



9th Southeast Asia and Western Pacific Bi-Regional TEPHINET Scientific Conference

Call for Abstracts

Important Dates

- **June 15, 2018** – Abstract submission deadline
- **September 1, 2018** – Acceptance notification date

The 9th Southeast Asia and Western Pacific Bi-regional TEPHINET Scientific Conference will be held in Vientiane, Lao PDR from **November 5-9, 2018**.

The Scientific Program Committee has the pleasure to invite current trainees and recent graduates of Field or Applied Epidemiology Training Programs in the Southeast Asian or Western Pacific regions to submit abstracts for consideration to be presented at the conference. The goal of the conference is to provide a platform for FETP graduates and trainees to showcase interventions and recent investigations, exchange ideas about best practices in public health, enhance global health collaboration and increase their skills in field epidemiology.

Authors must follow the guidelines for abstract submission included below. Abstracts not conforming to these guidelines will not be considered for presentation.

Eligibility

To submit an abstract, the following criteria must be met:

- Abstracts must be original. Abstracts previously published or presented at other TEPHINET scientific conferences cannot be submitted.
- All abstracts must be about completed work occurring within the last two years (i.e. no earlier than 2016).
- All abstracts must be written in English.



- Applicants must be current trainees or recent graduates of a Field or Applied Epidemiology Training Program. Recent graduates must have graduated no earlier than 2016.

Evaluation and Acceptance

All abstracts submitted will be reviewed by three epidemiologists. Abstracts will be considered as candidates for either oral or author-attended poster sessions. Once an abstract is accepted, the Scientific Program Committee will determine whether it is more appropriate for oral or poster presentation. In August, FETP Program Directors will receive a complete list of the results of abstracts submitted from their programs. Upon receipt of the results, directors are expected to communicate the results to those who submitted abstracts. Those whose abstracts are accepted for oral or poster presentation will be informed by September. They will receive guidelines regarding the structure and delivery of their oral or poster presentations.

Submission

Before submitting an abstract, please first be sure to review the instructions and abstract examples on the submission site. All abstracts must be submitted via the web-based system. Any abstracts submitted over email will not be considered. Visitors to this site will be prompted to create an account and log in; this is necessary to submit an abstract.

Submission Link: All abstracts must be submitted at <https://tephinetbiregional2018.exordo.com>

Questions? Please contact Clare Sigelko at csigelko@tephinet.org with any questions on submission.

Guidelines for Writing Abstracts

Use Microsoft Word to create the abstract, then paste your abstract from your word document into the web-based abstract submission system (see the sample abstract at the bottom for the format).

Abstracts may not exceed 300 words in length. The word count includes the headings of the structured abstract (Background, Methods, Results, Conclusions) but does not include the title and authors' names. A word count is easily obtained by selecting the appropriate



text of the abstract and then choosing the “Word Count” command in the “Tools” menu of MS Word.

All abstracts must be left aligned only, and no graphics may be included.

Required Information

The web-based system will request the following information:

1. Authors and Training Program Affiliation

Have the following information with you when you submit an abstract on-line.

- Name and email address of primary author (presenter)
- Names and email addresses of co-author/s (please ensure that all of your co-authors have agreed to being listed on the paper prior to submitting your abstract.) You may designate one author to be the “corresponding” author. Should your abstract be selected for presentation and you are unable to present, this person would present in your stead.
- Home country in which FETP is based and the host institution or university
- Name of Program Director
- Email address of program director
- Status of primary author: current trainee or graduate (alumni)
- Year graduated or expected to graduate (if current trainee)

2. Title

- Be brief. Avoid subtitles if possible.
- Capitalize major words only. Capitalize the second component of hyphenated terms. Do NOT use abbreviations or acronyms in title.
- Give geographic location (country, province or city) and dates of study or investigation. Do not abbreviate geographic locations; separate them from the rest of the title by a dash, e.g., Dengue Fever Outbreak — Ho Chi Minh City, 2015.



3. Abstract Text

- Structure the abstract, using the following subheadings to identify each section: Background, Methods, Results, Conclusions.
- Each subheading should be typed flush left, in bold font, and followed by a colon.
- The Background section should address both 1) the public health significance of the subject and 2) the scientific background and rationale for the study (see sample abstract).
- The Results section must contain data. It should not include such statements as "Data will be discussed." If considerable work is needed before the conference, please state in the abstract that results are preliminary.
- Because of time constraints, changes cannot be made to the abstract after it is submitted. You may find, however, that the results and conclusions of the study do change, based on data analysis done after submission. If your abstract is accepted and significant changes have been made after submission of the abstract, please highlight the changes in your presentation, whether oral or poster.

4. Key Words

- Please include 4-6 key words; use terms listed in the Medical Subject Headings (MeSH) from the Index Medicus: <https://meshb.nlm.nih.gov/search>

5. Topic of Abstract

- A list of topics will be provided. You will be asked to select 1 or 2 topics.



Sample Abstract

Title: Estimating the risk of recurrent invasive pneumococcal disease – Queensland, Australia, 2001-2015

Authors: Jonathan A. Malo, A. Wakefield, S. Davis, S. Lambert

Background: Previous overseas evidence suggests that individuals with prior invasive pneumococcal disease (IPD) are at higher risk of future IPD. Currently, Australian recommendations provide funded pneumococcal vaccination to certain groups at elevated risk of IPD, but those with previous IPD are not included. We sought to estimate the level of risk of recurrent IPD in Queensland, and explore the potential benefit in providing pneumococcal vaccination to those with previous IPD.

Methods: IPD notifications from 1 January 2001 to 31 December 2015 were extracted from the Queensland notifiable conditions database for our primary analysis. Notifications from the four years prior to the study period were extracted to improve identification of recurrent cases, with person-time contributions from these notifications left-censored to 1 January 2001. Cases began contributing person-time 30 days after their first episode of IPD until date of death or end of the study period. General population IPD rates were calculated using person-time denominators from population size estimates.

Results: From 1 January 2001 to 31 December 2015, there were 4,852 notifications (7.7 per 100,000 person-years) of initial IPD episodes, and 116 cases (98 individuals) of recurrent IPD during 54,001 person-years (214.8 per 100,000 person-years; incidence rate ratio, 27.9; 95% CI 23.0-33.5). Among serotypes identified in recurrent cases, 68% and 51% were those included in 23-valent pneumococcal polysaccharide vaccine and 13-valent pneumococcal conjugate vaccine, respectively.

Conclusions: Individuals with previous IPD are at substantially increased risk of future IPD. More than half of recurrent cases may be prevented through targeted use of pneumococcal vaccines. Consideration should be given to publicly fund pneumococcal vaccination for those with previous IPD.