

## 14th Australasian Viral Hepatitis Conference Abstract Guidelines

For your presentation to be considered, abstract guidelines must be followed as closely as possible. Please ensure that the presenting author completes the abstract submission prior to the deadline: **11.59pm AEDT Sunday 24 March 2024.**

Theme/Discipline	Explanation
<b>Clinical Sciences</b> <ul style="list-style-type: none"> <li>Clinical science</li> <li>Biomedical science (e.g. laboratory-based)</li> </ul>	Abstracts will present research that seeks to improve the prevention, diagnosis, and treatment of viral hepatitis
<b>Epidemiology and Public Health</b> <ul style="list-style-type: none"> <li>Health Economics</li> <li>Health services and systems</li> <li>Mathematical modelling</li> </ul>	Abstracts will present research on the social, cultural, environmental, occupational, and economic factors that affect those living with viral hepatitis
<b>Social Science &amp; Policy Research</b>	Abstracts may include empirical or non-empirical (conceptual/theoretical) studies which focus on social, structural, cultural, material and policy contexts. They may include evaluations of policies, analysis of policy making processes, analysis of stakeholders to policy, and analysis of policy statements. They may include studies of lived experience, from patient and provider perspectives.
<b>Models of Care and Programs</b> <i>Including, but not limited to:</i> <ul style="list-style-type: none"> <li>Community focused programs</li> <li>Nurse-led models of care</li> <li>Multidisciplinary models of care</li> <li>Integrated models of care</li> <li>Telemedicine and remote care</li> <li>Patient-centered care</li> <li>Innovative models of care</li> </ul>	Abstracts will focus on real-world examples of innovative models of care, programs, or interventions to enhance health care delivery for people living with viral hepatitis

### Topics

The conference encourages submissions on the following topics:

- Aboriginal and Torres Strait Islander Health
- Aboriginal and Torres Strait Islander Health Workers
- Aboriginal and Torres Strait Islander Practitioners
- Cascades of care/linkage to care
- Community engagement
- Diagnostics
- Drug treatment
- Drug Use
- Education and health promotion
- Harm reduction
- Integrated models of care
- Law and human rights
- Mobile outreach
- Nursing and Midwifery
- Other First Nations/Indigenous Health
- Policy
- Pregnancy/Mother to child transmission
- Prevention
- Primary care

- Prisons
- Stigma and discrimination
- Tertiary care
- Testing
- Viral hepatitis mono-infection
- Viral hepatitis and HIV coinfection
- Other

## Types of Presentations

Authors should state a preference for one of the following and address the abstract to one of the conference themes above.

Presentation Type	Time Allocation	Explanation
<b>Research-Based Oral Presentations</b>	Standard Oral - 12 minutes presentation and 3 minutes question time  OR  Rapid Fire - 4 minutes presentation and 1 minute question time	Oral presentations on original research findings, case studies, completed projects and theoretical analyses. Presentations should be well structured, rigorous and demonstrate a novel contribution to knowledge.
<b>Models of Care and Programs</b>	Standard Oral - 12 minutes presentation and 3 minutes question time  OR  Rapid Fire - 4 minutes presentation and 1 minute question time	Oral presentations describing and analysing issues and solutions to problems in clinical practice, community engagement, education and health promotion. Presentations should be well structured, rigorous and demonstrate a novel contribution to knowledge and practice.
<b>Tabletop Presentations</b>	7-minute presentation, no slides.	<p>A 7-minute presentation of an activity or idea that has been implemented or tested in their health centre or community etc.</p> <p>Each presenter shares their story/idea/learning with 10 people at their table. The group discusses the idea and shares other experiences/ideas around the topic for a further 7 minutes. When the time is up, the presenter moves to the next table to present.</p> <p>A facilitator at each table will help facilitate the discussion and be the note taker.</p> <p>The aim of the Tabletops is to generate ideas, experiences and possible solutions to problems shared.</p>
<b>Posters</b>	Permanently displayed	Posters can present research in progress, case



# vh2024

	during the Conference  High ranking posters – Poster Tour	studies, quality improvement activities, divisional projects, or clinical topics. A poster viewing session will take place for delegates to discuss the posters with their authors. Highly rated posters will be awarded a presentation in a poster tour.
<b>Multimedia Presentations</b>	Multimedia presentations will be viewed in between sessions.	<p>Presentations should be in video format. They are to be a maximum running time of five minutes.</p> <p><i><b>Presentations will be shared post-conference on the conference website so consent will be required for all persons appearing in photographs/videos/PowerPoint.</b></i></p>



# vh2024

## Abstract Preparation Guidelines for All Presentations

Abstract templates are provided below, and MUST be referred to prior to writing your abstract. Submitters must ensure they use the correct template for their abstract type and follow all instructions provided.

[Research Based Abstract Template](#)

[Practice Based & Multimedia Template](#)

***Note: If abstract guidelines are not conformed to and the templates provided are not used, the abstract will be rejected and not submitted for review.***

## Acknowledgement of affected communities in Viral Hepatitis

Requirement 1: If your research is about viral hepatitis elimination and involves gathering data, lived experiences, biological samples or other aspects from the bodies or lives of people living with viral hepatitis and our participation as people living with viral hepatitis has influenced your work, we encourage you to consider and build upon the sample text provided as an acknowledgement of the role that people living with viral hepatitis have played in the response to viral hepatitis at the beginning of any presentation of your work. Examples below:

Example 1: "I want to begin my presentation by thanking the people living with Viral Hepatitis who have participated in this research. Our fight against Viral Hepatitis Elimination is indebted to people living with Viral Hepatitis both past and present."

Example 2. "I want to begin by acknowledging and thanking the people living with Viral Hepatitis who have generously participated in this research."

Requirement 2: When developing your presentation, we also request that presenters outline how your work has had/ can have a positive impact on the community including key population groups (e.g. Aboriginal & Torres Strait Islander peoples, People who Inject Drugs, CALD) and what steps are being taken to take the research into practice.

## Online Abstract Submission

Abstracts must be submitted electronically through the online submission site. You can access the site via the conference website. You will be required to enter:

- Preferred theme/discipline
- Topics
- Preferred presentation type
- Authors' names including the abstract submitter as the presenting author and contact details - address, telephone and email. Note: Abstract presenters will be required to fund their own attendance at the conference and should not submit an abstract if this is not possible. Scholarships are available and preference will be given to those who do submit abstracts, however authors should ensure they are able to fund their own travel if need be.
- Authors' affiliations
- Abstract title
- Abstract as a word document (maximum 300 words) plus a disclosure of interest statement
- Abstract must also be copied into the fields provided



# vh2024

- Short biography of presenter (maximum 50 words). This information will be used by the session chair for introduction purposes and may be published in conference literature

Please contact the Conference Secretariat by emailing [conference@ashm.org.au](mailto:conference@ashm.org.au) or calling +61 458 291 166 if you are unable to lodge your abstract via the website or if you have any queries. We recommend using Firefox, Google Chrome or Safari as your browser to access the online submission site.

By submitting an abstract all authors agree to release the license to the Conference organisers and give permission to publish the abstract in the conference handbook, website, application, USB etc. and in so doing certify that the abstract is original work. If your abstract is successful, it will be published on the conference website on the date of notification of success.

## Conference Registration

Abstract presenters will be required to fund their own attendance at the conference and should not submit an abstract if this is not possible. All presenters (including poster presenters) will be required to register for the conference by **Sunday 23 June 2024**. It will be assumed that any presenter not registered by this date has withdrawn from the program and their abstract will be removed from the handbook.

## Selection Criteria

All abstracts will be reviewed by three independent peer reviewers. Abstracts will be provided a score out of 20 points based on the following criteria:

### Research-based abstracts

#### **Background and clarity of objectives of the study (0-5)**

Is the background of the study and objectives clear and well-presented?

- Excellent (score 5) - The background/rationale is exceptionally clear, the research is novel and fills a significant gap in the literature, and there is a very clearly stated objective
- Very good (score 4) – The background/rationale is very clear, the research is novel and fills a significant gap in the literature, and there is a very clearly stated objective
- Good (score 3) – The background/rationale is clear, the research is interesting, and fills a gap in the literature, and there is a clearly stated objective
- Average (score 2) – The background/rationale is stated, the research confirms previous findings, and the objective is stated
- Below average (score 1) – The background/rationale is not well stated, the research is not very novel, and the objective is not well stated
- Very poor (score 0) – The abstract has no background/rationale, the research is not relevant, and the abstract is missing a clearly defined objective

#### **Appropriateness of the study design and methodology (0-5)**

Is the methodology and study design appropriate for the hypothesis or aims/objectives of the study?

- Excellent (score 5) - The methods are exceptionally clear, the study design and methodology are entirely appropriate to evaluate the stated objectives, and the statistical analyses are entirely appropriate.



- Very good (score 4) – The methods are very clear, the study design and methodology are very appropriate to evaluate the stated objectives, and the statistical analyses are very appropriate.
- Good (score 3) – The methods are clear, the study design and methodology are appropriate to evaluate the stated objectives, and the statistical analyses are appropriate.
- Average (score 2) – The methods lack some clarity, there are limitations to the study design and methodology for evaluating the stated objectives, and the statistical analyses have some limitations.
- Below average (score 1) – The methods lack clarity, there are major limitations to the study design and methodology for evaluating the stated objectives, and the statistical analyses have major limitations or are incorrectly applied for the intended aims.
- Very poor (score 0) – The methods are not clear, there are major limitations to the study design and methodology for evaluating the stated objectives which make the study uninterpretable, and the statistical analyses are very poor and/or are incorrectly applied for the intended aims.

### **Appropriateness of the study results (0-5)**

Are the results appropriate for the hypothesis or aims/objectives of the study?

- Excellent (score 5) - The results are very well presented, do an excellent job at supporting the aims/objectives of the study, and provide very novel findings.
- Very good (score 4) – The results are very clearly presented, do a very good job at supporting the aims/objectives of the study, and provide very novel findings.
- Good (score 3) – The results are clearly and adequately presented, do a good job at supporting the aims/objectives of the study, and provide interesting findings.
- Average (score 2) – The results lack some clarity in presentation, or some required results were not reported, do a reasonable job at supporting the aims/objectives of the study, and provide some interesting findings with some limitations in how they are presented.
- Below average (score 1) – The results lack clarity in presentation, or most required results were not reported, do not support the aims/objectives of the study, and provide a lack of interesting findings with major limitations in how they are presented.
- Very poor (score 0) – The results are not clear, or all required results were not reported, do not support the aims/objectives of the study, and provide a lack of interesting findings with major limitations in how they are presented.

### **Conclusions (0-5)**

Are the conclusions clear, are they supported by the findings and does this work significantly contribute to the literature?

- Excellent (score 5) - The conclusions are exceptionally well presented and are well-supported by the findings. The work is an excellent contribution to evidence-based knowledge in the field.
- Very good (score 4) – The conclusions are very clearly presented and are well-supported by the findings. The work is a very good contribution to evidence-based knowledge in the field.
- Good (score 3) – The conclusions are clearly presented and are supported by the findings. The work is a good contribution to evidence-based knowledge in the field.
- Average (score 2) – The conclusions are adequately presented and are partially supported by the findings. The work contributes somewhat to evidence-based knowledge in the field.



- Below average (score 1) – The conclusions lack clarity in their presentation and do not support the findings. The work does not contribute to evidence-based knowledge in the field.
- Very poor (score 0) – The conclusions are not at all clear in their presentation and do not support the findings. The work does not contribute to evidence-based knowledge in the field.

**Note:** Research Abstracts may be favoured at review if they incorporate:

- Completed rather than future work
- Original data of high quality.
- An analysis that extends existing knowledge
- Clarity of methodology, analysis and presentation of results
- Specific rather than general findings

## **Models of Care and Programs/Multimedia**

### **Background and clarity of objectives of the model of care/program (0-5)**

Is the background to the development of the model of care clear and well-presented? Are the objectives of the model of care clear and well-presented?

- Excellent (score 5) - The background/rationale is exceptionally clear and well-presented and there are well-defined objectives to support development of the model of care
- Very good (score 4) – The background/rationale is very clear and there are very clearly stated objectives
- Good (score 3) – The background/rationale is clear and there are clearly stated objectives
- Average (score 2) – The background/rationale is stated and objectives are stated
- Below average (score 1) – The background/rationale is not well stated and the objective is not well stated
- Very poor (score 0) – The abstract has no background/rationale and the abstract is missing a clearly defined objective

### **Description of the model of care/intervention (0-5)**

Is the model of care/intervention well described? Is the model of care/intervention innovative in its setting, population, messaging or implementation?

- Excellent (score 5) - The model of care/intervention is exceptionally well described and is very innovative in its setting, population, messaging or implementation
- Very good (score 4) – The model of care/intervention is very well described and is very innovative in its setting, population, messaging or implementation
- Good (score 3) – The model of care/intervention is well described and is innovative in its setting, population, messaging or implementation
- Average (score 2) – The model of care/intervention lacks some clarity and is not very innovative in its setting, population, messaging or implementation
- Below average (score 1) – The model of care/intervention lacks clarity and is not innovative in its setting, population, messaging or implementation
- Very poor (score 0) – The model of care/intervention is not clear and is not innovative in its setting, population, messaging or implementation

### **Appropriateness of the study effectiveness (0-5)**





Is the data presented appropriate for monitoring the effectiveness of the model of care/program/intervention?

- Excellent (score 5) - The data is exceptionally well presented and entirely appropriate for monitoring the effectiveness of the model of care/intervention
- Very good (score 4) – The data is very clearly presented and very appropriate for monitoring the effectiveness of the model of care/intervention
- Good (score 3) – The data is clearly presented and appropriate for monitoring the effectiveness of the model of care/intervention
- Average (score 2) – The data lacks some clarity in how it will be appropriate to monitor the effectiveness of the model of care/intervention, but may work
- Below average (score 1) – The data lacks clarity and is unlikely to be appropriate for monitoring the effectiveness of the model of care/intervention
- Very poor (score 0) – The data is not clear and will not be appropriate for monitoring the effectiveness of the model of care/intervention

### Conclusions and next steps (0-5)

Are the conclusions clear, are they supported by the findings from the model of care/program implementation? Are key learnings from this model clearly defined? Are the next steps for this model clearly defined? Does this work significantly contribute to the field?

- Excellent (score 5) – The conclusions are very clearly presented and well supported by the findings. Key learnings and next steps for the model are very clearly defined. The work is an excellent contribution to the field.
- Very good (score 4) – The conclusions are very clearly presented and are well-supported by the findings. Key learnings and next steps for the model are clearly defined. The work is a very good contribution to the field.
- Good (score 3) – The conclusions are clearly presented and are supported by the findings. Key learnings and next steps for the model are clearly defined. The work is a good contribution to the field.
- Average (score 2) – The conclusions are adequately presented and are partially supported by the findings. Key learnings and next steps for the model are somewhat defined. The work contributes somewhat to the field
- Below average (score 1) – The conclusions lack clarity in their presentation and do not support the findings. Key learnings and next steps for the model are not clear. The work does not contribute to the field
- Very poor (score 0) – The conclusions are not at all clear in their presentation and do not support the findings. There are no stated key learnings or next steps for the model. The work does not contribute to the field.

**Note:** Practice-based Abstracts may be favoured at review if they incorporate:

- A project or policy change that is new, innovative and/or of high impact
- A project that has been successfully implemented (either completed or ongoing)
- An analysis of the project or policy change that extends current thinking or ideas
- Clarity in which the project purpose, approach, impact and significance has been described

In balancing the program, the committee may require authors to present their work in an alternate format (e.g. as a poster rather than oral presentation).





# vh2024

**Note:** We encourage abstracts with an Aboriginal and Torres Strait Islander focus to be presented by an Aboriginal and Torres Strait Islander person or have an Aboriginal and Torres Strait Islander co-presenter be included. If this is not possible, please include some information as to whether any member of the Aboriginal and Torres Strait Islander community in which the research is based was involved in development of the research protocol or in conducting the research. Where possible, this applies to other population groups as well.