

20th **ECCMID** Vienna, Austria 10–13 April 2010



Data entry guidelines

Help us to speed up processing and maintain a consistent high-quality publication and presentation of ECCMID abstracts.

Author names:

- ✱ Don't write names all in capital letters
 - ✓ John D. Smith (✱ JOHN D. SMITH)

- ✱ Make sure to write the city in the English translation if there is one. Examples:
 - ✓ Munich (✱ München)
 - ✓ Florence (✱ Firenze)
 - ✓ Brussels (✱ Bruxelles)
 - ✓ Dusseldorf (✱ Düsseldorf, ✱ Duesseldorf)
 - ✓ Prague (✱ Praha)
 - ✓ Lisbon (✱ Lisboa)

- ✱ This year the presenting author will be indicated in the programme with *.
Please check this is correctly shown on your abstract.

- ✱ Do not include counties, states, provinces or cantons in your authors' city information.
 - ✓ Chicago
 - ✱ Chicago, IL

- ✱ Institutions will not be published.

- ✱ The field for entering interest groups is for the name of national or international study groups. Don't just write the names of other authors (they will be deleted).
Make sure to add a formular such as "on behalf of..."

Abstract title

- ✱ Use lower case letters throughout except for proper nouns eg. Russian, Alzheimer's
- ✱ Don't use abbreviations in the title
- ✱ Don't define abbreviations in the title
- ✱ Drug compounds / generic drug names are not capitalised
- ✱ Diseases are not capitalized unless named after a person
 - ✓ Where do the Chinese obtain inteferon-beta for multiple sclerosis treatment
 - ✱ Where Do the Chinese Obtain Inteferon-Beta for Multiple Sclerosis Treatment

Please use UK English spelling. If you are unsure what the differences may be with US English, please use a spell check function in your word processing programme.

A few common spelling examples:

Tumour, mould, neighbour, foetus, aetiology, paediatric, bacteraemia, haematology, grey, traveller, modelling

In addition, use **z** instead of **s** for such words as organize, hospitalization, recognize etc.

Abstract text

- ✧ Layout with the four headings: Objective, Methods, Results and Conclusions.
- ✧ Do not use block letters (× METHODS) for these headings.
- ✧ Use a colon : after each heading and do not leave empty lines between paragraphs.

If using the copy / paste (Ctrl+C & Ctrl+V) function when entering your text in the internet field please **check** carefully on the overview page for any transmission errors that may occur.

Graphics

- ✧ Short concise graphics (preferably tables not diagrams) in black & white with a high resolution.
- ✧ 1 graphic only
- ✧ Only in jpg or gif format.
- ✧ Crop to reduce excess white space around the graphic
- ✧ See below for examples of good and bad graphics.

PLEASE also carefully read the confirmation email and check again for transmission errors. For technical reasons, graphics are not included in the confirmation email, please confirm upload online.

In addition

- ✧ Consider if your work really requires so many abstracts or whether data can be summarised and presented effectively in fewer submissions.
- ✧ In particular, results of studies which present data from various countries or regions around the globe can be condensed into one overall abstract summary.
- ✧ Or results using the same test on various bacteria do not necessarily need individual abstracts but can be combined into one presentation.
- ✧ Although there is no restriction on the number of abstracts you may submit, due to the ever increasing volume of submissions we may be unable to accept as many abstracts from you.

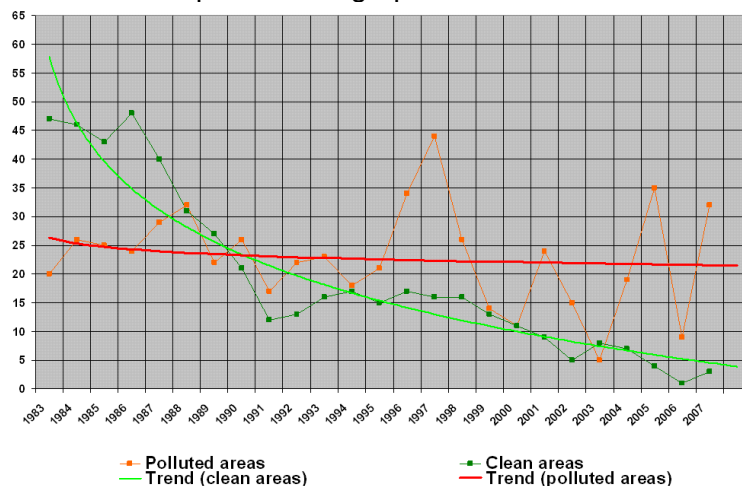
Please don't leave it to the last minute to submit your abstract. It helps you, us and the system if submission is made at least a week before the deadline!

CLARITY, CONCISENESS and good English will help us review your abstract more objectively!

We look forward to receiving your latest research.

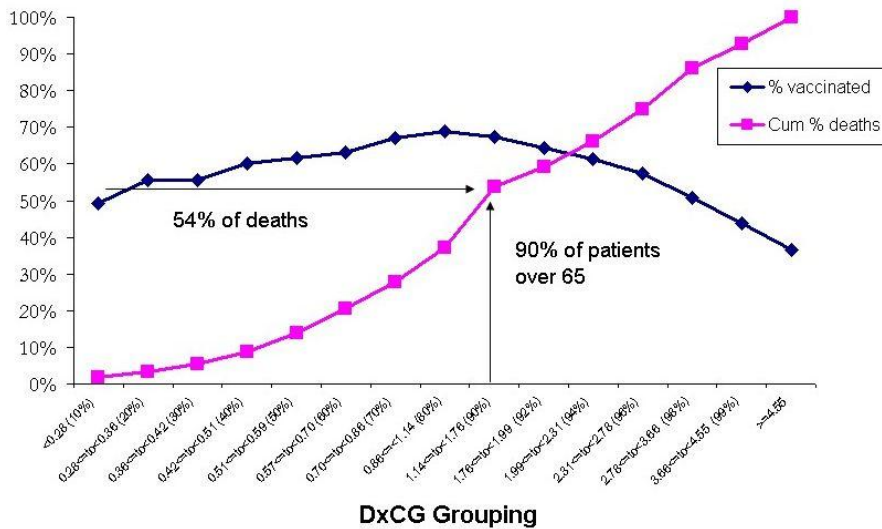
Administrative Secretariat
ECCMID 2010

Here are examples of **bad** graphics!



	Case 1	Case 2	Case 3	Case 4	Case 5
Re-exploration	+	+	+	+	+
Retransplantation	-	-	-	-	-
Rejection	-	+	-	-	-
The use of prolonged and broad-spectrum antibiotics	+	+	+	+	+
Drainage catheters	+	-	-	+	+
Massive blood transfusion	-	-	+	-	-
CMV infection	-	-	-	-	-
Intubation	+	+	+	-	-
Fungal agent	<i>C. albicans</i>	<i>C. albicans</i>	<i>C. albicans</i> <i>C. glabrata</i> <i>C. tropicalis</i>	<i>C. albicans</i>	Not detected
Pathogen isolated	Peritoneal fluid culture	Blood culture	Peritoneal fluid Blood culture	Urine culture	-
The date of fungal pathogen determined	321	171	18	9	48
Bacterial pathogen isolated	<i>Enterococcus faecalis</i>	<i>Clostridium</i> spp.	<i>Acinetobacter</i> spp. ESBL(+) <i>Klebsiella pneumoniae</i>	<i>Acinetobacter</i> spp. MRSA ESBL(+) <i>E. coli</i>	<i>Acinetobacter</i> spp. <i>Enterococcus</i> spp.
Antibacterial treatment	Meropenem Ciprofloxacin Vancomycin	Pip-tazobactam Vancomycin Ciprofloxacin	Pip-tazobactam Cefoperazone-sulbactam Netilmicin Vancomycin	Pip-tazobactam Ciprofloxacin Meropenem Ticoplanin Cefoperazone-sulbactam Netilmicin	Pip-tazobactam Meropenem Cefoperazone-sulbactam Vancomycin Anicasin
Total antibiotic treatment	26 days	15 days	66 days	54 days	60 days
Antifungal treatment	Fluconazole	Amphotericin B	Caspofungin	Fluconazole Amphotericin B	Fluconazole
Prognosis	Alive	Exitus	Alive	Exitus	Alive

% vaccinated by risk category and cumulative percent of death
All population age >=65
1998-2006



Here are examples of **good** graphics!

CFU reduction (log₁₀) in the granuloma pouch and Gelfoam[®] models

	MXF	LFX	P ¹
Granuloma pouch (log CFU reduction²)			
50 mg/kg	-0.49	-0.18	0.48
75 mg/kg	-2.31	-0.30	0.009
Gelfoam[®] (log CFU reduction²)			
25 mg/kg	-1.56	-0.92	0.19
50 mg/kg	-3.11	-1.38	0.03

¹Mann-Whitney test; ²Log CFU reduction in relation to the untreated control group

Strain	No. of strains	Antimicrobial agent	% resistance
<i>S. aureus</i> (MRSA)	205	methicillin	63.4 *
MRSA	205	vancomycin	0
MRSA	205	teicoplanin	0
MRSA	205	linezolid	0
<i>S. pneumoniae</i>	200	penicillin	39 [4 and 35(intermediate)]
<i>S. pneumoniae</i>	200	erythromycin	73
<i>H. influenzae</i>	165	ampicillin (also beta-lactamase negative)	29.1