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Active tuberculosis, sequelae and COVID-19 co-infection: first cohort of 49 cases. M. TADOLINI ET AL. RESEARCH LETTER

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The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) disease (COVID-19) pandemic has attracted interest because of its global rapid spread, clinical severity, high mortality rate and capacity to overwhelm healthcare systems [1, 2]. SARS-CoV-2 transmission occurs mainly through droplets, although surface contamination contributes and debate continues on aerosol transmission [3–5].