Abstract and Discussion Panel Proposal Submission Dates

Please submit your abstracts/discussion panel proposals at http://hivtestingconference.org/abstracts/ during these dates:

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<tr>
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<th>Opens</th>
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<th>Notification</th>
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<tbody>
<tr>
<td>Late Breaker Abstracts</td>
<td>12/10/2018</td>
<td>1/10/2019</td>
<td>1/25/2019</td>
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<tr>
<td>Discussion Panel Proposals</td>
<td>5/18/2018</td>
<td>6/22/2018</td>
<td>7/20/2018</td>
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<tr>
<td>Topic</td>
<td>Data Needs</td>
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<tr>
<td>HIV</td>
<td>Performance of HIV Nucleic Acid Tests in Diagnostic Algorithms</td>
<td>Performance of HIV-1 or HIV-2 qualitative or quantitative nucleic acid (DNA and/or RNA) tests in diagnostic algorithms. Performance with whole blood, serum or plasma. Specify use and context as 1st, 2nd or 3rd test in a testing algorithm. Cost analyses are encouraged.</td>
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<tr>
<td>HIV</td>
<td>Performance of HIV Tests in CLIA-Waived Settings</td>
<td>Studies of the performance of rapid HIV screening tests and rapid test algorithms in CLIA-waived settings. Abstracts on newer rapid HIV tests, self-tests, performance comparisons of multiple CLIA-waived tests, and cost analyses are encouraged.</td>
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<tr>
<td>HIV</td>
<td>Performance of HIV Screening Tests in the Laboratory Setting</td>
<td>Studies of the performance of CLIA Moderate and High Complexity HIV screening tests FDA-approved in 2015 or later, including performance by specimen type. Abstracts on newer tests, performance comparisons of multiple CLIA-Moderate/High complexity tests, performance of Ag/Ab tests that distinguish between analytes, and cost analyses are encouraged.</td>
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<td>HIV</td>
<td>CDC/APHL Laboratory Testing Algorithm</td>
<td>Performance of newer Ag/Ab immunoassays, including Ag/Ab rapid tests, HIV-1/HIV-2 differentiation tests, and nucleic acid tests in the context of the algorithm. Reports on implementation of the recommended algorithm, including policies, program changes and cost data are encouraged.</td>
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<td>HIV, STI</td>
<td>Diagnostic Challenges</td>
<td>Diagnostic challenges associated with PEP, PrEP, acute infection, vaccine use, antiretroviral therapy use or elite controllers. Data on testing in the context of bloodborne pathogen exposures. Data on testing special populations (e.g., pregnant women, infants and children) can also be included. Data on testing for STIs in the context of PrEP.</td>
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<tr>
<td>HIV</td>
<td>Research &amp; Development of New Tests for Diagnosis and Clinical Monitoring</td>
<td>Research and development of new tests for diagnosis and monitoring of HIV infection, including methods applicable to resource poor settings. Evaluations of rapid test readers are encouraged. Abstracts on tests that have been or will be submitted for FDA approval or have a CE mark are encouraged.</td>
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<td>HIV, STI, HCV</td>
<td>Integrated Testing for Multiple Pathogens</td>
<td>Studies on the performance of rapid and laboratory-based tests using integrated testing platforms for HIV in conjunction with STIs or HCV. Abstracts on tests that have been or will be submitted for FDA approval are encouraged.</td>
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<td>HIV, HCV</td>
<td>Oral Fluid and Dried Blood Spots</td>
<td>Performance of HIV or HCV tests using oral fluid, including comparisons with blood for antibody concentration or seroconversion performance. Studies of the performance and feasibility of using dried blood spots or oral fluid for HIV or HCV testing.</td>
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<td>STI</td>
<td>Syphilis</td>
<td>Studies on the development, performance and usage outcomes of rapid and laboratory-based tests and algorithms for syphilis diagnosis, including serological (treponemal and non-treponemal) and molecular tests. Abstracts on tests that have recently obtained FDA approval, or have been or will be submitted for FDA approval, have a CE mark, or are pre-qualified by WHO with applicability to the US market are encouraged.</td>
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<td>STI</td>
<td>Antibiotic resistance of STIs, emerging STIs, and novel testing formats</td>
<td>Research &amp; development of new tests for diagnosis and/ or monitoring of antibiotic resistance (<em>N. gonorrhoeae</em>, others) and/ or emerging STIs (e.g., <em>Mycoplasma genitalium</em>); as well as novel STI point-of-care tests. Abstracts on tests that have been or will be submitted for FDA approval, have a CE mark, or are pre-qualified by WHO with applicability to the US market are encouraged.</td>
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<td>HCV</td>
<td>Hepatitis C virus</td>
<td>Performance, development, and application of HCV point of care nucleic acid tests and rapid screening assays, particularly in a field setting or in the context of HIV coinfections.</td>
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<tr>
<td>HIV, STI, HCV</td>
<td>Optimizing Testing in a Variety of Settings</td>
<td>Evaluations of methods and programmatic best practices to streamline time to test result receipt and linkage to care in a variety of clinical and non-clinical settings, including implementation of new policies and procedures to improve turnaround time. Reports on novel methods for delivery of test results are encouraged. Evaluations of cloud-based solutions to improve the quality and efficiency of linkage to care are encouraged.</td>
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Note: The CDC HIV Case Surveillance Branch (HICSB) will provide an update on HIV surveillance and reporting.
Abstract Submission Guidelines

Scientific data abstracts should not exceed 350 words and can include one table and one figure separate from the abstract. The abstract should contain these four sections with bolded section headings within the text of the abstract submission. Section headings do not count toward the word count:

- **Background:** State the study aim/objectives, hypothesis tested, or description of the problem. Should explain why abstract is important or novel or provide context/explanation for doing study.
- **Methods:** Methods for testing and data analysis (specific statistical analyses conducted, specific population studied, selection and origin of specimens evaluated, and standard used for comparison).
- **Results:** Specific results with appropriate statistical analysis. Describe your main findings with data. Statements such as “to be completed” or “to be presented” are not acceptable.
- **Conclusion:** Explain your main findings and why they are important. Conclusions should be reasonable and supported by the findings. Concluding statements such as “the results will be discussed” are not acceptable.

Descriptive summary abstracts should not exceed 350 words and can include one table and one figure separate from the abstract. The abstract should contain these four sections with bolded section headings within the text of the abstract submission. Section headings do not count toward the word count:

- **Project:** Description of the project
- **Issue:** Specific project problems or needs addressed by the abstract
- **Results:** Qualitative or quantitative summary of implementation facilitators and barriers
- **Lessons Learned:** Summary of lessons learned and implications

Please do not include grant acknowledgements, literature references, or copyright or trademark symbols.

Late-Breaking Abstracts

The 2019 HIV Diagnostics Conference offers a late-breaking abstract deadline for abstracts that highlight novel and substantive studies of high impact. The goal is to enrich the conference with studies that are completed after the general abstract submission deadline.

Scoring Abstract Proposals

Each abstract will be reviewed and scored based on the following criteria:

- **Scope:** The topic is consistent with the abstract topics.
- **Importance:** The abstract contains, innovative or new findings that impact diagnostics
- **Methodology:** The study design and methods meet the abstract objective, and the quality of reported data is acceptable
- **Clarity:** The ideas and findings are communicated clearly and concisely.

All criteria will be given equal weight.
Discussion Panels

We are soliciting presenters for discussion panels at the 2019 HIV Diagnostics Conference. The format is intended to promote in-depth discussion and feedback on a particular topic. Brief oral presentations will be used to introduce the session topic and stimulate discussion.

DP1. Moving beyond the silos: Identifying and overcoming the challenges of integrating HIV, STIs and HCV testing.

DP2. Improving partnerships between laboratories and testing programs (HIV, STIs and/or HCV). Describe methods to facilitate partnerships, communication and shared goals.

DP3. Opportunities created by the availability of simplified or automated nucleic acid tests, expanded diagnostics claims for current HIV NATs, or validation of quantitative NATs for diagnostic use. Include lessons learned from programs that have used these tests or HCV NATs. For programs using a dual claim HCV NAT, how has its use improved testing processes and turnaround time?

DP4. Self-testing or self-collection for HIV or STIs. Topics may include applications for screening and linkage to care, treatment, prevention, surveillance and partner testing

Discussion Panel Session Format

Each Discussion Panel Session will consist of 1 to 4 conceptually linked presentations designed to introduce the topic and raise three or fewer open questions followed by a discussion. The session will be 1 hour in duration. Presenters should plan to allot not more than 30 minutes for presentations and the remaining time will be devoted to discussion. Each discussion panel will be moderated by a person chosen by the conference committee.

Discussion Panel Proposal Structure

Submit a Panel Proposal (compilation of presentations) (preferred) or a single presentation proposal to be a panel discussant in one of the four panels.

Title– Provide a title for each individual presentation in the discussion panel.

Discussants – Provide the name of each panel discussant.

Proposal – You will specify if this is a panel proposal (500 words or less) or single presentation proposal to be included in a panel (350 words or less). It may be unstructured but should include:

- Brief introduction to provide background on the topic being addressed
- Describe pertinent issues or specific aspects of the discussion panel topic that your presentation will address.
• Relevant experiences, tools, lessons or models that will be highlighted in your presentation.
• Data and/or outcomes to accompany the descriptive narrative, where applicable.

Proposed presentations will be reviewed by the conference organizing committee and either accepted, rejected or offered an alternative presentation format.

Discussion Panel Presentation Materials
Presenters of accepted discussion panels are encouraged to create a handout for their presentation and submit it for review by the conference organizing committee. Discussion panel handouts will be included in the program book and can be either an outline document or a mini-poster format. Handouts are intended to support the short presentation and facilitate discussion. Presenters may receive feedback on their handout from the organizing committee. The feedback procedure is meant as an opportunity for improvement, not as a tool to judge the topic being presented (as the proposal has already been accepted). More information about handouts, as well as the deadline for their submission will be sent in the acceptance email.

Ideally, participants should be able to read the handout in one or two minutes and be able to take part in the discussion. To reach this aim, make it clear, structured, concise, and attractive. Avoid long texts and use diagrams, graphs and/or tables to visualize your information effectively when applicable.

Presenters may use PowerPoint slides for their presentation, but should be conscious of the time allotment.