



## 16<sup>th</sup> Conference of the International Society of Travel Medicine Call for Abstracts and Submission Guidelines

**Deadline for abstract submission: 1 February 2019**

To submit your abstract, please go to <http://www.abstractserver.com/cistm16/absmgm/>. For questions regarding your abstract submission, please contact the CISTM16 abstract team at [CISTMSPC@istm.org](mailto:CISTMSPC@istm.org). Please note: you will need to establish a unique account on the abstract server website. Your ISTM username and account login will not work in that program. If you submitted an abstract for CISTM15, you can use the same account as before.

### Call for Abstracts

CISTM16 invites you to submit an abstract for poster or oral presentations under the following categories:

- Air Travel
- Communication and Technology
- Destination
- Disaster/Conflicts/Military
- During Travel
- Education/Training
- Emerging Infections
- Impact on Host Country
- Infectious Diseases (including antimicrobial resistance)
- Mental Health
- Migrants
- Non-infectious Disease Travel Risks (pulmonary embolism, jet lag, environment, injuries, trauma, security)
- One Health and Zoonoses
- Post Travel
- Pretravel Prep/Advice
- Special Traveller (pregnancy, pediatrics, elderly, immunosuppressed, students, business travelers, military, long-stay travellers/expatriates)
- Special Activities (altitude, diving, eco-tourism, expeditions, mass gatherings, medical relief, medical tourism, voluntourism, wilderness)
- Travellers' Diarrhoea
- Vaccines
- Other

### Summary of Abstract Submission Guidelines

Please follow the submission guidelines closely:

- Abstracts can only be submitted online via the conference website
- List authors – Given/first name(s) and the Family/last name(s).
- Use short and concise title. Capitalize the first letter of each word except prepositions, articles and species names.
- The abstract itself must contain no more than 350 words (2500 characters).

- It is strongly recommended to structure the text as follows:
  - Background of the study
  - Objective(s)
  - Method(s)
  - Summary of results in sufficient detail to support the conclusions.
  - Conclusion(s) reached (it is not satisfactory to state “The results will be discussed”).
- Simple table and graphs may be included.
- All specific or unusual abbreviations must be defined in parentheses after the first instance of the word for which they stand.
- Specific names of microorganisms should either be in *italics* or underlined (i.e. *Plasmodium falciparum* or Plasmodium falciparum)
- No commercial names can be used, only generic.
- Select one of the main topics (and subcategory, if one is listed) from the category list in the submission system.
- Incorrectly prepared abstracts will not be considered for presentation.
- Only abstracts written in English will be accepted.
- Duplicate abstracts are not allowed. Submitted abstracts that contain similar or duplicate information from the same authors and institution will be disqualified.
- Always check the final abstract with the system’s preview function before submission, and edit or replace as necessary. It is the author’s responsibility to submit a correct abstract. Any errors in spelling, grammar or scientific fact will be reproduced as typed by the author.
- Do not forget to type the name, address, phone and fax number, as well as e-mail address, of the presenting author where indicated.

**Please note:** Abstract authors will be asked to confirm and disclose:

- whether human subject’s approval was required by their institution for the research
- that you previewed the abstract and that all information is correct and accept that the content of this abstract cannot be modified or corrected after final submission and that it will be published exactly as submitted
- the author(s) own the copyright to all information in the abstract or have secured any needed copyrights and understand that submission of the abstract constitutes consent to publication (e.g. Congress website, program, other promotions, etc.).
- there are no potential conflicts of interest for any of the authors unless indicated below. If applicable, you must list any financial interests, assistance, or relationships with companies, supporters, or commercial products that are related to the content of the abstract (e.g. research support, grants, sponsors, stockholder, etc.).
- there is no off-label or investigational use and if so, an explanation will be needed.
- that the contact details saved in this system are those of the corresponding author, who will be notified about the status of the abstract. The corresponding author is responsible for informing the other authors about the status of the abstract.

Posters selected for the CISTM16 will need to be displayed beginning Thursday, 6 June 2019 until the end of the poster session on Saturday, 8 June. Authors on abstracts selected for poster presentation should plan to attend the Conference from 5-9 June 2019.

## **Important Dates**

### **1 February 2019: Abstract Submission Deadline**

#### **April 2019: Notice of acceptance status to authors**

*Please note that only the corresponding author will receive mail concerning the abstract and is responsible for informing all co-authors of the status of the abstract. Authors whose abstracts have been accepted will receive instructions for the presentation of their abstract.*

#### **30 April 2019: Deadline for author Congress registration**

*Please note that authors must have registered to attend the CISTM16 by this date to be included in the program and to present their abstract.*

## **Abstract Preparation and Format**

You must create an account in the system to submit abstracts. An example of a correctly formatted abstract follows:

### **Topic: Immunizations – Yellow Fever**

#### **Delayed Antibody Response to Yellow Fever Vaccination in Elderly Coincides with Prolonged Viraemia**

Authors<sup>1</sup>

<sup>1</sup>Affiliations

**Background:** The live attenuated 17D yellow fever vaccine is regarded as one of the safest vaccines. However, it can cause vaccine-associated disease that resembles wild type yellow fever (yellow fever vaccine associated viscerotropic disease, YEL-AVD). The risk of YEL-AVD increases with a history of thymectomy, male gender and higher age. For vaccinees of 60-69 years, this risk is estimated to be 1.1:100.000 doses and for vaccinees of  $\geq 70$  years it is 3.2:100.000, a 4.4 and 13.4 fold higher risk than for young adults.

**Objective:** We investigated the humoral immune response against YF-17D in elderly subjects, to investigate the mechanism of YEL-AVD.

**Method:** Young volunteers (age range 18-28 yrs, N=30) and elderly travelers (age range 60-81 yrs, N=28) were vaccinated with YF-17D from the same vaccine batch. Neutralizing antibody titers and plasma YF-17D RNA copy numbers were measured at day 3, 5, 10, 14 and 28 after vaccination. Following vaccination, adverse events were documented in a diary during 3 weeks.

**Results:** Ten days after vaccination seroprotection (80% virus neutralization in plaque assay by minimally diluted serum) was attained by 77% (23/30) of the young participants and by 50% (14/28) of the elderly ( $p = 0.03$ ,  $\chi^2$  test). At day 10, the younger participants had a GMT of 0.18 IU/ml, ten-fold higher than the GMT in the elderly (0.017 IU/ml) ( $p = 0.004$ ). At day 14 the GMT also differed (respectively 4.8 IU/ml and 2.7 IU/ml,  $p = 0.035$ ). Seroprotection was attained by all participants (young and elderly) by day 14. Viraemia was more common in the elderly (86%, 24/28) than in the younger participants (60%, 14/30) ( $p=0.03$ ). In addition viral

levels were higher in the elderly than in younger participants and correlated with the occurrence of systemic adverse events.

**Conclusion:** We found that elderly subjects (age  $\geq 60$  yrs) had a delayed antibody response and higher viraemia following yellow fever vaccine after primo vaccination. We hypothesize that this allows attenuated virus to cause higher viraemia levels that may result in severe disease.

348 Words