



TEPHINET

11th Southeast Asia & Western Pacific
Bi-regional Scientific Conference

CANBERRA, AUSTRALIA

September 12-15, 2023

Call for Abstracts: 11th Southeast Asia and Western Pacific Bi-regional TEPHINET Scientific Conference

TEPHINET, the South Asia Field Epidemiology and Technology Network (SAFETYNET), and the Australian Field Epidemiology Training Program (FETP-MAE), are pleased to launch the call for abstracts for the 11th Southeast Asia and Western Pacific Bi-regional TEPHINET Scientific Conference. The conference will be held in-person at the Australian National University in Canberra, Australia from September 12-15, 2023.

Eligibility

Current trainees and recent graduates (those who graduated on or after January 1, 2019) from any level (frontline, intermediate, or advanced) of public health, veterinary or one health field or applied epidemiology training programs in the Southeast Asia and Western Pacific regions are invited to submit abstracts.

Abstracts must focus on epidemiological studies conducted between 2019 and 2022, and should be submitted in English.

Abstracts submitted for consideration should be original. Additionally, the abstract should not represent work already presented at an international conference.

Submission of Abstracts

- The abstract submission period is from **December 15, 2022 to February 28, 2023**. The deadline to submit abstracts is **February 28, 2023 at 11:59pm Eastern Standard Time (USA)**. **There will be NO extension to this deadline**.
- **All abstracts must be submitted through Ex Ordo**, an online platform managed by TEPHINET, at this link: <https://tephinetcbiregional2023.exordo.com/>. This is the only method of abstract submission. Abstracts not submitted through this online platform will not be considered.
- **Program directors must submit abstracts on behalf of current trainees**. Currently enrolled trainees must coordinate submissions with their program directors. Abstracts submitted directly by current trainees will not be considered for review.
- **Alumni and recent graduates** may submit abstracts on their own behalf.
- Each primary author is allowed to have up to two (2) abstracts submitted.

Selection: TEPHINET will assign three qualified reviewers 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.

Acceptance: FETP Program Directors will receive a complete list of accepted abstracts submitted from their programs in June, 2023. Upon receipt of the results, directors are expected to communicate the results to those who submitted abstracts. Alumni will be informed of the results of their submissions directly. Those whose abstracts are accepted for oral or poster presentation will also be informed and sent joint invitation letters from TEPHINET, SAFETYNET and the ANU MAE program. 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.
- 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, ministry of agriculture, etc.)
- Name of FETP Program Director
- Email address of FETP Program Director
- Status of primary author: current trainee or graduate/alumnus
- Level of training (frontline, intermediate, advanced)
- Year graduated or expected to graduate (if current trainee)
- Primary author's First Nations identification
- Primary author's gender identity

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 titles.

- 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 up to 3 topics from a provided list.

Sample Abstract

Authors:

Chris Bailie, Vivian Leung, Liz Orr, Sheena Sullivan, Martyn Kirk, Cate Kelly, Caroline Marshall

Title:

Incidence of COVID-19 in Quarantined Health Care Workers: A Single-Centre Retrospective Analysis of Hospital-Based Contact Tracing during Australia's Second Wave

Abstract Text:

Background: Hospital-based contact tracing aims to prevent the spread of COVID-19 within healthcare facilities. In large outbreaks, this can be resource intensive, and planners may have to consider workforce impacts of quarantining staff. To inform strategies for defining, quarantining, and testing health care worker (HCW) contacts, we aimed to determine the rate and timing of COVID-19 among quarantined HCWs, and to examine factors associated with infection.

Methods: We extracted data on HCW quarantined through hospital-based contact tracing from the contact tracing database of a large public healthcare facility in Melbourne, Australia, for the period June-September 2020. Close contacts were quarantined for 14 days following exposure and tested routinely on day 11. We used multivariate logistic regression to examine factors associated with diagnosis in quarantine. We fit gamma, lognormal, and Weibull distributions to symptom onset data for quarantined HCWs.

Results: COVID-19 was diagnosed in 11% (52/483) of instances in which HCW were quarantined due to close contact, accounting for 19% of all 270 HCW cases. In 361 instances with a clear index case, higher odds of infection were associated with contact with an infectious patient compared to an infectious HCW (OR: 4.69, 95% CI: 1.98–12.14). Contact external to the workplace was associated with higher odds of infection compared to workplace contact only (OR: 7.70, 95% CI: 2.63–23.05). We estimated 16–46%, 65–92% and 88–100% of symptomatic cases would develop symptoms by 3, 7, and 11 days since last close contact, respectively.

Conclusions: In our setting, hospital-based contact tracing detected and effectively contained a significant proportion of HCW cases, without resulting in furlough of an excessive number of non-infected staff. Contact between HCWs outside of the workplace must be recognized and responded to. Case detection strategies relying solely on routine testing of quarantined HCWs before 11 days since last exposure may be insensitive.

Evaluation Criteria

TEPHINET will assign three qualified reviewers 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.

The listings under each of the 6 criteria are designed as a guide only. They will be applied only as appropriate and necessary for the abstract under review. They are not fully inclusive for all possible investigations and they all are not meant to be applied for every abstract.

1. Background and rationale for study

- Is the public, animal, or environmental 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

- 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

- 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 results sufficiently described and adequate data presented to allow the reader to reach a conclusion?

4. Conclusions and interpretations of results

- 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)?
- Are the conclusions justified in relation to the analysis of data completed in the study?

5. Public, animal, or environmental health significance

- Does this study, in both topic and results, have an obvious application to improving public, animal, or environmental health?
- Does 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, animal, or environmental health actions recommended, reported as undertaken, completed, or shown to be effective (e.g., initiating or enhancing prevention or other health programs; developing procedures, policies or legislation; implementing and strengthening public, animal, or environmental 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

- Is the writing concise and direct, without unnecessary qualification?
- 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?