



Call for Late-Breaking 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 from **November 1-November 5, 2021**.

Note: This virtual conference will take place during the hours of 10:00 a.m. to 3:00 p.m. (GMT+8).

Current trainees and recent graduates (those who graduated 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 late-breaking abstracts online at <https://forms.gle/HMWQAzYaW42J5Nvp8> **from now to September 15, 2021**.

This call for late-breaking submissions is restricted to studies completed after February 28, 2021. All abstracts should be written in English. Each person is allowed only one abstract submission as primary author.

The Scientific Committee will assign three qualified epidemiologists from our pool of abstract reviewers to review each submitted abstract. Abstracts will be considered for oral presentation only.

By the end of September, FETP Directors will receive a complete list of the results of late-breaking 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 presentation will also be informed and sent joint invitation letters from SAFETYNET by the beginning of October. They also will receive guidelines regarding the structure and delivery of their presentations for online attendance.

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.
- No graphics will be accepted.

You will be asked to submit 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 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*)
- Name of your FETP
- Name of FETP Program Director
- Email address of FETP Program Director
- Status of primary author: current trainee or graduate/alumnus
- If graduated, year of graduation

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.
- 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.

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 (O.R. 3.10, 95% confidence interval [CI] 1.20-7.98) and bean sprouts (O.R. 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?