Abstract Submission Instructions and Guidelines

Instructions for Abstract Submission:

- Program directors and/or their delegate should collect abstracts from interested candidates as Microsoft Word documents, with each abstract saved as a separate file. Program directors and/or their delegates should simply copy and paste what is provided to them on the web-based submission system.

- One (1) abstract per person (first authors) will be considered for submission. Program directors and/or their delegate should ensure that each author listed on the abstract provides his/her email address. Otherwise, an author will NOT be recognized or credited for the abstract.

- Abstracts may not exceed 300 words in length. 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. On the application site, the abstract is divided into four sections: Background, Methods, Results, and Conclusions. The total word count of all four sections cannot exceed 300 words.

- You may save information and edit your submission up to the submission deadline. Changes cannot be made to the abstract after June 25, 2021. For duplicate submissions, only the latest submission will be reviewed. No abstracts will be accepted past the official due date.

- Because of production limitations, no graphics can be accepted.

Abstract Format:

TEPHINET collects the following information for each abstract submitted online. (See sample
abstract for an example of the final product):

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**.
   - 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 June 25, 2021. 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**
   - To submit 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.’
   - Please submit the names and email addresses of all authors that should be listed on the paper. If you do not have an author’s email address you will NOT be able to enter that author and he/she will NOT be credited for the abstract. **Please ensure that all co-authors have agreed to being listed on the paper prior to submitting the abstract.**
   - The main author (usually the first one listed on the abstract) is the corresponding author. All other authors should be listed as co-authors. If an abstract is accepted, the main/corresponding author must present the abstract. However, in cases of force majeure, a co-author or member of the FETP may present the abstract.
• Submit the name of the country where the author’s FETP is based. Ideally, all authors listed on a single abstract should belong to a single program; however, work done in collaboration between multiple FETPs is also acceptable.

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 drop-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.

8. Preferred presentation method

• Please indicate your preference for an oral or poster presentation when submitting an abstract.
• Your preference will be taken into account where relevant, but is non-binding. The final decision is made by the TEPHINET Advisory Scientific Committee (TASC).

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..."