

# COVID Hasn't Killed This Medical Conference

By Sing Palat, MD, CMD

Medical conferences have been fundamentally curtailed and altered by the COVID-19 pandemic, as lamented in “Has COVID Killed the Medical Conference?” (*BMJ* 2022;376:o412). Yet connecting and personally exchanging ideas with experts in conference settings can be so enriching, stimulating, and necessary to the daily work of clinicians.

After canceling our annual conference in 2020 and conducting it entirely virtually in 2021, CMDA – The Colorado Society for Post-Acute and Long-Term Care Medicine was eager to conduct the annual meeting in 2022 in person with a virtual option. The newly appointed COVID Safety Team knew that COVID-19 would be at the forefront of every aspect of conference planning. We hope that sharing our experiences will help with other conference planning efforts.

## Setting Standards

CMDA values our unique role as a medical society of professionals caring for patients in PALTC. It would be a disservice to the community for one of our conferences to compel a sizable portion of providers and medical directors concurrently into isolation or quarantine due to COVID-19 or for our meetings to trigger outbreaks among PALTC facilities statewide.

Medical conferences do not follow uniform COVID-19 mitigation. Around the country, some medical conferences require proof of COVID vaccination from their participants, but some do not. Various protocols for masks, distancing, and virtual options are being adopted. Unfortunately, some events have been linked to COVID-19 transmission, and they have been spotlighted on social media (*STAT News*, June 14, 2022, <https://bit.ly/3QO845H>).

With individualized COVID-19 policies for medical conferences, regimented long-term care facility regulations, and highly casual protocols in non-health-care settings, it was necessary for CMDA to create standards specific to our annual conference in April 2022. The “correct” standards to implement are not clear, and at times extra effort is needed to build consensus. So a COVID Safety Team assembled to discuss and estimate the needs of the CMDA conference and community.

## Data and Timing Matter

Starting one year ahead of the conference, the team consulted community, academic, and public health experts to help evaluate the current recommendations and data. In the month before the conference, the COVID-19 community transmission rates in many Colorado counties acutely increased to substantial or high levels, subjecting every aspect of the conference to re-evaluation. The COVID data were questioned as to which were meaningful to a medical

conference: Do we consider low community levels or high community transmission rates? Do we consider rising nursing home positivity, case numbers, and outbreaks, or level hospitalization and mortality rates?

Also, on which dates would the data determine precautions? Some procedures, such as whether to require masks or hand hygiene, are simple to alter at the last minute. Others — such as decisions about hosting a virtual conference, vaccination, and testing — require time to implement. Early on, one thought was that if the local COVID positivity rate ever increased beyond 10%, we should consider moving the entire conference to a virtual format.

However, as we continued to coordinate the event space, audiovisual (AV) set up, exhibitors, sponsors, and food, it became painfully clear that great effort would be expended and financial losses would be incurred if we were to pivot to an all-virtual format just one month, one week, or one day before the conference. Worse, event cancellation insurance policies often exclude COVID-related conditions.

## Conference COVID Safety Precautions

Luckily, we were able to conduct the conference as planned: in person with a virtual option.

Ultimately, we required proof of vaccination to be submitted by email for all in-person participants. The up-to-date standard for COVID vaccination was selected rather than fully vaccinated. Because we did not want to task our conference volunteers with mask enforcement, masks were recommended rather than required. With our pre-emptive vaccination requirement, active screening and testing became lower priorities for the conference day itself.

Table 1 summarizes the COVID-19 Safety Precautions we created for the conference, including format, vaccination, masks, distancing, ventilation, dining, screening, testing, and hand hygiene. All potential conference participants, speakers, exhibitors, and staff received written expectations of our safety precautions three months in advance, and the protocols were reiterated in meetings and emails.

The 2022 conference hosted two-thirds of the usual number of participants: 110 in-person and 89 virtual participants, connecting with 20 presenters and 41 exhibit representatives. As far as we know, no COVID cases or PALTC outbreaks have been associated with the conference.

## Be Flexible and Committed

The protocol included a caveat acknowledging the ever-changing pandemic circumstances: *CMDA reserves the right to adjust the COVID Safety Precautions as*

**Table 1. COVID-19 Safety Precautions for the CMDA Annual Conference April 29, 2022.**


Mitigation Procedures and Considerations	CMDA COVID-19 Safety Precautions
<b>Format</b> <i>In person, virtual, or hybrid?</i>	Allow in-person or virtual participation with the ability to switch at any time for a single registration fee.
<b>Vaccination</b> <i>Require or recommend? Which standard? What verification process?</i>	Require proof of <i>up-to-date</i> COVID-19 vaccination for in-person attendance. Collect vaccine documentation by email. Track with a spreadsheet.
<b>Masks</b> <i>Require, encourage, or welcome? What type of mask?</i>	Post signs and tent cards recommending medical or higher grade masks when not actively eating or drinking. Supply new KN95 masks at the door.
<b>Distancing</b> <i>What is the flow as participants mingle, visit with exhibitors, and attend conference presentations?</i>	Serve food in a separate space to allow more distancing in the immediate conference area. Distribute the chairs and tables to maximize use of space.
<b>Ventilation</b> <i>What is modifiable in the environment?</i>	Prop open outdoor entrances and exits to increase ventilation in the exhibit hall.
<b>Dining</b> <i>To dine or not to dine?</i>	Serve boxed meals and coffee in designated areas.
<b>Screening</b> <i>Active or self-screening? Which symptoms? Temperature checks?</i>	Recommend self-screen using the CDC Coronavirus Self-Checker for in-person participants. Participate virtually if positive.
<b>Testing</b> <i>Require or recommend? When to test? What verification process? What type of test?</i>	Recommend self-test using test of choice as close to the conference date as possible for in-person participants. Participate virtually if positive.
<b>Hand hygiene</b>	Place hand sanitizer dispensers throughout conference and exhibit hall.

*needed.* Flexibility is necessary with the process while remaining committed to the policy and the organization’s values.

This meant that last-minute board meetings were assembled daily just before the conference in response to unanticipated questions. When a couple of participants hesitated to share their vaccination verification by email, options for U.S. mail, phone, and fax were offered. With the number of long-term care facility COVID outbreaks increasing daily before the conference, the option to switch between in-person and virtual participation was emphasized to conference participants. When scheduled speakers became unexpectedly sick with febrile, respiratory illnesses (it’s just more likely these days!) or otherwise were unable to participate in person, the AV setup was adjusted to allow remote presentations.

Preparing for conferences also includes being prepared to manage a variety of community responses. Feedback to CMDA has been generally positive, with many participants expressing appreciation for the mitigation efforts. However,

vehement disagreements also surfaced, including criticism that parts of the protocol were unscientific and unwarranted. Unfortunately, one exhibitor was turned away at the door for lack of COVID vaccine verification.

As harsh as our response seemed at times, CMDA used the data available, commitment to our standards, and best judgment to create our conference COVID Safety Precautions in an era when recommendations are changing rapidly and uniform standards do not exist. At the end of the day, CMDA experts had a chance to shine in front of the eager in-person and virtual audience, and colleagues who hadn’t met in ages caught up with one another. Even during COVID-19, this medical conference successfully left me with a renewed sense of joy and dedication. 

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