

Call for Abstracts

Beyond Borders: Strengthening Regional Cooperation to Combat Lassa Fever and Emerging Infectious Diseases

Invitation to Submit Abstracts

The West African Health Organization invites researchers, practitioners, and stakeholders to submit abstracts for presentation at the **Lassa Fever International Conference 2025**. Submissions are welcome across all conference tracks and should focus on Lassa Fever and emerging infectious diseases.

Note: Abstracts on Lassa Fever and other viral hemorrhagic fevers will be prioritized.

Submission Guidelines:

- Abstracts must be submitted via the official conference submission platform. If you encounter any difficulties, please contact abstracts@lfc2025.org
- The deadline for submission is 24 May 2025 at 23:59 GMT.
- Accepted presentations will be in either **oral** or **poster** format.
- Abstracts must be structured as follows:
 - Introduction/Background** – Provide context and significance of the study.
 - Methods** – Describe study design, data sources, and analysis approach.
 - Results** – Present key findings with relevant data.
 - Conclusion** – Summarize key takeaways and recommendations.

Scope of Submissions

We welcome submissions of original research, implementation science studies and case studies and programmatic experiences.

Language Options

Abstracts may be submitted in any of the three official ECOWAS languages which are English, French, Portuguese.

Ensure that your abstract is clear, concise, and emphasizes the public health significance of your work. For further details and to submit your abstract, [CLICK HERE](#)

Topics

Abstracts will be accepted for the following conference pillars and themes:

Pillar 1: Regional Coordination and Cross-Border Preparedness
Enhancing cross-country collaboration to strengthen outbreak control and health systems for Lassa fever and other viral hemorrhagic fevers. + -

Pillar 2: Advancing Research and Medical Countermeasures for Lassa Fever and other Viral Hemorrhagic Fevers
Accelerating innovation and equitable access to diagnostics, treatments and vaccines for Lassa Fever and other viral hemorrhagic fevers. + -

Pillar 3: Surveillance, Early Detection, and Rapid Response
Improving outbreak detection and control through data-driven interventions for Lassa Fever and other viral hemorrhagic fevers. + -

Pillar 4: Technological Innovations in Epidemic Control
Harnessing digital tools and technological advancements to improve prevention, detection, and response for Lassa Fever and emerging infectious diseases. + -

Pillar 5: Community Engagement and Social Science Approaches
Empowering communities to drive disease prevention, awareness and response for Lassa Fever and other viral hemorrhagic fevers. + -

Pillar 6: Policy, Governance, and Sustainable Financing for Epidemic Preparedness
Integrating Lassa Fever preparedness into national policies and securing financial support. + -

Abstract Structure

Title(maximum 25 words)

The title should be informative yet concise, avoiding subtitles where possible. Use sentence case, capitalizing only proper nouns and scientific names (e.g., *Plasmodium falciparum*). Do not use abbreviations or acronyms in the title.

Pillar and Sub-theme

Introduction/Background

Provide the scientific context, rationale and public health significance of the study. Given the diverse background of reviewers and attendees, avoid assumptions about prior knowledge of the topic. Clearly articulate the importance of the study and the key questions it aims to answer. Include:

- A brief description of the topic and its relevance to public health
- Research questions or study hypothesis (if applicable)
- Study Objectives

Methods

Outline the methodology used in the study, ensuring clarity and replicability. Essential details include:

- Study design
- Study setting
- Study population
- Eligibility criteria and case definitions (if any)
- Sample size and sampling methods
- Data management and analysis processes

Results

Present the key findings (both positive and negative) of the study in alignment with the stated objectives. Ensure that:

- Absolute numbers, percentages, rates and ratios are provided where applicable.
- The section does not include a discussion of results.
- Data is included, as abstracts are standalone citable documents.

Statements such as “Data will be discussed” should be avoided. If analyses are ongoing, indicate that results are preliminary.

Conclusion:

Be concise and avoid repeating data from the results. This section may include:

- Interpretation of key findings and their implications for public health.
- Recommended public health actions that have been or should implemented because of the study.

Note: Changes cannot be made to the final abstract after submission. However, if significant changes occur after the abstract submission, they should be highlighted during the presentation.

Word count and Formatting:

- Abstracts should not exceed 350 words (excluding title, keywords, authors and affiliations).
- Left-aligned text.
- Font: **Times New Roman**, 1.5 spacing.
- Subheadings in **bold**, followed by a colon.
- No tables, figures, or images.
- Use only standard or widely recognized abbreviations, ensuring the full term is written at first mention.
- Italicize scientific names.

Authors

- First Author:** Provide the first name, initials of the middle name (if applicable), and the last name (e.g., David W. Meyers).
- Co-Authors:** List each co-author in order of contribution by typing their first and middle names as initials followed by their last name in full (e.g., W. Grisham, M. S. Pollock)
- Affiliations:** Include the organizational affiliations of the first author and all co-authors
- Corresponding Author:** Indicate with an asterisk* and provide their **email address** and **telephone number**, plus their alternate contacts.

Keywords

Please include 4 – 6 keywords that reflect the core topics of the study. Use terms listed in the Medical Subject Headings (MeSH) www.ncbi.nlm.nih.gov/mesh

Evaluation criteria

- Title (5%)**
 - Reflects the content of the abstract.
 - Concise, informative, and engaging.
- Background and Objectives (15%)**
 - Clearly defines the problem or research question.
 - Provides context and justification for the study.
 - States specific and well-defined objectives.
- Methods (20%)**
 - Describes the study design, population, data collection, and analysis methods.
 - Demonstrates appropriate and rigorous methodology.
 - Addresses ethical considerations, if applicable.
- Results (25%)**
 - Presents key findings in a structured manner.
 - Uses relevant data, statistics, or qualitative findings to support conclusions.
 - Results align with the study objectives.
- Conclusion and Implications (20%)**
 - Summarizes key findings and their significance.
 - Highlights implications for research, policy, or practice.
 - Provides a clear and impactful takeaway message.
- Clarity, Organization, and Adherence to Guidelines (10%)**
 - Logical flow of information.
 - Free from grammatical and typographical errors.
 - Adheres to word limits and formatting guidelines.
- Relevance and Impact (5%)**
 - The topic is timely, significant, and contributes to the field.
 - Demonstrates potential for real-world application or advancement of knowledge.

Join our mailing list to receive the latest updates and key insights for LFC2025.

Your Email

Subscribe



Organized By



Contact Us

info@lfc2025.org

West African Health Organization | 01 BP 153 Bobo-Dioulasso 01 / Burkina Faso

Conference

REGISTRATION
ABSTRACT SUBMISSION
CONFERENCE TRACKS
PRESS & MEDIA