<table>
<thead>
<tr>
<th>External Industry Relationships</th>
<th>Company Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity, stock, or options in biomedical industry companies or publishers</td>
<td>None</td>
</tr>
<tr>
<td>Board of Directors or officer</td>
<td>None</td>
</tr>
<tr>
<td>Royalties from Emory or from external entity</td>
<td>None</td>
</tr>
<tr>
<td>Industry funds to Emory for my research</td>
<td>Celltaxys</td>
</tr>
<tr>
<td>Other</td>
<td>None</td>
</tr>
</tbody>
</table>
Objectives

• Define global health and advocate for participation by dermatologists

• Dispel ‘common’ myths about STEGHs:
  – Mere charity
  – All or none
  – Expert in tropical medicine
  – Danger

• Review tropical diseases and great organizations
The Global Burden of Skin Disease in 2010

- YLD – Skin disease 3rd
- Top 10: Acne and fungal disease
- Top 50: Pruritus, impetigo, eczema, scabies, molluscum

What is “Global Health” and why should we participate?

• “Achieving equity in health for all people worldwide”

• Social justice:
  – Fair access to resources and responsibility for burdens
  – Cosmopolitan social justice:
    • National boundaries not relevant (global responsibility)

• Other reasons for practicing global healthcare:
  – Professional duty
  – Health utility
  – Religious mandate to care for the poor

Beauchamp T, Childress J. *Principles of Biomedical Ethics*. 2009
O’neil E. *Virtual Mentor* 2006
Myth #1: “The Myth of Mere Charity”
Global health work has to be purely altruistic

Educational Effects of International Health Electives on US and Canadian Medical Students and Residents: A literature review

- Greater commitment to underserved
- Improved clinical skills
- Enhanced knowledge of tropical diseases
- Better awareness of socio-cultural context and cost of care
Guiding Principles for STEGHs

• Statement of purpose
• Partnership
• Fair site selection and resource distribution
• Social value
• Bi-directionality
• Long-term capacity building
• Within local system and volunteer competency
• Outcomes review

DeCamp M HEC Forum 2011
Melby M et al. Acad Med 2015
Ethical Obligations Regarding STEGHs: ACP Position Paper

- Improve health and well being locally
- Partner w/ local leaders – minimize burdens, prepare for limited resources
- Be sensitive to and respectful of cultural differences
- Prepare before departure – logistical and ethical challenges
- Participate with organizations that operate c/w these positions

DeCamp M et al. Ann Internal Med 2018
Which of the following is the most likely diagnosis?

A. Filiriasis
B. Podoconiosis
C. Congestive heart failure
D. Post-operative lymphedema
Podoconiosis
endemic non-filarial elephantiasis

• Clinical presentation:
  - *Ascending* and commonly *bilateral* (vs. filariasis) lymphedema
  - Early symptoms - itching of the skin of the forefoot; burning sensation in feet and lower legs
  - Acute adenolymphangitic episodes

• Epidemiology:
  - 1\textsuperscript{st} – 2\textsuperscript{nd} decade onset
  - Farmers, poor – prolonged contact with soil
  - *High altitudes* (vs. filariasis – low altitudes)
  - 1 million affected in Ethiopia
  - Economic impact - $200 mil
  - WHO 2011 – Listed as neglected tropical disease

Deribe K *et al.* WHO 2015
Podoconiosis
endemic non-filarial elephantiasis

• Pathophysiology:
  – Inflammatory reaction to particulate matter in red clay soils derived from volcanic ash
  – Genetic predisposition – 5-10% of at risk patients develop disease

• Diagnosis:
  – Based on location, history, clinical findings and absence of microfilaria or antigen on immunological testing

Deribe K et al. WHO 2015
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Heroes you may know

• Neil Prose, MD
• Carrie Kovarik, MD, MPH
• Scott Norton, MD, MPH
• Toby Maurer, MD
• Ester Freeman, MD, PhD
• Nancy Kelly, MHS
• Aileen Chang, MD
• Many others!
Myth #2: You have to be a hero (devote your career to global health)

• Global health is *not* an all or none endeavor

• Most assignments 1-4 weeks

• May not need to travel at all!
Chromoblastomycosis

• Most commonly caused by *Fonsecaea*, *Cladosporium*, and *Phialophora*
  – Found in soil and decaying vegetation - dematiaceous

• Verrucous plaques on lower legs; endemic areas
  – Direct inoculation

• Medlar/sclerotic bodies
  – Culture
  – Distinct from phaeohyphomycosis which has pigmented hyphae

• First-Line Tx: Itraconazole 200-400mg daily for 6-12 months

• Adjuvant treatment for isolated lesions:
  – Surgery for isolated lesions
  – Cryotherapy
  – Thermotherapy

How to Obtain an IDPB Consult (Free Service for U.S. and Non-U.S. Physicians)

1. To obtain prior consultation, e-mail pathology@cdc.gov and include Name, Affiliation, Contact Information, Brief Clinical Information, Specimen Type and Relevant Digital Images (if available).

2. IDPB Web Address: http://www.cdc.gov/ncezid/dhcpp/idpb/specimen-submission/index.html

3. Phone: (404) 639-3133

4. Other services include IHC, pcr, tissue cultures, molecular
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Giant Molluscum Contagiosum
Myth #3 – Global partners only want to learn about tropical diseases

- Gen Derm
- Surgery
- Dermpath
- Peds
- Cosmetics
NYANGABGWE HOSPITAL DEMATOLOGY
General Dermatology

Date: 15/7/11
Time: 8:00 AM
Venue: CAFETERIA
Topic: Skin Diseases Commonly Affecting Africans
Presenter: Dr. Stoff

Date: 22/7/11
Time: 8:00 AM
Venue: CAFETERIA
Topic: Skin Signs of Systematic Diseases
Presenter: Dr. Stoff
Dermpath

Streicher J et al. JAAD 2016
Objectives

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  – Danger

• Review tropical diseases and great organizations
Health Volunteers Overseas sites

- Phnom Penh, Cambodia
  - Family friendly

- San Jose, Costa Rica
  - Family friendly

- Mbarara, Uganda
  - Residents eligible

- Hue, Vietnam
  - Residents eligible
  - Family friendly

- Kathmandu, Nepal
  - Family friendly
Potpourri of Global Health
Tropical Infection Cases
Same diagnosis
Cutaneous Leishmaniasis
Tx: 28 days of IM meglumine antimonate
Lupus Vulgaris – Cutaneous TB
Verruga Peruana – SA Bartonellosis
Leprosy

Courtesy of Seema Kini, MD
Myths

1. Global health work is merely charity
2. You have to be a hero, devote your entire career
3. Partners only want to learn about tropical derm
4. These places are too dangerous
Great Organizations

• Gloderm: https://gloderm.org/
• AAD
  – RIG
  – NAHS
• HVO
• Blade and Light
• Many others!
Where to Start?

Interested in global health? Here is where to start: a checklist for United States dermatology residents.

McMichael J^1, Norton SA^2, Stoff BK^1,3.

• Gloderm pre-AAD Meeting: Thursday AM, March 19
• Volunteer Abroad: Beginner Forum: Friday, March 20, 9-11am
Questions?? bstoff@emory.edu