2022 ADVANCING HIV, STI AND VIRAL HEPATITIS TESTING CONFERENCE

Virtual Conference Dates: March 29 – April 1, 2022

Abstract Submission Dates

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

	Opens	Closes	Notification
Abstracts	9/3/2021	11/4/2021	12/7/2021
Late Breaker Abstracts	12/10/2021	1/10/2022	1/26/2022

The goals of the conference are to foster the development and use of new testing technology/methodology in the United States and to improve testing practices. Abstracts from multiple areas (laboratory, surveillance, and program) that are within the categories listed and support the goals of the conference are encouraged. The descriptions and topic examples are provided as guides and are not meant to represent an exhaustive list of topics.

Categories

Pathogen Focus: HIV, STIs, & Viral Hepatitis			
	Category	**Description**	**Topic Examples**
1	**Nucleic Acid Tests**	Performance of qualitative/quantitative nucleic acid tests	• Implementation and evaluation studies • Analyses of cost or workflow • Sample type comparison studies • Use in proposed testing algorithms
2	**Alternative Specimen Matrices**	Performance and validation of tests on alternative specimen matrices, including, but not limited to, FDA-approved/cleared tests/methods.	• Evaluations of test performance for the detection of seroconversion, comparing alternative specimen types to reference methods • Performance and feasibility of using dried blood spots (DBS) or oral fluid for serology and molecular testing • Performance for STI detection
3	**Emerging Technologies or Methods**	Research and development studies describing new technology or methodology for diagnosis and monitoring	• Performance, development, and application of point-of-care nucleic acid tests and rapid screening assays • Evaluations of rapid test readers • Result delivery systems • Detection of HCV core antigen
4	**Self-collection/Self-sampling**	Studies on self-collection/self-sampling devices/methods, including provisions for follow-up and result reporting.	• Validation method studies • Performance of FDA approved/cleared tests with self-collected samples such as DBS or microtainer • Performance or implementation of diagnostic testing and clinical monitoring (including PrEP) in home-based, non-clinical, or clinical settings • Implementation models including use in conjunction with telemedicine, telehealth, or other mechanisms of remote healthcare • Challenges and strategies to facilitate surveillance reporting and follow-up (testing, partner services, and treatment) • Linkage to care or prevention • Training strategies

5	**Self-Testing**	Experiences with self-tests	• Studies on implementation, program impact, or surveillance • Implementation models including use in conjunction with telemedicine, telehealth, or other mechanisms of remote healthcare • Challenges and strategies to facilitate surveillance reporting and follow-up (testing, partner services, and treatment) • Strategies to stimulate HIV PrEP uptake • Strategies to support linkage to treatment, prevention, and support services
6	**Recently Marketed Laboratory Tests**	CLIA-Moderate/High Complexity tests that have been FDA-approved or cleared since 2018	• Implementation, evaluation, or adoption studies • Test performance comparisons • Performance of multiplex tests that distinguish between analytes • Performance of tests by specimen type • Cost analyses • Performance in algorithms
7	**Recently Marketed CLIA-Waived Tests**	CLIA-waived tests that have been FDA-approved or cleared since 2018	• Studies on rapid test algorithms • Test performance comparisons • Performance or implementation of rapid tests in various settings including EDs, CBOs, other community-based settings, or pharmacies • Cost analyses

8	**Diagnostic Challenges**	Puzzling diagnostic cases or situations	• Unresolved infection status • Tests used to resolve challenging specimens with ambiguous results • Post-bloodborne pathogen exposure situations • Testing special populations (e.g. pregnancy, infants, and children) • Testing for STIs in the context of PrEP • HIV PEP, PrEP, Test and Treat, acute infection, vaccine use, antiretroviral therapy use, or elite controllers • HBV surface antigen mutants • Distinguishing between HCV relapse, treatment failure, and reinfection • Acute versus chronic HCV • Acute versus past syphilis infection • Interfering substance effects on test performance (e.g. biotin, lipids, hemoglobin, etc.)
9	**Integrated Testing**	Tests or strategies that enable simultaneous testing for at least two of the following: HIV, STIs, and/or viral hepatitis.	• Multiplex test performance • Strategies for implementation, including feasibility and outcomes
10	**Impact of COVID**	Laboratory or program experiences during the COVID-19 pandemic.	• Trends or changes in testing practices or optimization of laboratory processes • Trends in screening during COVID-19 • Lessons learned
11	**Optimizing Testing as a Pathway to Care Improvement**	Evaluations of methods and programmatic best practices to streamline result receipt and expedited linkage to care and prevention in clinical and non-clinical settings.	• Implementation of policies and procedures to improve assay turnaround time • Novel methods for delivery of test results • Cloud-based solutions to improve the quality and efficiency of linkage to care • Rapid start of HIV ART, PrEP, or HCV treatment

Pathogen Focus: HIV & Viral Hepatitis			
12	**Elimination strategies**	Description of innovative testing approaches to support elimination of HIV and HCV and HBV	• Innovative testing or programmatic strategies designed to expeditiously diagnose and treat as described in: ○ Ending the HIV Epidemic Initiative ○ National Hepatitis C Elimination Plan ○ Viral Hepatitis National Strategic plan
Pathogen Focus: HIV			
13	**HIV Laboratory Testing Algorithms**	Performance of Ag/Ab immunoassays, including Ag/Ab rapid tests, HIV-1/HIV-2 differentiation tests, and nucleic acid tests to achieve accurate diagnoses	• Implementation of the 2014 algorithm, including policies, program changes, and cost data • Potential modifications to the 2014 algorithm
Pathogen Focus: STIs			
14	**Syphilis**	Studies on the development, performance, and usage outcomes of rapid and laboratory-based tests and algorithms for diagnosis.	• Tests that have recently obtained FDA approval/clearance or in the approval pipeline, have been CE marked, or are pre-qualified by WHO with applicability to the US market • Serological tests (treponemal and non-treponemal including automated RPR) • Reverse versus traditional algorithms • Molecular tests for genital ulcer disease (GUD) and for all syphilis stages
15	**Antibiotic Resistance**	Research and development of new tests for diagnosis and/or monitoring of antibiotic resistance.	• Tests that have recently obtained FDA approval/clearance or in the approval pipeline, have a CE mark, or are pre-qualified by WHO with applicability to the US market • Tests for antibiotic resistant gonorrhea and *Mycoplasma genitalium*
16	**Other STIs**	Studies on the performance of diagnostic tests for other bacterial, viral, parasitic, or fungal STIs.	• Tests that have recently obtained FDA approval/clearance, or have been or will be submitted for FDA review, have been CE marked, or are pre-qualified by WHO with applicability to the US market

Abstract Submission Guidelines

All abstracts should be submitted in the Scientific Data Abstract Format unless involving programmatic or descriptive (not data-driven) studies, which may be submitted in the Descriptive Summary Format.

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 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.

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

Discussion panels will be considered for the conference. The panels are intended to promote in-depth discussion and feedback on a particular topic and be interactive with conference participants. Topic areas of interest can be submitted during the regular abstract submission period.

Late-Breaking Abstracts

The 2022 Advancing HIV, STI and Viral Hepatitis Testing 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.