



3rd Australasian COVID-19 Conference ABSTRACT GUIDELINES

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: **Abstract Deadline: 11:59 pm AEDT 24 February 2023.**

CONFERENCE THEMES FOR PRESENTATIONS

We encourage submissions for all priority populations and disease areas impacted by COVID-19. 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, Pathogenesis and Transmission: This theme explores the fundamentals of SARS-CoV-2 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.</p>	<ul style="list-style-type: none"> • Molecular epidemiology • Genomics • Mechanisms of pathogen replication and pathogenesis • Pathogen diversity and bioinformatics • Pathogen-host interactions • Immunology and pathogenesis • Immune responses to vaccination • Immune responses to active infection • Long COVID • Biomarkers of disease outcome • Drug development • Vaccines (therapeutic and prophylactic) • Immune-based therapies • Diagnostics, including translation to practice and self testing
<p>Clinical Management and Therapeutics. This theme highlights the clinical management of COVID-19 through presenting latest research findings relating to diagnosis treatment and models of care.</p>	<ul style="list-style-type: none"> • Natural history, course of infection and disease • Clinical trials and observational studies of COVID-19 therapeutics • Antiviral resistance and treatment failure • Studies of diagnostics including rapid and point of care diagnostics, validation studies • Delivery of COVID-19 care in inpatient and outpatient settings • Optimising models of care in inpatient and outpatient settings • Management of COVID-19 in high risk individuals including immunocompromised hosts • Impacts of COVID-19 on care and treatment for other medical conditions related or unrelated to COVID-19 • Studies on post acute sequelae ('long COVID') of COVID-19 •
<p>Prevention, Epidemiology and Public Health Interventions to Reduce the Impact of COVID-19 infection in Australasian region: This theme includes COVID-19 prevention and health promotion</p>	<ul style="list-style-type: none"> • Epidemiology, including prevalence and incidence studies and modelling • Surveillance and monitoring of COVID-19 • Measuring and evaluating the population-level impact of social, behavioral and biomedical prevention and

<p>initiatives, the surveillance and epidemiology and modelling, as well as behavioral, social and biomedical research on understanding the COVID1-pandemic and reducing its impact in Australia and the region. This theme aims to highlight and promote research and practice into community engagement, prevention including public health and other interventions and drivers and barriers to testing and vaccine uptake. It also aims to highlight research and practice exploring equity and the disproportionate direct and indirect impact of COVID-19 in communities with social and structural disadvantage.</p>	<p>intervention strategies to reduce COVID-19 infections. This includes unintended consequences of interventions.</p> <ul style="list-style-type: none"> • Implementation research • Determining population-level risk factors for acquisition, and transmission of COVID-19 • Evaluation of prevention interventions and health promotion activities, including economic evaluation • Translation of surveillance data and research findings into program design and implementation • Assessment of the impact of COVID-19 on key populations • Molecular and network epidemiology • The role of therapeutics in prevention • The impact, surveillance and prevention of co-morbidities associated with COVID-19 infection • Mathematic modelling of the impact of COVID-19 on other health issues including but not limited to HIV, viral hepatitis, sexually transmitted infections and non-communicable diseases. • Recovery strategies following COVID-19 disruptions to primary, secondary and tertiary prevention programs/services • Identifying gaps in COVID-19 prevention, health promotion and research • The role of community engagement in controlling the COVID-19 epidemic • Characteristics of existing and emerging key populations at increased risk of COVID-19
<p>Social, Political and Cultural Aspects of COVID-19: This theme welcomes abstracts that address the social, political and cultural issues shaping pandemic responses as well as COVID-19 prevention, treatment and care, in the Australasian region. With a focus on critical inquiry and analysis of the social, political and cultural aspects of COVID-19, this theme aims to advance a diverse range of perspectives on these issues, particularly in social research, policy analysis and community advocacy.</p>	<ul style="list-style-type: none"> • Social, political and cultural aspects of COVID-19 pandemic responses • The social, political, and cultural transformations COVID-19 has produced • The politics and ethics of COVID-19 research, clinical practice, and policy (including the production of knowledge on COVID, multiple perspectives and controversies on COVID- related evidence, modelling COVID, innovations in methods in pandemic research) • Evaluation of pandemic-related interventions and public health strategies • Critical analyses of communication and engagement strategies, including social marketing • The politics and ethics of COVID-19 research, clinical practice, and policy (including the production of knowledge on COVID-19, multiple perspectives and controversies on COVID- related evidence, modelling COVID, innovations in methods in pandemic research) • Impact of social inequalities on COVID-19 prevention and care • Counterpublics and counterpublic health: the construction of COVID-19 in public health campaigns and messaging; protests, forms of activism and counterpublic health responses to COVID-19 • Analyses of the lived experience of prevention, diagnosis, or treatment of COVID-19

	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander and regional First Nations’ perspectives on pandemic-related policies and interventions • Analyses of the social impact of COVID-19, including among young people, people from sexual and gender minorities, people with disabilities, people from culturally and linguistically diverse backgrounds, and people living in rural and remote areas • Critical analyses of media related to COVID-19, including social media platforms and apps (e.g. the framing of COVID in news reporting, press conferences, websites and social media, including its problematisation as a ‘crisis’)
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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:

- Modelling
- Biomedical sciences (e.g. laboratory-based)
- Biostatistics
- Clinical sciences
- Diagnostics
- Vaccines
- Education
- Epidemiology
- Long COVID
- Humanities (e.g. cultural studies, history, literature)
- Health economics
- Health promotion
- Health services and systems
- Other
- Policy
- Prevention
- Priority populations
- Public health
- Social sciences (e.g. sociology, anthropology, social psychology)
- Therapeutics

PRESENTATION TYPE

Presentation Type	Time Allocation	Explanation
RESEARCH-BASED ORAL PRESENTATION	12-minute presentation and 3 minutes question time OR Rapid-Fire 3 - minute presentation and 2 minutes 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.
PRACTICE-BASED ORAL PRESENTATION	12-minute presentation and 3 minutes question time	Oral presentations analysing issues and solutions to problems in clinical practice, community engagement, education, health promotion and policy. Presentations should be well structured,

	OR Rapid-Fire 3 -minute presentation and 2 minutes question time	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.

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.

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 early April 2023. All presenters must register for the conference before **Sunday 14 May 2023 (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.