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Infrared thermography for mass fever screening:
repeating the mistakes of the past?

Medical Thermology 2019 -A computer assisted literature review

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Manuscripts should follow the recommendations of the International Committee of Medical Journal editors (ICMJE)[1] and for reporting health related studies the following standards are highly recommended:

CONSORT-(CONsolidated Standards Of Reporting Trials) for randomised controlled trials with parallel group design [2]

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CARE (Consensus-based Clinical CAse Reporting Guideline Development) for case or care reports [6]

SPIRIT (Standard Protocol Items: Recommendations for Interventional Trials) for study protocols [7]

SAMPL(Statistical Analysis and Methods in the Published Literature) for statistical reporting. [8]

The TISEM checklist is strongly recommended as guideline for complete reporting of thermographic studies [9]

In general, manuscripts should be organized as follows: Introduction, methods, results, discussion, acknowledgements, references. A short abstract in English and, if possible, German (translation will be offered) should head the manuscript. Following the abstract, up to 5 key-words should characterize the paper.

Tables, Figures and Legends for illustrations should appear each on an extra sheet of paper.

References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in parentheses. Use the style of the examples below which are based on the formats used by the US National Library of Medicine in Index Medicus (complete list of examples on [1]).

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Luther B, Kreyer I, Dobi I. Die Anus-rectum-Thermographie als Methode zur Früherkennung vaskulärer Komplikationen nach Dünndarmtransplantation. *ThermoMed* 1990; 6: 115-7.

Chapter in a book

Gautherie M, Haehnel P, Walter JM, Keith L. Long-Term assessment of Breast Cancer Risk by Liquid Crystal Thermal Imaging. In: Gautherie M, Albert E, editors. *Biomedical Thermology*. New York Alan R. Liss Publ; 1982. p. 279-301.

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References:

[1] International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. *Medical Education* 1999; 33; 066-078

[2] www.consort-statement.org

[3] www.strobe-statement.org

[4] www.prisma-statement.org

[5] www.stard-statement.org

[6] www.care-statement.org

[7] www.spirit-statement.org

[8] www.equator-network.org/wp-content/uploads/2013/03/SAMPL-Guidelines-3-1

[9] Moreira DG et al. Thermographic imaging in sports and exercise medicine: a Delphi study and consensus statement on the measurement of human skin temperature. *J Thermol Biol* 2017; 69: 155-162

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Infrared thermography for mass fever screening: repeating the mistakes of the past?

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On 31st December 2019, the local health authority in Wuhan, China issued an epidemiological alert over pneumonia cases of unknown cause, with many sharing a history of visiting Huanan seafood market. The causal viral infection was rapidly identified as a novel coronavirus, labelled 2019-nCoV. By 2nd January 2020, 41 identified cases had been hospitalised in China [1]. By 10th February 2020, 40,554 cases had been diagnosed globally, 40,235 alone on mainland China, with 319 confirmed cases in 24 other countries. The total associated death toll was 910 [2].

In an echo of the response to the SARS outbreak in 2002, public health officials have identified an urgent need to screen for respiratory infection at airports in order to limit the spread of the disease across regional and national borders. This is despite limited evidence that detection programmes affect public health outcomes in such population settings with very low disease incidence [3]. Fever has been, nonetheless, identified as a symptom at onset of illness in 98% of persons infected with 2019-nCoV [4]. On the assumption that at least some infected travellers would be febrile at the time of screening, several different types of infrared temperature measuring devices have been employed to identify an elevated facial temperature in those individuals. These are attractive as they are "non-contact" devices, so some distance is left between the subject and the operator. Infrared thermal imaging cameras, also technically known as screening thermographs [5] are, among experts, recognised as potentially the most reliable of these devices for use in fever screening. However, during the SARS outbreak, little was known about the most reliable measurement sites at the face, and most data were collected at the forehead, with little or no attempt to standardise image capture protocols. Consequently by 2013, Chan et. al. [6] had concluded forehead infrared thermography readings from a distance should be abandoned for fever screening.

Infrared thermal imaging cameras historically have been designed for use in industrial settings (for example identifying overheating electrical equipment, or for building inspection). Utilising such instrumentation in a medical context (potentially without the assurances provided by the EU's Medical Devices Directive, or FDA approval) is

non-trivial. It was for this reason that in 2008 an ISO working group of international experts, led by the eminent Professor John Hedley-Whyte from Harvard University, and including two former presidents of the EAT and a former president of the American Academy of Thermology, published detailed guidelines for the deployment of screening thermographs for fever detection [5].

It is important to note that the ISO project did not seek to demonstrate that it was possible to detect fever using infrared thermography in a population setting; it merely sought to describe a rigorous method for performing measurements that would ensure valid, reproducible and traceable temperature measurements if such devices were to be used. As evidence, it drew on published research on thermography for fever detection in adults and children, the experience of metrologists regarding how to optimise thermograph performance, and considered the physiology of fever and the epidemiology of viral respiratory infections. The guidelines were updated in 2017 to include a revision of the normative references and bibliography, and to expand the applicability of the document from SARS screening to pandemic infectious diseases in general [7].

The recommendations of the ISO committee are well known in the thermology community. One key finding was that the inner canthus of the eye is the only site on the face suitable for fever detection. From basic inspection of the news footage coming out of the Far East over the last few weeks it is apparent that the ISO guidelines are being completely ignored in many cases [8]. The minimum recommended requirements that the subjects must be screened individually, facing the thermal camera, and with the face unobstructed by masks, spectacles or headwear, have simply not been implemented. Erroneously, thermal imaging equipment (some of it clearly badged as supplied by major international manufacturers) is being employed to screen large numbers of subjects in the same field of view. Faces are often obscured by masks, and there is frequently no attempt to isolate the inner canthus of the eye for specific measurement. Needless to say, the utility of such poorly-performed thermography for detecting febrile subjects is likely to be very limited indeed.

It is hard to understand whether this misuse of thermography arises from well-intentioned ignorance or wilful negligence. Either way, the result may be yet another missed opportunity to use modern technology to improve public health outcomes. The consequences are clear.

Although it is far from certain that thermography could ever be useful as a rapid mass-screening tool for fever detection, we will never know the answer to this unless measurements are performed to rigorous standards, and the outcomes - that is to say positive and negative predictive values - recorded and published for scientific scrutiny. Those that base their screening protocols on mere hearsay or dogma - be they users or manufacturers - should be challenged. It is the responsibility of every scientist and physician to base their practice on up-to-date evidence, whilst at the same time questioning that evidence in a systematic manner where appropriate.

We must seek to learn from this episode. The publication of authoritative guidelines or standards is not sufficient without strenuous educational efforts to ensure that they are widely employed. In this respect we feel it is important that greater effort be made to bring the ISO guidelines to the attention to those using infrared devices for fever screening. While the document is available to all, there is a charge for downloading it. This may have prevented wider dissemination of the content, although there are many references to the key findings published in the scientific literature. The challenges of fever screening and the ISO guidelines have been discussed by Francis Ring and others at sessions of the 11th, 13th and 14th Congresses of the EAT [9-11].

The European Association of Thermology can continue to play an important role. We must ensure that the best temperature science on this topic, often performed by our own members [12-17], is neither ignored nor misrepresented. We should encourage the dissemination of educational material through our journal, and engage with health professionals via our congresses, as well as with the public through the popular media. On the particular matter of fever screening, we must work with emergency preparedness teams to ensure the missteps of the past are not repeated. If the cost of accessing information is a barrier to good scientific practice, then much more consideration should be given to open access publishing [18].

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Medical Thermology 2019 - a computer-assisted literature survey

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SUMMARY

The literature survey 2019 is based on 775 papers found in Scopus with the keywords "thermography" OR "infrared imaging" OR "thermology" OR "temperature measurement" OR "thermometry" AND "published in 2019" and restricted to "medicine". The final database was created from 643 articles after 211 badly matched hits were excluded and a total of 79 articles were added, namely publications, notes or abstracts discovered in the journal "Thermology international" or in the author's literature archive. The papers were analysed with respect to the origin of authors, the language and the publication source. Like in the surveys of previous years, a detailed description is provided of publications related to Raynaud's phenomenon, Complex Regional Pain Syndrome, Breast diseases, fever measurement and application in sports. Most of the publications on breast thermography continue to originate from Asia. These papers have their primary focus on image processing and artificial intelligence applications for the evaluation of breast thermograms.

KEY WORDS: Thermography, literature search, breast cancer, CRPS, Raynaud's phenomenon, fever measurement, sports

MEDIZINISCHE THERMOLOGIE 2019 - EINE COMPUTER-GESTÜTZTE LITERATURSUCHE

Die Literaturrecherche für 2019 basiert auf 775 Arbeiten, die unter den Schlüsselwörtern "thermography" OR "infrared imaging" OR "thermology" OR "temperature measurement" OR "thermometry" und "veröffentlicht 2019" und der Einschränkung "Medizin" in der Datenbank Scopus gefunden wurden. Die endgültige Datenbank wurde aus 643 Artikeln erstellt, nachdem 211 schlecht passende Treffer ausgeschlossen und insgesamt 79 Artikel hinzugefügt wurden, nämlich Veröffentlichungen, Notizen oder Abstracts, die in der Zeitschrift "Thermology international" oder im Literaturarchiv des Autors entdeckt worden waren. Die Publikationen wurden in Bezug auf die Herkunft der Autoren, der Sprache und der Publikationsquelle analysiert. Ähnlich wie in den Überblicken der vergangenen Jahre, erfolgt eine detaillierte Beschreibung der Publikationen im Zusammenhang mit Raynaud-Phänomen, komplexem regionalem Schmerzsyndrom, Brustkrebs, Fiebermessung und Einsatz in der Sportmedizin. Die meisten Publikationen zur Brust-Thermographie stammen aus Asien. Diese Artikel haben ihren Schwerpunkt in der Bildbearbeitung und der Auswertung von Wärmebildern der Brust mit Hilfe künstlicher Intelligenz.

SCHLÜSSELWÖRTER: Thermographie, Literatursuche, Brustkrebs, komplexes regionales Schmerzsyndrom, Raynaud-Phänomen, Fiebermessung, Sport

Thermology international 2020, 30(1) 7-36

Introduction

This year, the annual literature survey on thermology and temperature measurement in medicine is based on data retrieved from the database Scopus, where the journal "Thermology international" is now regularly with some delay listed. The topics reviewed in detail, include this year again application of thermology in sports in addition to traditional fields of application such as breast cancer, fever measurement, complex regional pain syndrome (CRPS) and Raynaud's phenomenon (RP).

Methods

A search in Scopus with the terms "thermology" OR "thermography" OR "infrared imaging" OR "thermal imaging" OR "temperature measurement" OR "thermometry" AND year 2019" yielded 7524 hits. Restriction with the term "medicine" resulted in a reduction to 818 hits. After removal of articles in press, books and book chapters, a total of 775 hits was obtained from Scopus (table 1).

All articles, conference abstracts and commentaries from the journal "Thermology international", Vol.29; not yet

listed in Scopus, were added together with 55 articles, which quoted in 2019 temperature related papers authored or co-authored by K. Ammer. All documents were read by title, to assure that the contents of these 849 documents were in line with the terms "medicine" and "thermometry". In unclear cases the abstract or if available the full documents were checked for this information. This procedure lead to exclusion of other 211 papers, the majority of these were dedicated to applications of non-thermal infrared such as infrared spectroscopy or near-infrared imaging. The resulting database is built from 643 documents, which appear in the section "References" of this survey.

The total list of 643 references will be included as Volume 6 "Published papers on Thermology or Temperature Measurement in 2019", in the collection of references related to thermology. It will soon become available from the webpage of Thermology international at: "www.uhlen.at/ Thermology international/ Publications on thermology and temperature measurement/ Volume 6". Volumes 1-6 of this reference collection can be accessed free of charge at "www.uhlen.at/ Thermology international/ Archives."

	Scopus
TITLE-ABS-KEY (thermology) AND PUBYEAR > 2018	6
TITLE-ABS-KEY (thermology OR thermography) AND PUBYEAR > 2018	2563
TITLE-ABS-KEY (thermology OR thermography OR "thermal imaging") AND PUBYEAR > 2018	3160
TITLE-ABS-KEY (thermology OR thermography OR "thermal imaging" OR "infrared imaging") AND PUBYEAR > 2018	3940
TITLE-ABS-KEY (thermology OR thermography OR "thermal imaging" OR "infrared imaging" OR "temperature measurement") AND PUBYEAR > 2018	6878
TITLE-ABS-KEY (thermology OR thermography OR "thermal imaging" OR "infrared imaging" OR "temperature measurement" OR thermometry) AND PUBYEAR > 2018	7592
TITLE-ABS-KEY (thermology OR thermography OR "thermal imaging" OR "infrared imaging" OR "temperature measurement" OR thermometry) AND PUBYEAR > 2018 AND (LIMIT TO (PUBYEAR, 2019))	7254
TITLE-ABS-KEY (thermology OR thermography OR "thermal imaging" OR "infrared imaging" OR "temperature measurement" OR thermometry) AND PUBYEAR > 2018 AND (LIMIT TO (PUBYEAR, 2019)) AND (LIMIT TO (SUBAREA, "MEDI"))	818
TITLE-ABS-KEY (thermology OR thermography OR "thermal imaging" OR "infrared imaging" OR "temperature measurement" OR thermometry) AND PUBYEAR > 2018 AND (LIMIT TO (PUBYEAR, 2019)) AND (LIMIT TO (SUBAREA, "MEDI")) AND (EXCLUDE (DOCTYPE, „cb) OR EXCLUDE (DOCTYPE, „bk")) AND (LIMIT TO (PUBSTAGE, „final"))	775

From the dataset, the following information was extracted: Authors in relationship to the number of published articles, the origin of authors, the language of publication, and the journals which published with more than 10 articles related to the search profile. The proportion of allocated papers to medical fields was also determined.

Results

Language of publication

Table 2 shows the publication language of articles. English was the predominant language in the dataset. Russian was the second and Chinese was third in rank.

Authors

In total, 3832 authors appeared in the dataset. The names of three Portuguese and one Austrian author were found in 22 articles. R. Vardasca was 5 times the first author [1-5] and 5 times co-author of full-length articles [6-10] and appeared once as co-author of an extended abstract [11]. K. Ammer was the first author of 3 articles [12-14] and 1 ex-

tended abstract [15], and co-author in 2 articles [10, 16], 1 comment [17] and 3 other extended abstract [11, 18,19]. A. Seixas was detected as first author in 2 articles [10, 20], 2 comments [17, 21] and 1 extended abstract [11] and co-author in 2 articles [1,22]. J. Mendes co-authored 9 full-length articles [1-8, 10] and 1 abstract [11]

Origin of authors

60 countries were identified where 617 corresponding authors worked (figure 1). 25 % of these were situated in North America, the majority, i. e. 129 in the United States, 21 in Canada and 3 in Mexico. 43.1% of researchers came from European countries, 32 authors published their work from Spain, the United Kingdom or Germany was the place of residence of 31 authors each. Poland with 25, Italy and Portugal with 19 articles each and France with 16 papers were followed in rank.(figure 2). 25 % of temperature related research was conducted in Asia, 37 corresponding authors were situated in China, 32 in Japan and 17 in India. From South Korea originated 20 authors and 11 were resided in Iran. 4,4% of temperature research was performed in South America, 1,8% in Australia or New Zealand and only 0.8% in Africa (figure 3).

Journals

In total, 383 journals and 5 conference proceedings published papers related to the search profile. 5 journals and 1 proceeding published 10 to 35 papers related to the topic of this survey. First in rank was Thermology international with 35 publications (8 articles, 3 obituaries, 1 comment, 1 book review, 10 extended abstracts, 12 abstracts) followed by the "International Journal of Hyperthermia" with 28 articles. Next were "Proceedings of SPIE- Progress in Biomedical Optics and Imaging" and "Physiological Measurement" publishing 12 articles each of them. 2 journals, "Magnetic Resonance in Medicine" and "International Journal of Environmental Research and Public Health" were each the source for 10 temperature related papers.

Table 2
Language of publication

Language	% of 643 hits
English	96.3% (619 hits)
Russian	1.6% (10 hits)
Chinese	0.9% (6 hits)
Japanese	0.3% (2 hits)
Croatian	0.16% (1 hit)
Czech	0.16% (1 hit)
German	0.16% (1 hit)
Hungarian	0.16% (1 hit)
Spanish	0.16% (1 hit)
Turkish	0.16% (1 hit)

Figure 1
Distribution of world wide thermological research. Yellow indicates low and red high percentage.

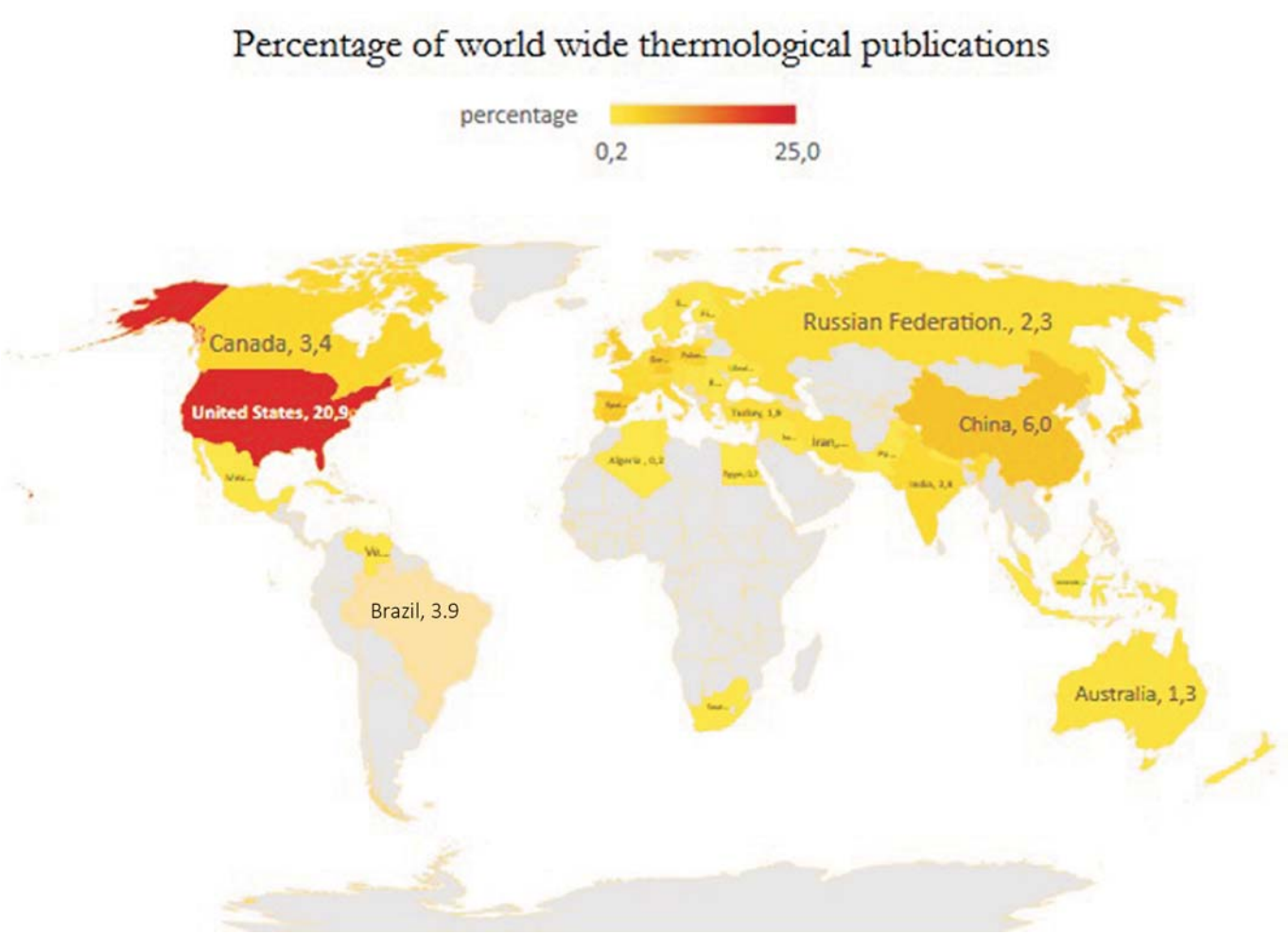


Table 4
Impact factor of journals, that published 10 to 35 temperature related articles

Journal name	Number of thermology papers	Impact factor 2018
Thermology international	35	1.222*
International Journal of Hyperthermia	28	3.589
Physiological Measurement	12	2.246
Magnetic Resonance in Medicine	10	3.858
International Journal of Environmental Research and Public Health	10	2.468
	Mean impact factor	2.676

ScImago citations/2 years *

Table 4 lists the journal name, the number of papers of interest and their impact factor 2018 provided by Clarivate Analytics. If the journal was not listed by Clarivate, the citations/2 years published by ScImago were used instead- A mean impact factors of 2.676 was calculated for the 5 jour-

Table 5
Medical fields

Medical field	Reference	Total of identified papers
Biochemistry	23-65	43
Cancer	8, 13, 23, 24,28, 31,32, 34, 35, 37,38, 42, 43,51,52, 54-58, 66-234	192
Dermatology and Venerology	7, 8, 13, 43, 50, 55, 76, 79, 84, 88, 89, 91,93,108,117,121,130, 139,173, 183, 184, 192, 227, 234, 235-257	47
Genetics	8, 10, 34, 45, 50, 109, 117, 134,146, 148, 258-270	28
Geriatrics and Gerontology	29, 38, 156, 164, 225,244, 271-284	20
Immunology and Haematology	13, 23, 28, 29, 35, 45, 50, 52, 53, 62, 71, 81, 94, 95, 109, 110, 113, 117, 121, 124, 134, 137, 138, 140, 141, 144, 148, 149, 154, 165, 170, 174, 183, 195, 246, 251, 255, 257, 262, 263, 274, 285-310	67
Microbiology	13, 28, 50, 52, 110, 126, 134, 138, 140, 174, 186, 194, 198, 225, 242, 262, 263, 266-268, 269, 270, 283, 293-295, 299, 302, 306, 311-322	42
Injury (surgery excluded)	29, 41, 49, 52, 62, 106, 117, 148, 173, 174, 182, 197, 212, 225, 256, 275, 278, 284, 292, 303, 310, 323-362	62
Neurology and Psychiatry	10, 13, 27, 29, 30, 34, 37, 49, 70, 81, 109, 114, 146, 155, 159, 169, 177, 188, 189, 193, 212, 216, 217, 219, 221, 224, 233, 235, 243, 246, 252, 254, 257, 258, 259, 261, 263, 264, 266, 273, 277, 278, 279, 299, 304, 309, 310, 318, 321, 327, 331, 341, 347, 357, 361, 363-402, 636	97
Internal Medicine	5, 13, 23,34,38, 39, 46, 67,77,84, 94, 102, 109, 113, 124, 139, 140, 145, 148, 149, 156, 161, 162, 173, 174, 190, 198, 215, 220,240, 243, 251, 263, 266, 268, 271, 273, 274, 284, 293, 294, 298, 300, 303, 306,311, 313, 341, 343, 345, 346, 347, 349, 361, 362, 369, 370, 385, 403-421, 532, 636	78
Otorhinolaryngology	62, 109, 138, 211, 367, 372, 422-424, 615	9
Paediatrics	1, 13, 25, 28, 39, 44, 46, 48, 58, 75, 79, 85, 86, 103, 109, 117, 124, 138, 124, 138, 164, 165, 166, 170, 172, 179, 185, 217, 220, 221, 232, 239, 250, 254, 266,271,281, 285, 287, 297, 307, 315, 321, 357, 363, 365, 375, 374, 392, 399, 400, 409, 419, 425-441	69

nals listed. The mean impact was derived from the cumulated impact factor of all 5 journals

Type of publication

538 papers were classified as articles and 44 as reviews. 21 conference papers, 1 book review, 22 conference abstracts (10 of them extended abstracts) have been published. The remaining papers were classified as 14 letters, 11 editorials, 9 notes and 3 obituaries.

Human Medical publications

As in last year's surveys, papers were allocated to a keyword that roughly describes a distinct field of medicine. Usually, allocations to more than just one field are made. Table 3 shows the allocations to fields of medicine. Surgery was the most frequent allocated speciality of medicine, combined with injury 344 articles were identified. Radiology & Nuclear Medicine, Physiology and Endocrinology and Cancer, were the next in frequency of allocation, followed by Pathology and Forensic Science, Neurology & Psychiatry, Internal Medicine, Pharmacology and Pharmacy, Rehabilitation and Complementary Medicine, Public Health, Paediatrics, Immunology & Haematology, Dermatology, Biochemistry, Microbiology, Genetics and Gerontology. Only some papers were not automatically allocated to a field.

and Gerontology. Only some papers were not automatically allocated to a field.

29 papers were found for Breast, 3 publications for Complex Regional Pain Syndrome and Raynaud's Phenomenon was keyword of 7 papers. The search term "thermography" retrieved 288 papers, "fever" appeared in 89 publications and the keyword "sports" in 63 articles.

Breast cancer

29 articles contained key word "breast " [13, 24, 38, 77, 94, 95, 111, 122, 125, 126, 153, 176, 177, 180, 188, 190, 196, 206, 208, 209, 210, 231, 229, 230, 234, 248, 560, 567, 591].

Based on the available literature, a review article confirmed the viewpoint that there is no real need for thermography in breast cancer diagnostics, except to further confirm other techniques' results, e.g., mammography or ultrasound. The authors qualified infrared imaging as an adjunctive technique in the preliminary screening for breast cancer that, at a minimum, identified patients warranting follow-up by other screening techniques. Younger women are the ideal candidates for IR breast imaging [560]. Another review article stated that there is a need for better screening methods due to limitations existing breast cancer screening methods. Non-invasive methods offer promise to mitigate

Table 5 continued

Medical field	Reference	Total of identified papers
Pharmacology and Pharmacy	13, 16, 25-27, 29, 30, 32, 36, 37, 39, 40, 41, 45, 49, 52, 55, 56, 62, 68, 81, 106, 121, 128, 140, 144, 145, 149, 155, 169, 177, 179, 187, 188, 201, 220, 241, 243, 244, 251, 255, 260, 261, 273, 277, 278, 285, 303, 304, 307, 309, 318, 342, 366, 378, 385, 390, 391, 398, 406, 407, 413, 414, 424, 434, 435, 449, 470, 472-480, 612,	77
Physiology and Endocrinology	4, 10, 12, 13, 25, 27, 28, 29, 30, 34, 35, 36, 37, 39, 41, 43, 44, 45, 46, 48, 49, 50, 52, 55, 57, 58, 59, 60, 62, 63, 65, 68, 71, 75, 82, 90, 91, 100, 111, 117, 123, 124, 131, 133, 137, 144, 145, 146, 148, 153, 155, 169, 172, 173, 174, 177, 178, 182, 183, 189, 191, 194, 202, 206, 212, 214, 215, 216, 217, 219, 220, 224, 227, 234, 236, 238, 239, 241, 244, 250, 251, 255, 257, 260, 261, 264-266, 271-275, 277, 279, 280, 281, 284, 287, 290-292, 295, 300, 301, 313, 315, 321, 325, 326, 331, 333, 335, 337, 338, 347, 353, 355, 358, 362, 363, 364, 366, 368-372, 376, 378, 379, 380-383, 387, 390, 391, 394, 396, 398, 401, 402, 408, 412, 414, 415, 424, 426, 436, 437, 441, 442, 451, 452, 454, 458, 459, 462, 464, 470, 473, 474, 481-514, 614	203
Public Health and Occupational Medicine	13, 34, 57, 64, 80, 91, 109, 117, 134, 140, 148, 161, 164, 174, 184, 190, 192, 225, 238, 243, 262, 265, 266, 267, 270, 273, 280, 291, 294, 295, 297, 312, 314, 316, 321, 332, 334, 339, 344, 348, 362, 366, 369, 370, 371, 383, 384, 400, 407, 425, 431, 442, 450, 453, 492, 497, 502, 503, 515-526, 626	71
Radiology Nuclear Medicine Thermal Imaging	1, 21, 31, 34, 35, 38, 39, 41, 46, 48, 50, 51, 54, 56, 58, 61, 67, 70, 72, 73, 77, 85-88, 90, 94, 97, 103, 105, 107, 109, 114, 115, 118, 119, 122, 125, 129, 133, 138, 146, 151, 152, 158, 159, 164, 166-168, 171, 172, 175, 177, 178, 180, 181, 183, 190, 191, 193, 194, 196, 200, 205, 209, 214, 216, 218, 221, 223, 224, 226, 230, 231-234, 236, 238, 250, 254, 256, 259, 276, 283, 292, 293, 296, 306, 313, 320, 321, 329, 339, 347, 354, 361, 368, 373, 374, 375, 381, 382, 389, 397, 398, 399, 404, 405, 410, 418, 423, 429, 429, 434, 437, 445, 446, 448, 453, 456, 460, 464, 467, 468, 477, 482-484, 487, 507, 509, 527-596, 624, 632	228
Rehabilitation and Complementary Medicine	13, 20, 34, 55, 59, 77, 100, 108, 109, 120, 139, 183, 217, 243, 248, 252, 258, 260, 275, 277, 280, 292, 313, 323, 325, 335, 336, 353, 355, 367, 370, 350, 395, 399, 400, 403, 425, 434, 450, 458, 465, 469, 472, 473, 479, 482, 489, 501, 507, 541, 549, 555, 557, 561, 577, 580, 597-611, 613	71
Surgery	4, 10, 13, 16, 21, 23, 26, 31-36, 38, 40, 42, 43, 50, 51, 55, 56, 59, 61, 63, 68, 70, 73, 75, 77, 78, 80-82, 84, 86-93, 96, 97, 98-100, 104, 105, 108, 109, 111, 112, 114, 115, 116, 118, 119, 123, 126, 129, 130-134, 137-139, 143, 146, 147, 152, 157, 158, 163, 166-168, 171, 172, 175, 177, 178, 183-185, 189, 191-195, 198-200, 202, 203, 207-211, 213-215, 218, 219, 221, 222, 226, 227, 230, 231, 234, 236-245, 248, 252-255, 257, 259-261, 268, 272, 273, 276, 280, 281, 288-290, 293, 295, 298, 308, 309, 313, 315, 316, 364, 367, 368, 370, 372-375, 379, 380, 382, 384, 386, 388-395, 397-399, 402-405, 411-413, 415, 421, 422, 424-426, 430, 431, 436, 441, 442, 445, 450, 452-466, 470-475, 484-486, 488, 492, 496, 497, 500, 501, 503, 504, 507-509, 512, 516, 518, 521, 527, 529, 530, 537, 541, 543-546, 548, 549, 555, 557, 562, 565, 567, 569, 577-580, 583, 587, 591, 593, 601, 603, 608, 611, 616-623, 625, 627-631, 633, 634, 635, 637	282
Toxicology and Drug Dependence	41, 52, 57, 106, 148, 266, 344, 395, 414, 447, 449, 480, 638	13

the issues particularly around comfort/pain and radiation dose, which would improve compliance and enable all ages to be screened regularly. However, these methods must still undergo significant validation testing to prove they can provide realistic screening alternatives to the current accepted standards [38].

Automatic image processing for segmentation and machine learning methods for the analysis of infrared thermal images were applied in nine studies [24, 94, 111, 125, 153, 180, 188, 198, 208]. A study conducted in Iran reported the diagnostic accuracy of computer assisted regulation thermography for breast cancer in comparison to mammography, sonography and clinical examination [122]. An article written in the Russian language reported microwave findings from patients with breast disease and proposed a mathematical model to improve the diagnostic accuracy of the radiometric method [229].

Problems of temperature measurements with magnetic resonance (MR) imaging techniques inside of mammary glands were addressed in three articles [176, 230, 531]. Breast diseases were mentioned as a difficult target of focused ultrasound treatment [177]. Svedin et al. reported a method for simultaneous proton resonance frequency (PRF) shift and T1 measurements during MR-guided focused ultrasound treatment. After discussing the theoretical background, the method was evaluated in MR-guided focused ultrasound heating experiments using a gelatine phantom and human cadaver breasts. In vivo measurement precision was demonstrated in healthy female volunteers under non-heating conditions. The authors concluded that the applied technique provides a reliable way to simultaneously measure PRF temperature and T1 change and overcomes PRF's inability to simultaneously monitor temperature in aqueous and adipose tissues [531]. Another article described simultaneous PRF and T1 temperature mapping technique in both fat and aqueous tissues based on a different MRI-principle. Non-heating in vivo experiments demonstrated dynamic 3D temperature mapping of targeted organs with good PRF and T1 stability. Ex vivo HIFU ablation experiments in porcine tissue showed accurate temperature mapping using PRF and T1, compared to temperature probe readings [230]. Separated MR-mapping of water or fat is difficult when the imaged tissue was heated. A new algorithm might overcome that problem as shown in a porcine phantom experiment with focused ultrasound heating at 1.5 Tesla. Free-breathing breast and liver imaging experiments demonstrated motion and off-resonance compensation [176].

An article from China proposed mitochondrial heat shock through glycolipid micelles as nanotechnology-based therapy against breast carcinoma [206]. A study from Japan tried to prevent chemotherapy-induced peripheral neuropathy in breast cancer patients by wearing compression gloves. Successful compression was based on low temperatures in the fingertips imaged by an infrared thermal imager [213].

A systematic review tried to determine whether the large variation in outcome observed in clinical studies for patients with recurrent breast cancer treated with radiotherapy (RT) and combined hyperthermia treatment (HT) can be explained by variation in achieved temperatures and thermal dose during HT treatment [77]. The authors concluded that higher temperature and thermal dose during hyperthermia therapy significantly improve clinical outcome, complete response, local control and overall survival.

A sufficiently high hyperthermia therapy dose is required to achieve the radio-sensitizing effect of hyperthermia therapy. Thermal dose parameters derived from the surface have a relationship with thermal toxicity, whereas invasive thermal dose parameters have a relationship with response, local control and overall survival as well as with thermal toxicity. Preliminary results of a prospective study reported a sufficient local tumour control after combined treatment with radiotherapy and hyperthermia in a small cohort of women with recurrent breast cancer [95].

A group from China used thermal imaging to predict radiation skin injury in females treated with radiotherapy after unilateral mastectomy [234]. Low grade dermatitis was associated with less temperature increase in the irradiated area than high grade dermatitis.

The role of dynamic infrared thermography (DIRT) in breast reconstruction with autologous free DIEP (Deep Inferior Epigastric artery Perforator) flaps was topic of 3 articles [209, 210, 576]. A systematic review article concluded that DIRT seems to be a valuable investigation for the pre-, per- and postoperative phase of DIEP-flap reconstructions, but additional high-quality studies are needed [209]. A new measurement set-up was proposed that can be applied in the pre-, peri-, and postoperative period of the reconstruction thus providing reproducible results [210]. Austrian surgeons based their decision to harvest contralateral and ipsilateral DIEP flap for unilateral breast reconstruction successfully on DIRT [567]. They showed a difference in diameter in the left and right deep inferior epigastric artery, explaining the rewarming time of abdominal skin, but does not necessarily correlate with the size of the perforators itself.

In Serbia, spot temperature measurements with a radiometer were obtained from two sites prior and 7 days after breast augmentation surgery in 49 women [248]. The authors interpreted the small increase in temperature after surgery as an effect of implanting a silicon prosthesis and explained the skin temperature changes by the inflammation and healing process following the augmentation mammoplasty.

The thermal effects of electrosurgical devices used for focused preparation in breast surgery were tested in a specified porcine tissue ex vivo breast model using infrared imaging-based temperature measurements. A novel developed device proved to generate less slope in skin temperature rise and lower peak temperature than the standard device [126].

CRPS

A search in the database with the keywords "complex regional pain syndrome" or "CRPS" identified only two articles in addition to the annual literature survey [13]. A temperature asymmetry at the lower extremities in a 9-years old girl contributed in combination with severe pain in the region of the left foot, entrapment signs of the common peroneal nerve, hyperalgesia not limited to the distribution of the injured nerve and weakness to the diagnosis of complex regional pain syndrome type 2. 6 months after diagnoses all symptoms resolved due to intensive rehabilitation interventions [425].

Chinese researchers investigated in an animal model of CRPS-I the involvement of TRPV1, a non-selective cation channel important for integrating various painful stimuli, particularly noxious heat pain. A rat model of chronic postischemia pain (CPIP) was established to mimic CRPS-I. TRPV1 expression was significantly increased in hind paw tissue and small to medium-sized dorsal root ganglion (DRG) neurons of CPIP rats. Local pharmacological blockage of TRPV1 with a specific antagonist, at a dosage that does not produce hyperthermia or affect thermal perception or locomotor activity, effectively attenuated thermal and mechanical hypersensitivity in bilateral hind paws of CPIP rats and reduced the hyperexcitability of DRG neurons induced by CPIP. These findings identified an important role of TRPV1 in mediating thermal and mechanical hypersensitivity in a CRPS-I animal model [37].

Raynaud's phenomenon (RP)

7 papers were found with the key word "Raynaud's phenomenon" [13, 226, 240, 251, 303, 434, 550]. The annual literature survey contained a section on Raynaud's phenomenon [13]. The case of a Japanese 60-year-old woman was reported who presented with the combination of lymphedema on the right upper extremity and Raynaud's phenomenon on the middle, ring and little finger. Plastic surgery was performed including venous arterialization of the poorly perfused fingers, and lympho-venous anastomosis aiming reduction of congestion of lymph fluid [226]. 12 months after surgery the lymphedema was reduced, and the perfusion of the involved fingers was normal as visible in a symmetric distribution of skin temperatures on an infrared thermogram. However, labelling obstructed finger arteries as Raynaud's phenomenon may be questioned.

A pilot study investigated the blood flow in the distal part of fingers using Laser Speckle Contrast Analysis of patients with "early" systemic sclerosis (SSc) in comparison to patients with primary Raynaud's phenomenon or healthy controls. The authors mentioned thermography as a tool to assess blood flow indirectly but did not consider the thermal method due to its poor sensitivity in detecting variations in blood flow and its low spatial resolution. Blood flow of hands was found lower in patients with primary Raynaud's phenomenon than in SSc patients with the "early" pattern of microangiopathy obtained in nailfold video-capillaroscopy [303].

A literature survey on the management of patients with Raynaud's phenomenon was based on articles from the last 4 years. The Polish author mentioned infrared thermography as an assessment tool but did not recommend thermography as routine procedure for following up patients with primary Raynaud's phenomenon [143]. A review article on microvascular involvement in systemic sclerosis and systemic lupus erythematosus (SLE) mentioned thermography as clinical tool for the assessment of the microvasculature, but the authors criticised the lack of thermographic studies for evaluation of microcirculation in SLE patients [251].

Martini et al conducted a cross-sectional thermographic study in children presenting with either primary (PRP) or secondary Raynaud's phenomenon (SRP). Temperature findings prior and after a cold challenge were compared to age-matched healthy controls. The authors reported an excellent inter-rater agreement for temperature measurement at DIP joints and MCP joint of patients and controls. The results showed also that patients with PRP, SRP and healthy controls present with significant differences in basal finger temperature and in re-warming pattern after cold challenge [434].

Infrared imaging was used as outcome measure in clinical trials [240, 550]. Treatment with Pycnogenol, a dietary supplement derived from extracts from maritime pine bark, successfully reduced the severity of symptoms in patients with mild primary Raynaud's phenomenon [550].

In England, forty patients received 100 units of Btx-A, injected across both hands via a dorsal approach. Each patient had a baseline, 6- and 12-week hand assessment and thermographic image (FLIR E60bx) performed for the study. Eighty-eight percent of patients reported an improvement in symptoms including reduction in pain, improved colour change with reduced swelling and oedema at 6 weeks. Of these patients, 80% reported an improvement in cold intolerance with a reduction in the frequency and severity of Raynaud's attacks. There was a significant improvement in hand function assessment tools. Improvements in hand function and symptoms of RP were still evident at 12 weeks [240].

Fever

55 articles were retrieved with the keyword fever; many of them reported single cases presenting with increased core temperature due to predominately rare infections [165, 263, 268, 283, 299, 311, 322, 365, 404, 407, 615], caused by systemic or non-infectious diseases [141, 149, 156, 186, 225, 285, 310, 318, 346, 416,] or drug induced fever [290, 309, 385, 406]. 8 papers reported animal models for specific infections [53, 62, 134, 266] or for evaluation of antipyretic drug effects [41, 145, 179, 472].

A retrospective cohort study on 2746 patients who underwent 3298 urethrosopies for stone disease was conducted to identify risk factors for postoperative fever (POF) and systemic inflammatory response syndrome (SIRS). Female

gender, longer surgical time, medical complexity, and positive preoperative urine culture were associated with POF/SIRS after urethroscopy [199].

A survey among members of the European Society of Intensive Care Medicine explored fever management in patients with acute brain injury. A large proportion of respondents considered fever as a body temperature $>38.3^{\circ}\text{C}$. Among first-line methods to treat fever, ice packs were the most frequently utilized physical method, external non-automated system was the most frequent utilized device, and paracetamol was the most frequently utilized drug. Protocols for fever control and shivering management were available to 43% and 28% of respondents, respectively [394].

A clinical study in pediatric subjects was conducted on behalf of the FDA Center for Devices & Radiological Health in Maryland, USA; to evaluate the accuracy of three brands of inexpensive, off-the-shelf digital electronic thermometers. Temperature predictions of the off-the-shelf thermometer were compared to the measurements made simultaneously by a specially designed, calibrated, and fast-responding, computer-based reference thermometer. Oral and axillary measurement were taken in 89 sick and 212 healthy participants, who were assigned to 4 age groups (0–2 years, 3–6 years, 7–12 years, 13–18 years). Temperature results were recorded after 10, 30 and 120 seconds with the reference thermometer or one of the three brand thermometers. After 120 seconds the maximum in mean temperatures was reached. The differences between the reference and store brand thermometers were inconsistent, and ranged between -0.78°C and $+1.94^{\circ}\text{C}$. The axillary temperature was always lower than the oral temperature, but the difference varied by age group and applied thermometer [441].

In a private paediatric practice in Switzerland body temperature was prospectively measured due to suspected fever in 169 infants (81 girls) with a median age of months 9 (interquartile range 6–13). Two left and two right axillary, and two rectal measurements were taken with a digital thermometer at room temperature ($20\text{--}24^{\circ}\text{C}$). The median and interquartile range for axillary and rectal measurements were 36.9 ($36.3\text{--}37.6$) $^{\circ}\text{C}$ and 38.2 ($37.4\text{--}38.9$) $^{\circ}\text{C}$, respectively. The limits of agreement in the Bland-Altman plots were 0.32 to 1.98°C , with a mean bias of 1.15°C . Axillary thermometers showed a good sensitivity for detecting rectal temperature $> 38^{\circ}\text{C}$ (95%) but limited specificity (75%). Axillary readings have been always lower than rectal ones, the limits of agreement were quite wide. Axillary readings can be used for screening, but clinically significant temperature values should be confirmed by more reliable methods.

A systematic review spanning the period from 1935 to December 2017 collected articles presenting data on measured normal body temperature of healthy human subjects ages 18 and older. Other inclusion criteria were that a prospective design was used, and the paper was written in or translated into the English language. Thirty-six articles met

the inclusion criteria. This comprised 9227 measurement sites from 7636 subjects. The calculated ranges (mean \pm 2 standard deviations) were $36.3\text{--}37.8$ (rectal), $35.8\text{--}37.5$ (tympanic), $35.6\text{--}37.6$ (urine), $35.7\text{--}37.4$ (oral), and $35.0\text{--}36.9$ (axillary). Older adults (age ≥ 60) had lower temperature than younger adults (age < 60) by 0.23°C , on average. There was only insignificant gender difference [274].

In France, regularly updated national health guidelines exist on managing fever in children. To assess the current knowledge of parents on the recommendations for fever management, an observational, descriptive, quantitative national study was conducted with an online questionnaire among adult parents with children born between 2006 and 2017 who had a French health record. A total of 3295 parents were included from 03/12/2017 to 04/02/2018. The concordance of knowledge compared to current recommendations has improved in 10 years, especially regarding physical treatment (31% of parents had all the right answers) and drugs (95% paracetamol monotherapy). Shortcomings mainly concern the definition of fever, the idea that the temperature is correlated with severity, and the lack of knowledge of the sign of severity "age less than 3 months." [427].

Sports

25 articles were identified with the keyword "sports" OR "exercise" (20, 23, 33, 55, 173, 272, 335, 336, 337, 355, 363, 366, 396, 442, 486, 488, 493, 510, 514, 540, 546, 553, 574, 577, 602). 3 papers were related to sports performance in hot climate. (335, 493, 510). An article from Japan elucidated the inconsistency between the standard of care provided in Japan for exertional heat stroke (EHS) and what has been accepted as the gold standard by the scientific literature. Since severe environmental heat stress was prognosed for the Tokyo 2020 Summer Olympics, the authors proposed strategies for optimal EHS management that can maximize the safety of athletes and improve organizational resilience to heat [493].

In Kaunas, Lithuania, neuromuscular function was studied in young and elderly adults after their rectal temperature was increased by 2.5°C due to passive lower-body heating. Changes in reflex amplitudes were not observed under hyperthermia in either age group, but a greater decrease in maximal H-reflex and V-wave latencies was found in older than in young men. In older men, lower-body heating was accompanied by a significant increase in twitch and torque induced by electric stimulation combined with a greater decrease in muscle contraction time. There was no temperature dependent effect on the voluntary activation and maximal voluntary torque production [272]. Cooling the extensor-flexor muscles of women who had performed exhausting forearm muscle contractions resulted in significantly higher hand grip measurements in cooled than in uncooled subjects [602].

Several articles reported skin temperatures in various anatomical regions of athletes in different sports including judokas and jiu-jitsu athletes [540], competitive cross-country

runners [355], half marathon runners [173], tri-athletes [574] and tennis athletes [442]. The relationship between foot temperatures and footwear [33] and foot posture of runners [577] was investigated with thermal imaging. A case report hypothesised that skin temperature may predict the decrease in power of the exercising quadriceps muscle [337]. A group from Brazil proposed thermal imaging as tool of injury prevention in professional soccer players. Based on side-to-side differences in local skin temperatures of the lower extremities a preventive procedure was started, thus resulted in a decrease of muscle injuries from season 2015 to season 2016 [488]. However, this result support the effectiveness of the preventive intervention, but does not proof the ability of thermal imaging does see evolving muscle injuries.

The effect of whole-body vibration exercise on skin temperature was reported in two studies. A study conducted in Brazil examined 19 healthy subjects after exposure to vibrations of 0, 30 and 50 Hz, each for 60 seconds. The statistical analysis indicated that skin temperatures decreases with time, independently of the vibration frequency [22]. In a small group of 10 women with mild grade cellulite a series of whole-body vibration exposures resulted in an increase of skin temperature and improvement of the clinical symptoms [55].

Exercise therapy in defined disease entities was topic in two other studies. After general rehabilitation exercise a decrease of skin temperature was observed in all regions of the body, both in subjects with Down syndrome and in healthy controls. 15-min later, skin temperatures of controls recovered to the baseline values or even exceeded them significantly, whereas in the group with Down syndrome the skin temperatures did not return to the baseline readings [456]. Different to interpretation by the authors of this study, the behaviour of skin temperature, however, does not allow to evaluate thermoregulation, since skin temperature is not the target of thermoregulation.

After a single bout of cycling exercise (rate of metabolic heat production: $\sim 4.5 \text{ W/kg}^{-1}$) for 60 min, individuals with multiple sclerosis exhibited an attenuated increase in cumulative whole-body sweat loss after 30 min and 60 min as well as lower sweating rate per skin area per $^{\circ}\text{C}$ than healthy controls. Despite evidence for dysfunction in thermoregulatory effectors, there were no differences between multiple sclerosis patients and controls in oesophageal or rectal temperatures at 30- or 60-min time points. Cutaneous vasculature responses were also not different in both groups of subjects [363].

Discussion

The search profile of this year's survey is identical to that of the literature review of last year [13], but due to the inclusion of badly matched articles in previous annual surveys, all hits retrieved in this search were individually checked if they fulfilled the main inclusion criteria medicine and thermometry. This procedure resulted in a large reduction of total references due to exclusion of papers related to

techniques applying near infrared or dedicated to temperature measurement in chemistry, pharmacology or pharmacy.

The focus of detailed description of papers is temperature measurement in four clinical entities i.e. complex regional pain syndrome, Raynaud's phenomenon, breast cancer and fever. Like in last year's survey, the description included also articles related to temperature measurements in sports and exercise science. In Raynaud's phenomenon, quantitative thermal imaging becomes slowly fully recognised and accepted as tool for assisting diagnosis and as a reliable outcome measure. The involvement of the transient receptor potential cation channel subfamily V member 1 (TRPV1) in the pathomechanism of the complex regional pain syndrome (CRPS) establish a clear relationship between temperature sensing and pain sensation. The interest in sports science in thermal imaging is continuing, but the technique is not yet established as a method for performance assessment or injury prevention. Much work was published on magnetic resonance imaging-based thermometry, since this is a necessary tool for monitoring focused hyperthermia treatment.

English continues to be the predominant language for medical publication. Russian achieved the second rank in publication languages displacing Chinese to the third rank. The diversity in publication languages is slightly recovering.

Like in previous years, publication productivity fluctuates constantly between the continents. In 2019, most articles were authored in Europe (43,1%), Asia and North America contributed each 25 % to the total of published articles, but the number of research papers from South America and Africa decreased whilst the number of papers from Australia & New Zealand remained on the level of 2018. 25% of corresponding authors originate from Asia. 24% dwell in China, 20.8% in Japan, 13.0% in South Korea, 11.0% in India, and 7.1% in Iran. The portion of publications from China remained on the same level but the number of articles from India decreased. Related to the overall quality of thermology research, there is still ample space for improvements in methodology, scientific rigor and clear description of research aims.

In conclusion, this years' literature survey was based on a literature search in Scopus. Due to the limitations in selecting appropriate papers, the results should be understood as estimation of quantitative distribution of thermology papers in the database Scopus. Surgery, Radiology and Physiology & Endocrinology were frequently identified fields of temperature measurement in medicine. While there are good results in the application of thermal imaging for Raynaud's phenomenon, thermography has only a very limited role in breast cancer and the value in sports science is not yet defined.

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2020

17th-19th April 2019

24th Conference of the Polish Association of Thermology Combined with the European Association of Thermology in Zakopane

Conference venue:

HYRNI Hotel, Pilsudskiego str 20, Zakopane

Abstract deadline March 15th 2019

Please send your abstract to

a.jung@spencer.com.pl or

armand.cholewka@gmail.com

Accepted abstracts will be published in Thermology International.

Accommodation (2 nights) / meals, welcome dinner 130 E per person (participant, accompanying person) will be paid in cash/credit card on arrival in hotel reception

EARLY RESERVATION FOR ACCOMMODATION before March 15th to ensure hotel reservation by email to a.jung@spencer.com.pl

Organising Committee

Prof.Armand Cholewka Ph.D, Eng

Prof.Anna Jung MD, Ph.D

Dr.Janusz Zuber MD,Ph,D

Teresa Kasprzyk MSc,Eng

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Prof.Boguslaw Wiecek Ph.D, Eng (Poland)

PROGRAMME AT A GLANCE.

17th April, Friday - 7 p.m.

Welcome Dinner (HYRNY Hotel)

18th April, Saturday

9.00 - 11.00 Session I

11.00 - 11.20 Coffee break

11.20 -13.00 Session II: In Memory of Francis Ring

13.00 - 14.15 Lunch

14.30 - 16.00 Session III

16.00 - 16.15 Coffee break

16.15 - 18.00 EAT board meeting

Further information:

Prof Anna Jung

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Prof. Armand Cholewka

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6th - 10th July 2020

The 15th Conference on Quantitative InfraRed Thermography in Porto, Portugal

Abstract submission has now closed, a provisional programme schedule is available at <http://www.qirt2020.com>

A short introductory course on “Biomedical Application of infrared thermography” is scheduled on Monday, 6th July 2020

The cost of Pre-conference short courses is 200 € and is not included in the QIRT2020 conference registration fee, you can register in the courses through the conference e-mail: qirt2020@fe.up.pt and you will receive an invoice to perform the payment. An attendance certificate will be provided.

For further information and updates, please visit the website: <http://www.qirt2020.com> or contact the organizing committee at qirt2020@fe.up.pt 20th – 23rd July 2020

15th International Conference on Heat Transfer, Fluid Mechanics and Thermodynamics (HEFAT2020) in Amsterdam

The conference is co-sponsored by the International Centre for Heat and Mass Transfer (ICHMT) and the American Society of Thermal and Fluids Engineering (ASTFE).

Venue

NH Collection Amsterdam Grand Hotel Krasnapolsky, Amsterdam, Netherlands

Purpose

The conference is broad in scope and provides a forum for specialists in heat transfer, fluid mechanics and thermodynamics from all corners of the globe to present the latest

progress and developments in the field. The broad scope brings together a wide range of research areas from narrow fundamental work in nanofluids to import applications such as in the broad fields of energy, manufacturing, biomedical processes, production, education, instrumentation and control, and MEMS. This will not only allow the dissemination of the state of the art, but it will serve as a catalyst for discussions on future directions and priorities in these areas. The additional purpose of this conference is to initiate collaboration in research.

Important deadlines

28 February 2020 Deadline for submission of online abstracts

31 March 2020: Deadline for submission of full papers

Abstract submission portal:

<https://www.eiseverywhere.com/eSites/hefat2020/Homepage>

Dates

19th July 2020 | Arrival, Registration & Welcome Function

20th - 22nd July 2020 | Conferencing & Banquet Dinner (22nd July 2020)

23rd July 2020 | Checkout & Departure

Conference website:

<https://www.eiseverywhere.com/ehome/hefat2020>

17th - 19th September 2020

V International Consensus and Guidelines on Medical Thermology (2020 ICGMT) in Curitiba, Brazil.

This meeting is held every year and devoted to the science of Medical Thermology. The ICGMT will be done together with the VI South Brazilian Congress of Pain (VI CSBDor) and South Brazilian Congress of Intervention in Pain. The main event theme will be “Technology and Innovation in Pain”, and it is been locally organized by Brazilian Association of Medical Thermology (ABRATERM), with partnership to Brazilian Medical Association, Brazilian Society for the Study of Pain, Brazilian Association of Physical Medicine and Rehabilitation, Brazilian Association of Legal Medicine. Curitiba city is the capital of Parana State at Brazil, and near the international Iguazu Falls, the largest waterfall in the world!!

Please let us know about your intention to attend by sending an email to the address: termometria@yahoo.com.br (information required: short paper's title, authors, and affiliations), until 31st July 2020.

Deadline for sending the short paper: 19th August (email: termometria@yahoo.com.br).

On behalf of the Organizing Committee

Prof Manoel Jacobsen Teixeira, ICGMT President

Prof Marcos Brioschi, Local Organizing Committee, Neurology Department, Sao Paulo University Hospital.

19th -20th November 2020

International Congress on Application of Infra-red Thermography in Sport Science in Valencia

The Research Group in Sport Biomechanics (GIBD), research group of the Faculty of Physical Activity and Sports Science of the University of Valencia are delighted to invite you to the **I International Congress on Application of Infrared Thermography in Sport Science** scheduled to take place in Valencia, Spain at 19-20 November 2020. In our debut congress, we intend to carry out a meeting for researchers, students and every professional interested in explore the applicability of this technique in the sport field.

Registration

	Reduced (deadline: 31/03)	Regular (deadline: 30/06)	Advanced
Students of the University of Valencia, EAT-members	50 €	75 €	100 €
Students	85€	110 €	135 €
Professionals of the University of Valencia, collaborating organizations and EAT -members	120 €	145 €	170 €
Professionals	165 €	190 €	215 €

Key dates - Abstract

- Deadline first submission of communications 10/03
- First period of acceptance of communications 20/03
- Second submission of communications deadline 31/05
- Second period of acceptance of communications deadline 15/06

Registration and abstract submission must be performed via the congress website at

<http://esdeveniments.uv.es/46102/section/23124/i-international-congress-on-application-of-infrared-thermography-in-sport-science.html>

12th - 13th December 2020

4th Asian Congress of Thermology and 40th Korean Society of Thermology

Venue: National Health Insurance Service Ilsan Hospital

Further Information:

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FIRST ANNOUNCEMENT



WROCLAW UNIVERSITY
OF ENVIRONMENTAL
AND LIFE SCIENCES

XV Congress of the European Association of Thermology

1st – 4th September 2021

Faculty of Biology and Animal Science

Wrocław University of Environmental and Life Sciences

Wrocław, Poland



XV Congress of the European
Association of Thermology

Wrocław • POLAND 2021

www.eurothermology.org

The EAT and Wrocław University of Environmental and Life Sciences are delighted to invite you to participate in the XV EAT Congress in Wrocław, Poland from 1st to 4th September 2021.

The European Association of Thermology exists to promote, support and disseminate research in thermometry and thermal imaging in the fields of human and veterinary medicine and biology. We do this through our peer-reviewed journal Thermology International, regional seminars around Europe, and our flagship Congress, which takes place every three years.

Following on from the most recent meetings in Porto (2012), Madrid (2015) and London (2018) the Congress heads to eastern Europe for 2021 to Wrocław in Poland.

The Organising Committee looks forward to welcoming you to Wrocław University of Environmental and Life Sciences in the summer of 2021.



Dr. Kevin Howell
EAT President

VENUE.

Wrocław lies on the banks of the River Oder in western Poland, and is the capital of the Lower Silesian Voivodeship. It was the European Capital of Culture in 2016, and won the "European Best Destination" title in 2018.



Our venue will be the Faculty of Biology and Animal Science at the prestigious University of Environmental and Life Sciences on Chelmonskiego Street in the eastern suburbs of Wrocław. The Faculty building boasts excellent conference facilities including a large lecture theatre, ample lobby space for networking and poster presentations, and a spacious restaurant for lunch breaks. This is the perfect environment for delegates to present their thermological research at Europe's flagship biomedical temperature congress.



XV Congress of the European
Association of Thermology
Wrocław - POLAND 2021

XV EAT CONGRESS, 1st – 4th September 2021, Wrocław



ORGANISING COMMITTEE

Maria Soroko (POL), Chair

Kurt Ammer (AUT)
 Wanda Górniak (POL)
 Kevin Howell (GBR)
 Anna Jung (POL)
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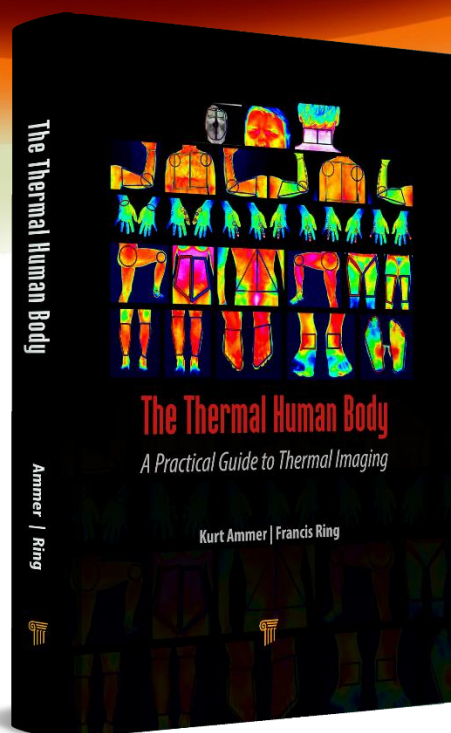


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The Thermal Human Body

A Practical Guide to Thermal Imaging



by
Kurt Ammer & Francis Ring

Reviews

"There is no way to study thermal imaging and not learn from the writings of Francis Ring and Kurt Ammer. Pioneers of the application of infrared thermography in medicine, the authors unveil the direction for a sensible use of the method. Luck for us—students, professionals and enthusiasts—because we can be grateful to receive a differentiated material that shortens the learning path. No doubt a remarkable book."

- **Prof. Danilo Gomes Moreira**, Science and Technology of Minas Gerais, Brazil

"This book is set to become essential reading for anyone who wants to perform reliable thermal imaging of the human body, whether it be in medicine, clinical practice, sports science or research."

- **Prof. Graham Machin**, National Physical Laboratory, UK

"This book is a wonderful practical guide that takes the reader through all the main stages required and will be of special interest for those interested in entering the fascinating field of clinical thermal imaging."

- **Prof. James B. Mercer**, UiT—The Arctic University of Norway, Norway

Description

This book is a guide for the constantly growing community of the users of medical thermal imaging. It describes where and how an infrared equipment can be used in a strictly standardized way and how one can ultimately comprehensively report the findings. Due to their insight into the complex mechanisms behind the distribution of surface temperature, future users of medical thermal imaging should be able to provide careful, and cautious, interpretations of infrared thermograms, thus avoiding the pitfalls of the past. The authors are well-known pioneers of the technique of infrared imaging in medicine who have combined strict standard-based evaluation of medical thermal images with their expertise in clinical medicine and related fields of health management.

Key Features

- Combines the physics of heat transfer with thermal physiology to understand skin temperature distribution
- Provides a framework for standardized recording and analysis of medical thermal images
- Includes an atlas of body positions of proven reproducibility for infrared image capture
- Proposes regions of interests for reliable quantitative analysis

How to Order



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progress and developments in the field. The broad scope brings together a wide range of research areas from narrow fundamental work in nanofluids to import applications such as in the broad fields of energy, manufacturing, biomedical processes, production, education, instrumentation and control, and MEMS. This will not only allow the dissemination of the state of the art, but it will serve as a catalyst for discussions on future directions and priorities in these areas. The additional purpose of this conference is to initiate collaboration in research.

Important deadlines

28 February 2020 Deadline for submission of online abstracts

31 March 2020: Deadline for submission of full papers

Abstract submission portal:

<https://www.eiseverywhere.com/eSites/hefat2020/Homepage>

Dates

19th July 2020 | Arrival, Registration & Welcome Function

20th - 22nd July 2020 | Conferencing & Banquet Dinner (22nd July 2020)

23rd July 2020 | Checkout & Departure

Conference website:

<https://www.eiseverywhere.com/ehome/hefat2020>

17th - 19th September 2020

V International Consensus and Guidelines on Medical Thermology (2020 ICGMT) in Curitiba, Brazil.

This meeting is held every year and devoted to the science of Medical Thermology. The ICGMT will be done together with the VI South Brazilian Congress of Pain (VI CSBDor) and South Brazilian Congress of Intervention in Pain. The main event theme will be “Technology and Innovation in Pain”, and it is been locally organized by Brazilian Association of Medical Thermology (ABRATERM), with partnership to Brazilian Medical Association, Brazilian Society for the Study of Pain, Brazilian Association of Physical Medicine and Rehabilitation, Brazilian Association of Legal Medicine. Curitiba city is the capital of Parana State at Brazil, and near the international Iguazu Falls, the largest waterfall in the world!!

Please let us know about your intention to attend by sending an email to the address: termometria@yahoo.com.br (information required: short paper's title, authors, and affiliations), until 31st July 2020.

Deadline for sending the short paper: 19th August (email: termometria@yahoo.com.br).

On behalf of the Organizing Committee

Prof Manoel Jacobsen Teixeira, ICGMT President

Prof Marcos Briochi, Local Organizing Committee, Neurology Department, Sao Paulo University Hospital.

19th -20th November 2020

International Congress on Application of Infra-red Thermography in Sport Science in Valencia

The Research Group in Sport Biomechanics (GIBD), research group of the Faculty of Physical Activity and Sports Science of the University of Valencia are delighted to invite you to the **I International Congress on Application of Infrared Thermography in Sport Science** scheduled to take place in Valencia, Spain at 19-20 November 2020. In our debut congress, we intend to carry out a meeting for researchers, students and every professional interested in explore the applicability of this technique in the sport field.

Registration

	Reduced (deadline: 31/03)	Regular (deadline: 30/06)	Advanced
Students of the University of Valencia, EAT-members	50 €	75 €	100 €
Students	85€	110 €	135 €
Professionals of the University of Valencia, collaborating organizations and EAT -members	120 €	145 €	170 €
Professionals	165 €	190 €	215 €

Key dates - Abstract

- Deadline first submission of communications 10/03
- First period of acceptance of communications 20/03
- Second submission of communications deadline 31/05
- Second period of acceptance of communications deadline 15/06

Registration and abstract submission must be performed via the congress website at

<http://esdeveniments.uv.es/46102/section/23124/i-international-congress-on-application-of-infrared-thermography-in-sport-science.html>

12th - 13th December 2020

4th Asian Congress of Thermology and 40th Korean Society of Thermology

Venue: National Health Insurance Service Ilsan Hospital

Further Information:

Ho Yeol Zhang, M.D., Ph.D.

Department of Neurosurgery, National Health Insurance Service ILSAN Hospital

Clinical Professor, Yonsei University College of Medicine President, Korean Society of Thermology

Director, Data Center for Korean Body Temperature, Republic of Korea

Email: hyzhang@nhimc.or.kr

FIRST ANNOUNCEMENT



WROCLAW UNIVERSITY
OF ENVIRONMENTAL
AND LIFE SCIENCES

XV Congress of the European Association of Thermology

1st – 4th September 2021

Faculty of Biology and Animal Science

Wrocław University of Environmental and Life Sciences

Wrocław, Poland



XV Congress of the European
Association of Thermology

Wrocław • POLAND 2021

www.eurothermology.org

The EAT and Wrocław University of Environmental and Life Sciences are delighted to invite you to participate in the XV EAT Congress in Wrocław, Poland from 1st to 4th September 2021.

The European Association of Thermology exists to promote, support and disseminate research in thermometry and thermal imaging in the fields of human and veterinary medicine and biology. We do this through our peer-reviewed journal Thermology International, regional seminars around Europe, and our flagship Congress, which takes place every three years.

Following on from the most recent meetings in Porto (2012), Madrid (2015) and London (2018) the Congress heads to eastern Europe for 2021 to Wrocław in Poland.

The Organising Committee looks forward to welcoming you to Wrocław University of Environmental and Life Sciences in the summer of 2021.



Dr. Kevin Howell
EAT President

VENUE.

Wrocław lies on the banks of the River Oder in western Poland, and is the capital of the Lower Silesian Voivodeship. It was the European Capital of Culture in 2016, and won the "European Best Destination" title in 2018.



Our venue will be the Faculty of Biology and Animal Science at the prestigious University of Environmental and Life Sciences on Chelmonskiego Street in the eastern suburbs of Wrocław. The Faculty building boasts excellent conference facilities including a large lecture theatre, ample lobby space for networking and poster presentations, and a spacious restaurant for lunch breaks. This is the perfect environment for delegates to present their thermological research at Europe's flagship biomedical temperature congress.



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