

Henry Ford Health System

Henry Ford Health System Scholarly Commons

Cardiology Articles

Cardiology/Cardiovascular Research

5-13-2021

Re-instituting a live cardiology meeting without symptomatic COVID-19 transmission

David G. Rizik

Sunil V. Rao

Gregg W. Stone

Robert F. Burke

James B. Hermiller

See next page for additional authors

Follow this and additional works at: https://scholarlycommons.henryford.com/cardiology_articles

Authors

David G. Rizik, Sunil V. Rao, Gregg W. Stone, Robert F. Burke, James B. Hermiller, and William W. O'Neill

EDITORIAL

WILEY

Re-instituting a live cardiology meeting without symptomatic COVID-19 transmission

To reduce the spread of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV2), essentially all in-person “live” medical conferences have been canceled since early 2020. The recent launch and rapid dissemination of several vaccines against SARS-CoV2, coupled with a decline in the number of cases, hospitalizations, and deaths in most US states, has incited optimism that in-person or “hybrid” (virtual plus in-person) medical conferences may be conducted safely as long as social distancing and universal masking protocols are followed.

The Scottsdale Interventional Forum (SIF) is a continuing educational meeting that has been held annually since 2004 at the Hyatt Gainey Ranch Hotel in Scottsdale, Arizona. After the absence of a live event in 2020, SIF 2021 was recently held from March 10 to 13, 2021 as a hybrid in-person live plus virtual online event. Of note, at the time of SIF 2021, the COVID-19 vaccine was available to individuals 55 years of age and older in the state of AZ; the Arizona Department of Health Services estimates were that 767,107 (10.5%) of Arizonans and 32,904,161 (10%) of US adults had been fully vaccinated.¹

The four-day meeting included didactic lectures, workshops, and live cases provided by 71 US faculty (69 on-site and two providing remote lectures). There were 430 total on-site participants (physicians, nurses, ancillary healthcare providers, SIF production crew, on-

site meeting planners, event organizers, industry support, and other personnel), including faculty. Of these 430 participants, 128 (29.7%) were from out of state, presumably having to fly to the meeting. It is speculative, but this group may have had the greatest viral exposure given the potential risks associated with commercial aviation. More than 1,000 individuals exercised the online option, choosing to view the meeting virtually.

A strict hygiene and safety protocol was devised by the organizers (Gaffney Events) that was maintained throughout the entire meeting including:

- Daily Health Screening Station: Prior to admittance, all participants were required to complete a daily health screening questionnaire and undergo a temperature check
- Following daily screening, attendees received a colored wrist band permitting entry into the venue.
- Mandatory facemasks and social distancing were strictly enforced. This included floor stickers, with individual seating in the general session ballroom separated by 6 feet (similar separation was maintained in eating areas and the exhibit hall).
- Conference masks and individual hand sanitizers were provided to each attendee upon check-in.



FIGURE 1 A representative image from the main session ballroom of both the stage and audience shows good albeit not perfect mask use and distancing [Color figure can be viewed at wileyonlinelibrary.com]

- Multiple automatic hand sanitizer stations were strategically placed throughout the meeting space (registration area, general session ballroom, speaker ready room, and exhibit hall).
- Outdoor seating for meals and viewing the general session was also provided as an option.
- One-way entrance and exit signage were placed inside and outside the exhibit hall.
- All catering was served in individual containers by hotel staff behind plexiglass barriers.
- Registration kiosks also had full plexiglass barriers.
- The podium and faculty panel table, microphones, and chairs were sanitized after each session and during breaks.
- Hotel staff sprayed and sanitized the entire general session ballroom during each break and at the end of each daily session.
- Redundant signage reinforcing the safety protocols was visible throughout the venue, was included in course material packets, and was visible in all public areas.

A representative image from the main session ballroom of both the stage and audience shows good albeit not perfect mask use and distancing (Figure 1).

To assess the effectiveness of these measures, all 430 live on-site participants of SIF 2021 were contacted either by email or by telephone to inquire about their vaccination status prior to the conference and whether they became symptomatic or tested positive for COVID-19 at a median of 23 days (range 17–30 days) after the conference (beyond the generally accepted 2-day to 14-day incubation period of COVID-19).² The response rate was 100%.

Of the 430 participants, 286 individuals (66.5%) were fully vaccinated at the time of SIF 2021, all having received either the Pfizer-BioNTech or Moderna COVID-19 vaccines. An additional 11 persons (2.5%) had received one of the two required doses. Of the 144 not vaccinated, many were comprised of individuals who may not have yet qualified for the vaccine (organizing staff, industry support, students, etc.). The number of those who may have qualified but declined vaccination is not known.

In the median 23 days following SIF 2021, none of the 430 participants reported new symptoms or tested positive for COVID-19.

Excluded from the above analyses are 213 hotel personnel who had direct contact with SIF 2021 participants, the main sessions ballroom, or the exhibit hall. Hotel human resource (HR) personnel could not confirm the vaccination status of these staff prior to SIF 2021; however, HR performed daily tracking following SIF 2021 and confirmed that none of these 213 employees had new symptoms or tested positive for COVID-19 within 30 days following SIF.

These observational findings suggest that with liberal participant SARS-CoV2 vaccination use and implementation of appropriate safety measures, in-person medical conferences may be conducted without substantial risk of COVID-19 transmission. Whether these favorable results would be replicated at larger meetings, with less vaccination uptake of attendees, with lesser implementation of safety measures, or in other countries where the prevalence of COVID-19 is higher than in the United States in March 2021 is unknown.

It also seems reasonable when planning medical conferences that meeting organizers, (1) account for the regional seroprevalence of SARS-CoV2, including the emergence of “variant” strains, and (2) consider mandating participant “proof of vaccination.”

CONFLICT OF INTEREST

The authors declare no conflict of interest.

David G. Rizik MD, FACC, MSCAI¹ 

Sunil V. Rao MD, FACC^{1,2}

Gregg W. Stone MD, FACC, MSCAI³

Robert F. Burke MD, FASE, FSCAI¹

James B. Hermiller MD, FACC, MSCAI⁴

William W. O'Neill MD, FACC, MSCAI⁵

¹HonorHealth Medical Centers, Scottsdale, Arizona

²The Duke Clinical Research Institute, Durham, NC 277052

³The Zena and Michael A. Wiener Cardiovascular Institute, Icahn School of Medicine at Mount Sinai, New York, NY

⁴Ascension St. Vincent Heart Center of Indiana, Indianapolis, Indiana

⁵Henry Ford Health System, Detroit, Michigan

Correspondence

David G. Rizik, 10200 N 92nd St, Suite 150, Scottsdale, AZ 85258.

Email: davidrizik@aol.com

ORCID

David G. Rizik  <https://orcid.org/0000-0002-6866-1599>

REFERENCES

1. Arizona Department of Health Services. azdhs.gov
2. Lauer SA, Grantz KH, Qifang B. The incubation period of coronavirus disease 2019 (COVID-19) from publicly reported confirmed cases: estimation and application. *Ann Intern Med.* 2020;172(9):577-582.