

ABSTRACT GUIDELINES - VIRTUAL

In order for your presentation to be considered, these abstract guidelines must be followed. Please ensure that the presenting author completes the abstract submission. Abstracts must be submitted by the deadline: **Sunday 2 May 2021, 11:59pm (AEST)**.

The Committee are prioritising abstracts to be front and centre of the virtual program this year. The aim is to incorporate as many abstracts to the live program as possible, as well as offering positions within the On Demand resource gallery. This could mean that your presentation will be delivered as one of the following:

- Live on the day with live discussion
- Pre-recorded with live Q&A. Presenter will be typing answers to the questions submitted by delegates
- Pre-recorded no live Q&A – i.e On Demand
- Poster presenters will have the opportunity to provide the PDF file and a 1minute pre-recorded video

CONFERENCE THEMES FOR PRESENTATIONS

We encourage submissions for all priority populations and disease areas of HIV and Sexual Health, and related infections/retroviruses. In deciding on the theme to submit a presentation under, consider who your target audience are. Practice-based abstracts are welcomed in all themes – consider whether your project is a good example of the translation of research into practice.

Theme	Explanation
<p>Discovery and Translational Science, Biology, Resistance and Pathogenesis: This theme explores the fundamentals of HIV and/or sexual health research. It focuses on genomic and laboratory-based research and practice, including the translation of discovery research to clinical, public health and laboratory-based practice in the Australasian region.</p>	<ul style="list-style-type: none"> • Molecular epidemiology • Genomics • Antimicrobial resistance • Mechanisms of pathogen replication and pathogenesis • Pathogen diversity and bioinformatics • Pathogen-host interactions • SARS-CoV-2 infection • Viral latency • HIV viral reservoir • HIV persistence • Immunology and pathogenesis • Biomarkers of disease outcome • Drug development • Vaccines (therapeutic and prophylactic) • Immune-based therapies • Microbicides and biomedical prevention strategies • Gene therapy • Diagnostics, including translation to practice and self-testing • Community perspectives on research, including priority settings
<p>Clinical management and Therapeutics. Managing HIV and/or sexual health, related infections and co-morbidities: This theme highlights the clinical</p>	<ul style="list-style-type: none"> • Natural history, course of infection and disease • HIV-associated diseases and related infections • Antiretroviral therapy and its complications • HIV co-morbidities • Clinical trials

<p>management of HIV and/or sexual health related infections and co-morbid conditions, through presenting latest research findings relating to their diagnosis and treatment.</p>	<ul style="list-style-type: none"> • Delivery of care/clinic-based cascade of care • Optimising quality and models of care • Nursing • Clinical management of PrEP • Workforce issues and professional practice • Costing and health economics studies related to clinical practice • Community perspectives on clinical practice • Community practice that engages PLHIV and assists with retention in care • STI-related prevention and treatment, including novel treatment modalities • Reproductive health treatments and models of care • Sexual dysfunction management • Management of broader sexual health issues • Impacts of COVID-19 on HIV care and treatment • Risks of COVID-19 for the clinical course and longer-term outcomes for people living with HIV • COVID-19 and HIV • COVID-19 and viral hepatitis • COVID-19 and sexually transmitted infections
<p>Prevention, epidemiology and health promotion on HIV and/or sexual health in the Australasian region: This theme includes HIV and STI prevention and health promotion initiatives, the surveillance and epidemiology of HIV and STIs, as well as behavioural, social and biomedical research on HIV, STIs and sexual health in Australia and the region. This theme aims to highlight and promote research and practice into new prevention tools, improving the delivery of existing prevention approaches, and measuring the impacts of prevention options on HIV and STI epidemics among key populations.</p>	<ul style="list-style-type: none"> • Epidemiology of HIV and STIs, including prevalence and incidence studies (including COVID-19-related impacts) • Surveillance and monitoring of HIV and STIs (including COVID-19-related impacts) • Measuring and evaluating the population-level impact of social, behavioural and biomedical prevention strategies • Implementation research • Determining population-level risk factors for acquisition, infectivity and transmission of HIV and STIs • Evaluation of prevention interventions and health promotion activities, including economic evaluation • Translation of surveillance data and research findings into program design and implementation • Key population size estimations • Molecular and network epidemiology • Surveillance of drug resistance and/or antimicrobial resistance • Surveillance of new and emerging STIs • Surveillance and prevention of co-morbidities associated with HIV and STI infection • Mathematic modelling (including potential COVID-19 impacts of HIV and STI trajectories) • Identifying gaps in HIV and STI prevention, health promotion and research • Characteristics of existing and emerging key populations at risk of HIV and STIs • Impacts of COVID-19 on key populations for HIV/STIs • HIV pre-exposure prophylaxis • STI pre-exposure prophylaxis • STI post-exposure prophylaxis •

Social, Political and Cultural Aspects of HIV and Sexual & Reproductive Health in the Australasian Region: This theme welcomes abstracts that address the social, political and cultural issues and experiences shaping sexual and reproductive health as well as HIV prevention, treatment and care, in the Australasian region. With a focus on critical inquiry and analysis of the social, political and cultural aspects of HIV and sexual health, this theme aims to advance a diverse range of perspectives on these issues, particularly in social research, policy analysis and community advocacy.

- Social, political and cultural aspects of HIV/STI program implementation
- Critical reflections on the ways in which lived experiences of sexual and reproductive health and well-being inform policy, health promotion and clinical practice
- Innovative approaches to sexuality and relationships education
- Impact of social inequalities on sexual and reproductive health, and HIV prevention and care
- Aboriginal and Torres Strait Islander and regional First Nations' perspectives on HIV and sexual health
- Diverse perspectives on HIV and sexual health, including among young people, trans and gender diverse people, people with disabilities, and people living in rural and remote areas
- Analyses of criminalisation and other legal issues affecting people living with HIV/STIs
- Critical analyses of stigma, discrimination and other social impacts of HIV/STIs
- Impacts of cultural difference, migration and mobility on HIV and sexual health
- Critical analyses of HIV and STI-focused media, including social media platforms and apps; organisational communications and social marketing
- Sexual pleasure, satisfaction and relationship well-being
- Sexual and gender diversity and intersections with health and well-being
- Insights into the lived experience of diagnosis or management of HIV/STIs
- Social, cultural and political perspectives on intimate partner violence and violence prevention
- Speculations on HIV and sexual health in the context of climate change
- Social, political and cultural effects of the COVID-19 pandemic on HIV and sexual health
- The politics and ethics of HIV, and sexual and reproductive health research, clinical practice and policy
- Critical reflections on HIV, and sexual and reproductive health and data – including data literacies, data privacy, data security, data ownership and data stewardship

KEY WORDS

The following keywords are to be used to assist with the appropriate allocation of reviewers. Please select at least three from the following:

- Behavioural research
- Biomedical sciences (e.g. laboratory-based)
- Biostatistics
- Care and support programs
- Clinical sciences
- Community development
- Diagnostics

- Digital technologies
- Drug consumption (incl. injecting)
- Education
- Epidemiology
- Gender and/or sexuality
- Humanities (e.g. cultural studies, history, literature)
- Health economics
- Health promotion
- Health services and systems
- Intersectionality
- Law and human rights
- Other
- Policy
- Prevention
- Priority populations
- Public health
- Qualitative methods
- Quantitative methods
- Reproductive health (including contraception)
- Sexually Transmitted Infections
- Social sciences (e.g. sociology, anthropology, social psychology)
- Stigma and discrimination

The following keywords are to be used to assist with the searchability of your abstract in a searchable database. Please select at least three from the following:

- HIV Prevention
- Syphilis
- Chlamydia
- Gonorrhoea
- Mycoplasma genitalium
- Sexual and reproductive health
- Diagnostics
- Testing
- Education
- Aboriginal and Torres Strait Islander Health
- Surveillance
- Primary Care
- Nursing
- Community engagement
- Other

PRESENTATION TYPE

Presentation Type	Time Allocation	Explanation
RESEARCH-BASED ORAL PRESENTATION	12 minute presentation OR Rapid-Fire 5-minute presentation	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.

PRACTICE- BASED ORAL PRESENTATION	12 minute presentation OR Rapid-Fire 5-minute presentation	Oral presentations analysing issues and solutions to problems in clinical practice, community engagement, education, health promotion and policy. Presentations should be well structured, rigorous and demonstrate a novel contribution to knowledge and practice.
POSTER PRESENTATION	Static PDF document	The committee recognise that some data is more appropriately presented visually. The virtual conference will have functionality to host pdf posters for delegates to access and view. Delegates will be encouraged to contact presenters via the conference platform for questions.
HIV CASE PRESENTATION	12 minute presentation	This session provides opportunity for HIV trainees/early career clinicians to present difficult cases for discussion with peers. It offers the presenter valuable presentation experience and clinical guidance. We encourage mentors and experienced clinicians to attend to provide expert guidance via Q&A and discussions
JAN EDWARDS PRIZE Sexual Health trainees only	12 minute presentation	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.

ABSTRACT PREPARATION GUIDELINES FOR ALL PRESENTATIONS

All abstracts must:

- Use Arial 12-point type only
- Use single spacing only
- Be submitted as a - Microsoft Word (.doc) file only
- Leave one line between paragraphs
- Specify all abbreviations in full at the first mention, followed by the abbreviation in parentheses, thereafter abbreviation only should be used
- Be written in English
- Be checked thoroughly for spelling and grammar
- Not include references

All abstracts must include:

TITLE: in **BOLD** at the top of the abstract

AUTHORS:

- Principal author to appear first
- Underline the name of the author who will be presenting the paper
- Use surname followed by initials (do not use full stops or commas between surname and initials)
- Omit degrees and titles
- Include affiliations for each author. Use superscript numbering *after* the author's name to indicate affiliations

Abstract Template Options

Please note there are two abstract Template Options

- Research-Based Abstract Template
- Practice-Based Abstract Template

RESEARCH-BASED ABSTRACT: maximum 300 words, with following headings:

- **Background:** study objectives, hypotheses tested, research questions or description of problem
- **Methods:** methods used or approach taken (e.g. study population, data collection methods, statistical analyses and/or theoretical approach)
- **Results:** in summarised form, must include data (e.g. statistics or qualitative data) but do not include tables, graphs or pictures. include results/outcomes and results of statistical tests such as p values, odds or hazard ratios and confidence intervals.
- **Conclusion:** describe the main outcomes and implications of the study. Highlight the novelty of findings, how they contribute to evidence-based practice and what steps are being taken to put the research into practice.

PRACTICE-BASED ABSTRACT: maximum 300 words

Submissions may use the Background/Methods/Results/Conclusion format from the Research-Based Abstract or the following headings:

- **Background/Purpose:** describe the problem and outline the project or policy aims
- **Approach:** outline the main components of the project or policy
- **Outcomes/Impact:** Include concrete observations and findings of the social community or political impact of your work based on completed or ongoing work
- **Innovation and significance:** Explain why your project or policy is unique and of significance, including why this project or policy is an important response to current HIV-related health priorities

Abstracts based on Indigenous Research

- We encourage abstracts based on Indigenous issues be presented by Indigenous persons, or an Indigenous co-presenter be included.
- If this is not possible, please include some information in the abstract as to whether any member of the Indigenous community in which the research is based was involved in development of the research protocol or in conducting the research.

Note: If the body of the abstract is more than 300 words it will be sent back to be revised. A sample abstract is available on the website. The 300 is not inclusive of the disclosure of interest.

All abstracts must include:

DISCLOSURE OF INTEREST STATEMENT:

The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine recognises the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations. **If you do not have a disclosure of interest, please state 'None'.**

Disclosure of interest statement – Industry:

Example 1. Organisation X declares payments to his institution for investigator-initiated research from Industry Company X.

Example 2. Organisation X has received donated materials from Industry Company X. All other authors declare no competing interests.

Acknowledgement of Funding

Example 1. This study was funded in part by the Government Body X.

Example 2. Organisation X receive grant funding from the Government Body X. No pharmaceutical / Industry grants were received for this study.

Note: If accepted into the program you will be requested to include a disclosure of interest slide into your presentation or include such statements in your poster.

SELECTION CRITERIA

Research-Based Abstracts will be favoured at review if they incorporate:

- Completed rather than future work (Outline data as known at the time of submission however other studies that have final results may be prioritised for presentation)
- Original data of high quality.
- An analysis that extends existing knowledge
- Clarity of methodology, analysis and presentation of results
- Specific rather than general findings
- Highlight steps that take research into practice

Practice-Based Abstracts will 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 about the evidentiary basis for the project
- Clarity with 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).

ABSTRACT SUBMISSION

Abstracts must be submitted electronically through the online abstract submission site. You will be required to enter:

- Preferred theme
- Preferred presentation type
- Authors' names (indicate 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
- 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
- Keywords

Please contact the Conference Secretariat if you are unable to lodge your abstract via the website or if you have any queries. By submitting an abstract all authors agree to release the license to the Conference organisers and give permission to publish the abstract in the virtual conference portal, and on the website and, in so doing, certify that the abstract is original work. It is assumed by our conference reviewers and committees that appropriate ethical approval has taken place for your submission.

GIPA ACKNOWLEDGEMENT FOR THE HIV & AIDS RESEARCH COMMUNITY – SUCCESSFUL PRESENTERS WILL BE REQUESTED TO ADHERE TO THIS REQUIREMENT

If your research is about HIV&AIDS and involves gathering data, lived experiences, biological samples or other aspects from the bodies or lives of people living with HIV and our participation as people living with HIV 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 HIV have played in the response to HIV 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 HIV who have participated in this research. Our work is and has always been indebted to people living with HIV, and their engagement."

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

Example: 3. "Our work is indebted to People living with HIV who have put their bodies on the line to enable advancements in prevention, care, treatment and cure. We acknowledge their role in the fight to end HIV."

VIRTUAL PROGRAM

The Joint Virtual program will be mainly comprised live sessions, synchronised presentations and on demand content.

Live programmed sessions: These presentations will be presented live to the virtual audience either webinar style, pre-recorded, or as a live stream with the support of a professional AV team will have live Q&A for delegates to submit questions during the presentations. This means the speakers in these sessions must be available online to participate in the live Q&A/discussion. A moderator will direct submitted questions to the speakers.

Pre-recorded on demand: Sessions are pre-recorded but can be viewed in their entirety any time a participant selects it within the virtual platform, these sessions have no Q&A.

Pre-recorded synchronised sessions: Simulate a live event, in that they start at a scheduled time and run in real time just as if it were a live presentation. An attendee who arrives late will enter mid-presentation based on the time it started. These sessions will also have live Q&A. The speakers in these sessions must be available online to participate in the live Q&A/discussion. A moderator will direct, submitted questions to the speakers. An example of this is the 2020 Abstract Spotlight sessions.

Abstract sessions will be a mix of synchronised, pre-recorded and On Demand sessions.

REQUIREMENTS

All speakers must have access to the following:

- Laptop or computer with web camera access
- Laptop or computer with quality audio capabilities
- Must have high quality internet connection
- Adhere to any pre-recording deadlines as advised
- Attend a platform rehearsal i.e. practice of logging in, showing screen etc.

The conference secretariat will provide all necessary documentation and instructions for participating in the virtual conference to ensure all speakers are confident in using the virtual platform technology and are able to participate effectively in virtual conference.

CONFERENCE REGISTRATION

Abstract presenters are required to fund their own attendance at the virtual conference and should not submit an abstract if this is not possible.

Notification of status will be advised in June 2021. All presenters must register for the conference before **30 June 2021 (early bird deadline)**. It will be assumed that any presenter not registered by this date has withdrawn from the program and their abstract will be removed from all sessions and documentation.

Disclaimer: The committee may allocate your presentation within an alternate theme while developing the best fit sessions.