

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Evaluating the feasibility and acceptability of a safety protocol to mitigate SARS-CoV-2 transmission risks when participating in full-capacity live mass events: a cross-sectional survey and interview-based study
AUTHORS	Dallera, Giulia; Alaa, AOs; El-Osta, Austen; Kreindler, Jack; Harris, Matthew

VERSION 1 – REVIEW

REVIEWER	Gillis, Bruce University of Illinois Medical Center at Chicago
REVIEW RETURNED	21-Jun-2022

GENERAL COMMENTS	The number of interviewees was woefully small. Only 11 of over 1000 participants were actually interviewed, which is merely 1%. That hardly satisfies a reasonable or acceptable evaluation.
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REVIEWER	Cutter, J Ministry of Health, Singapore, PUBLIC HEALTH GROUP
REVIEW RETURNED	26-Jun-2022

GENERAL COMMENTS	As the survey response rate was only 23%, there should be some discussion of the possibility of selection bias and the way such selection bias could possibly influence the results.
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REVIEWER	Denford, Sarah University of Exeter, Sport and Health Science
REVIEW RETURNED	24-Nov-2022

GENERAL COMMENTS	Many thanks for the opportunity to review this manuscript. I think this is a really nice study and the manuscript is well-written and informative. My main concern with the paper is that it is very much located within a very specific context – with data collected from a very select group of participants. I think this should be noted more clearly in the introduction (through clearly describing the context in which the study was set) and discussion (by highlighting that it may not be possible to transfer these findings to different populations or different risk settings). I do not mean to imply that this work is not important – I think it is – but those caveats do need to be highlighted.
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VERSION 1 – AUTHOR RESPONSE

Reviewers comments

No.	Reviewer Comment	Response
1	<p>The number of interviewees was woefully small. Only 11 of over 1000 participants were actually interviewed, which is merely 1%. That hardly satisfies a reasonable or acceptable evaluation.</p>	<p>We thank the reviewer for their comment, but disagree with their assessment that 11 interviews was a small number for several reasons:</p> <ul style="list-style-type: none"> • First, in qualitative research the number of interviews conducted is of secondary importance to the quality of the themes and insights generated from the interviews. • Second, as statistical power is not the preserve of qualitative research, it is widely accepted that interviews can only ever be based on a group of self-selecting individuals. Therefore, qualitative research necessarily always has issues of representativeness, generalisability and so on. • Third, in qualitative research, interviews are generally conducted up to the point that thematic saturation is achieved. When new themes are no longer being identified from new interviewees, then this suggests there is no added value in conducting more of them. In this project, through the interviews and the focus group, we found no new themes were emerging after speaking with eleven attendees of the event. This is an accepted approach to qualitative research. • Fourth, as alluded to in 1-3 above, in qualitative studies a pragmatic sample size is often considered sufficient when saturation of themes is nearly accomplished (https://pubmed.ncbi.nlm.nih.gov/29199486/). We feel our data was sufficient in this respect. • Finally, please note that the survey was completed by 23% (1093/4726 attendees) of Standon Calling attendees, which by most standards is actually a very good response rate for electronic surveys. It would of course be impractical to interview even 5% of survey respondents as this amounts to more that 50 interviews. <p>We offer below links to studies published in BMJOpen reporting the findings of studies where data was collected using eSurvey & a smaller number of qualitative interviews:</p> <ul style="list-style-type: none"> • 118 respondents to eSurvey (9.8% response rate). Only 16 participants were interviewed (equating to 10% of eSurvey sample): https://bmjopen.bmj.com/content/12/4/e056749 • 300 respondents to eSurvey. 7 participants were interviewed (equating to 2.3% of eSurvey sample). https://bmjopen.bmj.com/content/5/2/e006102 • 676 respondents to eSurvey; 5 participants interviewed (one focus group= 4 participants, and 1 personal interview). This equates to 0.7% of eSurvey sample. https://bmjopen.bmj.com/content/12/8/e056568
2	<p>As the survey response rate was only 23%, there should be some discussion of the possibility of selection</p>	<p>We thank the reviewer for this helpful comment and agree that selection bias may have been an issue in this research and this is already mentioned in the Limitation section. However, we have expanded our discussion on this and considered 'how' this selection</p>

	<p>bias and the way such selection bias could possibly influence the results.</p>	<p>bias might have impacted on the findings of the research by adding the following phrase:</p> <ul style="list-style-type: none"> • ‘Although it is not possible to predict how selection bias might have influenced the findings of the research, if survey respondents were more likely to be those that were interested in technology and novel innovations, or capable of responding to the electronic survey, then it may have led to a spuriously positive assessment of the protocol.’
<p>3</p>	<p>Many thanks for the opportunity to review this manuscript. I think this is a really nice study and the manuscript is well-written and informative. My main concern with the paper is that it is very much located within a very specific context – with data collected from a very select group of participants. I think this should be noted more clearly in the introduction (through clearly describing the context in which the study was set) and discussion (by highlighting that it may not be possible to transfer these findings to different populations or different risk settings). I do not mean to imply that this work is not important – I think it is – but those caveats do need to be highlighted.</p>	<p>We thank the reviewer for this very positive and helpful comment. We agree that the study considers only one event, in a specific context, that is characterised by attracting families, often with young children. The attendees that responded to the survey were predominantly aged 40-54 (45%), of white ethnicity (95%) and female (65%) and this reflected the characteristics of the attendees at the event as a whole. Although the numbers were too small for direct comparison, the interviewees were also largely of the same age, gender and ethnicity.</p> <p>However, there is the possibility that attendees at other events and other types of events might have a different experience of the protocol. It is possible that attendees at an opera, a cinema, or a heavy metal rock concert, would have different views of at-home, professionally-videoed lateral flow testing. It was not possible to compare the experience of the protocol in other settings and we were not able to assess the generalisability of the survey and interview findings, as this was the only live event to use the CAPACITY protocol, and the first live event to be held outside of the Events Research Programme. However, there were no themes or responses that suggested that the protocol was either so inconvenient, unpalatable or ineffective, that other events, of a ticketed nature, could not consider using it. Clearly, the public health imperative, which in this case was the COVID pandemic, needed to exist to justify the use of the protocol.</p> <p>We have therefore added the following text in the Limitations:</p> <ul style="list-style-type: none"> • The study is of only one event, in a specific context, that is characterised by attracting families, often with young children. The attendees that responded to the survey were predominantly aged 40-54 (45%), of white ethnicity (95%) and female (65%) and this reflected the characteristics of the attendees at the event as a whole. Although the numbers were too small for direct comparison, the interviewees were also largely of the same age, gender and ethnicity. However, we acknowledge the possibility that attendees at other types of events might have a different experience of the protocol. For example, it is possible that attendees at an opera, a cinema, or a heavy metal rock concert, would have different views of at-home, professionally-videoed lateral flow testing. It was not possible to compare the experience of the protocol in other settings and we were not able to assess the generalisability of the survey and interview findings, as this was the only live event to use the CAPACITY protocol, and the first live

		<p>event to be held outside of the Events Research Programme. However, there were no themes or responses that suggested that the protocol was either so inconvenient, unpalatable or ineffective, that other events, of a ticketed nature, could not consider using it. Clearly, the public health imperative, which in this case was the COVID pandemic, needs to exist to justify the use of the protocol.</p>
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