Abstract Guidelines

Abstracts can be submitted from 4 September to 30 November 2017

General
Abstracts can be submitted online only. Abstracts submitted via fax or email will not be accepted. All abstracts must be submitted and presented in English using British English spelling. Abstracts must contain original material neither published nor presented elsewhere prior to 21 April 2018. Please use the abstract template and structure your abstract with the headings:
- Background
- Materials/methods
- Results
- Conclusions

Text
The text must be formatted in Arial font size 10. ALL CAPS for text (other than abbreviations or acronyms) are not allowed. The abstract text may not be longer than 350 words.

Pictures/ Graphs/ Tables
Authors may include a maximum of one picture or graph or one table (of up to ten rows x ten columns) per abstract. Words within the table count towards the total maximum of words allowed.

Title
Abstract titles must be submitted according to the general rules. This includes any special characters and special words that need to be capitalized or in italics. Abstract titles will be proofread. Titles in ALL CAPS (other than abbreviations or acronyms) are not allowed.

Spelling guidelines
The International System of Units (SI) should be used wherever appropriate. Genus and species names should be written in full on first mention and then abbreviated on subsequent mention.

The following general rules apply (examples in brackets):
- Systematic names (genus, family and higher orders): capitalized (Chlamydia, Enterobacteriaceae, Picomaviridae).
- Non-English expressions: non-English expressions in English texts are written in italics, e.g. force majeure, in vitro/in vivo, ad hoc, ex officio
- Taxonomic names: are to be italicized, e.g. Staphylococcus aureus, Clostridium difficile.
- Non-systematic names (e.g. plural): lower case and not italicized (group A streptococci, mycobacteria, chlamydiae).
- Generic drug names: lower case (penicillin).
- Avoid using brand names; if needed: capitalized with trademark symbol (Rocephin®).
- Diseases and viruses: lower case (hepatitis, herpes zoster, herpesvirus, West Nile virus).
- Please observe standard English grammar rules including a space after full stops and commas.
- Only common abbreviations may be used without definition.
Abstract topics
The full list of abstract topics may be found below. Please choose the best-fitting abstract topic to ensure a sound and fair review by the most suitable reviewing expert.

Presentation types
You can make your preferred selection of the following presentation types. Please note that the programme committee may or may not follow your preference; the final presentation type will be communicated after the programme meeting in late January 2018.

Oral sessions: The programme will feature four types of oral presentation sessions: (I) one-hour (five speakers; 12 minutes per speaker including discussion) and (II) two-hour (ten speakers; 12 minutes per speaker including discussion). These sessions are put together by the programme committee from the top-rated abstracts. This is the highest category of an abstract presentation. These sessions are chaired by two experts on the topic. In one-hour mini oral slide sessions (III) (12 speakers; five minutes per speaker including discussion) each speaker can present a maximum of three slides. (IV) ePoster mini oral sessions will be held as one-hour sessions (nine speakers; six minutes per speaker including discussion) on ePoster terminals in parallel to the paper poster presentations. These sessions are moderated by an expert. All ePosters including those selected for an ePoster Mini Oral presentation must be submitted prior to the congress and will be displayed on all congress days on all ePoster terminals as well as in ESCMID’s eLibrary.

Paper poster presentation: Most of the accepted abstracts are scheduled for paper poster presentation. The paper posters are displayed in the poster area of the congress and the presentations are split in about six sessions with a poster change each day. Each poster session will feature various topics and has a duration of one hour. The poster presenter is requested to be at her/his poster during the presentation time. All paper posters can be submitted also as an ePoster to be shown on all four congress days on all ePoster terminals as well as in ESCMID’s eLibrary. Please note: strict adherence to mounting and removal times is required. Posters that are not displayed during the requested time will be marked as no shows and presenters will not receive a certificate. Also, the technical requirements for size and layout of the poster have to be fulfilled.

ePoster viewing: ePoster viewing is divided in several abstract themes. All ePosters will be shown on all four congress days on all ePoster terminals as well as in ESCMID’s eLibrary. There is no need to bring a paper poster in this category, but presence of the presenting author at the congress is required.

Keywords
Authors are asked to enter three keywords to better define the abstract content.

Submit your abstract
You can save your abstract at any time. Please make sure to have all fields completed before you finally submit your abstract. You will receive a confirmation by email after the submission (please make sure to state your correct email address!). Changes in the abstract title are not possible after submission. Abstract body, authors and author affiliations can still be changed until late December. Please note that emails regarding the submission will be sent to the submitter. All correspondence regarding acceptance or rejection, including further information on the mode of presentation etc. will be sent to the presenting author.

Abstract scoring
Abstracts will be subject to a blind peer review by at least three reviewers (Programme Committee and external experts). Presenting authors will be notified by email about acceptance/rejection of their abstract(s) in late January 2018.

Abstract Topics

1 Viral Infection & Disease

a. HIV/AIDS (incl anti-retroviral drugs, treatment & susceptibility/resistance, diagnostics & epidemiology) OR (all aspects)

b. Viral hepatitis (incl antiviral drugs, treatment & susceptibility/resistance, diagnostics & epidemiology) OR (all aspects)

c. Influenza and respiratory viruses

d. Emerging/re-emerging and zoonotic viral diseases

e. Antiviral drugs, treatment, susceptibility/resistance (other than hepatitis & HIV)
f. Viral molecular epidemiology (other than hepatitis & HIV)

g. Diagnostic virology (other than hepatitis & HIV)

2 Bacterial Infection & Disease

a. Tuberculosis and other mycobacterial infections
b. Severe sepsis, bacteraemia & endocarditis
c. Community-acquired respiratory infections
d. Abdominal/gastrointestinal, urinary tract & genital infections
e. Skin, soft tissue, bone & joint & central nervous system infections
f. Zoonotic bacterial diseases

3 Bacterial Susceptibility & Resistance

a. Resistance surveillance & epidemiology: MRSA, VRE & other Gram-positives
b. Resistance surveillance & epidemiology: Gram-negatives
c. Susceptibility testing methods
d. Resistance mechanisms

4 Diagnostic Bacteriology & General Microbiology

a. Diagnostic bacteriology – culture based
b. Diagnostic bacteriology – non-culture based, including molecular and MALDI-TOF
c. Molecular bacterial typing methods
d. Laboratory automation
e. General microbiology

5 New Antibacterial Agents, PK/PD & Stewardship

a. Mechanisms of action, preclinical data & pharmacology of antibacterial agents
b. Pharmacokinetics/pharmacodynamics of antibacterial drugs & therapeutic drug monitoring
c. New antibacterial agents: clinical trials
d. Pharmacoepidemiology, improved prescribing and antibiotic stewardship

6 Fungal Infection & Disease

a. Fungal disease epidemiology & clinical trials
b. Diagnostic mycology (incl molecular)
c. Antifungal drugs & treatment
d. Antifungal resistance & susceptibility testing
7 Parasitic Diseases & International Health
a. Diagnostic parasitology
b. Antiparasitic susceptibility & resistance
c. Antiparasitic drugs & treatment
d. Parasitic disease epidemiology
e. Travel medicine & migrant health
f. International & public health

8 Healthcare-associated & Nosocomial Infections, Infection Control
a. Intravascular catheter-related infections
b. Other foreign-body and implant infections
c. Surgical site infections
d. Nosocomial infection surveillance & epidemiology
e. Infection control interventional trials
f. Disinfection & biocides

9 Experimental Microbiology, Microbial Pathogenesis & Biofilm
a. Microbial pathogenesis & virulence
b. Host-pathogen interaction
c. Preclinical biofilm studies
d. Experimental and cellular microbiology

10 Immunology & Vaccinology
a. Host genetics: infection susceptibility & immunodeficiency
b. Clinical epidemiology of infections in immunocompromised hosts
c. General vaccinology
d. Antiviral vaccines
e. Antibacterial vaccines

11 Other