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Lynn Meurs, Department of Biomedical Sciences, Institute of Tropical Medicine, Antwerp

With more than 1500 oral and poster presentations, the ASTMH meeting is big. To me, Peter Piot's presentation was the most inspirational of all. He explained the history behind current HIV and malaria control strategies which formed the basis of the current concept of 'Global Health'. Subsequent presenters kept referring back to Peter's slides. I particularly liked his idea of a the next version of 'Global Health', one which addresses broader health issues with a more multi-disciplinary approach, with PIs from the whole world instead of the US and Europe, circular migration of researchers instead of brain drain, and 'centers of excellence' instead of 'study sites'.

My main aim for this ASTMH meeting was to present our paper entitled "Micro-geographical heterogeneity in *Schistosoma mansoni* and *Schistosoma haematobium* infection and morbidity in a co-endemic community in Northern Senegal" (L. Meurs, M. Mbow, N. Boon, F. van den Broeck, K. Vereecken, T.N. Dièye, E. Abatih, T. Huyse, S. Mboup, K. Polman. PLoS Neg Trop Dis. In Press). This work is part of my PhD thesis on the epidemiological, micro-geographical and immunological patterns of *S. mansoni* and *S. haematobium* infection and morbidity, which I am currently finalizing. I had presented the same micro-geographical analyses at the meeting of the Belgian and Dutch societies of parasitology of 2012, and on the first day of this ASTMH meeting, it was accepted for publication (finally!). The presentation went relatively well. The only feedback I received was from chairman Charles King, who emphasized that it was indeed important to investigate spatial patterns of infection with both species and morbidity.

Once the stress of the presentation was gone, I could enjoy more the rest of the meeting. There were parallel symposia and scientific sessions on a broad variety of topics. I mainly attended presentations on schistosomiasis, control and elimination of neglected tropical diseases (NTDs), water, sanitation and hygiene (WASH), immuno-parasitology, all plenary sessions and some of the malaria sessions. I learnt many different things. For instance, many helminths have bacterial infections themselves. Helminths can alter bacterial microbiomes of their host whereas some of them promote bacterial infection of the host by disrupting intestinal barriers, while others restore these barriers and appear to reduce inflammatory bowel disease. I also learnt that we actually do not know why people get sick globally, and what they die from (because it is just not recorded), and that small children in developing countries generally do not use latrines because they are afraid of the dark, they are physically too small, or because their parents do not allow them to use them.

Finally, I was happy to meet some of my fellow junior researchers I had never met in person, and to catch up with former colleagues. I also briefly met with some of the senior researchers that were sometimes really difficult to get hold of. All in all, the meeting was very interesting and encouraging.