# Should clinicians be continuing to take oropharyngeal swabs for NAAT testing during the COVID-19 epidemic? And what about rectal swabs?

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The most common symptoms of coronavirus are fever and dry cough, while some patients report headache, runny nose, sore throat, and gastrointestinal symptoms of diarrhoea and vomiting. Viral replication takes place in both the upper and lower airway and the virus has been detected in lung fluid, throat, oropharyngeal and nasopharyngeal swabs. ENT specialists have raised concerns over this and there have been reports of healthcare associated infections with COVID-19 in this group from patients without obvious risk factors1. The Royal College of Paediatrics and Child Health advise against tonsillar examinations unless absolutely necessary2 and the Royal College of General Practitioners the same.

Sexual health clinicians take oropharyngeal swabs from patients to perform NAAT testing for chlamydia and gonorrhoea and gonorrhoea cultures. This will frequently induce a cough or gag reflex in patients and, in the context of the COVID-19 epidemic where a person can be asymptomatic but still infectious, this poses a significant exposure risk to staff.

We therefore recommend that :

* All sexual health clinicians follow the most up to date guidance for PPE when seeing patients face to face
* Patient be directed to home-testing as far as possible
* Patients to be advised to self-swab for oropharyngeal samples with clear instructions and advice on additional handwashing immediately after the procedure
* Throat examination and clinician swabbing take place only if absolutely essential
* If the throat needs to be examined, personal protective equipment should be worn as per PHE guidance, irrespective of whether the patient has symptoms consistent with COVID-19 or not.

## **What about rectal swabs?**

Although current case definitions presume mainly lower respiratory tract infection, patients with COVID-19 can exhibit gastrointestinal symptoms including diarrhoea and vomiting. COVID-19 RNA has been detected in blood and stool specimens, and the virus has been isolated in cell culture from the stool of some patients, including a patient with pneumonia 15 days after symptom onset3. There is evidence that COVID-19 entry receptor is expressed within the gut leading to the hypothesis that the this is another path of entry for the virus4.

Part of our work in sexual health includes rectal examinations for lumps and bumps, proctoscopy for those with symptoms of proctitis, and rectal swabbing for NAAT testing for chlamydia and gonorrhoea and gonorrhoea culture, amongst others. Men who have sex with men presenting with diarrhoea are routinely tested for gastrointestinal infections which may be passed through sexual practices such as oro-anal sex. Bearing in mind the above information, we therefore recommend that :

* All sexual health clinicians follow the most up to date guidance for PPE when seeing patients face to face
* Patient be directed to home-testing as far as possible
* Strict hygiene and infection control precautions be taken when handling rectal swabs
* Strict hygiene and infection control precautions be taken if patients report diarrhoea
* As far as possible, patients to be advised to self-swab for rectal samples with clear instructions and advice on additional handwashing immediately after the procedure
* Reducing time in clinic as far as possible for patients with symptoms of diarrhoea by encouraging phone consultations, face-to-face contact only if essential.

#### **References:**

#### Integrated infection control strategy to minimize nosocomial infection of coronavirus disease 2019 among ENT healthcare workers. Lu, D. et al. Journal of Hospital Infection, Volume 0, Issue 0. (In press)

1. <https://www.rcpch.ac.uk/resources/covid-19-guidance-paediatric-services#tonsillar-examination---infection-control-implications>
2. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>
3. Liang W, Feng Z, Rao S*, et al.* Diarrhoea may be underestimated: a missing link in 2019 novel coronavirus. *Gut*Published Online First: 26 February 2020. doi: 10.1136/gutjnl-2020-320832