

## Annex 06B. Guidelines for making poster presentations

The poster medium affords certain strong advantages in communicating the results of your research or investigation:

- Posters can be viewed during at least several hours
- Data and graphics on posters are available as long as an individual wishes
- The viewer can go forwards and backwards through the poster
- The poster allows you to more personally interact with the people who are interested in your research
- A poster attracts audience that is really interested in your work

Poster presentations are organised in **poster sessions**, and poster sessions belonging thematically to the same overall topic are organised in separate **poster areas**.

In general, for each poster a **poster board** is reserved with a clear dimension listed in the instruction for authors. The number of each poster paper and of its corresponding poster board is given in the appropriate session programme.

The **display time** is the time for the actual display of all posters of a poster session or of a group of sessions and displayed in the conference programme. Authors are asked to put up their posters as soon and to take them down as late as possible, in order to enable the conference participants to view their posters any time within this time allocation.

The **authors in attendance time** is the time when the respective authors of a poster session must be present at their display for presentation.

### Preparing a poster

The standard format of a poster follows that of an oral scientific presentation and includes Introduction, Methods, Results, Conclusions; Recommendations. A poster, like an oral presentation, cannot (and should not) contain all information you have on the topic. Scientific posters should stimulate interest rather than provide a detailed presentation. If all text is kept to a minimum (1000 words), a person should fully read your poster in less than 10 minutes. Since there will be many other posters, you must make sure your poster is interesting and visually slick if you hope to attract viewers.

- **First, read the instructions** supplied by the meeting organisers! Having an idea about these details before you begin will make the whole process much easier.
- Re-read your **abstract** once again - are the statements still accurate? The presentation must cover the same material as the abstract. Do not include an abstract on a poster!
- **General guidelines:**
  - Artistry does not substitute for content. The relevance of the poster to field epidemiology should be apparent to viewers
  - Think of the raw layout of your poster beforehand. Place the title at the top. Start with the Introduction at the upper left, finish with the recommendations at the lower right, with methods and results filling the central space
  - Use short sentences, simple words, and bullets to illustrate your points
  - Text should be broken up by including graphics or photos


- Self-explanatory graphics should dominate the poster. The success of a poster directly relates to the clarity of your illustrations and tables!
- Avoid using jargon, acronyms, or unusual abbreviations
- Use a non-serif font (e.g., Arial) for the poster
- The poster (text and graphics) should be easily readable from a distance of about 2 metres. As a thumb rule, the text should be readable if the poster is printed out on an A4 sheet (e.g. Arial >24 points)
- **Title:** Title should be in large fonts (e.g. Arial >80 points) and attract potential viewers. If possible, institute logos or affiliations should be minimised in size and put in the lower corner of the poster, or, alternatively, next to the title
- **Introduction:** Get your viewer interested about the issue or question while using the absolute minimum of background information and definitions. Put the objectives of your study at the end of your introduction
- **Methods:** Be short, but precise. State what study design you used and define your study population. Provide a case definition, if applicable. Mention statistical, laboratory and other methods that were used
- **Results:** Briefly provide descriptive results (response rate, age and sex distribution). Present data that more specifically addresses the hypothesis and refer to supporting charts or images. Tables and graphs should stand on their own
  - A minimal amount of text materials should supplement the graphic materials
  - Use regions of empty space between poster elements to differentiate and accentuate these elements
  - Graphic materials should be readable at a distance of 1.5-2.0 metres. The font size should be at least 1 cm high. Lines in illustrations should be larger than normal
  - Use colours for emphasis, but do not overuse (2-3 colours are usually enough). Avoid using patterns or open bars in histograms
  - Remove all non-essential information from graphs and tables (data curves not discussed by the poster; excess grid lines in tables)
  - Graphics and tables should have a complete title and legend
- **Conclusion and recommendations:** Comment on main results and discuss why they are conclusive and interesting. Discuss potential biases. What are your recommendations?
- **Acknowledgments/further information:** Thank individuals for specific contributions to project; mention who has provided funding. Provide your e-mail address for further information

## Making the poster


- Preparing a poster takes time. Plan for a minimum of one week
- Usually, a presentation software such as PowerPoint will be used. Format your PowerPoint slide on the size you'll like to have it printed (ex 90x130 cm) by using the menu data -> format page. You can insert your text and graphics directly on that slide or copy-paste it from a Word document or a PowerPoint slide
- Print the poster in an A4 format to check for layout, colours, font size and spelling errors before printing it in large size
- After the poster is printed in large format, changes are no longer possible
- It is often useful to make a handout of your poster for distribution during the poster session

Usually, all the material necessary for attaching the poster to the poster board is available in the respective poster area. Still, you may want to bring some pins or thumbtacks, just in case.

An example of a poster can be seen here:




PAE



EPIET & EUPHEM

ROBERT KOCH INSTITUT



## Hepatitis A outbreak in Germany linked to consumption of dates purchased in Morocco, 2018

M. Gassowski<sup>1,2,3</sup>, J. Wenzel<sup>4</sup>, D. Marosevic<sup>5</sup>, C. Helmeke<sup>6</sup>, K. Michaelis<sup>2</sup>

**Background**

- Travel is a major risk factor for infections with the hepatitis A virus (HAV) in the EU/EEA.
- Shellfish, fresh and frozen strawberries, freshly pressed orange juice and dates have previously been implicated in HAV outbreaks.
- In April 2018, six cases of HAV with recent travel to Morocco were reported during two consecutive weeks to the Robert

Koch-Institute, Germany. This compares to 0-3 HAV cases being reported during the second quarter in the previous five years.

**Aim:**

- To confirm the outbreak and identify the source.

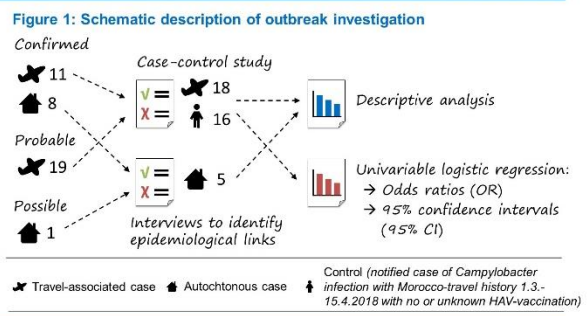
**Methods**

**Table 1: Case definition**

Case status	Laboratory-confirmed hepatitis A	Sequencing results	Travel to Morocco after 1.3.2018	Consumption of food items from Morocco after 1.3.2018
Confirmed	Yes	Matching*	Not relevant	Not relevant
Probable	Yes	Not available	Yes	Not relevant
Possible	Yes	Not available	No	Yes

\*≥99.4% identity to the HAV subgenotype IB outbreak strain V18-16428, based on an overlapping fragment at the VP1/P2A region

**Figure 1: Schematic description of outbreak investigation**



**Confirmed**  
 11 (Travel-associated case) + 8 (Autochthonous case) = 19 cases  
 18 (Travel-associated case) + 16 (Autochthonous case) = 34 cases in Case-control study  
 19 (Travel-associated case) + 5 (Autochthonous case) = 24 cases in Interviews to identify epidemiological links

**Probable**  
 19 cases

**Possible**  
 1 case

**Analysis:**  
 Descriptive analysis  
 Univariable logistic regression:  
 → Odds ratios (OR)  
 → 95% confidence intervals (95% CI)

Control (notified case of *Campylobacter* infection with Morocco-travel history 1.3.-15.4.2018 with no or unknown HAV-vaccination)

**Results**

Total number of cases: 39

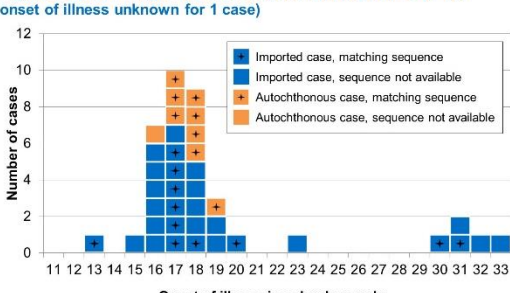
- Median age: 40 years; range 8-77 years
- Female: 64%

Travel-associated cases: 30 (77%)

- Date of travel (range): 10.3-27.7.2018
- Median time of stay: 7 nights; range 0-22 nights

No significant differences in age, sex, duration of stay in Morocco, date of travel and visit to Marrakesh were found between cases and controls.

**Figure 2: Epidemiologic curve of outbreak with hepatitis A (n=38; onset of illness unknown for 1 case)**



Legend:  
 ■ Imported case, matching sequence  
 ■ Imported case, sequence not available  
 + Autochthonous case, matching sequence  
 + Autochthonous case, sequence not available

**Table 2: Significant risk factors identified through case-control study**

Risk factor	Cases n (%)	Controls n (%)	OR	95% CI
Dates (any kind)	15 (88%)	6 (40%)	11.3	1.5-126
Whole dates	13 (72%)	2 (13%)	18.2	2.5-199
Dates from the market	13 (72%)	2 (13%)	16.9	2.3-186
Loose dates	11 (69%)	2 (13%)	14.3	1.9-161
Dried dates	9 (53%)	1 (6%)	16.8	1.7-787

Most frequently stated reasons for non-vaccination:

- Unawareness of HAV-risk in Morocco (n=29 (85%))
- Unawareness of an HAV-vaccine (n=10 (29%))

All 5 of the interviewed autochthonous cases reported eating dates brought from Morocco by returning travelers.

**Conclusions and recommendations**

- The likely cause of this HAV outbreak was consumption of dates purchased in Morocco.
- Existing HAV-vaccination recommendations were often unknown by unvaccinated travelers.

- New communication strategies for vaccination recommendations are needed.
- Feasibility of involving travel agencies, airlines and social media should be explored as a public health strategy.

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