Abstract Submission and Presentation

Submission Deadline: Wednesday, January 10, 2018

You are invited to submit abstracts related to all aspects of clinical microbiology and infectious disease including epidemiological, diagnostic, environmental, medical and basic sciences. Abstracts related to education in microbiology and infectious diseases are also welcome.

Topic Categories:

- Basic / experimental science
- Antimicrobials
- Antimicrobial Stewardship
- Diagnostic laboratory methods, studies, and surveillance
- HIV and AIDS
- Virology
- Bacteriology
- Mycology
- Parasitology
- Sexually transmitted infections
- Infection prevention and control / Health care epidemiology
- Travel medicine and tropical diseases
- Public health
- Clinical infectious diseases
- Education
- Environmental / Food microbiology
- Paediatrics
- Other

To be considered, an abstract must comply with the rules of submission set out by the Abstract Committee. Before submitting an abstract, it is strongly recommended that the entire “Guidelines for Submission of Abstracts” section be thoroughly reviewed. Submitted abstracts that do not conform to the prescribed format will be rejected.

Abstracts will be judged on scientific content, interest, and relevance to infectious diseases and microbiology.

The annual conference accommodates a fixed number of oral presentations and a limited number of posters.

Guidelines for Submission of Abstracts

A. Preparation and Structure of Abstracts

Please read the following and refer to the Sample Abstract on page 4.

1. Abstracts cannot exceed 300 words (submissions of abstracts exceeding 300 words will not be permitted). It is recommended that you prepare your abstract’s text prior to submission and save a copy on your PC. The text can later be copied and pasted into the online submission form.

2. A “blinded” review and selection process will be used to identify abstracts for presentation. Therefore, **no identifying features** such as names of authors and their affiliations, names of hospitals, medical schools, clinics or cities may be listed **in the title or text of the abstract**. The names of authors and their affiliations (institutions) are entered separately when you submit the abstract online.

3. **Title:** Your title cannot exceed 50 words (submissions of titles exceeding 50 words will not be permitted). The title should be concise and clearly reflect the content of the abstract. Capitalize the first letter of each word, except prepositions, articles and species names. Spell out and italicize names of organisms. There should be no period at the end of the title.

4. **Abstract Text:** Abstracts should state briefly and clearly the objectives, methods, results and conclusions of the work.

Objective(s):	Clearly state the purpose of the work presented.
Methods:	Describe your selection of observations or experimental subjects clearly and concisely.
Results:	Present your results in a logical sequence in text and/or tables. Illustrations should be avoided.
Conclusion(s):	Emphasize new and important aspects of the study and conclusions that are drawn from them.

   Abstracts not written in the format illustrated in the Sample Abstract will be rejected.

5. **Authors:** List the first and last names of ALL authors. Middle initials are optional.

6. **Affiliations:** List each author's institution, city and province. Use standard abbreviations for the province (e.g. ON, AB, BC).

7. Tables (and figures, if necessary) may be inserted in the abstracts. N.B.: if using tables, listed data WILL BE INCLUDED in the abstract's word count.

B. Important Information

1. All abstracts must be submitted using the online submission site/form. Amendments to previous submissions are to be made online, up to the submission deadline.

   - **New users:** Please select Register a New Account to create your sign in credentials. This is required to make abstract submissions and amendments.

   - **Returning users:** Please sign in using your email and password to manage new or existing abstract submissions.

2. You are permitted to submit more than one abstract using the same email address and password for each abstract.

3. Ensure that you have approval from all authors to submit your abstract.

4. Authors will be asked to indicate their preferred means of presentation. N.B.: **THE ABSTRACT COMMITTEE RESERVES THE RIGHT TO SELECT THE FINAL PRESENTATION FORMAT IN ORDER TO MEET THE NEEDS OF CONFERENCE PLANNING.**

   - Poster presentation only

   - Oral presentation only

   - Poster or Oral presentation

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5. For poster presentations: the poster boards are 4' high x 8' wide. The poster boards are Velcro and pin friendly.

6. If you are submitting an abstract as a competing **STUDENT** poster or oral presentation, you must be in training or have completed your training less than nine (9) months before the annual conference. Please ensure you check one of the "Yes – please consider…" options in the **Award** section of the online submission form. **Only one abstract per student/trainee may be submitted for the competition.**

7. The Secretariat and Abstract Review Committee will only correspond with the submitting author. The submitting author is the individual who registered and submitted the abstract. The system cannot change the contact information after submission.

8. The Abstract Committee will schedule all presentations. In the event of a scheduling conflict, the presentation can be made by a co-author.

9. Abstracts will not be printed for distribution at the conference. They will be made available online through the conference websites at www.ammi.ca or www.cacmid.ca. Abstracts will be published in the Journal of the Association of Medical Microbiology and Infectious Disease Canada (JAMMI).

C. The Submission Process/ Amending a Submission

1. Log into the submission system when your abstract's text is prepared. Log in by entering your email address and the password you chose when you registered with the system.

2. When you click the "Log In" button you will be taken to a screen to create a new abstract submission. Please read the instructions on this screen carefully. If you have already submitted an abstract and you would like to make changes, you can click "Amend A Previous Submission". Corrections to abstracts can only be made until the deadline for abstract submission, January 10, 2018.

3. Follow the instructions listed to complete all necessary fields. Some questions are marked with an asterisk (*), which indicates that a field is mandatory. We cannot accept your abstract until these questions have been answered. Once you have completed all required fields, click the "Submit" button, which will save your current abstract submission. The page that follows will display the status of your submission – *Complete* or *Incomplete*. N.B.: ONLY **COMPLETE** SUBMISSIONS WILL BE CONSIDERED AND PEER REVIEWED.

4. Upon successful electronic submission of your abstract, you will receive a confirmation by email with your abstract's reference code and a PDF preview of your submission.

D. Acknowledgement

1. Abstracts will be subject to peer review by at least two (2) members of the Abstract Review Committee. Submitting authors will be notified of abstract acceptance/ rejection, date, time and format of presentation on or around February 20, 2018.

2. The presenting author must be registered for the conference by Monday, March 12, 2018. If registration is not completed by this date, the abstract will be removed and will not be published.

3. **If an abstract is to be withdrawn**, the AMMI Canada – CACMID Conference Secretariat must be advised in writing (meetings@ammi.ca) by Monday, March 12, 2018. **Important:** Canceling your conference registration WILL NOT automatically withdraw your abstract.

4. If an abstract is accepted, an author must attend the conference and present the work in person. If a presenting author withdraws an abstract after Monday, March 12, 2018, or does not attend the session for which he/she has been scheduled, the author will be prohibited from presenting abstracts at the AMMI Canada – CACMID Annual Conference for a period of three (3) years. Those subject to this penalty will be informed in writing.

5. If you have difficulties submitting your abstract or if you require any additional information, please contact the Conference Secretariat (meetings@ammi.ca).

SUBMIT AN ABSTRACT NOW

SAMPLE ABSTRACT:

Antimicrobial Susceptibility Profile of *Neisseria gonorrhoeae* Isolates in the Province of Québec: 2010 - 2012

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Background: Monitoring antimicrobial resistance of *N. gonorrhoeae* is necessary to detect trends in antimicrobial resistance, increases in minimum inhibitory concentrations (MICs) and to assist in the development of treatment guidelines. The emergence of antibiotic resistance, especially cephalosporins is a major public health challenge. **Methods:** *N. gonorrhoeae* strains isolated in clinical laboratories throughout the province were submitted to the Laboratoire de santé publique du Québec where their susceptibility profile to azithromycin, cefixime, ceftriaxone, ciprofloxacin and spectinomycin was determined by the agar dilution method as recommended by CLSI. **Results:** A total of 2212 strains (902 in 2010, 797 in 2011 and 513 in 2012 [partial data]) were analyzed (women 632 [28.5%], men 1572 [71.1%], unknown 8 [0.4%]). All strains were susceptible to cefixime, ceftriaxone and spectinomycin, 816 (36.9%) strains were resistant to ciprofloxacin and 26 (1.2%) resistant to azithromycin (MIC≥2 mg/L). Distribution of azithromycin MICs were 2 mg/L (n=3), 4 mg/L (n=2), 8 mg/L (n=6) and 16 mg/L (n=15). Among the strains resistant to azithromycin, 5 were also resistant to ciprofloxacin. Reduced susceptibility (RS) to cefixime (MIC 0.125 mg/L or 0.25 mg/L) was identified in 63 strains (7.0%) in 2010 (MIC=0.125 mg/L [n=61] and 0.25 mg/L [n=2]), 78 (9.8%) in 2011 (MIC=0.125 mg/L [n=72] and 0.25 mg/L [n=6]) and 24 (4.7%) in 2012 (MIC=0.125 mg/L [n=20] and 0.25 mg/L [n=4]). These strains were sensitive to azithromycin, spectinomycin and ceftriaxone, but resistant (97.6%) to ciprofloxacin. Five strains with RS to ceftriaxone (also RS to cefixime) were identified (MIC=0.125 mg/L); one in 2010, one in 2011 and three in 2012. The proportion of RS to cefixime strains is not higher among men (7.1%) than women (8.4%). For 2012, more complete data will be presented including MICs for tigecycline, ertapenem and gentamicin. **Conclusions:** Reduced susceptibility to cefixime has emerged in Québec although it remains at very low level. Furthermore, resistance to another treatment option, azithromycin, is also emerging. This highlights the need to continue our resistance-monitoring program to support public health interventions.