Abstract Submission Guidelines

1. Abstracts are invited for **oral presentation** from registered delegates only for **UP IAMM award – Best Junior Scientist**- mentioned below, [Age limit-35 years]
   (i) Prof P C Sen, Junior Scientist Best Paper award.
   (ii) Prof. A Ayyagiri, Junior Scientist Best Paper award on Antimicrobial Resistance.

2. Abstracts are invited for **poster presentation** from registered delegates. The work should be original, unpublished and not presented in any other conference earlier. Best posters from different fields of Microbiology may be awarded:
   (i) Prof. Asha Mathur, Best Poster Award- Virology.
   (ii) Best Poster Award- Bacteriology.
   (iii) Best Poster award – Parasitology.
   (iv) Best Poster award- Mycology

3. The presenting author of the abstract, submitted for either oral (award category) or poster presentation should be a member of UP-IAMM [Life Member/ Annual Member].

4. The name of the presenting author should be underlined and preferably mentioned clearly at the end.

5. The abstract should be typed in the space provided in the official abstract form available in web-link for conference of the institute (www.drrmlims.ac.in) in single line.

6. The abstract should be structured as per the format provided & should not exceed 250 words, neatly typed in Times New Roman, font size 10 with single spacing in between the lines.

7. Inappropriately structured or incomplete abstracts will not be accepted.

8. Title should be in bold capital letters.

9. Abbreviations are not to be used.

10. The **(a) abstracts for poster presentation &/or (b) abstract along with full length paper for oral presentation-IAMM Junior Scientist award** is to be submitted for screening to Organizing Secretary, UP MICROCON-2016, Department of Microbiology, Dr. Ram Manohar Lohia Institute of Medical Sciences, Lucknow on conference e-mail ID upmicrocon2016@gmail.com

11. Last date of submission of abstract:
    For oral presentation UP IAMM Junior Scientist Awards: 15-12-2015.
    For poster presentation: 31- 12-2015.

Important:
   1. Abstract submitted after the last date of submission will not be accepted.
   2. For Life/Annual membership Contact Dr. (Ms). Rungmei SK Marak, Treasurer, UP IAMM, Additional Professor, SGPGI, Lucknow on her e mail ID: rungmei@sgpgi.ac.in or rungmei@gmail.com
      * Application form for Life/Annual Membership had already been circulated to all the members of UPIAMM in the News Letter, IAMM (UP Chapter), Vol 2, Issue No. 1,April 2015.

ABSTRACT FORM

Please choose one of the following of the following applicable field:

- ☐ Bacteriology
- ☐ Mycobacteriology
- ☐ Immunology
- ☐ Parasitology
- ☐ Virology
- ☐ Hospital Infection
- ☐ Mycology
- ☐ HIV/AIDS

Mode of Presentation

- ☐ Oral
- ☐ Poster

Award session

☐ Yes ☐ No

ABSTRACT FORM(SAMPLE)

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- ☐ HIV/AIDS

Mode of Presentation

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☐ Yes ☐ No

Title: Incidentally Detected Asymptomatic HBsAg Positivity (IDAHS) Among Patients at a Tertiary Care Super specialty Institute in Lucknow. Risk for Sexual Transmission of Hepatitis B virus in the Community?

Author: **Vineeta Mittal,** Manodeep Sen, Anupam Das.

Institution: Department of Microbiology, Dr Ram Manohar Lohia Institute of Medical Sciences, Lucknow.

Introduction: : Viral hepatitis can spread though consumption of contaminated food or sharing contaminated hypodermic needles. But the liver-destroying disease can also sometimes spread through sexual contact. Hepatitis B (HBV) is 50 to 100 times easier to transmit sexually than HIV. HBV has been found in vaginal secretions, saliva, and semen. Oral sex and especially anal sex, whether it occurs in a heterosexual or homosexual context, are possible ways of transmitting the virus.

Objective: Detection of HBsAg positive patients from samples of patients tested for screening purpose before doing any invasive /surgical procedure.

Material methods: A total of 6361 serum samples were included in this observational study from January 2013 to September 2014. All the samples were sent for screening purpose prior to any invasive/surgical procedure in the superspecialty departments of our institute. None of the sera included in this observational study were from Gastromedicine. All the sera were screened for HBsAg by ELISA.

Result: Out of this 6361 samples, 188 (2.96%) were found positive for HBsAg. Of these male female ratio was 3:1. Maximum positivity was found in sexually active age group of 21-40 years. HBeAg positivity was found in 58.5% of HBsAg positive patients.

Conclusion: This is a major problem of community that a large number of asymptomatic persons may carry HBsAg and transmit it to their partner. So it is necessary to make aware the community about high seropositivity of HBV and consequen t risk of sexual transmission of HBV by organising screening and vaccination camps routinely.