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Letter to the editor

Mild and asymptomatic cases of COVID-19 are potential threat for faecal–oral transmission

Dear Editor:

The recent Coronavirus Disease 2019 (COVID-19) pandemic, caused by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), was firstly reported on December 2019 in Wuhan, China. Despite the classical respiratory symptoms, some case studies have reported gastrointestinal symptoms and the presence of SARS-CoV-2 (RNA or live virus) in feces of patients diagnosed with COVID-19.[1,2] In this sense, the present Journal recently published an article that touches on this issue. Li et al.[3] reported a mild SARS-CoV-2 infection in an 8-month-8-day-old girl. Curiously, her rectal swabs remained positive for eight days, whereas her nasopharyngeal swabs were persistently negative by real-time reverse transcription PCR (RT–PCR). In a similar way, other study reported that among 10 children infected with SARS-CoV-2, eight children persistently tested positive on rectal swabs even after nasopharyngeal RT-PCR testing be negative.[4] Therefore, the present case report published in this Journal have corroborated significantly with previous findings from the current literature: (i) rectal swabs may be used to confirm diagnosis of COVID-19, even when nasopharyngeal testing is negative; (ii) another possible route of transmission might be fecal–oral; (iii) mild and asymptomatic cases, especially in children, are potential sources of fecal–oral transmission.

Author's contribution

S.C.T. developed the hypothesis, drafted and critically edited the manuscript. The author read and approved the final manuscript.

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Ethical approval

Not required.

Conflicts of interest

The author declares no conflicts of interest.

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