HYBRID
ESCAIDE European Scientific Conference on Applied Infectious Disease Epidemiology
22-24 November 2023 ● in Barcelona & online
ESCAIDE
#ESCAIDE 2023
ecdc

Guidelines for late breaker abstract submission

The ESCAIDE 2023 late breaker abstract is open from 7 to 18 September (23:59 CEST). ESCAIDE welcomes abstracts in all areas applied to infectious disease and public health. These areas include epidemiology, microbiology, virology, immunology, social sciences, science communication, the application of tools and methods to support infectious disease interventions and more. We encourage submissions that inform public health actions, introduce new ideas, and bring new understandings to the field.

Late breaker abstract eligibility criteria

Late breaker abstracts may be eligible for both oral and poster presentations. Abstracts initially submitted for the regular programme and rejected are ineligible for late breaker consideration, unless the rejection was due to the absence of critical data at the time of submission. To be eligible, the abstract must fulfil all the following criteria:

1. Report on acute urgent public health problems OR contain novel, surprising findings.
2. Report data or information that was unavailable before the deadline for submission in the general call for abstracts for ESCAIDE (15 May 2023).
3. Has not been published before.

Submit an abstract here

General information

Abstract ID: Successfully submitted abstracts will be acknowledged by email, with an abstract reference number, which should be quoted in all correspondence.

Review and selection: The review process of late breakers is done in two steps carried out by the ESCAIDE Scientific Committee. Firstly, they assess the abstract's eligibility for late breaker consideration, as outlined in the "Eligibility" section above. Secondly, the submitted abstracts undergo review based on the process and criteria applied to standard abstracts. For a detailed understanding of the abstract selection process and review criteria, please refer to the dedicated Guidelines for abstract selection and review.

Requests for changes: The author is responsible for the content submitted: any error in spelling, grammar or scientific fact will be reproduced as typed by the author. Corrections to abstracts can be made by 18 September, directly in the submission system. No requests for changes will be allowed after this date.

Communication of results: Results of the abstract submission will be communicated to authors by 11 October. Abstracts accepted will be distributed in the programme and it is the responsibility of the presenter to check the date and time of the presentation.

Registrations: If an abstract is accepted, late breaker presenters will receive registration instructions for the conference. Abstracts will be withdrawn if the presenter fails to register for ESCAIDE or doesn't assign a registered substitute presenter.

Submission form

Create an account: Fill in contact details (name, organisation, address, etc.) of the contact person for the abstract.

Submission tracks: Each abstract should be tagged with a group and a health function that best match the content of the abstract. This is important as the tracks will be used to allocate the abstract to the correct reviewers, i.e., experts in the selected topics.

Groups	Health functions
• Antimicrobial resistance • COVID-19 • Healthcare-associated infections • Emerging and vector-borne diseases • Food- and waterborne diseases and zoonoses • HIV, sexually transmitted infections and viral hepatitis • Influenza and other respiratory viruses (except SARS-CoV-2) • Public health sciences (general) • Tuberculosis and other respiratory diseases (excluding viruses) • Vaccine preventable diseases	• Burden of disease • Communication and health promotion • Field epidemiology (e.g. outbreak investigations) • Implementation science (e.g. integration of research findings and evidence into public health policy and practice; monitoring and evaluation of programmes) • International health and migration • Microbiology (incl. novel methods in microbiology, such as e.g. new diagnostic tools) • Modelling, biostatistics, and health informatics • Novel methods in epidemiology (e.g. digital disease detection, e-health) • Preparedness (e.g. preparedness planning, simulation exercises, after action reviews) • Surveillance

Title: Choose a title that reflects the main message of the content. Acronyms should be avoided, as they may be unclear to some readers. Refrain from capitalising the entire title or beginning each word with a capital letter, as this can make the title difficult to read.

First author & co-authors: The authors will be listed in the order you enter them. If your abstract has multiple authors, please fill in all the required fields for each author. The co-authors will be listed in the order that you enter them. If an author has multiple affiliations, you do not need to number them, as the system will automatically organise them.

Affiliations: When listing affiliations for authors, please only include the primary organisations they are affiliated with. If an author has multiple affiliations, please list them without numbering as the system will automatically organise them. To add affiliations, please use the format 'Full organisation name (Abbreviation)'. For example, 'European Centre for Disease Prevention and Control (ECDC), Stockholm, Sweden'. If you are currently a fellow in a training program, please include the abbreviation of the program in your affiliation. For example, 'Finnish Institute for Health and Welfare (THL), Helsinki, Finland, EPIET'.

Consortium, network or group: If the abstract is co-authored by a consortium, network or group, please do not list all the co-authors and just give the name of the consortium, network or group.

Presenter: Fill in the details of the person who will present at the conference. This is very important, as their name will be included in the programme and in the abstract book. The presenting author of an accepted abstract must register and attend the conference to ensure the presentation of the abstract.

Keywords: Please include 4-6 key words; use terms listed in the Medical Subject Headings (MESH) from the Index Medicus (http://www.nlm.nih.gov/mesh/).

Abstract background, methods, results and conclusions: The text should <u>not exceed 275 words</u>. Abstracts must be submitted in English using UK English spelling. Please do not repeat the headings 'Background', 'Methods', 'Results' or 'Conclusions'. Follow the structure proposed and take advantage of the guiding questions as they will also be used by the reviewers when assessing your abstract.

Disclosure of data published: As a principle, ESCAIDE abstracts should contain original material from recent work that is not yet in the public domain. Abstracts of published work are discouraged. However, there may be cases where an abstract with previously published work can still provide value to the ESCAIDE audience. Whether to accept such an abstract is left at the discretion of the reviewers and Scientific Committee. If the abstract contains mostly previously published data, the author must disclose this information in the 'Disclosure of data published' field and include a link to the publication if applicable.

Preferred presentation method: The Scientific Committee will decide on the final presentation format, but you can indicate your preference for 'Oral presentation' or 'Poster presentation'. In the 'Oral' format, presenters will be invited to present a short summary and discuss their work in a Q&A session. If you select 'Poster presentation only', it means that your abstract will be considered only for poster presentation. In this format, posters are submitted in advance on a dedicated platform. During the conference they will be displayed in an e-Poster exhibition, and you can briefly introduce your work and take questions.

Presenter plans to attend: This year ESCAIDE will be organised as a hybrid event. Presentations on-site will be preferred to facilitate networking and to reduce complexity in integrating online/in-person presenters, but there will be possibilities to present remotely. Please indicate your preference for presenting in-person or remotely.