**XVIII International Congress for Tropical Medicine and Malaria and XLVIII Congress of the Brazilian Society of Tropical Medicine, 23-27 September 2012 – Rio de Janeiro, Brazil**

**A personal account**

After Cartagena (Colombia, 2000), Marseille (France, 2005) and Jeju (South Korea, 2008), the congress was back again on the South-American continent. The theme of the congress was Neglected Tropical Diseases.

It is not unexpected for a congress like this to be biased in terms of diseases covered and selection of speakers from the region; this time clearly Chagas’ disease received extensive attention. Well, so be it; after all it was not long after the celebration of 100 years of Chagas’ disease in South America and the disease is still rampant in many parts of the continent. There is now a Chagas’ platform and this was launched one day prior to the meeting. While it was impressive to see the quantity and the quality of on-going research, in several presentations no data were given as this was planned for during the “formal” session at the Congress. Clearly, this self-restriction did not contribute to the quality and impact.

The beauty of a conference like this is that it has the potential of covering the whole field of tropical medicine and that most experts will be there. It can therefore be an excellent forum for broad orientation and education. I always go to sessions about conditions that one is not normally involved in; I looked in vain for my favorite session on *Opisthorchis viverrini* and *Clonorchis sinensis*; these pathogens usually receive little attention due to their limited geography; however these sessions are always exotic, presented by very good and experienced clinicians and they show beautiful pictures. Other classic conditions that received relatively little attention in the program this time included hydatid disease, onchocerciasis, ankylostomiasis, strongyloidiasis, typhoid fever, emerging infections, melioidosis and several others. There were some individual presentations on various diseases but often apparently not enough to warrant a separate session; these presentations were grouped together with other sometimes distantly related topics which did not contribute to getting a good overview of what is new in that field.

There was no session on education or career prospects in tropical medicine; clearly a missed opportunity as many young doctors were present and definitely there is a need for this. On the same note state-of-the art lectures are invariably well received not only by the younger group of attendants; unfortunately these were not included. During the 5th European Conference on Tropical Medicine and International Health in Amsterdam (2007) we included several “where are we?” sessions and lectures by keynote speakers who gave an overview and these sessions as far as I know were well appreciated.

On the other hand unexpected gems were some of the clinical sessions such as the superb lecture by Prof Rubens Belfort on the spectrum of infectious and parasitic ophthalmic diseases in tropical areas. There were some very stimulating and interesting sessions such as the “Major Conference” on “Paleoparasitology: human evolution, the origin and dispersion of parasitic diseases” and the Satellite conference on “The microbe-made man. How the Tropics are shaping human beings”.

It was somewhat ironic to see that most important “neo” tropical medical condition, HIV/AIDS, was thoroughly neglected. This gives the wrong impression as HIV/ AIDS is the most common condition in many parts of the tropics. It has replaced classical tropical diseases in many areas. It demonstrates that HIV /AIDS has poorly matured and integrated in the tropical medicine scientific community or among the organizers for that matter. Scientists and health workers in HIV /AIDS in the tropics probably favour the major HIV/AIDS conferences that mainly focus on resource-rich countries or the dedicated regional HIV /AIDS conferences e.g. the one for Africa. The same may be true for Travel Medicine. This raises the point whether a conference like this can survive or that the field has expanded so much that more focus is needed. I am definitely in favour of conferences that cover the whole field of tropical medicine (this international one and the European Conference on Tropical Medicine and International health [ECTMIH]) but then indeed all major conditions should be covered and been given appropriate weight. The Annual Conference of the American Society of Tropical Medicine and Hygiene is also excellent in this respect.

The bias mentioned in the first paragraph was also reflected in the list of speakers and attendees. There were very few Africans and Asians; here the cost of travel is probably the main reason. From the Netherlands there were only 4 presentations (LUMC and MSF); the number of attendees from the Netherlands was perhaps twice that number; very disappointing! Also the Netherlands Society for Tropical Medicine and International Health apparently did not take the congress seriously by planning its annual symposium in Amsterdam during the week of the congress (!). There were no contributions from the Universities of Amsterdam, Rotterdam or Nijmegen that have the most potential to contribute. While I accept that there is a choice of conferences to attend, this forum seems almost compulsory for those working in the field of tropical medicine, in particular MSc and PhD students and junior doctors. Unlike for the Africans or the Asians, the distance of travel and cost cannot be an excuse.

Does this reflect the state of Tropical Medicine research in the Netherlands?

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