



ABSTRACT GUIDELINES

Abstract Submission Deadline: 11:59pm AEST, Sunday 20 April 2025

In order for your presentation to be considered, these abstract guidelines must be followed. Please ensure that the presenting author completes the abstract submission. Abstracts must be submitted by the deadline: **11:59pm, Sunday 20 April, Australian Eastern Standard Time.**

CONFERENCE THEMES FOR PRESENTATIONS

We encourage submissions for all priority populations and disease areas of HIV and Sexual Health, and related infections/retroviruses. In deciding on the theme to submit a presentation under, consider who your target audience are. Practice-based abstracts are welcomed in all themes – consider whether your project is a good example of the translation of research into practice.

Theme	Explanation
<p>Discovery and Translational Science, Biology, Resistance and Pathogenesis: This theme explores the fundamentals of HIV research. It focuses on genomic and laboratory-based research and practice, including the translation of discovery research to clinical, public health and laboratory-based practice in the Australasian region.</p>	<ul style="list-style-type: none"> • Molecular epidemiology • Genomics • Antimicrobial resistance • Mechanisms of pathogen replication and pathogenesis • Pathogen diversity and bioinformatics • Pathogen-host interactions • SARS-CoV-2 infection • Viral latency and reservoirs • HIV cure • HIV persistence • HIV co-infection and co-morbidities • Immunology and pathogenesis • Biomarkers of disease outcome • Drug development • Vaccines (therapeutic and prophylactic) • Immune-based therapies • Microbicides and biomedical prevention strategies • Gene therapy • Diagnostics, including translation to practice and self-testing • Community perspectives on research, including priority settings
<p>Clinical management and Therapeutics. Managing HIV and, related infections and co-morbidities: This theme highlights the clinical management of HIV and/or sexual health related infections and co-morbid conditions, through presenting latest research findings relating to their diagnosis and treatment.</p>	<ul style="list-style-type: none"> • Natural history, course of infection and disease • HIV-associated diseases and related infections • Antiretroviral therapy and its complications • HIV co-morbidities • Clinical trials • Delivery of care/clinic-based cascade of care • Optimising quality and models of care • Nursing • Clinical management of PrEP • Workforce issues and professional practice • Costing and health economics studies related to clinical practice • Community perspectives on clinical practice • Community practice that engages PLHIV and assists with retention in care

	<ul style="list-style-type: none"> • STI-related prevention and treatment, including novel treatment modalities • Impacts of COVID-19 on HIV care and treatment • Risks of COVID-19 for the clinical course and longer-term outcomes for people living with HIV • COVID-19 and HIV • MPOX • Malignancy • Co-morbidities • Mental health
<p>Prevention, epidemiology and public health aspects of HIV in the Australasian region: This theme includes HIV and STI prevention, public health initiatives (including health promotion), the surveillance and epidemiology of HIV and STIs, as well as behavioural, social and biomedical research on HIV and STIs in Australia and the region. This theme aims to highlight and promote research and practice in the development, implementation, and evaluation of novel surveillance and research methods, new prevention tools, improving the delivery of existing prevention approaches, and measuring the impacts of prevention programs and initiatives on HIV and STI epidemics among key populations.</p>	<ul style="list-style-type: none"> • Epidemiology of HIV, including prevalence and incidence studies • Surveillance and monitoring of HIV • The characteristics and experiences of existing and emerging key populations at risk of HIV, including migrant populations • The development, implementation or evaluation of novel methods or data sources to improve HIV surveillance, or the delivery of HIV prevention, care, and peer support services • Measuring and evaluating the population-level impact of social, behavioural and biomedical prevention strategies • Implementation research • The application of implementation science methods in HIV prevention • Determining population-level risk factors for acquisition and transmission of HIV • Evaluation of prevention interventions and health promotion activities, including economic evaluation • Translation of surveillance data and research findings into program design and implementation • Key population size estimations • Molecular and network epidemiology • Surveillance of drug resistance and/or antimicrobial resistance • Epidemiology of related infections (e.g., STIs, hepatitis C) among people living with or at risk of HIV • Surveillance and prevention of co-morbidities associated with HIV infection • Mathematic modelling • Identifying gaps in HIV prevention, health promotion and research • Ongoing impacts of COVID-19 on key populations for HIV • HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) • HIV self-testing, including strategic, policy and implementation aspects

Social, Political and Cultural Aspects of HIV in the Australasian Region: This theme welcomes abstracts that focus on critical inquiry and analysis of the social, political and cultural aspects of HIV prevention, treatment and care, in the Australasian region. With a focus on the social, political and cultural issues and experiences shaping the HIV epidemic in the Australasian region this theme aims to advance a diverse range of perspectives, particularly in social research, policy analysis and community advocacy.

- Social, political and cultural aspects of HIV program implementation
- Critical reflections on the ways in which lived experiences of sexuality, HIV and health inform policy, health promotion and clinical practice
- Impact of social inequalities on HIV prevention and care
- Aboriginal and Torres Strait Islander and regional First Nations' perspectives on HIV
- Diverse perspectives on HIV, gender and sexuality including among young people, trans and gender diverse people, people with disabilities, and people living in rural and remote areas
- Analyses of criminalisation and other legal issues affecting people living with HIV
- Critical analyses of stigma, and discrimination impacts of cultural difference, migration and mobility on HIV
- Critical analyses of HIV focused media, including social media platforms and apps; organisational communications and social marketing
- Critical reflections on the lived experience of diagnosis or management of HIV
- Speculations on HIV in the context of climate change
- The politics and ethics of HIV research, clinical practice and public health policy
- Critical reflections on HIV, and data – including data literacies, data privacy, data security, data ownership and data stewardship
- Critical discussion of how social, political, and cultural theories can inform HIV
- Histories, archives, imagined futures of HIV, including artistic, theatrical, and creative work

KEY WORDS

The following keywords are to be used to assist with the appropriate allocation of reviewers.

Please select at least three from the following:

- Antiretroviral therapy
- Behavioural research
- Biomedical sciences (e.g. laboratory-based)
- Biostatistics
- Care and support programs
- Clinical sciences
- Clinical trials
- Co-morbidities
- Community development
- Cure research
- Diagnostics
- Digital technologies
- Drug consumption (incl. injecting)
- Education
- Epidemiology
- Gender and/or sexuality

- Health economics
- Health promotion
- Health services and systems
- Humanities (e.g. cultural studies, history, literature)
- Intersectionality
- Law and human rights
- Malignancy
- Mental health
- Migration
- Other
- Peer navigation
- Peer support
- Policy
- Prevention
- Priority populations
- Public health
- Social sciences (e.g. sociology, anthropology, social psychology)
- Stigma and discrimination
- STIs
- Surveillance

PRESENTATION TYPE

Presentation Type	Time Allocation	Explanation
RESEARCH-BASED ORAL PRESENTATION	12-minute presentation and 3 minutes question time OR Rapid-Fire 3 - minute presentation and 2 minutes question time	Oral presentations on original research findings, case studies, completed projects and theoretical analyses. Presentations should be well structured, rigorous and demonstrate a novel contribution to knowledge.
PRACTICE-BASED ORAL PRESENTATION	12-minute presentation and 3 minutes question time OR Rapid-Fire 3 - minute presentation and 2 minutes question time	Oral presentations analysing issues and solutions to problems in clinical practice, community engagement, education, health promotion and policy. Presentations should be well structured, rigorous and demonstrate a novel contribution to knowledge and practice.
POSTER PRESENTATION	Permanently displayed during the Conference	Posters will be displayed within the exhibition and catering area. A number of top ranked posters in each theme may be allocated to a poster tour.
CASE PRESENTATION BREAKFAST	12 minutes presentation and 3 minutes question time	These presentations will take place in the case presentation breakfast.
MULTIMEDIA PRESENTATION	Multimedia presentations will be viewed in between sessions.	Presentations should be in video format. They are to be a maximum running time of five minutes. Presentations will be shared post conference on the website so consent will be required for all persons appearing in photographs/videos/power point.

JAN EDWARDS PRIZE Sexual Health trainees only	12 minute presentation	Oral presentations on original research findings, case studies, completed projects and theoretical analyses. Presentations should be well structured, rigorous and demonstrate a novel contribution to knowledge.
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ABSTRACT PREPARATION GUIDELINES FOR ALL PRESENTATIONS

All abstracts must:

- Use Arial 12-point type only
- Use single spacing only
- Be submitted as a - Microsoft Word (.doc) file only
- Leave one line between paragraphs
- Specify all abbreviations in full at the first mention, followed by the abbreviation in parentheses, thereafter abbreviation only should be used
- Be written in English
- Be checked thoroughly for spelling and grammar
- Not include references

All abstracts must include:

TITLE: in **BOLD** at the top of the abstract

AUTHORS:

- Principal author to appear first
- Underline the name of the author who will be presenting the paper
- Use surname followed by initials (do not use full stops or commas between surname and initials)
- Omit degrees and titles
- Include affiliations for each author. Use superscript numbering *after* the author's name to indicate affiliations

Abstract Template Options

Please note there are two abstract Template Options

- Research-Based Abstract Template
- Practice-Based Abstract Template

RESEARCH-BASED ABSTRACT: maximum 300 words, with following headings:

- Background: study objectives, hypotheses tested, research questions or description of problem
- Methods: methods used or approach taken (e.g. study population, data collection methods, statistical analyses and/or theoretical approach)
- Results: in summarised form, must include data (e.g. statistics or qualitative data) but do not include tables, graphs or pictures. include results/outcomes and results of statistical tests such as p values, odds or hazard ratios and confidence intervals.
- Conclusion: describe the main outcomes and implications of the study. Highlight the novelty of findings, how they contribute to evidence-based practice and what steps are being taken to put the research into practice.

PRACTICE-BASED ABSTRACT: maximum 300 words

Submissions may use the Background/Methods/Results/Conclusion format from the Research-Based Abstract or the following headings:

- **Background/Purpose:** describe the problem and outline the project or policy aims
- **Approach:** outline the main components of the project or policy
- **Outcomes/Impact:** Include concrete observations and findings of the social community or political impact of your work based on completed or ongoing work
- **Innovation and significance:** Explain why your project or policy is unique and of significance, including why this project or policy is an important response to current HIV-related health priorities

Abstracts based on Indigenous Research

- We encourage abstracts based on Indigenous issues be presented by Indigenous persons, or an Indigenous co-presenter be included.
- If this is not possible, please include some information in the abstract as to whether any member of the Indigenous community in which the research is based was involved in development of the research protocol or in conducting the research.

Note: If the body of the abstract is more than 300 words it will be sent back to be revised. A sample abstract is available on the website. The 300 is not inclusive of the disclosure of interest.

All abstracts must include:

DISCLOSURE OF INTEREST STATEMENT:

The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine recognises the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations. **If you do not have a disclosure of interest, please state 'None'.**

Disclosure of interest statement – Industry:

Example 1. Organisation X declares payments to his institution for investigator-initiated research from Industry Company X.

Example 2. Organisation X has received donated materials from Industry Company X. All other authors declare no competing interests.

Acknowledgement of Funding

Example 1. This study was funded in part by the Government Body X.

Example 2. Organisation X receive grant funding from the Government Body X. No pharmaceutical / Industry grants were received for this study.

Note: If accepted into the program you will be requested to include a disclosure of interest slide into your presentation or include such statements in your poster.

SELECTION CRITERIA

Research-Based Abstracts will be favoured at review if they incorporate:

- Completed rather than future work (Outline data as known at the time of submission however other studies that have final results may be prioritised for presentation)
- Original data of high quality.
- An analysis that extends existing knowledge
- Clarity of methodology, analysis and presentation of results

- Specific rather than general findings
- Highlight steps that take research into practice

Practice-Based Abstracts will be favoured at review if they incorporate:

- A project or policy change that is new, innovative and/or of high impact
- A project that has been successfully implemented (either completed or ongoing)
- An analysis of the project or policy change that extends current thinking or ideas
- Clarity about the evidentiary basis for the project
- Clarity with which the project purpose, approach, impact and significance has been described

In balancing the program the committee may require authors to present their work in an alternate format (e.g. as a poster rather than oral presentation).

ABSTRACT SUBMISSION

Abstracts must be submitted electronically through the online abstract submission site. You will be required to enter:

- Preferred theme
- Preferred presentation type
- Authors' names (indicate presenting author and contact details - address, telephone and email). Note: Abstract presenters will be required to fund their own attendance at the conference and should not submit an abstract if this is not possible. Scholarships are available and preference will be given to those who do submit abstracts, however authors should ensure they are able to fund their own travel if need be
- Authors' affiliations
- Abstract title
- Abstract as a word document (maximum 300 words) plus a disclosure of interest statement
- Short biography of presenter (maximum 50 words). This information will be used by the session chair for introduction purposes and may be published in conference literature
- Keywords

AI DECLARATION

As part of our commitment to transparency and ethical standards in research and professional development, ASHM requires that all conference abstract submissions include a declaration regarding the use of artificial intelligence (AI) in the development or creation of the submission materials.

Using AI to entirely generate your submission is not an acceptable use of AI. The majority of the submission must be written by you.

You will be asked to answer the following declaration questions:

1. Has AI been used in the preparation, drafting, or editing of any part of this submission, including data analysis, or language editing? (Yes/No)
2. If AI was used, please describe its specific role. For example:
 - Drafting content or summaries
 - Data analysis
 - Language editing or translation
 - Other (please provide detail)

Note: Submissions that use AI are eligible for review, but submissions without an AI declaration or those that contain unacknowledged AI-generated content may be subject to disqualification.

RECOGNITION OF THE GREATER INVOLVEMENT OF PEOPLE LIVING WITH HIV (GIPA) FOR THE HIV & AIDS RESEARCH COMMUNITY – SUCCESSFUL PRESENTERS WILL BE REQUESTED TO FOLLOW THIS GUIDANCE

If your research is about HIV&AIDS and involves gathering data, lived experiences, biological samples or other aspects from the bodies or lives of people living with HIV and our participation as people living with HIV has influenced your work, we encourage you to consider and build upon the sample text provided as a recognition of the role that people living with HIV have played in the response to HIV at the beginning or end of any presentation of your work. Presenters are free to use their own wording, or choose from one of the examples below:

Example 1: “I want to begin my presentation by thanking the people living with HIV who have participated in this research. Our work is and has always been indebted to people living with HIV, and their engagement.”

Example 2. “I want to begin by recognising and thanking the people living with HIV who have generously participated in this research.”

Example: 3. “Our work is indebted to People living with HIV who have put their bodies on the line to enable advancements in prevention, care, treatment and cure. We recognise their role in the fight to end HIV.”

CONFERENCE REGISTRATION

Abstract presenters are required to fund their own attendance at the conference and should not submit an abstract if this is not possible.

Notification of status will be advised in June 2025. All presenters must register for the conference before **30 June 2025 (early bird deadline)**. It will be assumed that any presenter not registered by this date has withdrawn from the program and their abstract will be removed from all sessions and documentation.

Disclaimer: The committee may allocate your presentation within an alternate theme while developing the best fit sessions.

Please contact the Conference Secretariat if you are unable to lodge your abstract via the website or if you have any queries. By submitting an abstract all authors agree to release the license to the Conference organisers and give permission to publish the abstract in the virtual conference portal, and on the website and, in so doing, certify that the abstract is original work. It is assumed by our conference reviewers and committees that appropriate ethical approval has taken place for your submission.