



Call for Abstracts: 10th Southeast Asia and Western Pacific Bi-regional TEPHINET Scientific Conference

The 10th Southeast Asia and Western Pacific Bi-regional TEPHINET Scientific Conference will be held online and at the Regent Taipei Hotel in Taiwan from May 31-June 4, 2021.

Note: The conference organizers understand that the COVID-19 situation can change quickly, and may need to make adjustments or changes in the timelines for activities related to the conference. FETP Directors and other partners will be informed of any changes accordingly.

Current trainees and recent graduates (those who graduated in or after 2018) of field or applied epidemiology training programs in the Southeast Asia and Western Pacific regions, as well as those from other regions, are invited to submit their abstracts online at <http://tephinetcbioregional2021.exordo.com> from January 22 to March 7, 2021.

Abstracts on any epidemiological studies conducted between 2018 and 2020 are eligible for submission. All abstracts should be written in English. Each person is allowed only up to two abstract submissions as primary author.

This year, the bi-regional conference also will have a session featuring studies from non-recent field or applied epidemiology training alumni (those who graduated **prior** to 2018). Hence, non-recent alumni may also submit abstracts of their studies done anytime between 2018 and 2020. These abstracts should follow the same guidelines as those for current trainees and recent graduates (see below). However, these abstracts will undergo a separate review process than those submitted by current trainees and recent graduates. Non-recent alumni should submit their abstracts for this special session at <http://tephinetcbioregional2021.exordo.com> (note: you must be a registered TEPHICConnect user on tephiconnect.org for your abstract to be considered).

TEPHINET will assign three qualified epidemiologists from our pool of abstract reviewers to review each submitted abstract. Abstracts will be considered as candidates for either oral or poster sessions. Once an abstract is accepted, the Scientific Program Committee will determine whether it is more appropriate for oral or poster presentation.

By the **mid of April**, 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 also be informed and sent joint invitation letters from TEPHINET, SAFETYNET and Taiwan CDC by April 10. They also will receive guidelines regarding the structure and delivery of their oral or poster presentations.

Instructions for Writing Abstracts

- Type and save your abstract in word processing software such as Microsoft Word, Pages (for Apple), or Google Docs; then copy and paste your abstract from your document into our web-based abstract submission system (link above). See the sample abstract below for the required format.
- Abstracts may not exceed 300 words in length. This word count excludes the headings of the structured abstract (Background, Methods, Results, Conclusions) and the title and authors' names. You can easily obtain your word count by selecting the appropriate text of the abstract and then choosing the "Word Count" command in the "Tools" menu of MS Word or of Google Docs.
- Justification: The abstract text must be left-aligned only (not centered or right-aligned).
- No graphics will be accepted.

The web-based system, Ex Ordo, will request the following information:

1. Authors and Training Program Affiliation

Have the following information with you when you submit an abstract online.

- 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.*)
- Home country in which FETP is based as well as the FETP host institution (university, ministry of health, etc.)
- Name of FETP Program Director
- Email address of FETP Program Director
- Status of primary author: current trainee or graduate/alumnus
- 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 an m-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 on the online submission portal. You will be asked to select 1 or 2 topics from this list.

Sample Abstract

Authors:

Hsin-I Huang, Wan Chin, Wan-Ting Huang, I-chen Cheng, Fang-tzy Wu

Title:

Norovirus GII.2 foodborne outbreak in three schools – Hualien, Taiwan, June 2017

Abstract Text:

Background: Since late 2016, a previously uncommon norovirus genotype GII.2 caused gastroenteritis outbreaks in Taiwan schools, but the transmission mode was largely unknown. On June 8, 2017, Taiwan CDC was notified of > 490 students with gastroenteritis in two elementary and one junior high schools in Hualien, whose lunch was served by the same caterer. We conducted an investigation to identify the implicated foods and causative pathogens.

Methods: We interviewed junior high school students on foods consumed at school. Students were defined as a case if he/she ate school lunch on June 6-8, and had vomiting or diarrhea within 72 hours after eating school lunch. We conducted case-control analyses by day using asymptomatic students who ate school lunch as controls, and calculated odds ratios (ORs) of consumed foods. Stool specimens from students and food workers, leftovers, and environmental specimens were tested for foodborne pathogens. Norovirus-positive specimens were genotyped.

Results: Of 503 students enrolled, 230 (46%) met the case definition; 68% reported vomiting and 63% reported diarrhea. Illness was associated with eating spaghetti (OR = 3.10, 95% confidence interval [CI] 1.20–7.98) and bean sprouts (OR = 1.67, 95% CI 1.04–2.67) on June 7; median time from school lunch to illness onset was 34 hours. The caterer's four kitchens prepared lunch for 17 schools; spaghetti was provided by the same kitchen to all affected schools whereas bean sprouts were provided by another kitchen to affected and nonaffected schools. Stool specimens from six ill students and two asymptomatic food workers were positive for norovirus GII.2. Environmental investigation found lack of designated hand wash sinks in food preparation areas.

Conclusions: Spaghetti contaminated with norovirus GII.2 was the most likely vehicle of this foodborne outbreak. We recommended proper hand hygiene of the food workers and redesign of the workplace for enhanced access to hand-washing facilities.

Evaluation Criteria

1. Background and rationale for study

- Is the problem clearly described and of high public health importance?

2. Methods

- Are epidemiologic comparisons clearly stated?
- Are critical definitions clearly stated or obvious (for example, case, principal exposure)?
- Do the selected methods correspond with the nature of study and study questions?
- Is a clear and easy-to-follow sequence of methods presented?
- Are essential methods described with precision and avoid undefined terms or jargon?
- Overall methods: where they appropriate and adequately described?
- Data Analysis/Statistics: where they appropriate and adequately described (p-values, confidence limits, etc.)
- Originality: was the study/investigation cutting edge/novel approach?

3. Results

- Are the results relevant to the problem and reported in sufficient detail?

4. Recommendations

- Are the recommendations clear, feasible and supported by the results?

5. Impact

- Will this study/investigation produce a change in practice or policy?
- Was an effect on the health of the population at risk demonstrated or reported?

6. Overall Impression

- Is the writing clear and brief?
- Is there a logical sequence and cohesiveness among all abstract sections?
- Are proper and simple terms used to describe methods and discuss findings?