Indeed, microorganisms are present throughout the natural environment, with bacteria and viruses of human origin prevalent on fomites located in human-made environments such as kitchens and bathrooms.^{1,2} Although analysis of viral flora is lacking, amplified bacterial SSU rRNA sequencing of climbing hold surfaces reveals that 5% of sequences were likely derived from the oral microbiome and 9% from the genus *Escherichia*, which is mainly found in the enteric tract.³ The pathogenic potential of these microbes is unclear; however, case series have attributed community-acquired methicillin-resistant *Staphylococcus aureus* infection to sharing of bench pressing equipment and floors in volleyball.⁴ Transmission of viral infections such as herpes simplex virus occurs in contact sports; however, there is not yet evidence of viral transmission via shared sports equipment.⁴

Indoor climbing gyms are often in large, poorly insulated buildings and are therefore often cold and difficult to heat. Many pathogens are more stable on colder fomites than in warmer conditions.⁵ Of particular relevance in the current SARS-CoV-2 outbreak is the stability of other coronaviruses, which survive on fomites for longer periods at lower temperatures.⁶

In addition, food is often eaten on site, with some events promoted by communal free food such as pizza. The scarcity of promotional food inevitably induces many people to rush and claim their share without washing their hands and could hypothetically contribute to indirect droplet transmission via the oral mucosa.

We recommend that indoor climbing gyms be considered for closure before other public spaces in the event of infective outbreaks. While open, they should make an effort to verbally encourage climbers to wash their hands before and after sessions, provide ethanol hand gels, make sure soap dispensers are stocked, and display posters encouraging hand washing. We also recommend increasing the frequency of hold cleaning, avoiding cold temperatures, and not offering communal food promotions.

It is well established that closure of public places such as schools can reduce the number of people infected during outbreaks.⁷ However, despite attempts to model the effects of closing public spaces on the containment of outbreaks, it remains unclear when different spaces with different transmission risks should be closed and the extent of associated negative social and economic consequences.^{7,8} While public places are open, containment measures to minimize transmission risk are sensible. Bacteria and enveloped viruses such as SARS-CoV-2 are also susceptible to inactivation by hand gels containing a high percentage of ethanol.^{9,10} Concerted efforts to provide ethanol-based hand gels, posters reminding people to wash their hands regularly, and short verbal interventions reminding people to wash their hands have been effective in reducing

nosocomial infections. These changes could have similar benefits in climbing gyms.⁹

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Needlefish Injury in a Surfer: A Risk to Those Practicing Water Sports

To the Editor:

Fish belonging to the Belonidae family have a geographic distribution in tropical and subtropical regions in the Atlantic, Pacific, and Indian Oceans. Some species of belonids

Figure 1. Needlefish of the Belonidae family. Note the long jaws with pointed teeth. Photography: Vidal Haddad Junior.

are found in freshwater environments, in the hydrographic basins of South and Central America, Australia, and Asia.¹ The marine species of Belonidae are pelagic, found in oceanic areas and in coastal regions, especially young fish, which can be found in shallow environments such as inlets and regions between tides.² These fish have remarkable characteristics, such as a long and narrow body and extended upper and lower jaws forming a bony blade with numerous teeth projected in front of the head (Figure 1). Some specimens can reach considerable sizes, over 100 cm in length.²

Most species of belonid fish (or needlefish), especially juvenile fish, form large schools swimming at or near the surface.² The formation of schools of juvenile fish at the surface of the oceans is accompanied by different behaviors, both in terms of attraction and escape. Adult and young Belonidae fish have positive phototaxis and are attracted by light, swimming at great speed and jumping out of the water toward the light source. Escape behavior also triggers the habit of speeding up and jumping out of the water; this behavior is stimulated by the presence of predators or by any disturbance on the surface of the water close to the school, which may represent a danger, such as the presence of floating objects such as surfboards or small boats.³ These behaviors, both attraction to light and escape, have caused numerous accidents with humans for decades, both by fishing with luminous attraction and by escape behavior.^{4–8}

A 20-y-old male sought care at the emergency unit of Guarujá town, in the north coast of São Paulo State, Brazil. He reported pain in his left ear after feeling a sting while surfing on one of the beaches of the region. The patient was healthy, with no history of pre-existing disease or routine use of medications.

On physical examination, the patient had a foreign body perforating the region posterior to the left auricular

Figure 2. Patient with a foreign body perforating the region posterior to the left auricular pavilion. Photography: Lauro Ferreira Gonçalves.

pavilion to the shell (Figure 2). Otoscopy was performed, and no foreign body was observed in the middle ear, implying that it had only reached the subcutaneous region. A radiologic examination did not show any perforations or other bone lesions. The foreign body was removed after antisepsis with alcoholic chlorhexidine. Local anesthesia was performed with 2 mL of 2% lidocaine in the region close to the perforation (posterior side of the left external ear shell). With use of straight Kelly clamps, the foreign body was removed without any complications. The foreign body was a pointed fish jaw, about 3 cm, and was identified by an author ichthyologist as the mandible of a needlefish (Figures 3 and 4). The perforation had a diameter of approximately 3 mm, and the wound was left open with a dressing. Cephalexin was administered at a dosage of 500 mg

Figure 3. Fragments of the jaw of a needlefish extracted from the victim, measuring about 1.5 cm. Photography: Lauro Ferreira Gonçalves.

Figure 4. Detail of the extracted fragment. Photography: Lauro Ferreira Gonçalves.

orally every 6 h for 5 d, and the patient returned for follow-up without complications after 1 wk.

Needlefish have a wide distribution, and their habit of moving in schools close to the surface and jumping in bright spots or during movement predisposes them to incidents with humans.^{4–8} Although most accidents happen to fishermen on boats with light sources, shoals have the potential to cause serious injuries to victims who practice sports such as surfing, windsurfing, and swimming. The injuries can be serious, and health care teams must be aware of the possibility of an incident with needlefish when foreign bodies are found in patients; the jaw of these fish has a typical aspect and is usually the part found at the point of perforation.

Therapeutic measures consist of extracting the fragment and using systemic antibiotics, remembering that occasionally there may be permanence of fragments and perforation of vital human body structures such as the eyes and thoracic and abdominal organs and that certain species of needlefish can reach 1 m in length, with “beaks” of more than 30 cm.

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Datura stramonium Poisoning: Misunderstanding and Misidentification in Toxic Plant Exposures

To the Editor:

Toxic plant exposures have increased in recent years, creating health concerns, particularly for nature adventurers and outdoor enthusiasts.¹ Urbanization and city sprawl resulting in marginalization of human populations has caused some inhabitants to explore the surrounding environment and look for new tastes and flavors, leading to the growing popularity of camping and increased exposure to unidentified toxic plants.^{1,2} Poisonous species are better known by the rural population, whereas urban inhabitants have had few opportunities to explore nature and to identify plants.² Accordingly, erroneous beliefs and identification mistakes contribute to intentional or accidental clinically significant toxicity. *Datura stramonium* (also known as jimson weed) is regarded as an example for misunderstanding and misidentification in toxic plant exposure. It grows