



## ABSTRACT SUBMISSION GUIDELINES

The National TB Conference 2024 is organised by Stop TB Partnership Nigeria and the National TB and Leprosy Control Program (NTBLCP) in collaboration with other stakeholders. The Conference will be held from 10–12 December 2024, at the Abuja Trade & Convention Centre, beside Shoprite Mall, Airport Road, FCT.

Submissions of abstracts will close by 30th September 2024. All abstracts must contain original research work with at least a preliminary report as abstracts of anticipated research output will not be accepted. Authors should note that abstracts of research study results from the same study previously presented or published elsewhere are not appropriate for submission to the National TB Conference for consideration and such submissions will be rejected. All abstracts accepted by the Scientific Committee are placed under embargo until they are presented at the conference.

### 1.0. Abstract Tracks:

**Track A:** Political Commitment and Resource Mobilization

**Track B:** Private Sector Engagement in TB Control

**Track C:** Communities, Rights and Gender in TB

**Track D:** Childhood Tuberculosis

**Track E:** TB/HIV and other Co-Morbidities

**Track F:** Drug-Resistant Tuberculosis

**Track G:** Tuberculosis among Vulnerable Groups – Prisons, Nomads, Internally Displaced People's (IDP) Camps etc.

**Track H:** Tuberculosis Prevention and Infection Control

**Track I:** Innovation in TB Diagnostics and Treatment

**Track J:** SYMPOSIUM

### 2.0. Abstract Session Format

The 2024 National TB conference will be in person (live). Technical specifications are hereby provided to help presenters and all participants prepare adequately. For oral abstract sessions, presenters will both present and participate in the live discussion that will take place during the Scientific sessions. Authors submitting e-posters will be requested to present and respond to audience questions during their presentation time. The medium of communication for the conference will be English language and no simultaneous translation will be provided.

### 3.0. Instructions for Abstract Preparation and Submission

#### 3.1 Abstract title

The title of the abstract should be written in upper and lower case, using capitals only for the first word, acronyms, and proper nouns. Titles should not exceed maximum of 25 words (110 characters and spaces). The texts should be typed in "Times" or "Times New Roman" and bold font type size 12. Abstracts with title formats outside these specifications will not be considered.

#### 3.2 Abstract body

The abstract should be a summary of scientific research or a report of the analysis of a specific topic. Once submitted, abstracts will be peer-reviewed and, if accepted, are organised by track and core content as outlined in Section 1.0 into oral or e-poster sessions.

The abstract file format should be typed in Microsoft Word (.docx, .doc) and converted to PDF format for uploading to the abstract submission portal. The texts should be typed in “Times” or “Times New Roman” and bold font type size 12. Abstracts with title formats outside these specifications will not be considered. The texts should not exceed a maximum of 300 words excluding author names and affiliations. Abstracts must be submitted in English language only. Formatting options to insert symbols, accents, and special formatting (e.g., italics, bold,  $\beta$ ,  $\mu$ , etc.) can be used. Abstracts should be submitted with non-aligned justified text. Authors are responsible for proofreading their abstracts with no errors, as these will be reproduced in the form they were submitted. Abbreviations and acronyms must be standard/conventional and written out in full at the first mention within the text. The abstract content should be approved by all co-authors and cleared by the relevant organisation (if required) before submission. Changes in the abstract will not be accepted after the expiry of the submission deadline.

### *3.3 Abstract format*

Authors can choose out of two abstract categories:

#### *3.3.1 Category 1: Scientific Research*

This category of abstracts is for reporting scientific, clinical and public health evaluations/interventions as well as operational research. It should be structured as follows:

##### *Background:*

Brief statements about the study objectives, study question/hypothesis or describe the challenge addressed by the research.

##### *Objective(s):*

State the purpose/goal and objectives.

##### *Methodology:*

Brief description of the study design, setting, outcomes, procedures and techniques used to collect and analyse data, plus a description of the statistical analysis.

##### *Results:*

Concise statements on the main study findings addressing the stated objectives.

##### *Conclusions:*

A concise statement of the implications of the results presented with a summary of key recommendations; and concluding remarks on how the research has/has not addressed the study question or objectives.

##### *Keywords:*

Provide 5-8 relevant keywords.

#### *3.3.2 Category 2: Public Health Practice*

This category is for reporting experiences in overcoming policy or programme barriers and demonstrating best practices in implementing effective prevention and control programming. This includes the identification of service delivery issues and the presentation of evidence-based practices that programmes have adopted. This category should be structured as follows:

##### *Background:*

Identify the context and the specific challenges to programme implementation.

##### *Objectives:*

State the purpose/goal and objectives of the intervention(s).

#### *Intervention or response:*

A descriptive of how the challenges were overcome using a brief outline of the methods, activities and implementation steps deployed as well as the procedures and techniques used to collect and analyse information that informed the conclusions.

#### *Results/Impact:*

A narrative of the results and impact of the study explaining the potential application or benefit to TB and other programmes. The section should define what worked and what did not and the evidence that led to this determination.

#### *Conclusions:*

Concluding statements of the public health practice implications of the findings, with summaries of key recommendations and highlights of opportunities for current and future TB programme practice and implications for other programmes or settings.

#### *Keywords:*

Provide 5-8 relevant keywords.

#### **3.3.3 Abstract Summary**

A 50-word ultra-short summary of the abstract should be provided for publication in the Conference Book of the Programme. This should not include any results but provide concise information about the relevance of the contents to assist delegates in selecting sessions of their choice to attend. It should be prepared and submitted along with the revised version of the main abstract.

#### **3.4. Tables and Figures**

Tables, figures/images should be included as an Appendix in the same document before converting it to PDF.

#### **3.5. File Format**

The format acceptable for online submission of the abstract is pdf. Kindly ensure to convert your abstract to PDF before submission.

#### **3.6. Instructions for Preparation of Posters**

Posters should have a size of A0 (841 x 1189 mm). The contents should include the title, authors, abstract, introduction, objectives, methodology, results, discussion, and conclusions following the word count, table and figure specifications specified for oral abstracts. The fonts should be black on a white background; the font type should be "Times" or "Times New Roman", size 14 with bold titles and size 12 regular for the text. Authors will be informed about the specific location and display time for their posters. Authors are expected to submit their poster abstracts along with an A4 size PDF version of their poster drafted following the specifications outlined in these instructions.

##### **3.6.1 Authors**

There is no limit to the number of authors allowed for each submission but a maximum of 5 author names will be accepted to appear, followed by a comma and "et al" for the remaining author names as in Vancouver style referencing. Authors working in the same institution/organization will not need to have their affiliation repeated for each contributor; where some authors in the same group come from different institutions/organizations it is allowed to use numbers on superscript to assign to respective institutions/organizations where authors come from in a representative manner.

The corresponding author is responsible for the abstract content and should serve as the contact person for submission and communication purposes, and will be responsible for passing information related to the status of the abstract to the co-authors. Any of the listed co-authors other than the corresponding author registered for the conference could be allowed to present the study if the corresponding author is unavailable at the allotted time for the presentation. Once the abstract is

submitted and reviewed, the list of co-authors can no longer be changed or amended. Authors should ensure that there is no omission in the final list of co-authors before proceeding with submission.

### **3.7. Abstract Submission Process**

Abstracts should be submitted only if the authors have the plan to present the abstract at the conference following the acceptance of the abstracts. Online submission will close on 30<sup>th</sup> September 2024. The corresponding author will receive an email acknowledging that the submitted abstract has been received. An abstract can be submitted only once under one track and resubmission is not allowed. The submission of multiple abstracts on the same topic by varying the authors or under different titles with only minor word changes is not acceptable and all such submissions on that topic will be rejected.

Abstracts submitted by email attachment will not be considered. First-time users of the submission portal will need to create an account to be able to submit their abstract. Authors can reset their password if they have forgotten it. It is the responsibility of the authors to save a copy of their abstract as submitted. The Conference Secretariat or Scientific Committee will not share copies of the abstracts after the process of submission. Abstracts that are not accepted cannot be reconsidered for review or presentation at the conference.

### **3.8. Abstract Review**

All submitted abstracts will be subjected to peer review by experts in the conference tracks. Each abstract will be reviewed and scored by at least three reviewers. The scores will then be submitted to the Scientific Committee to determine which abstracts are accepted and whether they are best suited for oral abstract presentation sessions or e-poster sessions. Although authors could indicate a preference for their submitted abstract to be accepted as either oral or e-poster, the Scientific Committee reserves the final prerogative for this assignment.

#### **3.8.1 Abstract Review System**

The rating of abstracts and instructions for scoring are outlined below:

##### **a) Relevance**

The research question should be relevant in the context of the topic and objectives. The study/intervention addresses current important scientific or public health issues; the findings are important and could potentially contribute to new knowledge, practice, policies or programmes. Relevance will be rated viz:

- 0 = relevance not described/irrelevant
  - 1 = minimal relevance
  - 2 = somewhat relevant
  - 3 = relevant
  - 4 = very relevant
  - 5 = extremely relevant
- (Weight = 1.0)

##### **b) Methods /intervention or response**

The study design/intervention is appropriate, particularly addressing the objectives. The methodology will be rated using the following scoring format:

- 0 = Methods not described
- 1 = very poor methodology
- 2 = poor methodology
- 3 = average methodology
- 4 = above-average methodology
- 5 = excellent methodology

(Weight = 1.0)

c) *Results/Impact*

Results/impact are in line with the analysis methodology and objectives; scope, generalisability, feasibility and robustness of findings are satisfactory. These will be rated using the following scoring format:

- 0 = not described
  - 1 = very poor
  - 2 = poor
  - 3 = average
  - 4 = above average
  - 5 = excellent
- (Weight = 1.0)

d) *Clarity of the message*

The study objectives or hypotheses being tested are clearly stated. The prose is concise and objective, with conclusions that are clearly stated and in tandem with the results and the final overall message is clear. These will be rated using the following scoring format:

- 0 = Unable to understand abstract/no conclusions
  - 1 = very poor (i.e. Abstract is confusing. Conclusions not supported by results)
  - 2 = poor
  - 3 = average
  - 4 = above average
  - 5 = excellent (i.e. exceptionally well written. Conclusions congruent with results)
- (Weight = 1.0)

e) *Originality*

The study, methodology/implementation, context and/or findings are new or novel. These will be rated using the following scoring format:

- 0 = Originality not described
  - 1 = very poor
  - 2 = poor
  - 3 = average
  - 4 = above average
  - 5 = extremely novel
- (Weight = 1.0)

f) *Stigmatising language*

Authors should follow the guidelines laid out in the global Stop TB Partnership's publication "*Words Matter Language Guide*" (see 3.8.2). Key stigmatising words/phrases will be highlighted by the system for reviewers to consider. This will be rated using the scoring format:

- 1 = No stigmatizing language
  - 0 = Use of stigmatizing language
- (Weight = 1)

### 3.8.2 Non-use of Stigmatising Language

The Stop TB Partnership Nigeria is committed to promoting people-centred language in all conference abstracts and presentations. During submission preparation, the guidelines laid out in the Global Stop TB Partnership's publication, *Words Matter – Suggested Language and Usage for Tuberculosis Communications* (2<sup>nd</sup> Edition – 2022), should be followed. Abstracts using stigmatising language will be penalised as shown above in the review process, which may lead to poor scoring enough to lead to influence acceptability if editorial efforts to address these are unsuccessful with the submitting authors.

Below are some commonly used stigmatising terms/phrases that will be highlighted for reviewers' consideration:

- TB Contact (prefer "contact person")
- Treatment Defaulter (prefer "person lost to follow-up")
- Illegal/alien worker (prefer "noncitizen resident or unauthorized resident/worker")
- TB suspect (prefer "person with presumed/presumptive TB")
- TB control (prefer "TB prevention and care" or "ending TB")
- AIDS patient(s) (prefer "person" or "people" living with HIV/AIDS PLWHA/PLHIV')
- TB patient (prefer "person living with TB").

### **3.9. Ethical Declaration**

Authors are expected to have obtained ethical clearance (where necessary) for their abstract before submission. The work presented should have been conducted following the principles of the *Declaration of Helsinki of the World Medical Association* or the *WMA Statement on Animal Use in Biomedical Research*. Where appropriate, a copy of the certificate of ethical approval issued by the relevant regulatory body (Ethics and Research Board or Committee) should be submitted. The Scientific Committee may request from authors details on ethical aspects in the process of abstract review except for public health practice abstracts.

### **3.10. Notifications**

Corresponding authors will be notified of the status of their abstracts by October 2024. Co-authors will need to be updated on the submission status by the corresponding author. After an abstract is allocated to a specific session, it will not be possible to change the date, time, or type of the session. Successful authors will receive presentation guidelines and schedules to help them prepare appropriately. A co-author or colleague can present on behalf of the corresponding author if they are unavailable on the assigned date and time of presentation.

### **3.11. Publication**

All abstracts that were accepted and presented will be included in the **2024 National TB Conference Book of Abstracts**. This Book will be made available online for download from the Conference website after the conference. Accepted abstracts that were not presented at the conference will not be included in the Conference Book of Abstracts.

### **3.12. Conference Attendance and Registration**

All abstract presenters must register to present and attend the conference. All delegates who registered for the conference are eligible to attend all the abstract sessions.

### **3.13. Consent Information for Speakers and Presenters**

If accepted for the conference, the abstract presenters are required to indicate agreement to the attached information relating to the release, recording and publication of the contents of their presentation. Corresponding authors are expected to download the consent form, append their signature on the points of agreement and upload the completed form on to the abstract submission portal to serve as consent for approval to the use of all information they provided for the 2024 National TB Conference.



## **SPEAKER / PRESENTER CONSENT FORM**

As a Speaker/Author/Coauthor/Presenter, I hereby agree:

1. To the release and publication of the summary of my presentation, my presentation slides and the audio and/or video recording of my presentation(s), its live broadcast during the 2024 National TB Conference, including the introduction and live questions and answers, and its accessibility at leisure or on demand to all registered participants in the Conference library.
2. To the subsequent use of my presentation slides (and the audio and/or video recording of my presentation(s) by the Stop TB Partnership Nigeria (STPN). The STPN will not be liable if any content is replicated and/or distributed/shared.
3. That copyright of content is retained by the speaker(s)/contributor(s), and that copyright in the recordings will be retained by The STPN.
4. That I own the copyright for images contained within slides and other presentation materials. If excerpts from copyrighted works are included, I have obtained written permission from the copyright owners and acknowledge the sources in the presentation.
5. I also warrant that the presentation contains no libellous or unlawful statements and does not infringe the rights of others and that I will indemnify the conference organisers against any loss, injury or expense arising out of any breach of this warranty.
6. To the use of my data being processed for this recording and subsequent publishing. My data will be processed following the provisions of the data protection law.

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**Full Name**

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**Conference Registration No.**

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**Signature & Date**