Abstract Submission and Presentation Instructions

Submission Deadline: Monday, January 11, 2021

You are invited to submit an abstract 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 disease are also welcome.

Topic Categories:

- Antimicrobial Stewardship
- Antimicrobials
- Bacteriology
- Basic / experimental science
- Clinical infectious diseases
- COVID-19
- Diagnostic laboratory methods, studies, and surveillance
- Education
- Environmental / Food microbiology
- HIV and AIDS
- Infection prevention and control / Health care epidemiology
- Mycology
- Paediatrics
- Parasitology
- Public health
- Sexually transmitted infection
- Travel medicine and tropical diseases
- Virology
- 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” 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. THE ABSTRACT COMMITTEE RESERVES THE RIGHT TO SELECT THE FINAL PRESENTATION FORMAT.

Guidelines for Submission of Abstracts

A. Preparation and Structure of Abstracts
   Please read the following and refer to the Sample Abstract

1. Abstracts cannot exceed 300 words as identified in the submission system. 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. Please note that the submission site’s word counting mechanism may differ slightly from other word processors (i.e. MS Word). It is recommended that you prepare your abstract to be sufficiently under the word limit to accommodate if needed.
2. A blinded review and selection process will be used to identify abstracts for presentation. Therefore, **no identifying features such as names of authors or 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 (submission of titles exceeding 50 words will not be permitted). The title should be concise and clearly reflect the content of the abstract. Capitalize only the first letter of the first word of the title and the first letter of the word of a subtitle (if included). Note that proper nouns and genus names should retain their normal capitalization. There should be no period at the end of the title.

4. **Abstract Text:** Your abstract text cannot exceed 300 words (submissions of text exceeding 300 words will not be permitted). 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:** Acknowledging abstract word limits, the use of tables or figures should be limited to one (1) table (or figure) if necessary.
   - **Tables:**
     - Must contain no more than four (4) columns
     - Must be submitted in an editable format (i.e., as a Word or Excel table)
   - **Figures:**
     - Must not exceed 3.5” in width
     - Must be legible at 3.5” wide
     - Must be a minimum of 120dpi at 3.5” wide
N.B.: If using a formatted table, listed data WILL BE INCLUDED in the abstract’s word count. Figures (images) containing excessive text can also be deemed to infringe upon an abstract’s word count, which will be at the discretion of the Abstract Committee. Only tables of four (4) columns or fewer can be guaranteed inclusion in a published abstract.

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 of Monday, January 11, 2021.
   - 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.

5. Accepted abstracts will be assigned as either a Live Oral Presentation or e-poster presentation. Accepted e-posters will have the option of presenting either as single page poster with no Narration or a Narrated PowerPoint.
   Student Posters being presented for award consideration will be required to be a single page poster- no narration.
   I. E-poster Single Page Poster-no narration (poster format for student awards competition)
   II. E-poster multiple slides, narrated PowerPoint
   III. Live Oral Presentation - presented using Zoom

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.

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

9. Abstracts 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) following the conference.
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 11, 2021.

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 26, 2021.

2. The presenting author must be registered for the conference by Monday, March 29, 2021. 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 by email and sent to meetings@ammi.ca by Monday, March 29, 2021. Important: Canceling your virtual conference registration WILL NOT automatically withdraw your abstract.

4. If an abstract is accepted, an author must virtually attend the conference and present the work on the virtual platform (as scheduled by the Abstract Committee and cannot be changed). If a presenting author withdraws an abstract after Monday, March 29, 2021, or does not attend the session for which they have 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 by email at meetings@ammi.ca.
SAMPLE ABSTRACT

Prevalence and clinical correlation of indeterminate *Clostridium difficile* tests utilizing a 2-step algorithm

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OBJECTIVES: *Clostridium difficile* testing cannot distinguish infection from colonization, contributing to over-diagnosis and unnecessary treatment of *C. difficile* infection (CDI). A two-step algorithm (PCR followed by enzyme immunoassay (EIA) to confirm detectable toxin) can mitigate over-diagnosis but the clinical significance of indeterminate results (PCR+/Tox-) is unclear. We assessed the prevalence and clinical outcomes of indeterminate results.

METHODS: Retrospective chart review of *C. difficile* tests over 8-months at one community and one tertiary care hospital. The testing algorithm consisted of an in-house developed PCR targeting the *tcdC* gene, with all positive PCR’s tested with an EIA (GDH and toxin A/B). The Antimicrobial Stewardship (ASP) team assessed all patients, and CDI classification was based on the presence of symptoms or the decision by clinical providers to treat as CDI at the time of the positive result. A chart review of indeterminate results was conducted for clinical outcomes at 8-weeks after testing.

RESULTS: 1094 patients had *C. difficile* testing. 147 were PCR-positive, of which 46.3% (68/147) were indeterminate. Of those, CDI was classified in 42.6% (29/68). Thirty-nine patients were considered colonized, but 6 continued treatment despite ASP recommendations. At 8-weeks, treated asymptomatic indeterminate patients showed no significant differences in rates of relapse (0% vs. 3%, *p* = 0.99), positive follow-up testing (0% vs. 8.3%, *p* = 0.99), re-treatment (0% vs. 3%, *p* = 0.99), and all-cause mortality (16.7% vs. 6.1%, *p* = 0.81) compared to those who were untreated.

CONCLUSIONS: Almost half of positive PCR’s were EIA toxin-negative. Clinical assessment by ASP at the time of diagnosis identified 42.6% of indeterminate patients were consistent with CDI. Clinical outcomes were not significantly different when asymptomatic indeterminate patients were treated. Indeterminate results can assist in the clinical assessment of CDI, but should not be utilized in isolation for the determination of colonization or infection.

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