



25th IUSTI World Congress
 Incorporating the Australasian Sexual
 & Reproductive Health Conference
17 – 20 September 2024
 International Convention
 Centre Sydney, Australia



LATE BREAKER ABSTRACT GUIDELINES

Late Breaker Abstract Submission Deadline: 11:59pm AEST, Sunday 9 June 2024

In order for your presentation to be considered, these late breaker abstract guidelines must be followed. Please ensure that the presenting author completes the late breaker abstract submission. Late breaker abstracts must be submitted by the deadline: **11.59pm, Sunday 9 June, AEST.**

CONFERENCE TRACKS FOR PRESENTATIONS

We encourage submissions for all priority populations and disease areas of Sexual and Reproductive Health. 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>Clinical Management This theme highlights the clinical management of HIV, STI, and other sexual and reproductive health related clinical topics, including contraception and abortion. Presentations will present research findings relating the diagnosis and treatment STIs (including HIV) and other clinical topics related to sexual health including implementation science studies related to the provision of clinical care.</p>	<ul style="list-style-type: none"> • STI management including clinical trials • STI diagnostics including point of care diagnostics • STI natural history, course of infection and disease • Antimicrobial resistance and antibiotic stewardship • HIV-associated diseases and related infections • Antiretroviral therapy and its complications • HIV co-morbidities • HIV/STI treatment, including clinical trials • Clinical management of PrEP • Implementation of STI post exposure prophylaxis in clinical settings • Telemedicine and models for expanding access to care • Delivery of care/clinic-based cascade of care • Optimising quality and models of care • Research relating to nursing practice • 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 • Reproductive health treatments and models of care • Contraception and abortion 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

Epidemiology and Surveillance

This theme includes the epidemiology and surveillance of STIs/HIV, sexual and reproductive health and sexual practices. It aims to highlight updates on HIV/STI epidemiology, sexual and reproductive health and sexual practices; research into trends and patterns of STI/HIV and sexual practices in different population groups that further our understanding of STI/HIV epidemiology; novel methodologies (e.g. mathematical modelling) to assess and evaluate STI/HIV epidemiology.

- Epidemiology of HIV and STIs, including prevalence and incidence studies
- Epidemiology of reproductive health issues associated with STIs/HIV.
- Surveillance and monitoring of HIV and STIs
- Determining population-level risk factors for acquisition, infectivity and transmission of HIV and STIs
- 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
- Epidemiology and surveillance of new and emerging STIs
- Surveillance and prevention of co-morbidities associated with HIV and STI infection
- Mathematic modelling
- Characteristics of existing and emerging key populations at risk of HIV and STIs
- Impacts of COVID-19 on key populations for HIV/STIs
- Impact of HIV pre-exposure prophylaxis
- Impact of STI pre-exposure prophylaxis
- Impact of STI post-exposure prophylaxis

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:

- Antimicrobial resistance
- 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
- Immunity
- Intersectionality
- Law and human rights
- Microbiome
- Molecular epidemiology
- Pathogenesis
- Policy
- Prevention (conventional or biomedical)
- Priority populations
- Public health
- Reproductive health (including contraception and abortion care)
- Sexually Transmitted Infections
- Social sciences (e.g. sociology, anthropology, social psychology)
- Stigma and discrimination
- Treatment
- Vaccines

PRESENTATION TYPE

Presentation Type	Time Allocation	Explanation
RESEARCH-BASED ORAL PRESENTATION	12-minute presentation OR Rapid-Fire 5 -minute	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	Permanently displayed during the Conference	Posters will be displayed within the exhibition and catering area. A number of top ranked posters in each theme may be allocated to a poster tour.
CASE PRESENTATION	12 minutes presentation	These presentations may be grouped together for a session
MULTIMEDIA PRESENTATION	Multimedia presentations will be viewed in between sessions.	Presentations should be in video format. They are to be a maximum running time of five minutes. Presentations will be shared post conference on the website so consent will be required for all persons appearing in photographs/videos/power point.
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.

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.

ALL ABSTRACTS MUST INCLUDE

Disclosure of Interest Statement:

Example: 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.

LATE BREAKER ABSTRACT SUBMISSION PROCESS

Abstracts must be submitted electronically through the online late breaker 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

CONFERENCE REGISTRATION

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

Notification of status will be advised in mid-July 2024. All presenters must register for the conference before **31 July 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 all sessions and documentation.

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