

shedding the virus, which may remain viable for at least 3 days and is considered a great risk for uninfected patients and health care workers (289). Recently, it was found that the anal swabs gave more positive results than oral swabs in the later stages of infection (153). Hence, clinicians have to be cautious while discharging any COVID-19-infected patient based on negative oral swab test results due to the possibility of fecal-oral transmission. Even though the viral loads in stool samples were found to be less than those of respiratory samples, strict precautionary measures have to be followed while handling stool samples of COVID-19 suspected or infected patients (151). Children infected with SARS-CoV-2 experience only a mild form of illness and recover immediately after treatment. It was recently found that stool samples of SARS-CoV-2-infected children that gave negative throat swab results were positive within ten days of negative results. This could result in the fecal-oral transmission of SARS-CoV-2 infections, especially in children (290). Hence, to prevent the fecal-oral transmission of SARS-CoV-2, infected COVID-19 patients should only be considered negative when they test negative for SARS-CoV-2 in the stool sample.