

# European Rhinologic Society meeting 2021. Safe in person meeting in times of COVID-19\*

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## Dear Editor:

In-person conferences have been at the forefront of medical education for decades, promoting exchange of knowledge and ideas, disseminating scientific findings, exhibiting technological and pharmaceutical advances, and facilitating professional networking.

The global spread of the COVID-19 pandemic resulted in the cancellation of many congresses and forced the scientific community to embrace new ways of disseminating scientific knowledge, largely relying on the use of digital platforms such as Zoom and Teams. A recent SWOT (strengths, weaknesses, opportunities, and threats) analysis identified strength of virtual meeting such as less strain on resources, time and planning, reduced environmental impact alongside greater accessibility, but also highlighted weaknesses including reduced interaction during educational sessions, limited networking possibilities, strong reduction/elimination of social/cultural interactions and limited local financial benefits<sup>(1)</sup>.

At the recent hybrid congress of the European Rhinologic Society, participants expressed a strong desire to meet in person. More than 1000 participants (954 scientist, 148 exhibitors) travelled to Thessaloniki, alongside over 500 who participated virtually. Most of the participants were Europeans (90 %). During the congress, all participants were required to provide evidence that they were vaccinated, recovered, or had tested negative on PCR testing within 48 hours of the start of the meeting (fulfilled the criteria of the European COVID-19 EU Digital Covid Certificate (EU DCC; <https://www.getcovidpass.eu/>)). Within the Congress centre, participants were asked to maintain social distancing and to wear masks, although masks could be removed for meal breaks. Social events were held outside where possible.

After the congress we asked all participants to report whether

they had developed any symptoms suggestive of COVID-19 (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea)<sup>(2-5)</sup>, their vaccine status and whether had undergone any tests for COVID-19 in the 2 weeks since their return.

Of the 954 participants 551 (58 %) responded to our survey. Of the respondents, 538/551 reported to have been vaccinated. Four (all vaccinated) participants reported to have received a positive PCR test result, of whom two had associated symptoms while two were asymptomatic. One complained of new loss of smell and headache, one had all symptoms asked except diarrhea.

In total, twenty-seven participants reported symptoms that could be related to COVID-19; all but one performed a PCR or antigen test and as reported above, only 2 were positive. The most common reported symptoms were nasal congestion/runny nose (23/29), cough (20/29), sore throat (19/29) and fatigue (14/29). Only two participants reported new loss of smell and both were COVID-19 positive by PCR testing.

We conclude from this survey that it is safe to organize a congress when the large majority of the participants are vaccinated. The percentage of participants with a positive COVID-19 test found (2 with symptoms/954 (0.21%) was in the same order as the "background" chance of getting COVID-19 across Greece (0.11%), the UK (0.34%) and (Europe (0.15%) at the time of the Congress (<https://ourworldindata.org/covid-cases>).

The main limitation of this study is the voluntary reporting of positive results, but we believe that responder bias would likely lead to an overestimation of infection rates, with those with positive results being more likely to respond. We are therefore

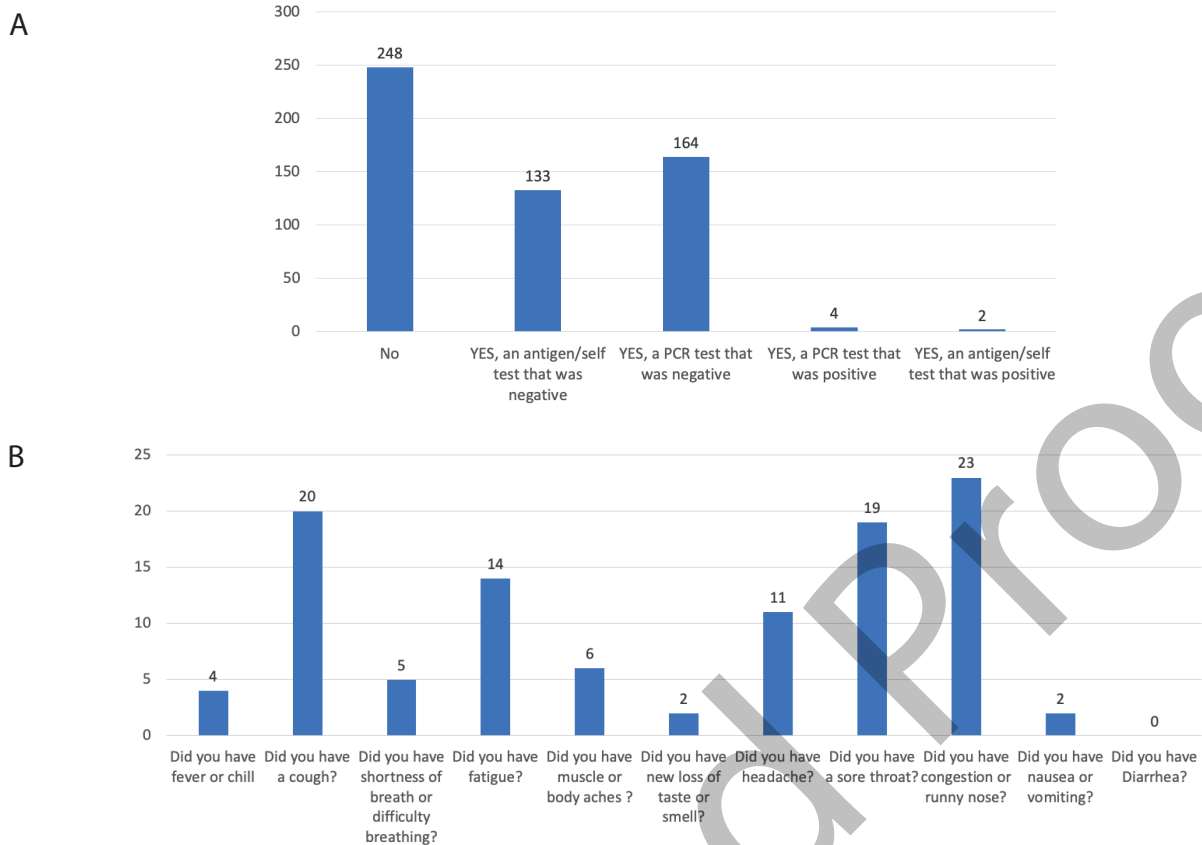


Figure 1. (A) Testing post congress in all participants, (B) Type of symptoms in patients with symptoms.

encouraged that medical conferences can be safely held without the risk of widespread transmission of SARS-CoV-2. This is likely to reflect the high levels of vaccination amongst delegates, and mitigation policies used within the Congress Centre. There is no doubt that the nature of scientific conferences has been irrevocably changed by the pandemic, and that a hybrid format is likely to remain. There is also wider recognition of the need to minimise the environmental impact from travel. However, we were delighted to have the opportunity to meet with friends, old and new, and hope that our positive experience will give confidence to those organizing upcoming conferences.

#### Authorship contribution

WF, CM, JC, NZ and CH designed the study. WF performed the study and wrote the draft paper. All authors reviewed and approved the manuscript.

#### Conflict of interest

The authors have no conflict of interests.

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#### References

1. Valenti A, Fortuna G, Barillari C, Cannone E, Boccuni V, Iavicoli S. The future of scientific conferences in the era of the COVID-19 pandemic: Critical analysis and future perspectives. *Ind Health*. 2021;59(5):334-39.
2. Borsetto D, Hopkins C, Philips V, Obholzer R, Tirelli G, Polesel J, et al. Self-reported alteration of sense of smell or taste in patients with COVID-19: a systematic review and meta-analysis on 3563 patients. *Rhinology*. 2020;58(5):430-36.
3. Huart C, Philpott C, Konstantinidis I, Altundag A, Whitcroft KL, Trecca EMC, et al. Comparison of COVID-19 and common cold chemosensory dysfunction. *Rhinology*. 2020;58(6):623-25.
4. Reitsma S, Lund, V.J., Carrie, S., Fokkens, W.J. ERS member survey on COVID-19 symptomatology and personal protection: a construct to predict early COVID-19 disease. *Rhinology online*. 2020;3(1):31-37.
5. Shi W, Gao Z, Ding Y, Zhu T, Zhang W, Xu Y. Clinical characteristics of COVID-19 patients combined with allergy. *Allergy*. 2020;75(9):2405-08.

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