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## Fecal shedding of SARS-CoV-2 in COVID-19 patients: insights from animal coronaviruses

Although the primary clinical signs in human patients with COVID-19 are related to the respiratory tract, shedding of intact virus in the feces can also occur.<sup>1,2</sup> This raises questions about routes of transmission of SARS-CoV-2 and the mechanisms by which the virus can be found in both respiratory secretions and feces. Importantly, enteric infection with coronaviruses and subsequent fecal shedding are common in a wide range of animal species, including pigs, cattle, dogs, and cats.<sup>3-6</sup> In many cases, both respiratory and enteric infection and shedding can occur.7 The range of disease symptoms for COVID-19 patients and the severe nature of clinical signs for a subset of individuals infected with SARS-CoV-2 draw parallels with feline infectious peritonitis in cats. Feline infectious peritonitis is believed to be caused by an internal mutation of an enteric feline coronavirus commonly found in cats. This virus, although conventionally considered an enteric pathogen, does not have a rigid tissue tropism<sup>8</sup> and likely spreads systemically, including in the respiratory tract. In early studies<sup>9</sup> of cats with feline coronavirus, the virus could easily be recovered from the oropharynx within just a few days after inoculation, preceding shedding in the feces in some cases. It is not uncommon for cats infected with feline coronavirus to show a range of clinical signs, including diarrhea and upper respiratory tract signs such as sneezing.10 Likewise, in calves infected with bovine coronavirus, the virus can be detected in respiratory samples before it is detected in fecal samples; however, both respiratory and fecal shedding has been observed for nearly a month in some instances.11 In rhesus macaques infected with SARS-CoV-2, pulmonary disease has

been observed, but viral RNA has also been detected in rectal swabs by means of a quantitative reverse transcription PCR assay.<sup>12</sup>

Gastrointestinal signs have been reported in human patients infected with SARS-CoV-2, alone or in combination with respiratory signs. These gastrointestinal signs vary with respect to time of onset and severity, but can include nausea, loss of appetite, vomiting, diarrhea, and abdominal pain. In one retrospective study,13 16% of patients presented solely with gastrointestinal signs. Importantly, a recent study14 of SARS-CoV-2 infection in people showed prolonged fecal shedding, with and without shedding from the respiratory system. However, the presence of SARS-CoV-2 RNA in fecal samples was not significantly associated with the presence of gastrointestinal signs, and an extended duration of shedding was not significantly associated with severity of the disease. In that study,14 fecal samples from 41 of 74 (55%) patients were positive for SARS-CoV-2 RNA, and fecal samples were positive for the virus for a longer time (mean  $\pm$  SD,  $27.9 \pm 10.7$  days) than respiratory samples were  $(16.7 \pm 6.7 \text{ days})$ .

In sum, although COVID-19 is primarily associated with respiratory signs in people, the observation of numerous other clinical signs in some patients requires evaluating the systemic nature of the disease. We suggest that detection of SARS-CoV-2 in the feces of patients does not merely represent the passage of virus from consumed respiratory secretions but may, in fact, reflect shedding resulting from active replication in enteric tissues. We consider it prudent, therefore, to consider the results of studies of animal coronaviruses when trying to understand the human disease. In the public health battle to contain COVID-19. it is important to consider multiple transmission routes and to take into account commonalties between SARS-CoV-2 in people and animal coronaviruses in their natural hosts.

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