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RESEARCH LETTER



A face-to-face national congress experience during the COVID-19 pandemic: A report focussing on the risk of COVID-19 contamination

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KEY MESSAGES

- Among the [1300] participants in a medical congress during June 2021, 96% had been vaccinated against SARS-CoV-2, and no COVID-19 case was reported after.
- Even those considering themselves at-risk participated.
- Participants attributed a mean score of 9 over 10 for their interest of attending a face-to-face compared to a virtual congress.

ABSTRACT

Background: The Congress of the National College of Academic General Practitioners took place in France in June 2021. In total, 1300 participants were registered, provoking concerns about the risk of COVID-19 contamination.

Objectives: The study objective was to report participation in the first French face-to-face medical congress after restrictions due to COVID-19 and whether it resulted in COVID-19 contamination.

Methods: We performed two web-based surveys of respectively 46 and 33 questions. The first questionnaire was sent to all congress participants during the congress (and to a panel of non-participants) and investigated demographic characteristics, medical conditions, behaviours related to COVID-19 contamination risk, and the interest of face-to-face congress as compared to virtual congress. Two weeks after the congress, a questionnaire was addressed to the same population and to university General Practice departments to identify incident COVID-19 cases among participants.

Results: A total of 1001 general practitioners and residents completed the first questionnaire; 752 participated in the congress. The respondents were mainly women (61.3%), with a mean age of 35 (*SD* 10) years, 96.2% had been vaccinated against SARS-CoV-2, and 11.4% considered themselves at risk for a severe form of COVID-19 for medical reasons. Concerning the interest in attending the congress face-to-face, mean score was 9 over 10 (*SD* 1.5). No case of COVID-19 was reported among participants according to the second questionnaire (449 respondents).

Conclusion: During a world pandemic, even participants considering themselves at risk came to a medical congress, highlighting the networking and social aspects of a face-to-face congress.

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Continuing medical education; medical congress; COVID-19; health behaviour

Introduction

Since the beginning of coronavirus disease (COVID-19), there have been multiple reports of super-spreading events [1]. Rapid person-to-person transmission of COVID-19 appears likely to have occurred in closed environments, where social distancing is more difficult [1]. The annual congress of the French National

College of Academic General Practitioners took place from 14 June to 16 June 2021 and was the first face-to-face GP congress since the COVID-19 pandemic. In total, 1300 participants were registered, provoking concerns about the risk of COVID-19 contamination.

The study objective was to report the participation in the first French face-to-face medical congress after

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Table 1. Sociodemographic and medical characteristics of attending and non-attending responders.

	Conference attendees responders <i>n</i> = 752	Non-attending responders <i>N</i> = 249
Age		
Mean (<i>SD</i>)	35.2 (10.9)	37.8 (11.7)
Gender, <i>n</i> (%)		
Men	291 (38.7)	93 (37.4)
Women	461 (61.3)	156 (62.65)
Status, <i>n</i> (%)		
Students and residents	285 (37.9)	72 (28.92)
General practitioners	417 (55.5)	172 (69.08)
Member of a family medicine academic department	239 (31.8)	26 (10.44)
Other health professional	8 (1.1)	0 (0.00)
Body mass index, <i>n</i> (%)		
<25 kg/m ²	518 (71.0)	179 (73.7)
25–29.9 kg/m ²	165 (22.6)	47 (19.3)
30–50 kg/m ²	47 (6.4)	17 (7.0)
Consider myself at risk for a severe form of COVID-19, <i>n</i> (%)	82 (11.4)	34 (14.2)
Tobacco smoking, <i>n</i> (%)	64 (8.7)	16 (6.6)
Vaccinated against SARS-CoV-2, <i>n</i> (%)	704 (96.2)	233 (95.9)
Past COVID-19 infection, <i>n</i> (%)	149 (20.4)	46 (18.9)
Having at least one child at home (<18 years old), <i>n</i> (%)	383 (50.9)	144 (57.8)
Having passed a COVID-19 screening test, <i>n</i> (%)	120 (16.4)	13 (5.4)
Use of COVID-19 tracing tools, <i>n</i> (%)	393 (54.4)	80 (33.2)
Use of public transport, <i>n</i> (%)		
Never	184 (25.8)	172 (71.4)
Sometimes	459 (64.3)	62 (25.7)
Every day	71 (9.9)	7 (2.9)
Eating in restaurants, <i>n</i> (%)	564 (79.0)	151 (62.7)
No recreational activities, <i>n</i> (%)	81 (11.3)	36 (14.9)
Number of known people who came to the congress, <i>n</i> (%)		
Zero	231 (33.2)	163 (69.1)
One to three	227 (32.6)	47 (19.9)
Four to ten	163 (23.4)	18 (7.6)
More than ten	75 (10.8)	8 (3.4)
Considering face-to-face congress more interesting than e-congress (from 1 to 10) mean (<i>SD</i>)	9.0 (1.5)	7.5 (2.3)
Considering attending the conference as taking the risk of contracting COVID-19 (from 1 to 10) mean (<i>SD</i>)	3.2 (1.8)	4.4 (2.1)

Percentages are based on the number of respondents to each question.

restrictions due to COVID-19 and whether it resulted in COVID-19 contamination.

Methods

We performed two online surveys. A first survey was performed during the 3 days of the congress. All the participants (1300) were invited to answer an online questionnaire, both by e-mail and using a QR code. The same questionnaire was sent to all GPs and residents that could be reachable through their respective university general practice departments and who did not attend the congress, to compare the characteristics of congress participants and non-participants. The questionnaires were based on a previous survey performed by a national government agency (*Santé Publique France*) [2]. The first questionnaire investigated demographic characteristics, medical conditions and behaviours related to COVID-19 contamination risk during the last 15 days (estimated time of completion: 10 min). It consisted of 46 questions: 24 multiple-choice questions (52.2%), nine yes/no answers (19.6%), five numeric questions (10.9%), four text question

(8.7%), two dates (4.3%), and two ordinal rating scales (4.3%). The ordinal scales (1–10) investigated the interest in attending the congress face-to-face, as compared to a virtual congress (1: no interest to 10: very high interest) and the perception of the risk of COVID-19 contamination due to the congress (1: no risk to 10: very high risk).

Two weeks after the congress, a second online questionnaire (estimated time of completion: 10 min) was sent to all the 1300 congress participants to collect COVID-19 cases, investigating exposure, symptoms suggestive of COVID-19 and COVID testing and result. It consisted of 33 questions: 15 multiple-choice questions (45.5%), nine yes/no answers (27.3%), five numeric questions (15.2%), two dates (6.1%), one ordinal rating scale (3.0%), and one text question (3.0%). The ordinal scale (1–10) investigated the perception of the risk of COVID-19 contamination due to the congress (1: no risk to 10: very high risk). The boards of all the French university general practice departments (33 in total) were also asked whether they identified incident COVID-19 cases among participants after the congress.

Table 2. Variables associated with conference attendance (multiple logistic regression).

	Odd ratio	95% CI		p-Value
Having at least one child at home (< 18 years old)	0.6	0.4	0.9	0.019
Member of a family medicine academic department	2.5	1.5	4.3	<0.001
Having passed a COVID-19 screening test	3.7	1.9	7.9	<0.001
Use of COVID-19 tracing tools	2.1	1.5	3.2	<0.001
Use of public transport				
Never (reference)	1.0			
Sometimes	5.0	3.4	7.5	<0.001
Every day	7.0	3.0	18.8	<0.001
Eating in restaurants	1.7	1.0	2.9	0.049
No recreational activities resumed	1.5	0.8	3.1	0.22
Number of known people who came to the congress				
Zero (reference)	1.0			
One to three	3.2	2.1	5.1	<0.001
Four to ten	5.6	3.1	10.6	<0.001
More than ten	2.5	1.1	6.4	0.040
Considering face-to-face congress more interesting than e-congress (from 1 to 10)	1.4	1.3	1.6	<0.001
Considering attending the conference as taking the risk of contracting COVID-19 (from 1 to 10)	0.7	0.5	1.0	0.086

Reference: reference value for the categorical variable, modelled using dummies (i.e. 'sometimes' vs. 'never,' 'every day' vs. 'never' for use of public transport and 'One to three' vs. Zero,' 'Four to ten' vs. Zero,' etc. for the number of known people who came to the congress).

The rating scales variables 'Considering face-to-face congress more interesting than e-congress (from 1 to 10),' 'Considering attending the conference as taking the risk of contracting COVID-19 (from 1 to 10)' were entered in the model as quantitative variables. One OR should be interpreted as the risk estimate for each extra point in the scale.

Variables showing non statistically significant association with conference attendance ($p > 0.2$) in univariate analyses: gender, number of people vaccinated at home, BMI, consider myself at risk for a serious form of COVID-19, current tobacco smoking, vaccinated against SARS-CoV-2, applying barrier measures (mask, hand washing, distance), practicing activities (shopping, cinema, show, indoor sports, etc.), having a person at risk for a serious form of COVID-19 among known people.

Variables showing statistically significant association with conference attendance ($p < 0.2$) in univariate analyses, but not retained in the final multiple logistic regression model: age, number of people at home, status (students and residents, general practitioners), housing type, no COVID-19 symptoms in the last 15 days, no contact with a suspected or confirmed case of COVID-19 in the last 15 days, symptom, practicing remote working, having one or more cases of non-serious COVID-19 cases in the patient population, having participated in the congress before 2021.

Statistical data analysis was performed using R 3.6.0 (R Foundation for Statistical Computing, Vienna, Austria). Categorical variables are presented as frequencies and percentages (based on the number of respondents to each question), while age and ordinal rating scales are presented as the mean and standard deviation. A multiple logistic regression model was used to analyse the variables associated with congress attendance.

Results

Thousand-and-one GPs and residents completed the first questionnaire; 752 participated in the congress (response rate among congress participants: 752/1300 = 57.8%) and 249 did not. Table 1 reports the demographic and medical conditions of the attending respondents: they were mainly women ($n = 461$, 61.3%), with a mean age of 35 (Standard Deviation = 10) years, 704 (93.6%) had been vaccinated against SARS-CoV-2 (at least one injection), and 82 (11.4%) out of the 716 respondents considered themselves at risk for a severe form of COVID-19.

Concerning the rating scale (0–10) on the interest of attending the congress face-to-face, as compared to a virtual congress, congress participants ($n = 752$) attributed a mean score of 9 over 10 (Standard Deviation, 1.5). Among them, 428 (61.5%) have attended a face-

to-face medical congress in the past, 442 (63.5%) considered they did not expose themselves to more risk of COVID-19 attending the medical congress than the two weeks before the congress, they rated this risk to 3.2 ($SD = 1.8$) on the 1 to 10 scale.

The factors related to congress attendance were the following: being a member of a university general practice department ($p < 0.001$), knowing people who also attended the congress ($p < 0.001$), having no child at home ($p = 0.019$) and considering the face-to-face congress more interesting than the virtual congress ($p < 0.001$) (Table 2).

Four hundred and forty-nine congress participants responded to the second survey. No case of COVID-19 was reported by the participants or by the 33 general practice departments.

Discussion

Main findings

Our results showed that the face-to-face congress of the National College of Academic GPs in June 2021 did not lead to COVID-19 cases. Even if massively immunised, it is notable that almost one in ten participants (11.4%) considered themselves to be at risk for a severe form of the disease. Participation in a face-to-face congress was greatly appreciated.

Strengths and limitations

Concerning COVID-19 occurrence, the fact that the status of COVID-19 infection was reported by the participants rather than based on biological tests, constitutes the primary limit. Nevertheless, our population was constituted by general practitioners and residents, leading us to consider the results more confidently.

Comparison with existing literature

The situation in June 2021 was quite different from the beginning of 2022. In June 2021 in France, we were at the bottom of the third wave, this could have been reassuring for the participants. However, we can hypothesise that the assessment of the risk of COVID-19 infection by participants would not be very different now, as the omicron variant leads to fewer hospitalisations and deaths than with alpha and delta variants [3]. Other authors have reported that face-to-face meetings do not seem to contribute to high rates of new COVID-19 infections in 2021 [4]. Regarding the evaluation of COVID-19 risk, 63.5% of the congress participants did not think that the congress increases the risk, and overall evaluation was that the risk of exposure by attendance of the congress was small (around 3 over 10). Participants may trust the congress organisation and seem to believe in barrier actions.

Interpretation

Our results suggest thus that general practitioners and students who participated might be a selection of people who managed to integrate the COVID-19 risk into their daily behaviour and who respected barrier actions. The annual congress of the National College of Academic General Practitioners brings together presentations on care, education and research. Personal interest is the first motivating factor for attendance before educational enrichment [5]. Although travel to congress can be a barrier to attendance [6], online meetings are perceived as less effective for networking and social opportunities [7]. We may hypothesise that health professionals need to meet face-to-face and share their experiences, especially in times of crisis.

Conclusion

In a population of massively immunised participants of a general practice congress in June 2021, no case

of COVID-19 was declared after the event. Even participants considering themselves at risk came to the medical congress, highlighting the networking and social aspects of a face-to-face congress.

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Disclosure statement

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

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