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### Reply to case report of 'A patient infected with SARS-CoV-2 over 100 days'

We read with interest your case report of 'A patient infected with SARS-CoV-2 over 100 days'. The case crisply highlights the significance of prolonged viral shedders and its inability to transmit the virus. Abe et al has uniquely proved that positivity does not equate to transmission and must be viewed with caution [1].

We wish to share our unusual case with the added blow of re-infection. We report a case of 41-year old female who presented with breathlessness and was diagnosed to have severe covid infection. She was admitted in Intensive care unit and managed with oxygen therapy, remdesivir, steroid and symptomatic treatment. She symptomatically improved but continued to be RT-PCR positive. However, the prolonged hospital stay of this patient was complicated by secondary hospital acquired infection and fungal pneumonia which improved with treatment. Despite symptomatic improvement, she continued RT-PCR positivity for over 60 days and finally turned negative after 65 days. We could not get viral cultures for the patient to prove its infectiousness.

However, 2 months later she again presented with fever and breathlessness and was tested RT-PCR positive again. Her antibody titers at admission done by chemiluminescent assay (CLIA) were tested to be negative. She was managed symptomatically for moderate covid infection and improved significantly.

However, as per the National guidelines and institutional discharge policy, the test-based discharge policy has been discontinued, in favor of emerging evidences [2, 3]. She was discharged and is being followed up in post-covid clinic. This time she turned RT-PCR negative after 30 days. Such long haulers pose social and ethical dilemmas relating to RT-PCR positivity and quarantine practices. We suggest to closely follow up these cases and share our experiences to learn about viral dynamics in long haulers and prolonged shedders.

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