

Familial Cluster of COVID-19 Cases Associated with High Prevalence of Anosmia, Ageusia, and **Gastrointestinal Symptoms**

University of Colorado Anschutz Medical Campus



School of Medicine

Bethany E. Ho, BA¹; Andrea P. Ho, MD¹; Michaela A. Ho²; Elizabeth C. Ho³ University of Colorado School of Medicine¹, Aurora, CO; Colorado State University², Fort Collins, CO; Colorado College³, Colorado Springs, CO

BACKGROUND & PURPOSE

- Patients with COVID-19 most commonly report respiratory symptoms, with a minority reporting gastrointestinal (GI) symptoms.
 - In a literary review of 12 cohort studies, diarrhea was observed in 2.0-35.6% of patients, nausea in 1-17.3%, vomiting in 1-6.4%, and abdominal pain in 2.2-5.8%.⁶
- Little is known about the symptoms of anosmia/hyposmia, ageusia, and dysgeusia anecdotally seen in COVID-19 patients.
 - Both the American Academy of Otolaryngology-Head and Neck Surgery and ENT UK issued public statements recognizing anosmia, hyposmia, and dysgeusia as possibly associated with SARS-CoV-2 infection.^{9,10}

STUDY DESIGN & METHODS

- We interviewed 7 patients from a family cluster of COVID-19 cases in Denver, CO ranging in age from 17-54 yo via oral inquiries and a questionnaire, collecting data on subject symptoms and their durations.
- Reverse transcriptase-polymerase chain reaction (RT-PCR) was used to confirm 2 of these cases. Both cases were confirmed by Roche cobas 6800 EUA RT-PCR at a certified tertiary care hospital.
- The other 5 cases were presumed based on case proximity, temporal progression, and comparable symptomatic presentation.

- Within the cluster, 5 patients reported sensory symptoms of anosmia/hyposmia (5/7), ageusia/hypogeusia (5/7), and/or dysgeusia (3/7).
 - Subjects with anosmia and ageusia reported that these symptoms always occurred together; neither anosmia nor ageusia were seen independently.

 - Length of anosmia and ageusia ranged from 5 to 29 days (29 days thus far; one patient still experiences persistent anosmia/ageusia at present).



Figure 1. Timeline of Symptoms and Exposure to Index Case in Familial COVID-19 Cluster

RESULTS & FINDINGS

- We report a familial cluster of 7 COVID-19 cases, all 7 of whom reported GI involvement with one or more symptom of: nausea (5/7), diarrhea (4/7), abdominal pain (3/7), anorexia (3/7), and emesis (2/7).
 - Duration of GI symptoms ranged from 2 to 15 days.

CONCLUSION

- This frequency of GI symptoms is high relative to infrequently report on sensory symptoms.
- The mechanistic underpinnings of GI and sensory symptoms in COVID-19 warrant close consideration and analysis, especially as it relates to reducing disease transmission.
- and progression of symptoms, even within a cluster.

- COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU). ArcGIS. 2020. https://www.arcgis.com/apps/ops dashb oard/in dex.html#/bda7594740fd40299423467b48e9ecf6. Accessed April 12, 2020. Holshue ML, DeBolt C, Lindquist S, et al. First Case of 2019 Novel Coronavirus in the United States. New England Journal of Medicine. 2020;382(10):929-936
- doi: 10.1056/NEJMoa2001191 Chan JFW, Yuan S, Kok KH, et al. A familial cluster of pneumonia associated with the 2019 novel coronavirus indicating
- uster. Lancet. 2020;395:514-523. doi: 10.1016/ S0140-6736(20)30154-9.
- N, Ma AHY, et al. A COVID-19 Transmission within a family cluster by presymptomatic infectors in C
- Nong SH, Lui RNS, Sung JJY. Covid-19 and the Digestive System. Journal of Gastroenterology and Hepatology. 2020. doi: 10.1111/jgh.15047. Zhang H, Kang Z, Gong H, et al. The digestive system is a potential route of 2019-nCov infection: a bioinformatics analy
- BioRxiv,2020, doi: 10.1101/2020.01.30.927806 KF. Chan PKS. et al. Enteric Involvement of Severe Acute Respiratory Syndrome–Associated

- ENT-UK at the Royal College of Surgeons of England. Loss of sense of smell as marker of COVID-19 infection. ENTUK
- Bagheri SHR, Asghari AM, Farhadi M, et al. Coincidence of COVID-19 epidemic and olfactory dysfunction outbreak. MedRxiv. doi 10.1101/2020.03.23.20041889.
- 2020;330. doi: 10.1093/cid/ciaa330.
- MedRxiv. 2020. doi: 10.1101/2020.02.22.20026500.
- Plastic and Reconstructive Surgery. 2020;42(9). doi: 10.1186/s40902-020-00254-7.
- 10.1016/j.bbi.2020.03.031.
- converting enzyme (ACE) inhibition. BMJ. 2020;368:m406. doi: 10.1136/bmj.m406.
- underlying anosmia in COVID-19 patients. BioRxiv. 2020. doi: 10.1101/2020.03.25.009084.
- 2020;323(11):1061-1069. doi: 10.1001/jama.2020.1585. Zhang J, Dong X, Cao Y, et al. Clinical characteristics of 140 patients infected with SARS-CoV-2 in Wuhan, China. Allergy. 2020;00:1-12. doi:
- 10.1111/all.14238.
- S0140-6736(20)30183-5.
- and meta-analysis. Gastroenterology. 2020. doi: 10.1053/j.gastro.2020.03.065.
- gastrointestinal symptoms. Gut. 2020;0:1-8. doi:10.1136/gutinl-2020-320926.
- 10.1002/jmv.25742.
- Therapeutics. 2020;00:1-9. doi: 10.1111/apt.15731.
- 10.1002/lary.28672.
- doi: 10.1016/j.gie.2020.03.019.
- Gu J, Han B, Wang J. COVID-19: Gastrointestinal manifestations and potential fecal-oral transmission. Gastroenterology. 2020. doi: 10.1053/ j.gastro.2020.02.054.





currently available epidemiological reports, which also

COVID-19 exhibits wide variation in duration, severity,

REFERENCES

luang T, Wang Y, et al. COVID-19 patients' clinical characteristics, discharge rate, and fatality rate of meta-analysis. Journal of Medical Virology. 2020;:

merican Academy of Otolaryngology-Head and Neck Surgery. Anosmia, Hyposmia, and Dysgeusia Symptoms of Coronavirus Disease. AAO-HNS website https://www.entnet.org/content/aao-hns-anosmia-hyposmia-and-dysgeusia-symptoms-coronavirus-disease. March 22, 2020. Accessed April 2, 2020.

website. https://www.entuk.org/sites/default/files/files/Loss %20 of%2 0sense %20 of%20s mell%20as %20ma rker %20 of%2 0COVID.pdf. March 2020. Accessed

Giacomelli A, Pezzati L, Conti F, et al. Self-reported olfactory and taste disorders in SARS-CoV-2 patients: a cross-sectional study. Clinical Infectious Diseases

Mao L, Wang M, Chen S, et al. Neurological Manifestations of Hospitalized Patients with COVID-19 in Wuhan, China: a retrospective case series study.

Keyhan SO, Fallahi HR, Cheshmi B. Dysosmia and dysgeusia due to the 2019 Novel Coronavirus; a hypothesis that needs further investigation. Maxillofacial

Wu Y, Xu X, Chen Z, et al. Nervous system involvement after infection with COVID-19 and other coronaviruses. Brain, Behavior, and Immunity. 2020. doi:

Bahat G. Response to the emerging novel coronavirus outbreak: Loss of smell and taste in the course of COVID-19 infection may be related to angiotensin

Brann D. Tsukahara T, Weinreb C, Logan DW, Datta SR. Non-neural expression of SARS-CoV-2 entry genes in the olfactory epithelium suggests mechanisms

Wang D, Hu B, Hu C, et al. Clinical Characteristics of 138 Hospitalized Patients With 2019 Novel Coronavirus–Infected Pneumonia in Wuhan, China. JAMA.

Huang C, Wang Y, Li X, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. Lancet. 2020;395:497-506. doi: 10.1016/

Cheung KS et al. Gastrointestinal manifestations of SARS-CoV-2 infection and virus load in fecal samples from the Hong Kong cohort and systematic review

Jin X, Lian JS, Hu JH, et al. Epidemiological, clinical and virological characteristics of 74 cases of coronavirus-infected disease 2019 (COVID-19) with

Zhang J, Wang S, Xue Y. Fecal specimen diagnosis 2019 novel coronavirus-infected pneumonia. Journal of Medical Virology. 2020;1-3. doi:

Tian Y, Rong L, Nian W, He Y. Review article: gastrointestinal features in COVID-19 and the possibility of faecal transmission. Alimentary Pharmacology &

Vukkudala N, Qian ZJ, Holsinger FC, Patel ZM, Rosenthal E. COVID-19 and the otolaryngologist – preliminary evidence-based review. Laryngoscope. 2020. doi:

Repici A, Maselli R, Colombo M, et al. Coronavirus (COVID-19) outbreak: what the department of endoscopy should know. Gastrointestinal Endoscopy. 2020.