International Society of Travel Medicine
Migration Health Conference
Call for Abstracts and Submission Guidelines

Deadline for abstract submission: 15 June 2018

To submit your abstract, please go to http://www.abstractserver.com/migration2018/absmgm/. For questions regarding your abstract submission, please contact the ISTM Migration Health Conference abstract team at ISTM@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 any CISTM, you can use the same account as before.

Call for Abstracts

The Scientific Committee invites you to submit an abstract for poster presentations, oral presentations, or workshops under the following categories:

- Infectious Diseases
- Vaccination
- Pediatrics
- Women's Health
- Mental Health
- Non-communicable Diseases
- Screening/Health Assessment
- Best Practices
- Resettlement/Health Systems
- Access to Care
- Public Health
- Policy
- Education/Training
- South South Migration
- Other

Workshops and Panel Discussions

We are seeking submissions for workshops These are 30-minute time slots to provide in-depth coverage of a topic. When entering in the abstract submission program you will be prompted to identify that you submitting for a workshop. You will need to give justification on why you or the presenter are qualified to present the workshop. Workshops can have more than one presenter. You will be asked to add the level of complexity (beginner, intermediate, advanced) of the workshop and If the workshop has been presented previously elsewhere. The number of these sessions will be limited so acceptance will be competitive.

Scientific Abstracts

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.
- 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)
- For therapeutic agents, only generic names should be used.
- Select one of the main topics 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.
- Abstracts of articles that are published or accepted for publication at the time of submission will not be accepted.
- Ethics approval must be obtained and mentioned for study designs involving human subjects (not required for studies such as systematic reviews etc.)
- 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 disclose any financial interests or commercial products that are related to the research presented. Ethics approval must be obtained and mentioned for study designs involving human subjects (not required for studies such as systematic reviews etc.)

Posters selected for the ISTM Migration Health Conference will need to be displayed beginning Monday, 1 October 2018 until the end of the poster session on Wednesday, 3 October. Special poster tours are scheduled for Tuesday, 2 October, along with an additional poster session on Wednesday, 3 October and authors will need to be present for these sessions. Authors on abstracts selected for poster presentation should plan to attend the entire Conference.

Important Dates

15 June 2018: Abstract Submission Deadline

August 2018: 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.

31 August 2018: Deadline for author meeting registration

Please note that authors must have registered to attend the Migration Health Conference by this date to present their abstract.

SAMPLE 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[1]

[1]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 ≥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 ($p = 0.03$, χ^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 ≥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