting tropical medicine projects going. Please keep in touch if you would like to participate:
 - 1. Chagas latency systematic review led by Sindhu. We found a pooled annual rate estimate of cardiomyopathy in chronic indeterminate Chagas patients of 1.9% per year (95% CI: 1.2 2.9%, 12=98.0%, $\tau 2$ (In scale) = 1.0167); and of 4.6% (95% CI: 2.7 7.9%, 12=86.6%, $\tau 2$ (In

- scale) = 0.4946) per year in acute chagasic patients. Great implications for treatment of asymptomatic patients living with Chagas disease. We are getting ready for submission.
- Yellow fever vaccine population description led by Mehdi and Kim. We currently have collected data for 200 individuals out of close to 1,000. There are only about 3-4 data points. The rest of the data will be automatically collected. You would need EPIC access.
- 3. Cryptococcus risk in Diabetes Mellitus in our cohort— led by Solana. We completed data collection. We are doing data analysis.
- 4. Pneumocystis pneumonia among HIV negative individuals led by William, Louis, and Eric. We completed data collection. We are doing data analysis.

COLOMBIA INFECTIOUS DISEASE ACADEMIC ACTIVITIES:

- During ASTMH and recently through a formal meeting, we are planning to expand our collaboration of activities in Colombia with Baylor College of Medicine and <u>Baylor Colombia</u> <u>foundation</u>, especially in the Sierra Nevada de Santa Marta and La Guajira
- Colombia Infectious Disease Conference took place in Cartagena, August 21-24, 2019. Carlos, Esther, Maheen and I actively participated in the Conference.
- We are formalizing our proposal to launch and congenital Chagas translational research project in Sierra Nevada de Santa Marta, Colombia

For those with a Twitter account, I regularly post travel papers updates. Happy to follow each other. Twitter: @andhen25

Thanks to all of you for your ongoing dedication to our Travel medicine clinic.

Best regards and happy holidays,

Andrés and Carlos