



Newsletter

Leading headache science, education and management globally

Letter from the President

Contents

Update from the Honorary Secretary
Stefan Evers

IHS membership

Cephalalgia highlights 2020
Arne May

Association between COVID-19 and headache
Kuan-Po Peng

20th International Headache Congress 2021 – Berlin, Germany

4th MENA meeting
Aynur Özge

IHS grants 2021

Calendar of events

Editorial board

Messoud Ashina
Stefan Evers
Oliver Summ
Carol Taylor



Messoud Ashina

Dear Colleagues

It is my pleasure to announce that for the first time in September 2021 IHS will unite with the European Headache Federation (EHF) for a joint International Headache Congress (IHC) in Berlin, Germany. The congress will be organised as a hybrid congress – which means there will be onsite participation in Berlin for everyone, while other participants can take part in the congress through an online platform. More information about the congress can be found later in this newsletter.

The current IHS Honorary Secretary and Honorary Treasurer will retire following the IHC in September 2021. Both positions are essential for the function of the society and we have therefore asked IHS members to send us expressions of interest for the two positions. I am pleased to announce that the Board has appointed Dr Patricia Pozo-Rosich, Spain, as our next IHS Honorary Secretary and Dr Fayyaz Ahmed, UK, as our next Honorary Treasurer. We welcome the new Executive members and look forward to working with them in their new roles.

Finally, please remember to renew your membership and tell your colleagues about the benefits of being an IHS member. We need more members especially from under-represented regions such as Latin America, Africa, Middle East and Asia.

Sincerely yours
Messoud Ashina
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IHS grants available in 2021

IHS Fellowship award

Junior travel grants to IHC/EHF 2021

Headache Trainee Programme - for young researchers/physicians from developing countries

Short-stay scholarships - for young researchers/physicians from developing countries

For more information please see page 15 of this newsletter and the **IHS website**

Update from the Honorary Secretary – IHS Annual General Meeting overview



Stefan Evers

**IHS AGM held
virtually for the
1st time**

In this issue of the newsletter I would like to report on the IHS Annual General Meeting which for the first time ever was held virtually on 5 October 2020. Thank you to those members who attended.

Messoud Ashina as President opened the meeting and highlighted the launch of the new IHS website which has content in different languages to establish IHS as a global society.

My report as Secretary presented an overview of the past 12 months for the society.

In 2020 IHS welcomed Israel as an Affiliate Member Society – IHS now has 54 Affiliate Member Societies representing 53 countries. Membership numbers in 2020 are lower than 2019, with 1,200 members versus >1,500 in 2019. It is usual for member numbers to drop in years when IHS does not hold the International Headache Congress (IHC) and they are expected to rise again in 2021. IHS will work to increase membership numbers and keep members engaged in non-IHC years. I urged all members to encourage their colleagues, in particular their juniors, to become members of IHS. The number of Associate Members, membership offered free of charge to researchers and physicians from developing countries, increased to >1,250.

The membership fee has remained stable since 2015 and there will be no increase in 2021.

Trustee elections will be held in 2021. The call for nominations for the President-elect has been sent to members by the Leadership, Development and Nominations Committee. A call for Trustees will be sent early in 2021; Mario Peres, Patricia Pozo Rosich and Todd Schwedt will leave the Board and three new trustees will be elected.

Cephalalgia has had a good year scientifically and financially. The impact factor increased to 4.868; the journal is ranked 30 of 204 in clinical neurology journals, and 53 of 271 in neuroscience journals.

Cephalalgia Reports is now listed in the Directory of Open Access Journals (DOAJ) and SCOPUS.

IHS continues to be active in Education despite the travel restrictions caused by the COVID-19 pandemic. The society supported the Middle East and North Africa (MENA) meeting which was successfully held as a virtual meeting at the end of October. Visiting Professors were sent to Bangladesh and Mexico; two others have been postponed until 2021.

Three Headache Trainees were awarded to young physicians from Colombia, Malaysia and Thailand who will visit centres in Brazil and London, hopefully in 2021. The Trainees and Residents SIG awarded five Short-Stay Scholarships to young physicians from Armenia, Brazil, Iran (2) and Russia to spend up to 6 weeks in headache centres in London and Denmark. These grants have also been postponed and will likely take place around IHC 2021. The IHS Fellowship application deadline has been extended to December 2020. IHS has



**IHC 2021 to be a
joint congress
with EHF in
Berlin in
September**

funded two young participants for the Danish Master in Headache Disorders course.

The IHS website has been upgraded and included relaunch of the online learning centre. New content includes webinars, videos and podcasts on many headache topics. The Core Curriculum has been updated and translated into several languages, all freely available in the learning centre.

IHS continues collaboration with Lifting the Burden on the global burden paediatric study with IHS-funded studies in Zambia, Iran and Mongolia; the results of the study in Mongolia have been published and can be found online, and Zambia and Iran are nearing conclusion.

Following a call for proposals two research grants were awarded for multicentre scientific projects from over 30 applications received.

The Board reviewed the 2021 IHC which was to have been held in Helsinki, Finland. Due to concerns over the venue and the ongoing pandemic, it has been agreed to hold a joint congress with the European Headache Federation (EHF) in Berlin, Germany, in September 2021. The congress tagline is Headache Science to Optimise Patient Care. The Congress Chairs will be Messoud Ashina and Zaza Katsarava, and the Scientific Programme Committee is Chaired by Patricia Pozo Rosich and Todd Schwedt for IHS and Christian Lampl for EHF. IHC 2023 will be held in Seoul, South Korea.

The Treasurer reported on the 2019 finances, which are currently being audited.

- 2019 income: £ 2,061,977
- 2019 expenditure: £ 1,988,278
- Surplus: £ 73,699

The annual income, excluding IHCs, is primarily from sponsorship for educational activities, Cephalalgia royalty, membership fees and Corporate Roundtable membership. Investments have been also been successful in recent years.

Member numbers were a record high in 2019 due to delegates joining to take advantage of reduced registration fees for IHC and grants offered for attending iHEAD.

The expenditure was mostly on IHC 2019 Dublin, fellowships and grants, education activities, committee and administration and the cost of Cephalalgia for members.

IHS is in a strong financial position and the society should therefore withstand the current COVID environment.

Stefan Evers
everss@uni-muenster.de

Membership renewal

Members – have you renewed your membership?


Check your inbox for details of how to renew for 2021

Don't miss out on your member benefits!

IHS Membership

Join IHS to take advantage of the IHS Online Learning Centre content


Read *Cephalalgia* in print, online or through the member App



International Headache Society
Leading headache science, education and management globally

Join IHS

Cephalalgia access
Reduced IHC registration
Online learning
Network



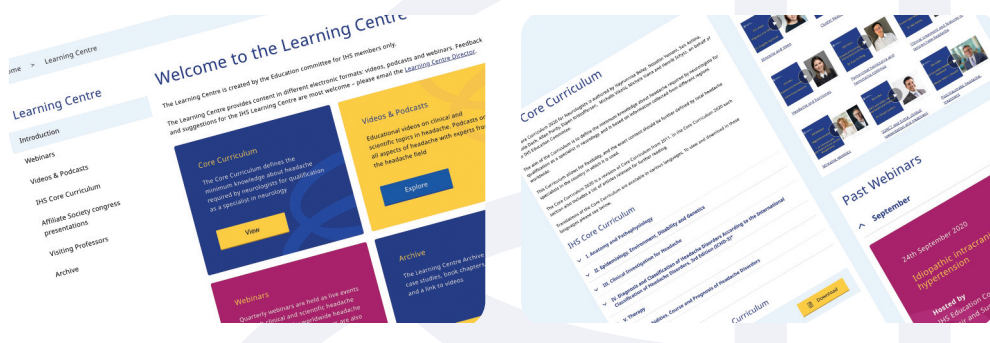
Don't miss out on these fantastic membership benefits!

IHS membership offers subscription to *Cephalalgia*, an ever-increasing collection of videos, podcasts and other educational content in the Online Learning Centre, quarterly webinars, and reduced registration fees for IHC, the bi-ennial International Headache Congress, with the 2021 congress being held in September 2021 in Berlin, Germany.

Online Learning Centre

In 2020 the online learning centre has been given new life – content includes

- **Videos** – cluster headache, headache and COVID-19, migraine and sleep, headache and hormones, paroxysmal hemicrania and hemicrania continua, treatment of tension-type headache, presentation and treatment of SUNCT and SUNA, post-traumatic headache, characteristics of migraine with and without aura, medication overuse headache – diagnosis and treatment, understanding visual snow syndrome, new daily persistent headache and trigeminal neuralgia diagnosis, pathophysiology and treatment. All videos are available with English, Spanish and Chinese subtitles
- **Webinars** – cluster headache, idiopathic intracranial hypertension and spontaneous intracranial hypotension
- **Podcasts** – interviews with Gisela Terwindt and Arn van den Maagdenberg on migraine genetics, Nazia Karsan on premonitory symptoms in migraine, Peter Goadsby and Jes Olesen on the Classification (ICHD), Michael Moskowitz on his career in migraine science, and headache care during the coronavirus pandemic



Subscription to *Cephalalgia*

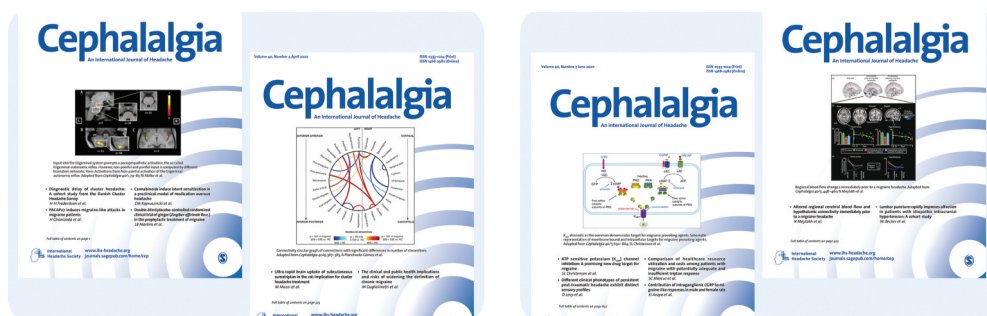
Cephalalgia is the official journal of IHS and members can **choose from a print copy or online-only access**. An app for the journal is also available, only for IHS members.

The journal is published 14 times per year and provides an international forum with cutting edge original articles, editorials, reviews, letters, clinical correspondence and short communications on both clinical and basic research.

Cephalalgia contains original papers on all aspects of headache; recent hot articles include an issue on COVID-19 and headache (reviewed later in this newsletter), cluster headache specifically in Asian populations, the International Classification of Orofacial Pain, published



**Discounted IHC
registration fees
for IHS
members**



in collaboration with the International Association for the Study of Pain, temporal changes of circadian rhythmicity in cluster headache, a review of current knowledge of post-traumatic headache due to mild traumatic brain injury, and articles discussing whether doctors in Germany treat their migraine differently to how they treat their patients.

As an additional member benefit, all IHS members can access the online version of *The Neuroscientist*, which publishes state of the art reviews to keep you up to date on the advances emerging in the neurosciences and related disciplines.

International Headache Congress

IHS members can **take advantage of reduced registration fees for the bi-ennial IHCs**. The last IHC in Dublin was a huge success with over 2,000 delegates attending, and we hope the next congress, which for the first time will be a joint congress with the European Headache Federation in Berlin, Germany, in September 2021, will be as successful.

**Abstract
submission
now open!**



The IHC programmes provide delegates with the latest therapies, developments and research in the headache and migraine field which will enhance your knowledge of the whole spectrum of headache disorders. The programmes target all physicians, scientists, researchers, international experts and healthcare professionals with an interest in migraine and headache disorders through a mix of introductory teaching courses, plenary sessions with invited speakers, parallel advanced clinical and scientific courses, as well as platform and poster scientific sessions.

Abstract submission is now open - registration will open in February 2021. Details of the programme can be found later in this newsletter.

Let's all meet in Berlin in September 2021!



Cephalalgia highlights 2020

Cephalalgia continues as the foremost source of the most important clinical, basic and imaging science

Over 500 articles published on COVID-19 mention headache



Arne May

I am pleased to highlight some important science published in *Cephalalgia* in 2020. *Cephalalgia* continues as the foremost source for the most important clinical, basic, and imaging science produced by the world's leading clinicians and scientists in the field of headache. I will highlight only a portion of the most recent advances published over the past year.

2020 is the year when the coronavirus disease COVID-19 hit the world. The speed at which we learned about this virus leading to now an effective vaccine is truly remarkable. A search of COVID-19 in PubMed came up with an amazing 74,637 results (assessed 17 November 2020). With an extended word search for headache, the result is still 505 articles, equating to more than 500 papers on COVID-19 and headache in 1 year. Although only some of these papers dealt specifically with headache, this is a breathtakingly fast submission and acceptance rate for papers. From a personal perspective, remember your last experiments and manuscript preparations? It usually takes years from the design of an experiment, the collection and analysis of data, and then writing the paper, let alone the time to see it published.

Generally scientific journals, and *Cephalalgia* is no exception, take several weeks or even a couple of months to peer-review, re-review, and discuss changes with authors before, and if at all, clearing a manuscript for production. And now a torrent of 500 papers which mention headache in COVID-19 in 2020 were published. What have we learned from all this? *Cephalalgia* tried to summarise this and in November published an open-access special issue on COVID-19 and headache covering four excellent epidemiological studies focusing on the headache characteristics and phenotypic characterisation, and a couple of papers covering associations with other symptoms such as ageusia and anosmia, intracranial hypotension, and even the impact of the lockdown on children with headache. These original papers are flanked by an excellent historical review by Todd Rozen and an in-depth editorial by Kuan-Po Peng.

It becomes more evident now that headache is indeed one of the leading clinical symptoms in COVID-19. But this headache is fairly unspecific and seems to represent the range of headache phenotypes of any acute respiratory illness, thus resembling an adequate physiological response to an acute infectious disease and, as far as we know today, no more.

Kuan-Po Peng

Association between COVID-19 and headache: what evidence and history tell us. *Cephalalgia* 2020;40:1403–1405.

Todd D Rozen

Daily persistent headache after a viral illness during a worldwide pandemic may not be a new occurrence: lessons from the 1890 Russian/Asiatic flu. *Cephalalgia* 2020;40:1406–1409.



Students with migraine join together in the social network

A very elegant and indeed thought provoking paper dealt with the question whether the chances of having migraine are influenced by a youth's friendship with a migraineur. The authors explored social influences on incident migraine using a longitudinal (with a 1-year observational period) statistical model to examine whether the development of migraine in one adolescent was associated with that in his/her friends. Amazingly, this study suggests that students with migraine tend to cluster together in the social network and that the relative risk of an adolescent becoming a migraineur is significantly higher if his/her friend became a migraineur during the 1-year observational period. The authors suggested that these findings may be partly attributable to the so-called "homophily" effect by which adolescents selected friends with similar traits or friends who resembled themselves. These rather surprising findings certainly demand more studies into this phenomenon.

Yi-Ju Pan, Yu-Chun Chen, Shiang-Ru Lu, Kai-Dih Juang, Shih-Pin Chen, Yen-Feng Wang, Jong-Ling Fuh, Shuu-Jiun Wang

The influence of friendship on migraine in young adolescents: a social network analysis. *Cephalalgia* 2020;40:1321-1330.

Another thought provoking study was published by colleagues from Taiwan, Japan and South-Korea. They suggested that patients with cluster headache in Asian populations show a stronger male predominance compared to European and North American populations. The clinical presentation of restlessness was not as common in Asian as it was in European and North American countries, and Asian patients with aura were extremely rare. Patients in Asian countries may have a lower circadian rhythmicity of cluster headache and a lower headache load, as demonstrated by lower attack frequencies per day, bout frequencies, and bout durations. We tend to ignore this but regional differences in the presentation of headache – and in this case cluster headache – exist and need to be better explored.

Kuan-Po Peng, Tsubasa Takizawa, Mi Ji Lee

Cluster headache in Asian populations: similarities, disparities, and a narrative review of the mechanisms of the chronic subtype. *Cephalalgia* 2020;40:1104-1112.

Mi Ji Lee, Soo-Jin Cho, Jeong Wook Park, Min Kyung Chu, Heui-Soo Moon, Pil-Wook Chung, Jae-Myun Chung, Jong-Hee Sohn, Byung-Kun Kim, Byung-Su Kim, Soo-Kyoung Kim, Tae-Jin Song, Yun-Ju Choi, Kwang-Yeol Park, Kyungmi Oh, Jin-Young Ahn, Sook-Young Woo, Seonwoo Kim, Kwang-Soo Lee, Chin-Sang Chung

Temporal changes of circadian rhythmicity in cluster headache. *Cephalalgia* 2020;40:278-287.

It is increasingly important to publish studies with large numbers and long observation periods to inform us authoritatively about clinical outcomes and developments. The group around Christian Wöber did exactly this and included all patients with medication overuse headache treated from 1984 to 2015. Within these 32 years, a total of 787 patients accounted for 904 inpatient withdrawal therapy admissions. The authors can show a trend towards changes in the pre-existing headache type in this retrospective study. They also show a decrease in the time since onset of headache and medication overuse headache, a decrease in the number of drug doses used per month, and changes in the

Comparisons and disparities between patients with cluster headache in Asia and Europe/N America



Studies with large numbers and long observation periods are increasingly important

We need to use ICOP in scientific and daily life - starting today

type of drugs overused. Such data can only be gathered when excellent researchers stay at the same institution and have the foresight and academic strength to follow such a research question over a long time. We need more such clinically driven data.

Sabine Salhofer-Polanyi, Karin Zebenholzer, Thomas Berndt, Kastriot Kastrati, Sandra Raab, Patricia Schweitzer, Tim Stria, Pavao Topic, Christian Wöber
Medication overuse headache in 787 patients admitted for inpatient treatment over a period of 32 years. *Cephalalgia* 2020;40:808–817.

Cephalalgia published in 2020 a series of already highly cited reviews and original papers spanning the whole range of bench and animal work over clinical case series, genetic and neuroimaging and epidemiological and pharmacological studies. There is not enough space here to highlight them all. I am particularly proud of the very first publication in 2020, namely the International Classification of Orofacial Pain (ICOP). There are several reasons for the fact that, compared to the headache field, the investigation and subsequent development of treatment options for facial pain remained slow. An important factor was the lack of a comprehensive facial pain classification. The collaborative effort by dentists, temporomandibular disorders (TMD) specialists, neurologists and psychologists and also members of the Orofacial and Head Pain Special Interest Group (OFHP SIG) of the International Association for the Study of Pain (IASP), the International Network for Orofacial Pain and Related Disorders Methodology (INFORM), the American Academy of Orofacial Pain (AAOP) and IHS made it possible to present, for the first time, an internationally accepted facial pain classification. The representation of the major associations involved in orofacial and head pain will hopefully raise the acceptance and strengthen the future of ICOP. It is my sincere hope that ICOP will become for facial pain what the ICHD has become for headache – fostering new developments in pathophysiology and treatment. We need to use ICOP in scientific and clinical daily life – starting today.

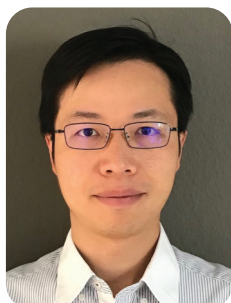
International Classification of Orofacial Pain, 1st edition (ICOP) [open access]
Cephalalgia 2020;40:129–221.

Christian Ziegeler, Arne May
The ICHD definition of 'facial pain' should be revised. *Cephalalgia* 2020;40:1398–1399.

Arne May
Facial pain is coming home. *Cephalalgia* 2020;40:227–228.



Association between COVID-19 and headache: what evidence and history tell us



Kuan-Po Peng

It has become clear that COVID-19 comprises clinical presentations rather than pure airway symptoms

Headache features in patients with COVID-19 are not restricted to one phenotype

Since the start of the pandemic of coronavirus disease in 2019 (COVID-19), a great number of studies have been conducted and published regarding COVID-19 worldwide. It has become clear that COVID-19 comprises diverse clinical presentations rather than pure airway symptoms. Associations between COVID-19 and neurological conditions have been reported, including systemic thromboembolism,¹ stroke,² and even Miller-Fischer syndrome.³ When it comes to headache, the question arises whether there is a specific association between headache and COVID-19. On the first glimpse, it looks like it, given that headache as a symptom has been reported in several early case series of COVID-19. In China, among 2,203 patients from six different case series of COVID-19, headache was present in 12% (range 6.5~13.6%).⁴⁻⁹ In Europe, among 1,510 patients from two case series, 1,062 (70.3%) reported headache.^{10,11} Next to the unexplained huge difference in reports, none of these early case series specifically looked into the headache symptomatology or aetiology. In this issue of *Cephalalgia*, seven studies across four continents specifically investigated headache symptomatology and associated features in patients with COVID-19. The results from these studies may shed some light on this question.

Two well done Spanish studies nicely shed light on the situation: Caronna et al. investigated 130 COVID-19 patients prospectively. Nearly 75% (n=97) developed headaches, of which 24.2% presented with migrainous features.¹² Trigo López et al. investigated 580 COVID-19 patients, of which 130 (22.4%) developed headaches, half of whom showed tension-type headache (TTH)-like features.¹³ Another case series from Egypt reported 172 patients with COVID-19 and headache (without a control group), and most patients presented with TTH-like features.¹⁴ One case series from Brazil reported 73 consecutive patients with COVID-19, among which 64.4% developed headaches. Contrary to the other studies, most patients in this study presented with prominent migrainous features.¹⁵ On the whole, it is probably fair to say that headache is common in COVID-19 patients, and the headache features in these patients are not restricted to just one phenotype. It needs to be pointed out that Caronna et al. prospectively followed patients with COVID-19 for up to 6 weeks and found that one-third of the patients still had daily persistent headaches. In some of these patients, the daily persistent headache remained the only residual symptom 6 weeks after the acute COVID-19 infection.¹²

Certain associated symptoms are common in COVID-19 patients with headache: the prevalence of anosmia/ageusia ranged from 33.9–68% in patients with COVID-19 in general.¹⁶ Two studies showed that COVID-19 patients with headache vs those without headache are more likely to have anosmia/ageusia: 54.6% vs 18.2% in the study by Caronna and colleagues¹² and 46.7% vs 18.7% in the study by Trigo López and colleagues.¹⁷ The study from Brazil suggests that patients with anosmia/ageusia are more likely to develop headaches than those without (83% vs 47%).¹⁵ Imaging studies may provide some clues to such an association. Politi et al. reported a case of COVID-19 with anosmia and MRI showed a transient regional signal alternation in the olfactory bulb and the posterior gyrus rectus.¹⁸ How common the regional signal changes are in the adjacent gyrus to the olfactory bulb awaits further investigation. Aragão et al. investigated five COVID-19 patients



Many COVID-19 patients with headache also have anosmia/ageusia

It is no surprise that headache is also a symptom of COVID-19 infection but there is no evidence to support the claim that COVID-19-specific headache exists

with fever and headache and found evidence of olfactory bulb injury using MR imaging in all five (three with anosmia and two without anosmia).¹⁹ The nasal cavity receives innervation from V1 and V2 branches of the trigeminal nerve, and infections in the nasal cavity are known to cause headaches. This provides a possible explanation for why certain patients developed both anosmia and headache simultaneously. Of note, the two independent studies from Spain paradoxically showed lower IL-6 levels in those with headache vs those without headache,^{12,13} which seems to contradict a simple pro-inflammatory activity^{20,21} leading to headaches in patients with COVID-19.

One case series investigated 56 consecutive COVID-19 patients with headache who underwent lumbar puncture and found that six (10.7%) of them had elevated CSF pressure (>250 mm H₂O), among which one-third had papilledema. The clinical picture of these patients does not resemble those of idiopathic intracranial hypertension. Therefore, the authors suspected that a link with coagulopathy may underlie the elevated CSF pressure.²² However, this study is without a control group and warrants further validation. Of note, all 56 patients with headache had a negative CSF study using RT-PCR for virus RNA.²² Therefore, a direct CNS involvement is probably rare even in those with headaches.

Aside from a COVID-19 infection, the impact of lockdown brought unexpected effects on headache in certain subgroups of headache patients. In Italy, Papetti et al. followed 707 paediatric patients with primary headache disorders and found that 38% of them had headache improvement (compared to 15% with headache worsening) during the lockdown. The main factor for improvement is the reduction of school effort and anxiety.²³

Is COVID-19 specifically associated with headaches? The answer is probably “no”. Headache is very common as a symptom in patients with acute respiratory illness: 68–100% of patients with influenza²⁴ and 83% of patients with adenovirus²⁵ report headaches, and for a rhinovirus infection – one of the most frequent pathogens for common colds – headache is, in fact, the leading cause for seeking treatment.²⁶ Headache is simply an adequate physiological response to an acute infectious disease. This is very nicely pointed out by Todd Rozen who reviewed historical documents about neurologic sequelae after the 1890 Russian or Asiatic Flu and found that 75–83% of sufferers complained of headaches during the acute stage of illness, and some even developed persistent headache that mimicked new daily persistent headache (NDPH) in weeks or months afterward.²⁷ This NDPH-like headache echoes the findings by Caronna et al. that up to one-third of their patients had persistent daily headache up to 6 weeks after the initial COVID-19 infection.¹² In summary, given the current evidence, it is fair to say that headache during a pandemic of acute respiratory illness is not a new phenomenon, and that it is no surprise that headache is also a symptom of COVID-19 infection. According to the International Classification of Headache Disorders, 3rd edition (ICHD-3), headache in patients with COVID-19 may fit into the diagnostic criteria 9.2.2.1—*Acute headache attributed to systemic viral infection*.²⁸ Alternatively, another consideration would be 11.5 — *Headache attributed to disorder of the nose or paranasal sinuses* if cumulating evidence surfaces suggesting a strong association between olfactory bulb injury and headache, which however at the moment seems not to be the case.

One of the main limitations seen in these case series is selection bias. Most cohorts recruited patients with moderate severity – those who need to be hospitalised. Younger patients with COVID-19 usually have milder symptoms and need only house quarantine instead of hospital admission. More severe patients are intubated and headache is no longer the main concern (and the headache features cannot be properly approached if a patient is intubated). Diagnostic accuracy of COVID-19 is another issue: false-negative rates of RT-PCR can be up to 29% for COVID-19 infection.²⁹ Besides, the issue of whether the headache is a new-onset headache or a worsening of previous existing headache disorders has not been properly addressed in all studies. There is certainly still a lot to be learned; however, there is as yet no evidence to support the claim that COVID-19-specific headache exists.



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**Headache
science to
optimise
patient care**

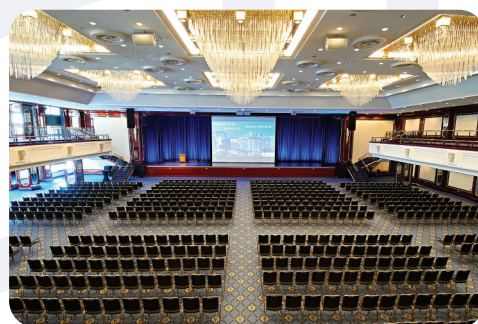
**Join us in
person or
virtually in
Berlin in
September
2021**



The International Headache Congress – IHS and EHF joint congress 2021 will be held in Berlin, Germany, from 8–12 September 2021. The congress will be co-organised by IHS and the European Headache Federation (EHF) as a hybrid congress to ensure that people who are able to and wish to travel to an onsite meeting can do so, and other participants worldwide can take part in the congress through an online platform.

In 2020 due to the worldwide COVID-19 pandemic, scientific and medical organisations worldwide have held virtual congresses, the only possible way to enable scientific exchange. This has proved very successful and a good substitute for an in-person event, enabling people from all over the world, who had never had the chance to take part in an onsite congress, to have the possibility to join and share in the latest research. We want to ensure that we build on this opportunity for IHC/EHF 2021.

We invite you to join us in this unique and very special combined congress of two of the most important headache societies from 8–12 September 2021, or virtually. Through the special



hybrid format of our congress, we want to underline the modernity of our organisations and the common goal to transfer ongoing research for the benefit of patients, and for that reason we have chosen the main topic 'Headache science to optimise patient care'.

We must continue to work on improving awareness of headache disorders and educating about headache. Furthermore, it is crucial that we network internationally and keep the current state of research and global treatment standards transparent. After all, headaches have no international boundaries or nationalities. Through our exchange at conferences such as this one, we endeavour to ensure that headache patients worldwide receive the most up-to-date treatments available.

Our scientific programme combines sessions on basic research and evidence-based standards as well as innovative ideas, new research approaches and clinical trial reports. We look forward to plenary lectures by internationally renowned scientists and physicians and to



**Preliminary
programme
available on
the IHC
website**

controversial discussions. And last but not least, the congress offers numerous practical courses to consolidate knowledge and serve as a solid basis for further education. Together with an excellent scientific programme committee, we will be creating a well-balanced and exciting scientific programme in the coming months – please take a look at the preliminary programme on our official **congress website**.

We very much look forward to meeting you in September 2021 in Berlin or virtually to discuss how to optimise patient care.

With the warmest regards
Zaza Katsarava, EHF President
Messoud Ashina, IHS President
IHC/EHF 2021 Congress Co-Chairs

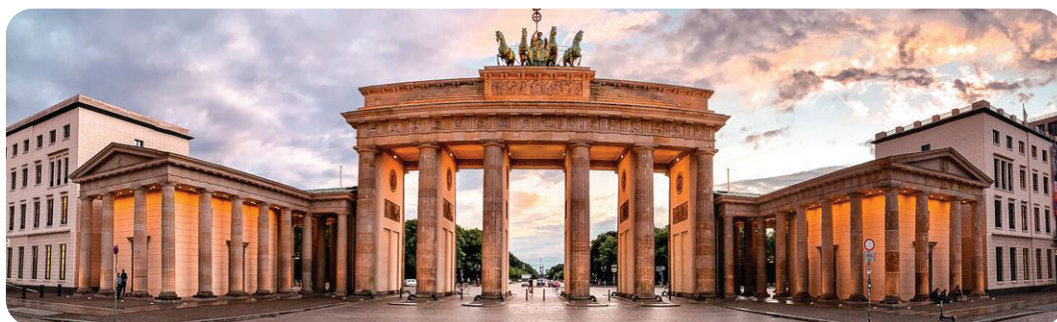
Important dates

Abstract submission opens
Abstract submission closes
Late breaking abstract submission will open for 2 weeks in June 2021

December 2020
23 March 2021

Registration dates
- registration opens
- early bird registration deadline
- standard registration deadline

2 February 2021
20 May 2021
5 August 2021



4th MENA and 2nd Turkish African Headache and Pain Management meeting 28–31 October 2020

**Almost 2,000
participants
joined the
virtual
meeting**



Aynur Özge, President of the
Global Migraine and Pain Summit,
on behalf of the organising
committee

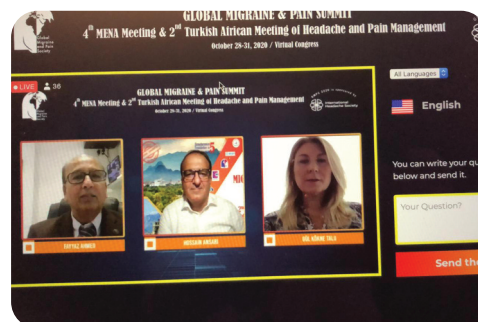
The 4th Middle-East and North African (MENA) and 2nd Turkish African Headache and Pain Management meeting was originally planned to be held in Antalya, Turkey, from 15–18 April 2020, however, due to the worldwide COVID-19 pandemic the meeting was postponed and held virtually from 28–31 October. Registration for the meeting was free of charge.



Meeting
presentations
available on
the IHS
website

With our meeting organisers we designed a platform which was user friendly and participants could easily access the portal and presentations and participate in discussion and question and answer sessions. The faculty presentations were pre-recorded and shown with simultaneous translation into six languages – Turkish, English, French, Arabic, Russian and Spanish. Following the meeting they were posted online on the IHS and Global Migraine and Pain Association websites.

On the last day a 'Biopsychosocial Approach Multidisciplinary Course' was open to all visitors including non-physician healthcare workers.



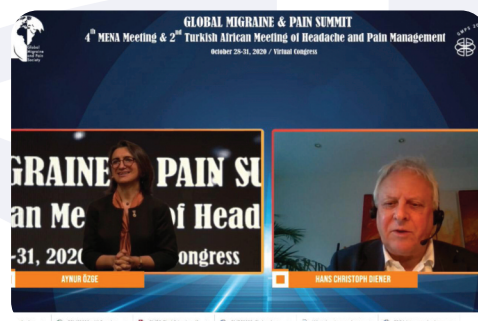
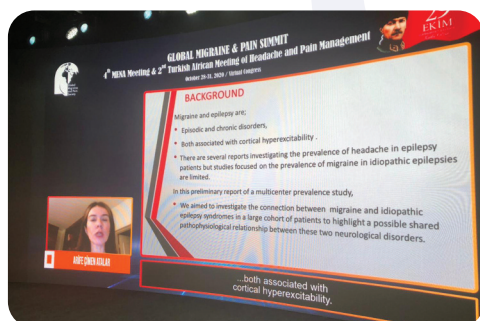
Forty-nine International speakers attended the event, including faculty from the United Arab Emirates, Iran, Morocco, Cameroon, Mongolia, Nepal, Turkey, Ethiopia, USA and Europe. There were 74 lectures with online discussion sessions which were followed with interest by delegates in many countries. In addition, there were 47 oral/poster sessions. The meeting abstracts were published in *Cephalalgia Reports* and are **freely accessible**

Almost 2,000 participants from 59 countries worldwide attended the meeting, including headache/neurology specialists, researchers, juniors and residents, family physicians, physiotherapists and psychologists.

We were privileged to welcome the opinions of the well-known international experts attending the event and we thank the faculty members, partners, technical team, local organisers and the board of IHS for valuable support of the meeting and making it such a great success.

We hope to meet again soon at the next MENA meeting, hopefully in person in Antalya as we promised before and with increased collaboration not only in the MENA region but also Eastern Europe and Asian countries.

MENA
abstracts
published in
*Cephalalgia
Reports*





IHS Grant Opportunities 2021

IHS Fellowship

The IHS Fellowship award aims to support innovative and impactful research from young investigators, promote the career of young investigators in the field of headache, and increase the knowledge base of headache disorders

Applications for basic and clinical headache research, or a combination of both, will be considered

Deadline for applications: 28 April 2021

For more information please visit the [IHS website](#)

IHC Junior Travel Grants

Travel Grants for Juniors to attend IHC-EHF 2021 are available Berlin, Germany, 8–12 September

Application criteria

Currently an under- or post-graduate student (including but not limited to medical students and PhD students) or a medical doctor training to become a specialist. For medical doctors alternatively within 3 years of obtaining medical doctorate or academic post graduate degree or specialist certification, whichever was obtained latest. For other academic groups alternatively within 6 years of obtaining latest academic degree

Deadline for applications: 12 April 2021

For more information please visit the [IHS website](#)

Visiting Professor Programmes

The Visiting Professor Programmes sends headache specialists as representatives of IHS to attend regional meetings, or teach at a headache centre, in countries that might need or want increased headache education and motivation and where, without financial support, attendance of an international specialist would not be possible. IHS will fund two headache specialists to teach at a national or regional meeting/congress. The engagement should comprise at least two lectures and one course/workshop by each specialist

IHS also offers a Visiting Professor Plus Programme which allows one of the Visiting Professors to spend 2 to 3 days before or after the meeting to help with extended educational needs of the local attendees

For more information please visit the [IHS website](#)



IHS Grant Opportunities for researchers from developing countries

IHS Headache Trainee Programme

Scholarship of up to 12 weeks offered to young researchers from developing countries

Scholars will visit an international headache centre and work closely with a mentor of their choice

Application criteria

PhD students, residents in neurology or neurophysiology or post-graduate research fellows within 7 years from completion of their training, who are resident in countries listed by the World Bank as Low-, Lower-middle- and Upper-middle-income countries

Deadline for applications: 15 April 2021

For more information please visit the [IHS website](#)

IHS Short-Stay Scholarships peri-IHC

Scholarship of up to 6 weeks offered to young researchers from developing countries

Scholars will attend IHC-EHF 2021 in Germany and then attend a European headache centre and work closely with a mentor

Application criteria

Under- or post-graduate students who are resident in countries listed by the World Bank as Low-, Lower-middle- and Upper-middle-income countries (including but not limited to medical students and PhD students) or a medical doctor training to become a specialist. For medical doctors alternatively within 3 years of obtaining medical doctorate or academic post graduate degree or specialist certification, whichever was obtained latest. For other academic groups alternatively within 6 years of obtaining latest academic degree

Deadline for applications: 22 March 2021

For more information please visit the [IHS website](#)

Calendar of events

Date	Event	Country	Contact/information
2021			
3 April	8th Asian Regional Conference of Headache (ARCH)	Taipei, Taiwan	Visit website
17–22 April	American Academy of Neurology Annual Meeting	San Francisco, CA, USA	Visit website
3–6 June	American Headache Society Annual Scientific Meeting	Orlando, FL, USA	Visit website
19–22 June	7th Congress of the European Academy of Neurology	Virtual	Visit website
TBA	IASP 2021 World Congress on Pain	Virtual	Visit website
8–12 September	IHC 2021 – International Headache Congress – IHS and EHF joint congress 2021	Berlin, Germany	Visit website

Important note: Events may be cancelled, postponed or go virtual due to the COVID-19 pandemic. Please check each event website for updated information.

If you would like IHS to include your meeting on the IHS website and newsletter please contact **Carol Taylor** with the details.



New Open Access companion journal for Cephalalgia

Cephalalgia Reports: A fully Open Access Journal

Published on behalf of the International Headache Society, *Cephalalgia Reports* is a peer-reviewed, open access publication providing an international forum for original research papers, review articles, clinical perspectives, technical reports and short communications.

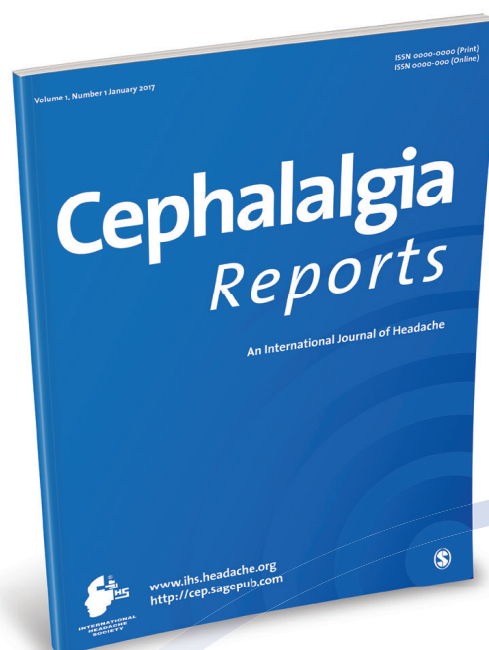
It actively encourages high quality papers in the following areas:

- Emerging observations with translational potential not yet realised
- Reports limited to regional relevance which may validate and add to existing studies
- Negative outcomes
- Technical reports
- Articles with a more clinical emphasis
- Pilot trials which may stimulate therapeutic innovation
- Confirmatory studies

All articles are freely available online immediately upon publication. All articles are rigorously peer-reviewed, and brought to publication as rapidly as possible.

Now accepting submissions!

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For more information including Author Processing Charges, visit journals.sagepub.com/rep and click on Submission Guidelines



International
Headache Society

To advance headache science, education and
management and promote headache awareness
worldwide

Join the IHS

Subscription and online access to *Cephalalgia*
and *The Neuroscientist*

Free access to the IHS Online Learning Centre

Early access to IHS International Guidelines

Eligibility to apply for IHS Fellowships and
other awards

Reduced registration to the bi-ennial International
Headache Congress

Free download of the *Cephalalgia* app



To learn more about our different membership categories and related
benefits please visit us at

www.ihs-headache.org