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INSTRUCTIONS FOR SUBMITTING:

To qualify as a late breaker the epidemiological investigation must have been initiated on or after November 1, 2016. The first author and the presenter must be a current resident (trainee) in the FETP at the time of submission of the abstract. The first author and presenter also must have been a resident (trainee) in the program during the period of the investigation.

The abstracts should follow the same format as regular abstracts (detailed below). The judging criteria are also the same (detailed below). A maximum of five abstracts will be selected for oral presentation at the 9th TEPHINET Global Conference in Chiang Mai, Thailand on August 7-11, 2017.

Abstracts will be collected on TEPHINET's web-based system at the following link: https://tephinetglobal2017.exordo.com. First-time visitors to this site will be prompted to create an account and log in; this is necessary to submit an abstract. For questions about using the platform, please contact Clare Sigelko, TEPHINET Project Coordinator, at csigelko@tephinet.org. *Note: Please do not submit abstracts via email.*

ABSTRACT FORMAT:

TEPHINET collects the following information for each abstract submitted online. (See sample abstract to determine how the abstract text should be pasted from MS Word into the web-based system):

1.   **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, state 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., "Outbreak of Pneumonia - Texas, 1995."

2.   **Abstract text**

- Structure the abstract, using the following subheadings to identify each section: **Background**, **Methods**, **Results**, **and Conclusions**.

- Each subheading should be typed aligned to the 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.

- Since an abstract is a citable document, 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*.

- Changes cannot be made to the abstract after the submission deadline of May 26, 2017. If the results and conclusions of the study do change based on data analysis done after submission of the abstract, you may highlight the changes in your presentation, whether oral or poster, if your abstract is accepted.

3. **Authors and FETP identification**

- Please submit the names and email addresses of all authors that should be listed on the paper. **<u>Please ensure that all of your co-authors have agreed to being listed on the paper prior to submitting your abstract.</u>**

- Only the applicant should be designated as the presenting author. All additional authors should be listed as corresponding authors.

- Submit the name of the country where the FETP is based in the author field. All authors listed on a single abstract should have the same country, unless the abstract represents work done in collaboration between multiple FETPs.

- If you are submitting a paper on someone else's behalf, when your name appears in the author field please click 'Edit' and then select 'I am not an Author.'

4. **Topics:**

- First select research area by clicking on either 'Infectious' or 'Non-Infectious'. Then select one relevant research subject from the list provided.

5. **Research Methods:**

- Indicate research method and abstract type by selecting from the drown-down menus. If you choose 'other' then specify in the space provided.

6. **Key words:**

- Please include 4 to 6 key words separated by a comma. Use terms listed in the Medical Subject Headings (MeSH) from the Index Medicus: https://meshb.nlm.nih.gov/#/fieldSearch

7. **Presenter and Program Director/Resident Advisor Information:**

- Specify presenter details and contact information for Program Director/Resident Advisor.

STYLE GUIDELINES:

- Avoid using jargon, such as "cases" for "patients."

- Define all abbreviations upon first use in the abstract, e.g., oral contraceptives (OC), except for those used in standard measurements, e.g., 25 mg\L.

- Use an en dash "-" with no spaces between characters for a dash. For example, "providers in the area–i.e., physicians."

- It is usual practice to spell out numbers less than 10 except in the case of standard measurements such as time, dose, and temperature, e.g., "two patients," but "2 cc" and "9 p.m."

- Use metric units. Show conventional terms, if desired, in parentheses, e.g., "0 C (32 F)."

- Use standard "mL," "cm," etc. Exception: Use "L" for liter.

- Use "%" with specific measurements, e.g., "2%," but use "percentage" in stating a generality or category, e.g., "The percentages reflect . . ."

- When a percentage is given in addition to a numerator and denominator, the percentage should directly follow the numerator and be enclosed in parentheses, e.g., "18 (86%) of 21 patients developed..."

SAMPLE ABSTRACT

Presenting Author: Rajesh Sahu

Country: India

ABSTRACT

Authors: Rajesh Sahu, Sushma Choudhary, Tanzin Dikid, Samir V Sodha, C S Aggarwal, Rajesh Yadav, Ekta Saroha, Srinivas Venkatesh, Preadeep Khasnobis

Background: In 2015, there were >12 million acute diarrheal disease (ADD) cases with 1,216 deaths reported in India with 75,347 cases and 320 deaths from Uttar Pradesh state. A suspected ADD outbreak was reported from Radhakund, Uttar-Pradesh (population = 7511) on November 11, 2016 during a religious festival with >10,000 tourists. We investigated to describe the epidemiology, identify risk factors, and recommend preventive measures.

Methods: We defined a suspect case as ≥3 loose stools within 24 hours in a resident of Radhakund between October 31 and November 11, 2016. We identified cases by reviewing hospital records and by house-to-house survey. We conducted a 1:2 unmatched case-control study using a structured questionnaire to identify risk factors. Stool for cultures were not collected by hospitals and no active cases were present during the investigation for testing. We assessed water-supply and sanitation of the town and tested water samples for faecal contamination.

Results: We identified 339 cases (69% female); 285 (84%) were tourists. Median age was 60 years (range 1-80 years). There were 117 (35%) hospitalizations and two deaths. Symptoms reported included diarrhea (100%), vomiting (94%), abdominal pain (23%), and fever (3%). Among 44 cases and 81 controls, only drinking water from pipeline-A (aOR=12.7 [95% CI = 4.9 – 33.0]) and illiteracy (aOR=4.1 [95% CI = 1.5 – 11.3]) were associated with illness in multivariate analysis. We observed sewage overflow from community toilets near tube-wells supplying pipeline-A. Pipeline-A is >40 years old with frequent cracks and leaks. Among four water samples from pipeline-A, two were positive for Vibrio cholerae.

Conclusion: This was an ADD outbreak during a mass gathering in Radhakund associated with drinking water from a contaminated pipeline. We recommended chlorination of water, relocation of public toilets away from tube-wells, repair of pipeline-A, routine water surveillance and enhanced sanitation facilities for tourists.

Key Words: Acute diarrhoeal disease (ADD), Outbreak, Vibrio cholera, Waterborne, Case-Control Studies, Risk Factors

Word Count: 298

EVALUATION GUIDELINES

- Each abstract will be reviewed by at least three reviewers according to the following six criteria: 1) background and rationale for study, 2) appropriateness of methods, 3) presentation of results, 4) conclusions and interpretations of results, 5) significance to public health, and 6) overall clarity of abstract.
- If an abstract text exceeds 275 words, the review committee will either; a) deduct 1 to 4 points from the final abstract score, b) truncate the abstract at 275 words, or c) reject the abstract outright.

EVALUATION CRITERIA

1. Background and rationale for study (0-4)

- Is the public health problem or question that the study will address and its significance apparent?
- If necessary, are key antecedent data or issues presented to set the stage for the study?
- Does the author explicitly state the objective(s) of the study?
- Is the objective(s) appropriate for addressing the problem or study question?

2. Appropriateness of methods (0-4)

- Is the overall study design adequately described?
- Is the overall study design appropriate and efficient to address the study objectives?
- Are critical definitions clearly stated (if not obvious)? These could include for example: case, principal exposure, vaccine failure, etc.
- Are the epidemiological/statistical methods concisely described? Authors should avoid naming software packages instead of epidemiologic or statistical procedures.
- Is the population involved stated or apparent?
- Is the data source (questionnaire, registry, surveillance data set) stated?

3. Presentation of results (0-4)

- Do the study results logically follow the described methods?
- Are study results summarized using appropriate quantitative/qualitative measures (e.g., number of individuals in study, major time, person, and place findings)?
- Are numerical comparisons correct and appropriate (e.g. rates for explicit or implied comparisons)
- Are sufficient and adequate data presented to allow the reader to reach a conclusion?

4. Conclusions and interpretations of results (0-4)

- Are the conclusion and interpretation based on the data presented?
- Does the conclusion/interpretation address the problem and objectives?
- Does the study appear sufficiently valid and reliable to serve as a basis for the conclusions and for taking public health action (i.e. are the results unlikely to be attributable to chance, confounding, or other potential biases)?
- Is the interpretation of the findings consistent with current scientific knowledge?
- Does the author synthesize results into a conclusion (Conclusions should not simply repeat data from the results or restate them with adjectives replacing numbers)?

5. Public health significance (0-4)

- Does this study, in both topic and results, have an obvious application to improving public health?
- Do the data solve an immediate problem or build on existing knowledge (and not simply repeat what is already done with little or no effective modification)?
- Are actions/recommendations/control measures practical, and derived directly from study results?
- Are public health actions recommended, reported as undertaken, completed, or shown to be effective (e.g., initiating or enhancing prevention or other public health programs; developing procedures, policies or legislation; implementing and strengthening public health surveillance systems; reducing disease incidence)?
- If the recommendations have not been implemented yet, are they likely to address the problem or health issue that led to this study?

6. Overall clarity of the abstract (0-4)

- Is the writing concise and direct, without unnecessary qualification?
- Are numerical data displayed, organized, and placed so that they enable efficient understanding and comparisons?
- Is there a logical sequence and cohesiveness among and within abstract sections?
- Is content of each section correctly placed (i.e. results in the results section only)
- Are appropriate terms/concepts consistently used throughout avoiding vague, ambiguous terms or jargon?
- Are instructions on word limit, abstract structure, and style adhered to?

Each of these 6 evaluation criteria will be assigned a score of from 0 to 4 points, using an approximate scale of: 4 = excellent, 3 = very good, 2 = good, 1 = fair, 0 = poor/absent.

Thus, each abstract can receive a total score of from 0 to 24 points. Final scores will be adjusted to account for variability among reviewers.