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 Sexual and Reproductive Health. 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
Translational and Discovery Science This theme explores the fundamentals of sexual health research. It focuses on basic science of the pathogen, host-pathogen interaction, antimicrobials, and laboratory-based research and practice, including diagnostics.	• Molecular epidemiology • Pathogen genomics • Antimicrobial resistance • Mechanisms of pathogenesis • Pathogen-host interactions • Immunology • Biomarkers of disease outcome • Antimicrobial drug development • Vaccines • Immune-based therapies • Biomedical prevention • The host microbiome, including bacterial vaginosis • Development of diagnostic tests • Laboratory-based evaluation of diagnostic tests • Pharmacokinetics/pharmacodynamics (PK/PD) • In vitro and in vivo models • Mathematical modelling (e.g. resistance predictions, PK/PD etc.) • Novel diagnostics (assays and strategies)
Clinical Management This theme highlights the clinical management of HIV, STI, and other sexual and reproductive health related clinical topics, including contraception and abortion. Presentations will present research findings relating the diagnosis and treatment STIs (including HIV) and other clinical topics related to sexual health including implementation science studies related to the provision of clinical care.	• STI management including clinical trials • STI natural history, course of infection and disease • Antimicrobial resistance and antibiotic stewardship • Gender affirming care • Hormone therapy • HIV/STI treatment, including clinical trials • Clinical management of PrEP • Implementation of STI post exposure prophylaxis in clinical settings • Telemedicine and models for expanding access to care • Delivery of care/clinic-based cascade of care • Optimising quality and models of care • Research relating to nursing practice • 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

	• Reproductive health treatments and models of care • Contraception and abortion care • Sexual dysfunction management • Management of broader sexual health issues • Adolescence and STIs and Sexual Health
Epidemiology, prevention and public health This theme includes the epidemiology and surveillance of STIs/HIV, sexual and reproductive (SRH) health and sexual practices. It aims to highlight updates on innovations and trend in HIV/STI, SRH health care provision. Research into trends and patterns of STIs/HIV, SRH care and sexual practices in different population groups; novel methodologies (e.g. mathematical modelling) to assess and evaluate STI/HIV and SRH epidemiology.	• Epidemiology of HIV, STIs, SRH and associated health outcomes, including prevalence and incidence studies and new and emerging infections and issues. • Determining population-level risk factors for acquisition, infectivity and transmission of HIV and STIs • Analyse current trends and gaps in sexual and reproductive health care provision • Translation of STI, HIV and SRH surveillance and research data into program design and implementation • Surveillance of drug resistance and/or antimicrobial resistance • Surveillance and prevention of co-morbidities associated with HIV and STI infection • Characteristics of existing and emerging key populations at risk of HIV and STIs • Impacts of COVID-19 on key populations for HIV/STIs and SRH outcomes • Prophylaxis (both pre and post) and the impact on STIs and/or HIV • Prevention interventions, including but not limited to: social, behavioural, and biomedical interventions for HIV, STIs and reproductive health • Trials of novel strategies to improve SRH outcomes and/or prevent HIV and STIs • Implementation and evaluation of existing prevention strategies: including public health programs and education for community and health professionals • Identifying gaps strategies to improve SRH outcomes and prevention of HIV and STIs • Evaluation methods, including but not limited to: social science, implementation research, trials, economic evaluations, mathematical modelling • Critical social science research to advance reproductive justice
Social, political and cultural aspects This theme welcomes research and advocacy projects conducted *by*, *with*, and/or *for* communities, with a focus on the broader sociocultural dimensions of sexual and reproductive health and rights (SRHR). Submissions may include community-led research and advocacy, social and	• Community-led research, literacy, and advocacy initiatives • Lived experience research addressing stigma, discrimination, and legal barriers in SRHR • Social and behavioural research from fields such as sociology, anthropology, social psychology, cultural studies, and history • Implementation science to translate evidence-based interventions into practice and policy • Demedicalisation, simplification, and differentiation of service delivery models

behavioural studies, implementation science, health economics, policy analysis, and legal or rights-based research. Emphasis is placed on addressing health equity and social justice in translating SRHR evidence into effective policies, services, and community practices.	- Health economics, costing, and financing of services - Policy development, analysis, and advocacy in SRHR - Legal and rights-based analyses, including criminalisation and intimate partner violence - Intersectional analyses of stigma, discrimination, and social determinants affecting SRHR - Digital health innovations, including telehealth, mobile apps, and social media platforms - Research on sexual pleasure, satisfaction, and relationship well-being - Research on reproductive health and justice, bodily autonomy, and human rights - Diverse perspectives on SRHR, including those of young people, trans and gender-diverse people, people with disabilities, rural and remote communities, Aboriginal and Torres Strait Islander / First Nations peoples, and migrant populations - Legal, rights, and cultural perspectives on sexual and reproductive health and intimate partner violence - Other social and behavioural research

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:

- Antimicrobial resistance
- Behavioural research
- Biomedical sciences (e.g. laboratory-based)
- Biostatistics
- Care and support programs
- Clinical sciences
- Community development
- 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)
- Immunity
- Intersectionality
- Law and human rights
- Menopause
- Microbiome
- Molecular epidemiology
- Paediatrics
- Pathogenesis

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- Policy
- Prevention (conventional or biomedical)
- Priority populations
- Public health
- Reproductive health (including contraception and abortion care)
- Sexually Transmitted Infections
- Social sciences (e.g. sociology, anthropology, social psychology)
- Stigma and discrimination
- Treatment
- Vaccines
- Young people and adolescent health

PRESENTATION TYPE

Presentation Type	Time Allocation	Explanation
RESEARCH-BASED ORAL PRESENTATION	12-minute presentation OR Rapid-Fire 5 - minute	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 OR Rapid-Fire 5 - minute presentation	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	12 minutes presentation	These presentations may be grouped together for a session
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.

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.

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ALL ABSTRACTS MUST INCLUDE

Disclosure of Interest Statement:

Example: 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.

ABSTRACT SUBMISSION PROCESS

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)

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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.

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.