Call for Abstracts

The 15th Annual International Society for Disease Surveillance (ISDS) Conference, to be held December 6-8, 2016 in Atlanta, Georgia, will bring together leaders and scientists from health departments, academic institutions, government agencies/ministries, nongovernmental agencies, industry and stakeholders from the public and private sectors. The Scientific Program Committee (SPC) invites you to submit an abstract for the 2016 Conference!

ISDS is dedicated to the improvement of population health by advancing the science and practice of disease surveillance. We strongly encourage submissions that address this year's conference theme - *New Frontiers in Surveillance: Data Science and Health Security*.

The 2016 SPC is seeking abstracts that focus on multiple aspects of disease surveillance, which involves the timely and regular reporting of information on infectious or chronic disease, or injury, to support population health monitoring and response. Scientific abstracts that focus on novel surveillance use cases, data sources, use of Big Data, methodologies for event detection, characterization or alerting, tools for managing surveillance processes, global health security challenges, and use of surveillance information for strengthening health security are encouraged. Evaluation of state/province, national or global surveillance programs, algorithms, or interventions are also encouraged.

Abstracts accepted for presentation at the 2016 ISDS Conference will be published in a special supplement of the [Online Journal of Public Health Informatics](http://www.ojphi.org/index).

**ISDS Conference Tracks**

Each submitter will be asked to assign their abstract to one of the following tracks. While the tracks are designed to be distinct, there may be some natural overlap between tracks. Therefore we encourage submitters to use their best judgment when classifying their submissions.

**Methods and Science in Surveillance:** This track is focused on methodological advances in the field of public health surveillance or applied epidemiology. Novel methods for analyzing data within surveillance systems are sought. This track also seeks results from the evaluation of surveillance systems or their components. Abstracts in this category may describe methods used in practice, still under development, or which have been tested only in a research setting. Examples include but are not limited to the following:

- Evaluation of a surveillance system used for monitoring the health of a jurisdiction;
- New or improved syndrome definitions for use within a surveillance system;
- Advanced techniques, components or methods for improving surveillance; or
- Novel surveillance systems developed or deployed in the field.
Informatics and Data Science: Informatics studies and pursues the effective uses of data, information, and knowledge for scientific inquiry, problem solving and decision making; and data science focuses on extracting knowledge from large volumes of data that are structured or unstructured. Although distinct, these disciplines are closely related. Therefore we invite abstracts that focus on one or more of the following aspects of informatics and/or data science which enhance disease surveillance:

- Linking disparate and/or unstructured data or information across a variety of sources;
- Monitoring or improving the quality of data or information captured by surveillance systems;
- Technologies that connect health departments/agencies to one another or with health care delivery facilities to enable data sharing or coordination of care;
- Advanced visualization of large datasets or information streams to assist surveillance;
- Machine learning approaches to detect disease cases to enhance reporting or analysis of surveillance data; or
- Querying across networks of databases or data sources to identify information about populations, disease cases, or social determinants of health.

Policy: Abstracts in this category may present descriptions of emerging policies at local, state, federal, international levels associated with surveillance; lessons learned from the implementation of policies; governance of surveillance data collection, management or usage; or approaches for using surveillance systems and data to inform health and/or public health policy. Examples include but are not limited to the following:

- Funding programs to support data collection or surveillance capacity building;
- Reporting requirements for health care providers or facility types;
- Use of surveillance data to inform policies regarding health facility planning, nutrition programs, transportation, built environment, etc.; or
- Governance of multi-state or regional data sharing to facilitate surveillance.

One Health and Health Security: One Health recognizes the health of humans is connected to the health of animals and the environment; and health security seeks to create a world safe and secure from global health threats. Similar in nature, these initiatives within the global health community seek to build capacity for conducting active surveillance, connect surveillance activities across governmental agencies as well as nation states, and respond to outbreaks when and where they occur across the globe. Example of topics for abstracts may include but are not limited to the following:

- Implementation of capacity building program within a ministry;
- Evaluation of the functional core capacity framework;
- Future directions and innovations in public health that improve response to major health events;
- Guidance for healthcare organizations planning to cope with mass casualty crises; or
- Initiatives or concepts intended to reduce agricultural vulnerabilities.

Public/Population Health Surveillance Practice: This track is focused on lessons and outcomes associated with day-to-day practice of surveillance, outbreak investigation, management, and response. Abstracts in this track can describe projects, collaborations, methods, techniques, processes, and systems that support and/or advance daily surveillance operations within and across health agencies. Examples of topics for abstracts may include but are not limited to the following:

- Redesigned work processes for epidemiologists or disease investigators;
- Results of an outbreak investigation within a jurisdiction;
- Comparison of different tools or methods for adoption by a health department;
- Specification of surveillance targets for newly emerging or reemerging diseases;
• Regional or national collaborations designed to support surveillance across jurisdictions; or
• Efforts to coordinate preparedness for or response to an outbreak with multiple governmental agencies and/or non-governmental organizations.

**Presentation Types**

**Oral:** Oral presentations will be allotted 15 minutes, followed by 5 minutes for questions. Oral presentations are the preferred format for presenting results from an evaluation of a surveillance system, method or approach, or evidence of change following the introduction of a surveillance practice within a jurisdiction.

**Poster:** Posters are the preferred format for presenting preliminary research and results of small-scale studies; describing experimental projects/programs or works-in-progress; and reporting system descriptions. Poster sessions are designed to offer direct access to the authors in a way not possible through oral presentations.

**Panel:** Panel presentations are the preferred format for deeper discussions of an issue or question. Panels should focus on a central topic with 3-4 speakers offering unique but complementary views on a given topic. Each panelist should speak for no more than 10-12 minutes allowing time for questions and discussion with the audience.

**Roundtable:** The goal of a roundtable is to encourage discussion rather than be a presentation/didactic session. The leader should be a knowledgeable and engaging person who can help stimulate a lively discussion.

**Lightning Talk:** Lightning sessions are designed to facilitate the speedy sharing of recent research, theory, publications, works-in-progress, projects, applications or experiences pertaining to any aspect of the science or practice of surveillance. Each speaker has just 5 minutes for their talk and must prepare pre-timed slides that cannot be advanced by the speaker.

**Abstract Character Limit:** 4810 characters for the text of your submission. **Including:** spaces, title, authors, institutions, objectives, introduction, methods, results, conclusions, acknowledgements, references, equations, tables, images, and keywords. Tables, images and equations will calculate character number based on size. **Not Including:** presenting author brief biographical summaries (bios) or the abstract summary that will be used in the conference program.

**Key Dates**

- Abstract Submission Deadline: August 26, 2016
- Author Acceptance Notification: October 7, 2016

**Submission Website**


**Additional Support and Information**

Please visit the conference information page for registration, program and travel-related information at [https://www.syndromic.org/annual-conference/2016-isds-conference](https://www.syndromic.org/annual-conference/2016-isds-conference)

For additional questions concerning your abstract submission, please contact Mark Krumm [mkrumm@syndromic.org](mailto:mkrumm@syndromic.org) 617-779-0886