

SARS-CoV-2 Superspread in Fitness Center, Hong Kong, China, March 2021

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To the Editors: I read with interest the article by Chu et al. (1), which concluded that poor ventilation might have contributed to a severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) superspreading event at a fitness center in Hong Kong, China. As an example of SARS-CoV-2 not spreading in a converse environment, I report the absence of apparent transmission at a gym in Montgomery County, Virginia, USA, that emphasized ventilation as part of its coronavirus disease (COVID-19) precautions upon reopening in June 2020. The gym (Appendix Figure 1, <https://wwwnc.cdc.gov/EID/article/27/9/21-1177-App1.pdf>) increased ventilation by opening 10 exterior doors and keeping them open even during cold or inclement weather. The gym also limited class sizes, stressed hygiene, and required ≥ 10 feet of distancing. Masks were not worn.

With the doors closed, the air change rate was estimated to be 0.07 air changes/hour, corresponding to a ventilation rate of 7.6 L/second/person (L/s/p) on the basis of an occupancy of 10 persons, below the 10 L/s/p minimum recommended by ASHRAE (American Society of Heating and Air-Conditioning Engineers) for health clubs (2). With the doors open, these values were estimated to be 2.4 air changes/hour and 240 L/s/p (Appendix).

On September 24, 2020, an instructor at the gym developed upper respiratory symptoms and lost his sense of smell and taste. He was tested for SARS-CoV-2 infection and received a positive result on September 28, 2020. That day, the gym owner contacted 50 persons who had attended ≥ 1 of the instructor's classes during September 21–25, 2020 to notify them of potential exposure. During subsequent follow-up, none of these 50 persons reported any COVID-19 symptoms, and 5 people who got tested received negative results (Appendix Figure 2). It is likely that increasing ventilation greatly mitigated the risk of transmission (3). Subsequently, the gym acquired a CO₂ sensor and kept the CO₂ level, an indicator of respiratory emissions, well below 600 ppm (4) by adjusting the number of open doors.

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Fecal Excretion of *Mycobacterium leprae*, Burkina Faso

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To the Editor: Millogo et al. (1) documented presence of *Mycobacterium leprae* in a fecal sample from a patient in Burkina Faso, raising questions about the role of fecal excretion of *M. leprae* in the natural history and diagnosis of leprosy. They speculated that *M. leprae* were swallowed by the patient along with blood