Call for abstract
Luang Prabang Field Epidemiology Conference 2010

Guidelines for 2010 Abstract Content

- An abstract should not be over 300 words
- All abstracts must be original work
- Abstracts are to be submitted in Microsoft Word format using the abstract template provided
- A committee will review all abstracts. The committee reserves the right to accept and reject abstracts for inclusion in the program
- Include the names of all authors in your application
- Responsibility for the accuracy of abstract rests on the author
- Where there are co-authors, only one abstract need to be submitted. The presenting author is responsible for ensuring the co-authors' agreement and are aware of the content before submitting the abstract
- An abstract should be submitted via email to pawind@gmail.com, thantzin76@gmail.com, aidsgt2@health.moph.go.th
- The closing date for abstracts is **31 May 2010**
- All authors will be notified via email for about abstract status on **June 20, 2010**. Please make sure your email address is correct and up-to-date

Abstract format

Author

Affiliation

Corresponding author:

- **Address**
- **Phone number**
- **Email address**

Title

- Be brief. Avoid subtitles if possible.
- Capitalize major words only. Capitalize the second component of hyphenated terms.
- Do NOT use abbreviations or acronyms in title.

Abstract text: Structures of the subheading include;

- Background
- Methods
- Results
- Conclusions

Because of time constraints, changes cannot be made to the abstract after it is submitted. You may find, however, that the results and conclusions of the study do change, based on data analysis done after submission of the abstract. If your abstract is accepted and significant changes have been made after submission of the abstract, please highlight the changes in your presentation, whether oral or poster.

Key words: 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/meshhome.html).

Sample of an abstract

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Active case finding for human infection in an H5N1 epizootic area –the first human H5N1 case in Lao PDR, 2007

Background: H5N1 influenza cases have occurred in countries neighboring Lao since 2003. H5N1 human and poultry surveillance were initiated in 2004. In January 2007, Thailand's Nongkhai Province, bordering Lao, reported an H5N1 poultry outbreak. In early February, 2007 an H5N1 poultry outbreak was detected in Vientiane. Immediate response was launched for early detection of human cases and prevention of transmission.

Methods*:* Two hundred volunteers and health staff conducted door-to-door active case finding from February 3-7 in villages within the two districts with poultry outbreaks and in two adjacent districts. Villages closest to poultry die-offs were prioritized for active case finding. Case definition was fever>38, cough, dyspnea and exposure to poultry within two weeks.

Results: We visited 198 (32.4%) of 611 villages within 4 districts. From 14,167 houses, we found 228 people who had fever within the past 2 weeks. Among these, three (1.3%) met criteria as suspect cases. Two were admitted to a Laotian hospital and one to a Thai hospital. Patients hospitalized in Lao had nasopharyngeal swabs negative for H5N1. The case hospitalized in Thailand tested positive

for H5N1 at both Lao and Thai laboratories, and later died. Close contacts among Thai and Lao health care workers were monitored for 1 week; none met suspect case criteria.

Conclusions: Door-to-door active case finding is labor-intensive. In this poultry outbreak setting active case finding in one-third of nearby villages rapidly detected a human case of H5N1, perhaps minimizing risk of transmission to close contacts. Complete door-to-door screening in the outbreak area would require significantly more staff. If H5N1 persists among poultry in Southeast Asia, active case finding strategies should be further evaluated, including a focus on cost effectiveness and sustainability.

Key Words: First human case Avian Influenza, Surveillance, Lao PDR

EVALUATION CRITERIA (adopted from 2009 EIS conference: International Night Call for Abstracts; Abstract Instructions)

1. Background and rationale for study (0-4)

- Does the background clearly state the public health problem or question the study will help to resolve?
- Are key antecedent data or issues presented to set the stage for the study?(If necessary)
- Does the background clearly state the objective(s) of the study?

2. Appropriateness of methods (0-4)

- Are epidemiologic comparisons clearly stated?
- Are critical definitions clearly stated or obvious (for example, case, principal exposure)?
- Do the selected methods correspond with the nature of study and study questions?
- Is a clear and easy-to-follow sequence of methods presented?

3. Presentation of results (0-4)

- Do the study results logically follow the described methods?
- Are study results appropriately summarized using quantitative terms? (for example, number of individuals in study, major time, person, and place findings)
- Are sufficient and adequate data presented to allow the reader to reach a conclusion?
- Are the results organized in a way that assists the reader in reaching a conclusion?

4. Conclusions and interpretations of results (0-4)

- Does the conclusion have its principal basis in the data?
- Does the conclusion integrate the key results?
- Does the conclusion answer the problem and objectives stated in the background?
- Are the findings and their interpretation consistent with existing scientific knowledge?

5. Public health significance (0-4)

- Does this study, in both topic and results, have an obvious application to improving public health, and is this application obvious to the reader without the need for complex explanation or extrapolation?
- Is the study sufficiently sound (including clarity and strength of results) to serve as a basis for taking public health action?

6. Recommended intervention and estimation of public health impact (0-4)

- Are actions/recommendations/control measures practical, and derived directly from study results?
- Does this study actually document the potential or actual public health impact? (for example, reporting on process or outcome indicators: number of persons treated, amount of increased resources devoted to a prevention activity, evidence of improvements in the functioning of a surveillance system, estimation of morbidity or mortality prevented, or ways in which the public health actions were innovative)

7. Overall clarity of the abstract (0-4)

- Is the writing clear and brief?
- Is there a logical sequence and cohesiveness among all abstract sections?
- Are proper and simple terms used to describe methods and discuss findings?