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Letter to the editor

Transmission routes of SARS-CoV-2



Dear Editor,

I read with interest the suggestions proposed by Lucaciu et al. in their recent article.¹ However, the authors make inaccurate references to the established transmission routes of SARS-CoV-2. The authors state that the novel coronavirus is spread via aerosols and the faecal-oral route, in spite of a largely undeveloped evidence-base in support of these pathways. In their most recent scientific brief, the World Health Organisation suggest heightening infection prevention and control measures around contact and respiratory droplet transmission.² Indeed, aerosol-generating procedures (AGPs) are implied in facilitating airborne transmission but limited evidence is available to support this for SARS-CoV-2. There is an urgent need to develop the evidence-base for the risk associated with AGPs, particularly when planning the return to routine dental practice.

The authors imply confirmation of the faecal-oral route and reference a paper by Meng and colleagues however this seems to have been misinterpreted.³ I concur with the plausibility of this pathway, owing to recent findings of viral RNA detection in stool samples and enteric symptoms experienced by several cohorts of COVID-19 patients.^{4,5} In the absence of any reports of faecal-oral transmission, this remains a hypothesis, albeit highly probable.

Although the suggested infection control measures for oral healthcare settings seem practical, a thorough awareness of transmission routes is pre-requisite to devising effective advice.

Declaration of Competing Interest

None.

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