Abstract Guidance

2022 STD Prevention Conference

December 2021

Contents

Abstract Guidance

The Scientific Program Committee invites papers of high quality in the areas of STD prevention research, program, policy, diagnosis, and treatment. Abstract submissions are peer-reviewed for scientific content, logical presentation, timeliness, and current interest of the topic to the scientific community.

Abstract Submission Deadline

Abstracts must be submitted electronically through the abstract submission portal no later than **Friday, March 11, 2022 at 11:59pm PT**. Abstracts sent by mail, fax, or email will NOT be accepted.

Required Abstract Format

Submitted abstracts must report new information not previously published or presented at a national or international scientific meeting prior to March 4, 2022. Please note that abstracts previously presented at meetings will not be accepted unless there is a substantial update of data.

There are two types of abstracts that can be submitted: General and Clinical Case. Please see guidelines for each below.

General Abstract Format

Abstracts **(max. 300 words in length)** should contain the following four components:

> **Background:** a concise statement of the issue under investigation or a hypothesis

> **Methods:** the methods used (including the statistical analyses employed)

> **Results:** specific findings (promises such as "to be completed" or "to be presented" are not acceptable; no figures or tables)

> **Conclusions:** a summary of findings that are supported by your results (statistical analyses used to support the conclusions, where appropriate, should be included; concluding statements such as "the results will be discussed" are not acceptable)

Do not include grant acknowledgements, literature references, or copyright or trademark symbols. For reference, guidance is provided on how to write an abstract and includes tips, advice, and how to avoid common mistakes and errors.

Multiple abstracts reporting results from the same study and overlapping abstracts from the same group of investigators are strongly discouraged.

Clinical Case Series Abstract Format

Investigators are invited to submit abstracts which describe clinical cases of STDs or STD-associated syndromes. These cases should comprise interesting, unusual, or complex presentations of STD, or should represent key teaching points that highlight emerging aspects of STD-related care. The cases will be presented to, and discussed by, an expert panel of clinicians who will review salient issues of epidemiology, clinical presentation, differential diagnosis, and management options. Cases should reflect recent patient encounters which highlight the complexities of STD clinical decision-making in current practice.

Abstracts **(max. 300 words in length)** should contain the following three components:

Introduction: briefly introduce the case and its clinical relevance

Case Description: describe in sequence the history, physical examination, clinical and laboratory investigation, diagnosis, and patient course

Discussion: review decisions and lessons from the case, and implications for clinical care or public health relevance

General Information

The scientific program for the 2022 STD Prevention Conference is structured to reflect a program science approach. The scientific program is organized into five tracks which together represent the overarching framework of the conference.

You will *not* need to select a track when submitting your abstract. Instead, you will be asked several questions about your abstract that will enable us to ensure it is reviewed appropriately. The questions pertain to topics such as the primary population of focus, gender, age group, geographic area of study, setting, disease/infection, methodology, and analytic approach. Carefully read through the entire abstract classification list before submitting your abstract to ensure your submission is read by the appropriate review team.

All tracks include health equity considerations and health services research.

2022 Tracks

Assessment: This track will focus on trends and associated factors in STD-related morbidity and behaviors, as well as health services access and utilization. The track will also include studies designed to improve and ensure valid evaluation methods for public health programs. The track committee includes experts on biomedical, behavioral, epidemiological, and structural assessment, and surveillance strategies.

Clinical & Laboratory: This track will cover STD laboratory science and clinical management of STDs, including classical screening and diagnostic tests, novel molecular detection and characterization assays, and STD clinical evaluation, treatment, and follow-up. The track

committee includes experts on STD laboratory testing, diagnostics, and clinical management, including clinical evaluation, treatment, and prevention.

Individual-level Intervention Research: This track will focus on studies of biomedical, behavioral, and other individual-level interventions.

Policy: This track will cover issues around laws, regulations, and other administrative actions or practices of governments and other institutions, including health clinics, which can impact STD prevention. Areas of focus can include policy development; assessment or evaluation of policy; and the integration of science, policy and program.

Program Science: This track will cover work on development and improvement of STD prevention programs, including assessment, strategic planning, structural and other interventions, evaluations, and quality improvement at the population level.

Abstract Classification List

Gender (check all that apply)

No specific gender
Men
Women
Transgender
Not applicable

Age Group (check all that apply)

Adolescents (10-18 years)
Adults
Young Adults (19 – 24 years)
Other, including infants
Not applicable

Primary Population of Focus (select up to 3)

Clients of a community-based organization (excluding faith-based CBOs)
Clinic patients
Clinicians or other Health Care Providers
Community-based organization (CBO) staff
GBMSM (gay, bisexual, or other men who have sex with men)
GBWSW (gay, bisexual, or other women who have sex with women)
General population
Heterosexuals
HIV Prevention Providers
People who are experiencing homelessness.
Immigrants or Migrants
Legislators or other policymakers
Parents or other family members
People living with HIV/AIDS
People using injection drugs
People who use alcohol or other drugs (excluding people injecting drugs)
Pregnant Persons
Sex Workers
Other population
Not applicable

Geographic Area of the Study (check all that apply)

United States
Canada
Mexico
Caribbean (please specify the country or countries)
Central or South America (please specify the country or countries)
Other (please specify the country or countries)

Settings (select up to 3)

College or university
Community-based organization (exclusive of a faith community setting)
Faith community setting (e.g., church, mosque, or synagogue)
HIV care clinic
Jail or prison
Military settings
Other clinical settings
Primary or secondary school
Rural settings
STD/STI/Sexual health clinics
Suburban settings
Urban settings
Not applicable

Does this abstract describe the development, refinement, or validation of laboratory techniques?

Yes
No

Does this abstract describe an intervention?

Yes – an intervention with randomization of people or places and a control group (e.g., an RCT)
Yes – an intervention with a change in practice or policy and a comparison group (e.g., xxx).
Yes – an intervention with a change in practice or policy evaluated over time (e.g., a quality improvement project).
No

Which diseases or infections are covered in the abstract? Diseases and infections (select up to 3).

Bacterial Vaginosis
Chlamydia
Gonorrhea
Herpes
Hepatitis
HIV
Human papillomavirus, including related sequelae
Lymphogranuloma venereum
Mycoplasma genitalium
Pelvic inflammatory disease
Syphilis, including congenital syphilis
Trichomoniasis
STDs/STIs /not specified
Other
Not applicable

Which of the following come closest to describing the most important general topics in the abstract (up to 2)?

A health communication or social marketing campaign
A law, regulation, or other policy
A specific intervention upon behaviors (patients, providers, or others)
Assessment of behaviors
Assessment of morbidity in a population or sub-population
Assessment of population health services or gaps in services
Costs, cost-effectiveness, or return on investment for an intervention or program practice
Other health systems' practices or operations
Policy development, or the integration of policy, science, and program
Population-level impact of an intervention or program practice
STD program practices or operations
The clinical management of cases

Which analytic approaches are used in this abstract (select up to 2)?

Economic analyses (e.g., cost-effectiveness or return on investment)
Epidemiologic analyses
Mathematical modeling
Molecular diagnosis methods
Other evaluation analytic approaches
Other laboratory methods
Qualitative data analyses
Quality improvement analyses
Randomized controlled trial or other intervention outcome analyses
Survey analyses
Whole genome sequencing
Other quantitative approaches
Not applicable

How to Write an Abstract

2022 STD Prevention Conference Scientific Program Committee

What Is a Scientific Abstract?

- A condensed version or summary of your research study
- A means of conveying what was done and why, what was found, and the implications

Abstracts Should Be...

- Complete — cover the major parts of the project, study, or analysis
- Concise — contain no excess wordiness or unnecessary information
- Clear — readable, well organized, and not too jargon-laden
- Cohesive — flow smoothly between the parts

Why Writing a Strong Abstract Is Important

- Helps the conference organizer decide if your project/study/analysis fits the conference criteria

- Helps the conference audience decide whether to attend your presentation

The Title

- The title should clearly describe what your abstract is about, but also be interesting enough to encourage readers to want to learn more
- Often, your title helps conference attendees decide if they want to attend your talk or visit your poster

Background Section

- Should explain why your abstract is important or novel
- Provide the context or explanation for doing the study – not the whole history but the current situation
  - What is already known about the subject?
  - What is not known, and hence what you intend to examine?
- Should state the aim of the study
  - What are you hoping to find out or what is your hypothesis?
- 1-3 sentences

Example: Title & Background

Weak Example

Title: Sexual risk among MSM

Background: Research will be presented on MSM to determine if behaviors changed recently while syphilis increased among MSM.

Why?

- Obscure title
- No information about what is already known, or not known
- No information provided on previous studies, settings, or location

Example: Title & Background

Strong Example

Title: Sexual risk among men who have sex with men (MSM) in a national probability sample: Prevalence of risky behaviors and temporal trends, UK 2012

Background: Research in the UK has found that samples from community venues and clinics overestimated sexual risk among all MSM compared to population-based samples. There is little data on sexual risk among MSM in the US from population-based surveys and no data on temporal trends in sexual risk. We examined nationally representative data on MSM to determine if behaviors changed recently while syphilis increased among MSM.

Methods Section

- Should explain what you did
- Specific population studied
  - Include sampling frames and response rates when appropriate
  - How many people were approached, how many participated?
- Quantitative or qualitative methods
  - Specific statistical analyses conducted
  - Measures and outcomes explored
- Time from and duration of the study
- 3-8 sentences

Example: Methods

Weak Example

Methods: An intervention was delivered and evaluated. One intervention component sought to improve students' awareness and utilization of condom availability programs (CAPs) in schools by working with key school personnel, particularly nurses, to more effectively implement district CAP policies. Six intervention and six control high schools participated in the study. Analyses included survey data from high school males.

Why?

- No sample size included
- No description of the statistical analyses used
- No date or time frame included
- No geographic location listed

Example: Methods

Strong Example

Methods: A multi-level intervention was delivered and evaluated across five years (2006-2011) in a large public school district in Los Angeles, California. One intervention component sought to improve students' awareness and utilization of condom availability programs (CAPs) in schools by working with key school personnel, particularly nurses, to more effectively implement district CAP policies. Six intervention and six control high schools participated in the study. A total of 15,936 students were eligible for the study. Final analyses included survey data from 13,733 high school males across five years (T1 – T5). A mixed model logistic regression analysis was used to test for an intervention effect on males' reports of services sought from the school nurse. Random effects on the student level were included to control for repeated measures on the same student.

Results Section

- The *Results* section should explain what you found

- Describe your main findings with data

  - The intervention group was more likely than the control to use condoms – LESS GOOD

  - The intervention group was more likely than the control to use condoms ($p<0.01$) - BETTER

  - The intervention group was more likely than the control to use condoms (45% vs. 30%, $p<0.01$) - BEST

- Concisely describe how your results pertain to your study aim or hypothesis

- Statements such as "to be completed" or "to be presented" are not acceptable

- Remember to report non-significant differences too

- Usually the longest section, 3-8 sentences

Example: Methods & Results from Qualitative Abstract

Weak Example

Methods: In-depth interviews were conducted with episodic substance-using men. Themes and patterns were identified among transcribed interview recordings.   Multiple coders were used to identify themes and patterns and inter-coder reliability was assessed.

Results: Participants were ethnically diverse and reported UAI with concurrent binge drinking. Analysis of in-depth interviews specifically with those engaging in UAI and binge drinking, revealed that men 1) face challenges navigating community normative drinking expectations, such as peer pressure to drink and "hook up" with sexual partners, 2) believe that binge drinking and episodic substance use enhance experiences of disinhibition, euphoria, and spontaneous sexual behavior, and 3) express a desire for intimacy and ability to trust anonymous partners, relying on partner-focused responsibility (an assumption that partners will disclose if HIV-positive or use a condom to protect the participant).

Why?

- Number of interviews missing

- No mention of analytic approach

- Descriptive summary of sample excluded

Example: Methods & Results from Qualitative Abstract

Strong Example

Methods: In-depth interviews were conducted with 20 episodic substance-using HIV-negative MSM in San Francisco. Using NVivo qualitative software, an inductive content analysis approach was used to identify themes and patterns (such as pathways for risk behavior) among transcribed interview recordings. Multiple coders were used to identify themes and patterns and inter-coder reliability was assessed.

Results: Participants were ethnically diverse (65% non-white) and 85% (n=17) reported UAI with concurrent binge drinking during the past 3 months. Analysis of in-depth interviews specifically with those engaging in UAI and binge drinking, revealed that men 1) face challenges navigating community normative drinking expectations, such as peer pressure to drink and "hook up" with sexual partners, 2) believe that binge drinking and episodic substance use enhance experiences of disinhibition, euphoria, and spontaneous sexual behavior, and 3) express a desire for intimacy and ability to trust anonymous partners, relying on partner-focused responsibility (an assumption that partners will disclose if HIV-positive or use a condom to protect the participant).

Example: Results from Quantitative Abstract

Weak Example

Results: A small percentage of men reported a male partner in both study years. Mean number of lifetime male partners did not differ across time or by race. Of men who ever had a male partner, 41.3% had a male partner in the past year in 2006-08 similar to 46.5% in 2002. Over half of MSM had multiple partners in 2006-08 similar to 2002. Condom use did not differ across time. In 2002, 21.9% of MSM also had a female partner in the past year compared to only 11.2% in 2006-08. Among these MSM, condom use at last sex with a male or female partner significantly decreased (p<.01).

Why?

- Percentages and n's not included

- P-values missing

- Vague language without reference to data when available.

Example: Results from Quantitative Abstract

Strong Example

Results: In 2006-08, 5.2% of men reported having a male partner in their lifetime (n=357); this estimate did not differ from 2002 (6.0%, n=375, p=.23). Mean number of lifetime male partners did not differ across time (p=.51) or by race (p=.81). Of men who ever had a male partner, 41.3% had a male partner in the past year in 2006-08 similar to 46.5% in 2002 (p=.38). Over half of MSM had multiple partners in 2006-08 similar to 2002 (p=.22). Condom use did not differ across time. In 2002, 21.9% of MSM also had a female partner in the past year compared to only 11.2% in 2006-08 (p=.04). Among these MSM, condom use at last sex with a male or female partner significantly decreased to 22.3% in 2006-08 compared to 54.8% in 2002 (p<.01).

Conclusions Section

- The *Conclusions* section should explain your main findings and why they are important

- Describe the primary take-home message(s)

- Conclusions should be reasonable and supported by the findings

- Concluding statements such as "the results will be discussed" are NOT acceptable

- 2-3 sentences

Examples: Strong Results & Conclusions

Results: Between 2006 and 2011, 4,255 partners were elicited from syphilis cases and 3,607 partners from HIV cases. Of these partners, 645 from syphilis index cases and 691 from HIV index cases only had internet contact information. Overall, 47.1% and 46.6% of the syphilis and HIV internet partners, respectively, were successfully contacted and resulted in more contact information being gathered. Of the syphilis internet partners with updated contact information, 129 (42.4%) were either presumptively treated or brought to treatment and represented an increase of 7.2% in successful partner service outcomes. Among the HIV internet contacts, 55 (17.1%) were tested for HIV; a 7.9% increase in successful partner outcomes.

Conclusions: By developing and maintaining IPS infrastructure in San Francisco, a substantially larger proportion of partners were able to be contacted by Disease Intervention Specialists (DIS) and successful outcomes of partner services increased for both syphilis and HIV.

Examples: Strong Results & Conclusions

Results: In the intervention as compared to the control condition, statistically significant increases were seen for sexually active girls in a number of areas: ever receiving birth control from a doctor or nurse (T2-T5; AOR = 2.10, CI = 1.07 – 4.14), seeing a doctor or nurse for STD testing or treatment in the past year (T1-T5; AOR = 2.15, CI = 1.17 – 3.94), and ever receiving a pregnancy test (T1-T5; AOR = 2.68, CI = 1.30 – 5.52, T2-T5; AOR = 2.17, CI = 1.05 – 4.48, T3-T5; AOR = 2.10, CI = 1.04 – 4.24). For intervention as compared to control, sexually active boys were more likely to report ever receiving birth control from a doctor or nurse (T2-T4; AOR = 2.73, CI = 1.33 – 5.58).

Conclusions: The Project Connect Health Systems Intervention was successful in linking sexually active adolescents to sexual and reproductive health care. Results were particularly striking for girls. As opposed to attempting to change provider behavior, this approach capitalizes on existing, adolescent-focused expertise in the local provider community. It is a low-cost, sustainable strategy for effectively linking adolescents to much needed care.

Examples: full abstracts in ≤300 words

Strong Quantitative Abstract

Prevalence of *Chlamydia trachomatis* —United States, 2007–2010

BACKGROUND: Chlamydia is the most commonly reported infection in the United States with over 1.4 million cases reported in 2011. As chlamydia is usually asymptomatic and can lead to adverse reproductive outcomes, routine screening is recommended for sexually-active young women. However, it is likely that many infections are not identified and case reports underestimate true morbidity.

METHODS: We estimated prevalence of chlamydial infection by sex, age, race, and self-reported sexual activity (measured through audio computer-assisted self-interview) with corresponding 95% confidence intervals (CI) using data from the most current National Health and Nutrition Examination Surveys (2007-2010); data from the 2011–2012 survey will be added if available before the conference. Estimates were weighted to be nationally representative and to account for oversampling and nonresponse. We estimated the number of infections in the population by multiplying census estimates by weighted prevalence estimates.

RESULTS: Among the 5,610 participants aged 14–39 years tested for chlamydial infection, 1.7% (95% CI: 1.3%, 2.0%) were infected, suggesting that there are 1.8 million prevalent infections nationally (range: 1.4–2.1 million). Among the 48% of female adolescents (aged 14–19 years) who reported being sexually-active, prevalence was 7.7% (95% CI: 4.7%, 10.8%). Prevalence among sexually-active, non-Hispanic black female adolescents (17.5% (95% CI: 11.0%, 24.0%)) was higher than prevalence among sexually-active, non-Hispanic white female adolescents (4.9% (95% CI: 0.4%, 9.4%)).

CONCLUSIONS: Based on findings from a nationally-representative survey, we document a large burden of prevalent chlamydial infections suggesting that many infections are not diagnosed and reported. High prevalence among sexually-active young women suggests that routine screening is warranted and substantial racial disparities highlight the need for targeted interventions.

Examples: full abstracts in ≤300 words

Strong Qualitative Abstract

What Do Gay Men Say About Syphilis? Perceptions of Community Members and Health Care Providers Regarding Syphilis Increases in Portland, Oregon

BACKGROUND: Syphilis cases increased nearly ten-fold from 2008-2013 among residents of Multnomah County, Oregon; the majority (94.2%, as of 2013) were among men who have sex with men (MSM). These increases persist despite intensified public health efforts.

METHODS: During a one-week rapid ethnographic assessment, trained interviewers conducted semi-structured qualitative interviews with community members, health care providers, and persons representing agencies and businesses serving MSM. Informants discussed community awareness of syphilis, perceived reasons underlying syphilis increases, and recommendations for improving prevention efforts. Providers discussed syphilis screening, diagnosis, and treatment practices. Data were analyzed using NVivo10.

RESULTS: Fifty-four interviews were conducted: 19 with MSM, 52.6% (10/19) were HIV positive and 36.8% (7/19) were treated for syphilis in the previous two years; 13 with HIV and primary care providers (PCPs), and 22 with agency and business representatives. Syphilis increases were attributed to lack of awareness and knowledge of syphilis symptoms, sequelae, and transmission routes. Several men experienced treatment delays due to misdiagnoses by PCPs, or difficulty obtaining bicillin. Syphilis is considered "treatable," by many MSM and not a major concern while emphasis on condom use has declined, and serosorting by HIV status is common. Portland's gay "community" is undergoing change and fragmentation with shifts in the way men socialize. Informants said that that social media sites contribute to syphilis by facilitating connections among persons participating in high-risk sexual activities; methamphetamine is considered a contributing factor.

CONCLUSIONS: Despite public health efforts, MSM in Portland still need basic information about syphilis. Primary care providers may benefit from training focused on syphilis diagnosis and treatment. More emphasis on primary STD prevention is warranted, but traditional outreach approaches may no longer be effective. Multi-channel syphilis awareness campaigns targeted towards multiple MSM sub-groups should be considered; more research is needed to determine effective strategies for reaching younger men.

STD Conference Abstract Requirements

- 300 word limit
- Format
  - Background
  - Methods
  - Results
  - Conclusions
- Do NOT include:
  - Grant acknowledgements
  - Literature references
  - Copyright or trademark symbols

Additional Tips & Resources

- Read the abstract submission instructions
- Don't wait until the last day to prepare
- Have someone with experience review your abstract
- Write in active voice: "We examined…We tested…We found…"
- Double check for spelling errors and typos
- Meet the word count limitation
- Only use acronyms after you have defined them

References & Additional Resources

- Andrade, C. How to write a good abstract for a scientific paper or a conference presentation. Indian J Psychiatry. 2011 Apr-Jun:53(2);172-175.

- Pierson, D. How to Write an Abstract That Will Be Accepted for Presentation at a National Meeting. Respiratory Care. 2004 Oct:49(10);1206-1212.

- Vrijhoef HJM, Steuten LMG. How to write an abstract. EDN Autumn. 2007:4(3);124-127.