



THE AUSTRALASIAN COLLEGE
OF TROPICAL MEDICINE

2025-26

ANNUAL REPORTS

CONTENTS

ACTM 2025-26 Leadership	2
President’s Report	3
Honorary Treasurer’s Report	5
Committee Reports	
• Continuing Professional Development	6
• Director of Communications	7
• Publications	8
• Research	9
• Scientific Program Committee	10
2025-26 Financial Statements	13
Representation Letter	23

LEADERSHIP

Executive Management Committee

Prof Richard Franklin, President

Prof Julian White, President Elect

Dr Sarah McGuinness, Vice President

Dr Sarah Chu, Honorary Treasurer

Dr Luis Furuya Kanamori, Honorary Secretary

Dr Jennifer Sisson, Dean of the Faculty of Medicine

Advisory Council

Prof Richard Bradbury

Dr Leonard Brennan

Ms Caroline Nash

Dr Stacey Ler

Dr Stephen Muhi

Prof Julian White

PRESIDENT'S REPORT

The past year has again demonstrated the need for strong tropical and travel medicine, with multiple outbreaks across the globe including Ebola, hantavirus, Nipah virus, Marburg virus and avian influenza, as well as the resurgence of diseases such as measles, Mpox and yellow fever. All at a time when the world is experiencing increasing population mobility, climate-related health challenges, emerging infectious diseases, humanitarian crises, and geopolitical instability, the work of the Australasian College of Tropical Medicine (ACTM) has never been more relevant.

A highlight of 2026 will be the successful delivery of the 9th Southern Cross Australasian Travel and Tropical Medicine Conference in Brisbane. It will be the largest turnout we have had for the conference, despite an unexpected and significant challenge when our original venue became unavailable three weeks before the event. A big thank you to Hayley for navigating us through the challenge, and to the organising committee, sponsors, speakers, and delegates who responded with remarkable flexibility and professionalism. The transition to the Brisbane Convention and Exhibition Centre ultimately provides an even stronger platform for the conference. The scientific programme is looking fantastic and builds on the successful conference in Melbourne. I look forward to catching up with everyone at the conference and the networking event on Friday night. The conference theme, *Global Connections: Strengthening Partnerships in Travel and Tropical Medicine*, proved particularly timely in an increasingly interconnected world. The success of the meeting is a testament to the dedication of our volunteers, members, sponsors, and organising teams. I especially want to thank Dr Stephen Muhi for his work as the Scientific Chair for bringing all the pieces together.

The College also devoted considerable effort during the year to planning the forthcoming Amazonas Expedition, led by Professor Marc Shaw and faculty colleagues. This unique initiative combines expedition medicine, tropical ecology, leadership, survival skills, and experiential learning in one of the world's most biodiverse regions. The expedition reflects ACTM's commitment to innovative professional development and provides an opportunity for participants to gain first-hand experience in environments that have shaped tropical medicine for centuries.

Globally, the environments in which tropical and travel medicine operate continue to evolve rapidly. Climate change is altering the distribution of vectors, extending transmission seasons for infectious diseases, and increasing the frequency and intensity of extreme weather events. Simultaneously, outbreaks of infectious diseases continue to challenge public health systems around the world. The emergence and re-emergence of zoonotic diseases, including avian influenza, reinforce the importance of surveillance, preparedness, and a One Health approach that recognises the interconnectedness of human, animal, and environmental health.

Throughout the year, the College delivered webinars, contributed to consultations on public health and regulatory matters, supported research initiatives, strengthened partnerships with national and international organisations, and continued to promote excellence in tropical and travel medicine.

I also want to take this opportunity to thank Dr Jennifer Sisson and Dr Sarah McGuinness for their hard work and dedication to the ACTM board, who are both stepping down at the completion of their terms. It has been a privilege to work with both colleagues as ACTM has continued to strengthen its governance, expand its activities, and grow its impact.

A big welcome to all our new members and fellows, it is fantastic that you have joined us and I hope you will get involved in helping to deliver conferences and webinars, develop guidelines, and be part of the ACTM community.

Human mobility remains a defining feature of the modern world, with 1.52 billion international tourist arrivals recorded globally in 2025, exceeding pre-pandemic levels and illustrating the scale at which people continue to move across borders. These movements create enormous social, economic, educational, and cultural opportunities, but also increase the complexity of disease prevention, outbreak management, and travel health practice. International travellers, migrant communities, humanitarian workers, and displaced populations all require evidence-informed health services and public health support. At the same time, the world continues to experience unprecedented levels of displacement caused by conflict, instability, and environmental pressures. The United Nations High Commissioner for Refugees reported that at the end of 2025 there were approximately 118 million forcibly displaced people worldwide, including refugees, asylum seekers, and internally displaced persons. Conflicts in regions such as the Middle East, Ukraine, Sudan, and elsewhere have profound humanitarian consequences and place additional demands on health systems, border health services, and humanitarian responses. These circumstances further highlight the importance of strong international collaboration and the expertise provided by tropical medicine and travel health professionals.

Against this background, ACTM continues to play an important role in supporting education, research, advocacy, and professional development. I would like to acknowledge the dedication of our Council, Executive Board, committees, faculty leaders, secretariat, volunteers, presenters, reviewers, sponsors, and members. Through your collective efforts, ACTM continues to grow its influence and impact across Australasia and beyond.

As we look ahead, ACTM is well positioned to continue shaping the future of tropical and travel medicine through education, research, advocacy, and international collaboration. In an increasingly interconnected world, our expertise, networks, and commitment to excellence will remain essential in addressing emerging health challenges and advancing the health and wellbeing of communities across Australasia and globally.

Yours sincerely,

A handwritten signature in black ink, reading "Richard Franklin". The signature is fluid and cursive, with the first name "Richard" and last name "Franklin" clearly distinguishable.

Professor Richard Franklin, PhD, FACTM

President

Australasian College of Tropical Medicine

HONORARY TREASURER'S REPORT

The following should be read in conjunction with the Balance Sheet and Profit and Loss statements and the ACTM Audited Financial Statements for the Period Ended 30 June 2026.

Introduction

- The financial statements for Jun 2026 were made available on 23rd Jul 2026.
- These figures represent the financial situation as at end Jun 2026 for the 2025-2026 financial year (Jul 2025-Jun 2026).

Balance Sheet

- The College at the end of Jun 2026 has total equity of \$440,311.50.
 - Total assets of \$620,908.58
 - Total liabilities of \$180,597.08.
- As of the end Jun 2026 the ACTM Business account has \$276,749.22.
- As of the end Jun 2026 the THAG everyday account has \$5,964.62.
- As of the end Jun 2026 the ACTM conference account has a balance of \$53,126.65.
- As of the end Jun 2026 the Travel Med Guidelines Account has \$7,285.72.
- \$127,022.73 Conference Cash funds is currently invested in term deposits.
- \$25,000 THAG Cash is currently invested in term deposits.

Profit and Loss

- ACTM Income to date for the financial year for the ACTM at the End of Jun 2026 was \$346,509.12.
- ACTM Total expenses for the financial year 2025/26 to end of Jun 2026 is \$307,803.17.
- THAG income was \$674.25 for the financial year to date.
 - THAG expenses were \$4,371.82 for the financial year to date.
- Overall Net profit (loss) for the Financial year to end Jun 2026 is \$35,008.38 profit (ACTM: **\$38,705.95; THAG: (\$3,697.57)**)

Sarah Chu. ACTM Hon. Treasurer

CONTINUING PROFESSIONAL DEVELOPMENT COMMITTEE REPORT

Greetings ALL

I complete this report for this year – as I suspect the next meeting will be in Brisbane.

We have had two presenters during the months of this year for our CPD programme, and both have been well attended:

1. **Dr Miriam Alvarez-Martinez presenting on Chagas Disease in Non-Endemic Countries webinar** - *over 200 registered for this*
2. **Dr Steve Muhi, Dr Sarah Chu, and Dr Frances Daily all presented on HOME-BASE MANAGEMENT OF ACUTE DENGUE INFECTION IN AUSTRALIA: WHAT IS THE EVIDENCE AND WHAT ARE THE CHALLENGES?**

I am planning another session in October for those interested in Humanitarian work with either YWAM or the Mercy ships of Africa. I plan to target our Nurse Colleagues for this.

In addition to these sessions, I have been planning an expedition to the Amazonas Region of Brazil – this will accomplish **ACTM's primary aims for the Faculty of Expedition Medicine** in that we will have **undertaken a conference in Wilderness and Expedition Medicine** and we will also have **practically organised an Expedition** into a remote and beautiful part of the world.

I am delighted that CPD is going so well and that the numbers have been high for those interested in attending.

It may well be that you would wish to have a new person organising the CPD sessions next year. I would understand this – new energy etc etc. If not, then I would be happy to continue.

Yours sincerely

Marc Shaw DrPH, FRNZCGP, FRGS, FISTM, FACTM, FFTM (ACTM), FFTM RCPS (Glas), DipTravMed
Continuing Professional Education

Professor, College of Public Health, Medical and Veterinary Sciences, James Cook University, Australia

Consultant in Geographic & Expedition Medicine

Medical Director - WORLDWISE Geographic Medicine, New Zealand

'New Zealand's Leading Authority on Global and Travel Health'

Email: marc.shaw@worldwise.co.nz

DIRECTOR OF COMMUNICATIONS REPORT

Over the past 12 months, the College has continued to strengthen its digital presence, with communications now focused primarily on **LinkedIn and Facebook**. LinkedIn remains our strongest professional platform, while Facebook provides access to a larger but less actively engaged audience.

Performance Overview

- **LinkedIn** continues to perform strongly, with followers increasing from **329 to 473 (44%)**. Over the year, College content generated **22,254 impressions, 567 reactions, 11 comments and 11 reposts**. Impressions increased by approximately **59%** compared with the previous year.
- **Facebook** now has approximately **800 followers** and generated **9,700 content views and 818 page visits** during 2025–26. Page visits increased by **7.2%**, although content interactions decreased, highlighting the ongoing challenge of converting reach into engagement.

Content and Priorities

Content throughout the year has promoted College activities, events and educational opportunities, as well as highlighting the expertise and achievements of College members. LinkedIn has been particularly effective in connecting the College with the broader tropical medicine, travel medicine and global health communities.

Priorities for 2026–27 are to:

1. Continue growing the College's LinkedIn presence.
2. Improve engagement with Facebook followers.
3. Increase member-generated content and promotion of member achievements.
4. Maintain appropriate College ownership and administrative control of social media accounts.
5. Consider Instagram in the future if there is sufficient capacity to maintain it effectively.

Overall, the College's digital presence continues to grow, particularly on LinkedIn. The focus for the coming year will be on **building engagement and producing relevant, high-quality content rather than increasing the number of platforms used**.

Kay Knight

PUBLICATIONS COMMITTEE REPORT

The report covers 2025 and the first six months of 2026.

This year is the 10th anniversary of the start of the College's online journal, Tropical Medicine and Infectious Disease. After a decade of uninterrupted publication, the journal is indexed in PubMed, Scopus, BIOSIS and SCIE (Clarivate).

In celebration of this milestone for the journal, its publishers, MDPI, organized the International Online Conference on Tropical Medicine and Infectious Disease (CTMID 2026), held on 1–2 July 2026. Sessions were dedicated to Vector-Borne Diseases, One Health and Zoonotic Diseases, Neglected Tropical Diseases, and Antimicrobial Resistance. In total, 230 abstract submissions were received, of which 83 were accepted. Over 60% of the contributing authors were from Africa and Asia. Each session received more than 50 submissions, with the Neglected Tropical Diseases session attracting the highest level of interest, with 71 abstracts. Publication of the conference proceedings is in progress.

Since start of publication, when it replaced the Annals of the ACTM, until the end of June 2026, 2 627 papers have been published, and >900 papers have been cited at least 10 times. In 2025 a total of 6 722 citations was recorded (Clarivate Journal Citation Reports (JCR)), up from about 5000 the previous year; this is the highest annual total to date. The current JCR Impact Factor is 3.1, 5-year IF is 3.2, and the Scopus CiteScore is 6.0. In terms of journal category ranking, the JCR rank is Q2 for tropical medicine, infectious diseases, and parasitology journals; the CiteScore rank is Q1 for public health, environmental and occupational health, and infectious disease journals.

In the first 6 months of 2026, 163 papers were published; rejection rate for the 2025–2026 period is 59%. The current median time from submission to first decision is 25.9 days; from acceptance to publication 5.1 days.

In terms of country of origin of published papers, the top six contributors in 2026 were the USA (14%), followed by China (12%), France (8%), and Australia, Brazil and South Africa (each 6%).

Topics covered in the ten most cited articles in the last 12 months were the global rabies landscape, wastewater surveillance for COVID-19, *Campylobacter* colonisation of poultry, *Wolbachia* mosquito releases in Brazil, One Health in Latin America and the Caribbean, oral rabies vaccination of Mexican dogs, dengue in Iran, dengue vaccine in German travellers, hospital-acquired infection by *Stenotrophomonas maltophilia*, and cryptosporidiosis in Brazil.

More journal statistics and other information is available on the journal website:

<https://www.mdpi.com/journal/tropicalmed>

From my perspective as founding Editor-in-Chief and representative of the Publications Standing Committee, I would really like to see more submissions from Australasia and particularly, from ACTM members and fellows. I thank the MDPI office staff, the Editorial Board members, the Section Editors, and of course, all the authors and reviewers, for contributing to the success of the Tropical Medicine and Infectious Disease.

A/Prof John Frean

Chair, Publications Standing Committee

27 August 2026

RESEARCH COMMITTEE REPORT

The ACTM Research Committee continued its activities during 2025-26, with a focus on supporting early-career and practice-based research in travel and tropical medicine.

1. ACTM/THAG Seed Funding Scheme

The ACTM/THAG Seed Funding Scheme was offered again in 2026. Following review, one application was recommended and approved for funding:

- Jiaxin Zhao: Epidemiology and management of travel-associated rabies and domestic Australian bat lyssavirus exposure

The project will examine the epidemiology and management of travel-associated rabies and domestic Australian bat lyssavirus exposures, with particular attention to post-exposure prophylaxis pathways, treatment delays, rabies immunoglobulin use and vaccination completion.

The two projects funded through the inaugural ACTM/THAG Seed Funding Scheme in 2025 are both progressing well:

- Sebastian Vernal: Will the arboviruses qualify for the Brisbane 2032 Olympics? A baseline study for policy and preparedness
- Sakarn Charoensakulchai: Optimising traveller's medical kits: A multicentre study on carriage, use, and perceived usefulness among international travellers

Findings from the arboviruses will be presented at SCTMC 2026, while the other project is expected to be presented at SCTMC 2027.

2. SCTMC Research Awards

The Research Committee will again adjudicate the scientific presentation awards at SCTMC 2026:

- Best Oral Presentation: First and Second Prize
- Best Poster: Early Career Researcher and Student

The Committee remains committed to supporting research capacity within ACTM and to encouraging PhD students, early career researchers and clinician researchers to undertake and disseminate travel and tropical medicine research.

A/Prof Luis Furuya-Kanamori
Chair, ACTM Research Committee

SCIENTIFIC PROGRAM COMMITTEE REPORT

Report of: 9th Southern Cross Australasian Travel and Tropical Medicine Conference (SCTMC 2026)

Theme: Global connections: strengthening partnerships in travel and tropical medicine

Venue: Brisbane Convention & Exhibition Centre, Brisbane, Australia

Dates: Friday-Sunday, 11-13 September 2026

Scientific Program Committee

- Dr Steve Muhi (Chair)
- A/Prof Luis Furuya-Kanamori (Co-chair)
- Dr Sebastian Vernal (Abstract Manager)
- Prof Colleen Lau
- Dr Sarah Chu
- Prof Julian White
- Prof Richard Franklin

Overview

At the time of writing (28 August 2026, with two weeks to go), SCTMC 2026 has 261 registered attendees, with a total anticipated attendance of 280 to 300 delegates drawn from general practice, nursing, pharmacy, academia, industry, public health and government across Australia, New Zealand and the wider Asia-Pacific.

The 2026 program is deliberately structured around the conference theme. Friday opens with a tropical medicine stream and Saturday with a travel medicine stream, and the two are brought together across the weekend through destination-focused sessions, cross-disciplinary panels and a strong regional and international faculty. Three parallel sessions run through most of the conference, giving delegates genuine choice between plenary-style content, hands-on workshops and free communications. Speakers and presenters are drawn from more than 15 countries and 5 continents, including South Africa, the United States, Peru, South Korea, Thailand, India, Sri Lanka, the Philippines, Israel, Switzerland, Papua New Guinea, Fiji, Bangladesh, Indonesia, New Zealand and Australia.

Program highlights

- One plenary session (Global threats to global connections), two named symposia, two destination and case-based symposia (Destination: Papua New Guinea; Case studies: special traveller populations), four panel discussions, the WISEwords session and 10 workshops.
- Three parallel sessions offered throughout most of the conference, offering attendees choice.
- **29 oral presentations selected from 80 submitted abstracts**, programmed across five free communications sessions: the inaugural Student Research Symposium (global and planetary health); NTD elimination (filariasis, onchocerciasis and trachoma); tropical parasitology; emerging, vector-borne and zoonotic diseases; and travel medicine, traveller health and surveillance.
- **21 scientific posters with two guided poster tours**, led by Dr Sebastian Vernal (diagnostics, surveillance and equity) and Dr Nicolas Smoll (emerging infectious threats and public health response).
- Two late-breaker presentations secured for the final morning: a hantavirus pulmonary syndrome outbreak response in returned travellers (South Africa, 2026) and re-emerging Nipah virus as a threat to traveller health.

- **Four named orations and memorial lectures** across the three days (detailed below).
- **New to the program this year, a ‘Top 10 papers in travel medicine’ talk**, delivered by Prof Colleen Lau (The University of Queensland) in the Saturday closing session ahead of the AGM.
- **A dedicated Student Research Symposium**, an early career researcher and student networking dinner, and student and ECR prizes, continuing the College’s investment in the next generation.
- **Substantial collaboration with the Asia-Pacific Travel Health Society**, including the Friday dengue vaccine panel (delivered as a hybrid pre-recorded and live Zoom panel with international speakers) and a bonus Sunday afternoon session on travel medicine delivery systems across South Korea, Thailand, Australia, New Zealand and India.
- **A strong workshop program, with 10 engaging workshops** spanning travel clinic practice, NTD elimination surveillance, climate change and AMR, clinical toxinology, tropical infectious diseases, military medicine, public health and outbreak response, diving medicine, melioidosis and Destination Peru.

Keynote orations and memorial lectures

- **2026 Les Ashdown Oration:** Prof Lucille Blumberg (University of Pretoria, South Africa) opens the conference plenary with “Zoonoses: an unwanted connection”.
- **Anton Breinl Memorial Lecture:** A/Prof Miguel Cabada (University of Texas Medical Branch, USA) presents a ‘One Health’ case study of fascioliasis, opening the parasitology symposium.
- **2026 Prof Peter Leggat AM Oration:** Prof Dennis Shanks (The University of Queensland) closes the first day with “The role of military medicine in promoting travel health”, in the second year of the oration established in Peter’s memory.
- **2026 Robert Steffen Oration:** Prof Nick Zwar (Bond University, Queensland) opens the final day with “The student and volunteer experience: risks, realities and misconceptions”.

Anticipated highlights

The following sessions have generated particular interest during program development and registration:

- Panel 2 on the role of community pharmacists in travel health, bringing the Pharmaceutical Society of Australia and pharmacy academics into the College’s program and taking up the scope-of-practice question directly.
- Destination: Papua New Guinea, with speakers from the PNG National Department of Health and Port Moresby General Hospital covering surveillance, the Kokoda Trail traveller and multidrug-resistant infection on our doorstep.
- Panel 3, African safari, pairing practical prevention advice from Prof Lucille Blumberg with lessons on febrile returned travellers from Africa.
- The melioidosis workshop, assembling the northern Australian clinical, laboratory and public health groups for a soil-to-sepsis case-based session.
- The WISEwords talks, chaired by Prof Marc Shaw, covering the older traveller, opioids and pain across borders, and a rabies vaccination update.
- The travel and tropical medicine quiz closing the final morning.

Awards

Adjudicated by the ACTM Research Committee.

Best oral presentation (ECR or student): TBC

Runner-up: TBC

Best poster: TBC

Runner-up: TBC

Acknowledgements

The Committee owes a particular and considerable debt to Hayley Pena. 27 days before the conference was due to open, renovations at the InterContinental Hotel, Brisbane forced a move of the entire meeting to the Brisbane Convention & Exhibition Centre. A change of that magnitude, at that point in the conference planning cycle, would ordinarily be enough to cancel a program built over twelve months: room allocations, parallel session capacity, catering, poster and exhibition space, signage, delegate and speaker communications, and every sponsor and supplier contract underpinning them. Hayley rebuilt all of it, and did so without any reduction in the scientific program as it had been planned and advertised.

Hayley managed the transition with complete professionalism throughout; calm, methodical, and unfailingly responsive to the Committee and to delegates at a time when she was carrying an extraordinary workload. The result speaks for itself: the financial impact has been minimal, the conference is still expected to return an overall surplus for the year, and that surplus gives the College a working buffer heading into the 2027 meeting. On behalf of the Scientific Program Committee, I thank her sincerely.

I also thank the members of the Scientific Program Committee for their work across the past year, and in particular A/Prof Luis Furuya-Kanamori as co-chair and Dr Sebastian Vernal for managing the abstract process (which was far more work than any previous year). My thanks also go to the session chairs, workshop facilitators and poster tour leaders who have volunteered their time, our international speakers who are travelling to join us, the Asia-Pacific Travel Health Society for its collaboration on two sessions, and the Secretariat and our sponsors for their support in delivering the program.

Platinum (and coffee cart) sponsor: Sanofi

Silver sponsor: Takeda

Workshop, session and trade sponsors: QIMR-Berghofer Centre for Tropical and Emerging Diseases, James Cook University, Australia, ASHM, Bioelect, CSL Seqirus, Equip, Pfizer, repel.

Lanyards and name badges: The University of Queensland, Australia

ECR and Student Prize sponsor: Tropical Medicine and Infectious Diseases, MDPI

Dr Steve Muhi

Scientific Chair, SCTMC 2026 Scientific Program Committee

28 August 2026

The Australasian College of Tropical Medicine Incorporated

Financial Statements for the Period Ended 30 June 2026

Contents

	Page
Financial Statements	
Statement of Profit or Loss	1
Statement of Assets and Liabilities	2
Statement of Changes in Equity	3
Statement of Cash Flows	4
Notes to the Financial Statements	5
Statement by Members of the Committee	8
Independent Audit Report	9

AUSTRALASIAN COLLEGE OF TROPICAL MEDICINE INC

Statement of Profit or Loss

For the Period Ended 30 June 2026

		2026	2025
		\$	\$
Income			
Contracts with customers	3	305,804	262,857
Finance income		16,026	1,397
		321,830	264,254
Expenditure			
Operating expenses	4	311,115	289,743
Surplus/(Deficit) for the year		10,715	(25,489)

The accompanying notes form part of these financial statements.

AUSTRALASIAN COLLEGE OF TROPICAL MEDICINE INC

Statement of Assets and Liabilities

As At 30 June 2026

	Note	2026 \$	2025 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	495,154	525,183
Trade and other receivables		65,592	21,439
Prepayments		70,794	87,212
TOTAL ASSETS		631,540	633,834
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	6	215,522	228,531
NET ASSETS		416,018	228,531
 MEMBERS' FUNDS			
Retained surpluses		416,018	405,303
TOTAL MEMBERS' FUNDS		416,018	405,303

AUSTRALASIAN COLLEGE OF TROPICAL MEDICINE INC

Statement of Changes in Equity

For the Year Ended 30 June 2026

2026

	Retained Earnings
	\$
Balance at 1 July 2025	405,303
Surplus/(Deficit) for the year	10,715
Balance at 30 June 2026	416,018

2025

	Retained Earnings
	\$
Balance at 1 July 2024	430,792
Surplus/(Deficit) for the year	(25,489)
Balance at 30 June 2025	405,303

The accompanying notes form part of these financial statements.

AUSTRALASIAN COLLEGE OF TROPICAL MEDICINE INC

Statement of Cash Flows

For the Year Ended 30 June 2026

	Note	2026 \$	2025 \$
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from customers		261,651	245,302
Payments to suppliers and employees		(307,706)	(194,062)
Interest received		16,026	1,397
Net cash provided by/(used in) operating activities		<u>(30,029)</u>	<u>52,637</u>
Net increase/(decrease) in cash and cash equivalents held		(30,029)	52,637
Cash and cash equivalents at beginning of year		<u>525,183</u>	<u>472,546</u>
Cash and cash equivalents at end of the period	5	<u><u>495,154</u></u>	<u><u>525,183</u></u>

The accompanying notes form part of these financial statements.

AUSTRALASIAN COLLEGE OF TROPICAL MEDICINE INC

Notes to the Financial Statements

For the Year Ended 30 June 2026

The financial statements cover The Australasian College of Tropical Medicine Incorporated as an individual entity. The Australasian College of Tropical Medicine Incorporated is a not-for-profit Association incorporated in Queensland under the Associations Incorporation Act (QLD) 1981 (as amended by the Associations Incorporation and Other Legislation Amendment Act (QLD) 2007) ('the Act').

Comparatives are consistent with prior years, unless otherwise stated.

1 Basis of Preparation

In the opinion of the Committee of Management, the Association is not a reporting entity since there are unlikely to exist users of the financial statements who are not able to command the preparation of reports tailored so as to satisfy specifically all of their information needs. These special purpose financial statements have been prepared to meet the reporting requirements of the Act.

The financial statements have been prepared in accordance with the recognition and measurement requirements of the Australian Accounting Standards and Accounting Interpretations, and the disclosure requirements of AASB 101 Presentation of Financial Statements, AASB 107 Statement of Cash Flows, AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors and AASB 1054 Australian Additional Disclosures.

The financial statements and material accounting policies all comply with the recognition and measurement requirements in Australian Accounting Standards.

2 Summary of Significant Accounting Policies

(a) Revenue and other income

Revenue from contracts with customers

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the Association expects to receive in exchange for those goods or services. Revenue is recognised by applying a five-step model as follows:

1. Identify the contract with the customer
2. Identify the performance obligations
3. Determine the transaction price
4. Allocate the transaction price to the performance obligations
5. Recognise revenue as and when control of the performance obligations is transferred

Generally the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

None of the revenue streams of the Association have any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

(b) Income Tax

The Association is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

Notes to the Financial Statements

For the Year Ended 30 June 2026

2 Summary of Significant Accounting Policies

(c) Goods and services tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payable are stated inclusive of GST.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

(d) Cash and cash equivalents

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

3 Revenue and Other Income

	2026	2025
	\$	\$
Revenue from contracts with customers (AASB 15)		
- subscriptions	47,075	21,541
- grants	25,000	-
- Conference Income	233,729	241,316
- other income	-	-
Total Revenue	305,804	262,857

4 Operating expenses

	2026	2025
	\$	\$
- Conference and seminar expenses	250,944	230,279
- Secretariat services	34,200	41,422
- THAG expenses	4,372	1,711
- Insurance	1,859	1,394
- Steering committee and research assistant fees	6,030	-
- Other expenses	13,710	14,937
	311,115	289,743

AUSTRALASIAN COLLEGE OF TROPICAL MEDICINE INC

Notes to the Financial Statements

For the Year Ended 30 June 2026

5 Cash and Cash Equivalents

	2026	2025
	\$	\$
Cash at bank	343,131	275,183
Short-term deposits	152,023	250,000
	<u>495,154</u>	<u>525,183</u>

6 Trade and Other Payables

	2026	2025
	\$	\$
Trade payables	17,858	39,772
GST payable	20,498	14,395
Accrued expenses	0	-
Sponsorship / income in advance	177,166	174,364
	<u>215,522</u>	<u>228,531</u>

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying value of trade and other payables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

7 Contingencies

In the opinion of the Committee of Management, the Association did not have any contingencies at 30 June 2026 (30 June 2025:None).

8 Events after the end of the Reporting Period

No matters or circumstances have arisen since the end of the financial period which significantly affected or may significantly affect the operations of the Association, the results of those operations or the state of affairs of the Association in future financial years.

9 Statutory Information

The registered office and principal place of business of the company is:

The Australasian College of Tropical Medicine Incorporated
88 L'Estrange Terrace
Kelvin Grove, QLD
4059

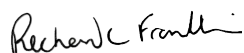
The Australasian College of Tropical Medicine Incorporated

Statement by Members of the Committee

In our opinion:

1. the accompanying financial report as set out on pages 1 to 7, being a special purpose financial statement, is drawn up so as to present fairly the state of affairs of the Association as at 30 June 2026 and the results of the Association for the year ended on that date;
2. the accounts of the Association have been properly prepared and are in accordance with the books of account of the Association.
3. there are reasonable grounds to believe that the Association will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the committee and is signed for and on behalf of the committee by:



President.....



Treasurer.....

Dated: 6 August 2026



The Australasian College of Tropical Medicine

Incorporated in Queensland ABN 64 246 142 194

Date: 6 August 2026

Eddie De Bruyn
REM Auditors Pty Ltd

Dear Eddie,

This representation letter is provided in connection with your audit of the financial report of The Australasian College of Tropical Medicine Inc for the period ended 30 June 2026, for the purpose of expressing an opinion as to whether the financial report is presented fairly, in all material respects, in accordance with the accounting policies as described in note 1 and the constitution.

We confirm that (to the best of our knowledge and belief, having made such enquiries as we considered necessary for the purpose of appropriately informing ourselves):

Financial Report

- We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter, for the preparation of the financial report in accordance with the accounting policies as described in note 1; in particular the financial report is fairly presented in accordance therewith.
- Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
- Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of Australian Accounting Standards to the extent described in note 1.
- All events subsequent to the date of the financial report have been adjusted or disclosed.
- The effects of uncorrected misstatements are immaterial, both individually and in the aggregate, to the financial report as a whole. A list of the uncorrected misstatements is attached to the representation letter.

Information provided

- We have provided you with:
 - a) access to all information of which we are aware that is relevant to the preparation of the financial report such as records, documentation and other matters.
 - b) all requested information, explanations and assistance for the purposes of the audit.
 - c) unrestricted access to persons within the Company from whom you determined it necessary to obtain audit evidence.
- All transactions have been recorded in the accounting records and are reflected in the financial report.

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- We have disclosed to you all known actual or possible litigation and claims whose effects should be considered when preparing the financial report; and accounted for and disclosed in accordance with the applicable financial reporting framework.

General

- We have no plans or intentions that may materially affect the carrying values or classification of assets and liabilities.
- The Company has no known instances of non-compliance or suspected non-compliance with laws and regulations or contractual agreements whose effects should be considered in preparing the financial report.

Fraud

- We acknowledge our responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud and confirm we have disclosed to you:
 - a) the results of our assessment of the risk that the financial report may be materially misstated as a result of fraud
 - b) all information in relation to fraud or suspected fraud that we are aware of and that affects the entity and involves:
 - i. management
 - ii. employees who have significant roles in internal controls or
 - iii. others where the fraud could have a material effect in the financial report and
 - c) all information in relation to allegations of fraud, or suspected fraud, affecting the entity's financial report communicated to us by employees, former employees, analysts, regulators or others.

Commitments

- There were no material commitments for goods or services at year end, other than those disclosed in the financial report.

Impairment of assets

- We have considered the requirements of AASB 136: Impairment of assets when assessing the carrying values of assets and in ensuring that no assets within the scope of AASB 136 are stated in excess of their recoverable amount.

Liabilities

- There are no financial guarantee contracts in place to third parties which could be called upon in the event of a default, other than those disclosed in the financial report.

Electronic presentation of financial report

- With respect to presentation of the financial report on our website, we acknowledge that:
 - a) we are responsible for the electronic presentation of the financial report

- b) we will ensure that the electronic version of the audited financial report and the auditor's report on the website will be identical to the final signed hard copy version
- c) we will clearly differentiate between audited and unaudited information in the construction of the entity's website as we understand the risk of potential misrepresentation
- d) we have assessed the controls over the security and integrity of the data on the website and confirmed that adequate procedures are in place to ensure the integrity of the information presented and
- e) we will not present the auditor's report on the full financial report with extracts only of the full financial report.

Yours sincerely,



Committee member



THE AUSTRALASIAN COLLEGE OF TROPICAL MEDICINE

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