

significance of frequent and good hand hygiene and sanitation practices needs to be given due emphasis (249–252). Future explorative research needs to be conducted with regard to the fecal-oral transmission of SARS-CoV-2, along with focusing on environmental investigations to find out if this virus could stay viable in situations and atmospheres facilitating such potent routes of transmission. The correlation of fecal concentrations of viral RNA with disease severity needs to be determined, along with assessing the gastrointestinal symptoms and the possibility of fecal SARS-CoV-2 RNA detection during the COVID-19 incubation period or convalescence phases of the disease (249–252).

The lower respiratory tract sampling techniques, like bronchoalveolar lavage fluid aspirate, are considered the ideal clinical materials, rather than the throat swab, due to their higher positive rate on the nucleic acid test (148). The diagnosis of COVID-19 can be made by using upper-respiratory-tract specimens collected using nasopharyngeal and oropharyngeal swabs. However, these techniques are associated with unnecessary risks to health care workers due to close contact with patients (152). Similarly, a single patient with a high viral load was reported to contaminate an entire endoscopy room by shedding the virus, which may remain viable for at