Late-Breaker Abstract Submission Guidelines

Submission Deadline: August 8, 2018

Late-Breaker Abstract sessions are intended to communicate the latest events in tropical medicine and global health, such as recent results of clinical trials, new data on disease outbreaks, and reports of novel clinical cases. The Program Committee will consider the timeliness of the data presented as a major factor in their evaluation.

- Submission fee: $75 US. The payment deadline is August 13. For payments by check or wire transfer, please allow sufficient time for receipt of payment by August 13. Abstracts for which no fee is received by this deadline will not be reviewed.

- Online edits can be made to submitted Late-Breaker Abstracts through August 8.

- Late-Breaker Abstract notices will be sent in early October to the e-mail address provided for the presenting author. Due to the large number of Late-Breaker Abstracts received, the review process for oral presentations is highly competitive. The vast majority of accepted abstracts will be assigned as poster presentations.

- Accepted Late-Breaker Abstracts will be assigned for oral or poster presentation either in specific Late-Breaker Abstract Sessions or Poster Sessions, scheduled any time from Monday, October 29 through Wednesday, October 31, 2018. Presenters should be available throughout that period.

- A Late-Breaker Abstract Presentation Schedule will be distributed to all attendees that includes the presentation number, abstract title and author listing for each accepted abstract, as well as the time of oral or poster presentation.

- Approximately one month prior to the Annual Meeting, accepted Late-Breaker Abstracts will be publicly available on the ASTMH Website and accessible via the Online Program Planner and Meeting App. Due to publication deadlines, it is not possible to include Late-Breaker Abstracts in the printed Program Book or online Abstract Book. Abstract publication in these venues does NOT preclude later full publication in scientific journals.
• **Content**: Abstracts should contain data and/or concepts not previously presented or published.

• **Format**: Abstracts must be in English. The title, authors, author affiliations, and body of the abstract should be entered in standard sentence case, *not* all upper case letters. The character limit for the abstract (not including title, authors, etc.) is 1,850 characters (does not include spaces). Accounting for spaces, the character limit for the abstract is approximately 2,100-2,200 characters.

Enter your abstract as one paragraph *without* embedded headings (eg., “Introduction,” “Methods,” etc.). Do *not* include tables or figures, acknowledgements, funding sources, references, or other supplementary information.

• **Authorship**: ASTMH membership is not required. The person who intends to present the abstract at the meeting should generally be entered as the first author on the Author Information screen at the submission site. The author’s given name should go in the First Name field, and the family name in the Last Name field. Additional author names can be entered individually or by using a group designation, which is advised for abstracts with multiple contributors who are part of a working group or consortium. Provide a brief (no more than 3-4 sentences) description of the presenting author’s background and area of expertise.

• **Submission Category**: See below for guidelines to select the correct submission category.

• Submit your Late-Breaker Abstract by August 8 using the SUBMIT button below. We look forward to seeing you in New Orleans.
SELECTING THE CORRECT ABSTRACT CATEGORY

Most categories reflect an organism or disease-based approach. For multidisciplinary or less traditional topics, the following guidelines may help:

- **Integrated Control Measures for Neglected Tropical Diseases**: Use this category for topics involving control efforts for multiple NTDs. For abstracts on diseases classified as NTDs that lack a focus on integrated control, use the appropriate organism category. For example, Chagas disease belongs with Parasites — Kinetoplastida; onchocerciasis belongs with Parasites — Helminths — Filariasis; and trachoma belongs with Bacteriology.

- **Global Health**: This broad category focuses on global public health topics related to globalization, health disparities and global health partnerships. Use this category for abstracts related to global health education and training, measuring and modeling health outcomes, global health workforce development and capacity strengthening, policy and advocacy to promote global health research and infrastructure development, improving health metrics for low- and middle-income countries, promoting north-south health and research partnerships, integrating community case management, technology and other innovations for care delivery in low-resource settings, and health and human rights. Malaria-related abstracts should be submitted to Parasites — Malaria unless the abstract focuses on operational research aspects of malaria.

- **Malaria**: All malaria-related abstracts should be submitted to Parasites — Malaria. Exceptions include abstracts focused on integrated management of diseases in addition to malaria; in those cases, Global Health for operational research and Clinical Tropical Medicine for clinical aspects should be used.

- **Molecular Parasitology**: For submissions on aspects of molecular, cellular and/or immunologic parasitology, use the category for the predominant organism studied.

- **Nursing topics**: For abstracts focused on clinical aspects of nursing care, use the Clinical Tropical Medicine category. If an abstract deals more with public health aspects and/or operations in nursing care delivery, use the Global Health category.

- **One Health**: Use this category for abstracts dealing with zoonotic disease transmission in humans, animal/human ecology and for veterinary aspects of human diseases. In most cases, this category should not be used for abstracts with a singular focus on diseases in humans or animals without exploring the link between the two. For example, abstracts on the prevalence of human Lyme disease in a given region would belong with Arthropods/Entomology: Ectoparasite-Borne Disease, while an abstract on the effects of deer culls on the incidence of human Lyme disease would be appropriate for One Health.

- **Water, Sanitation, Hygiene and Environmental Health**: Use this category for abstracts dealing with health effects of water pollution, environmental toxins, etc., in addition to traditional WaSH-E topics. An abstract dealing with health effects of air pollution can be submitted here or alternatively to the Pneumonia, Respiratory Infections and Tuberculosis category, depending on the content.

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**Excellent virology content and great stuff in the ACAV sessions.**

~2017 Attendee