

REVIEW PAPER

Saliva: potential role in the diagnosis of human coronavirus

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ABSTRACT

Saliva is a reservoir of the various biological marker and provides superiority over other biological fluids. Rapid and accurate diagnosis of SARS CoV-2 is essential to control the ongoing COVID-19 pandemic. Nasopharyngeal, oropharyngeal swab, bronchoalveolar lavage, sputum, urine, and blood are frequently tested sample but all these techniques are invasive and uncomfortable to the infected person. Therefore, the potential use of salivary sample can be taken into consideration as an alternative tool as it has various advantages over the current traditional methods. Salivary diagnostics also can be utilized as chair-side tests for various diseases soon through conscientious testing.

Keywords: SARS CoV-2; COVID-19; salivary biomarkers; diagnosis of viral infection.

INTRODUCTION

The emergence of coronavirus in December 2019, has caused a large global outbreak and is a major public health issue.¹ Coronaviruses are enveloped, single-stranded RNA viruses with high rates of mutation and recombination having the spike surface glycoprotein (S), a small envelope protein (E), matrix protein (M) and nucleocapsid protein (N).²

SARS-CoV-2, as it is commonly known, has been found to spread more rapidly than MERS-CoV with most common symptom being fever and cough.³ Bilateral lung involvement with ground-glass opacity is the most common finding of coronavirus disease (COVID-19) from computed tomography images of the chest,⁴ spread by human to human or direct contact and infection has estimated to have a mean incubation period of 6.4 days and basic reproduction number of 2.24-3.58.⁴

Efforts to control SARS-CoV-2 depend on accurate and rapid diagnostic testing. These tests must be sensitive to mild and asymptomatic infections to promote effective self-isolation and reduce transmission within high-risk groups, consistent to reliably monitor disease and aid clinical decisions.⁵

Nasopharyngeal or throat swabs are commonly used sampling method for viral load monitoring. Direct inspection of the patient's posterior pharynx and tonsils is recommended during throat swab collection. It can induce coughing and sneezing which generates aerosol and is a potential health hazard for health-care workers. Moreover, the collection of nasopharyngeal specimens is a relatively invasive and uncomfortable procedure even can induce bleeding. A patient's reluctance to provide a sample can account for the scarcity of time points in viral load studies of respiratory virus infections. Previous studies have shown high concordance between nasopharyngeal aspirate and saliva as specimens for laboratory diagnosis of respiratory viruses.³ The healthcare providers, doctors, nurses, and paramedic staff will be safe from the transmission of disease while using saliva as a specimen. Hence, this method of sampling is advantageous

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compared with the use of nasopharyngeal aspirates.⁶

This review paper explores the role of saliva in the diagnosis of COVID-19 and its related issues.

ROLE OF SALIVA

Saliva is an exocrine secretion of major and minor salivary gland comprising of approximately 99% water, variety of electrolytes, proteins represented by enzymes, immunoglobulins and another antimicrobial factor.⁷ With the emerging latest technologies saliva has been studied thoroughly as a potential diagnostic apparatus to become an alteration for other biological fluids such as serum or urine in disease diagnosis. They have disclosed large numbers of medically important salivary biomarkers for various disease conditions including cancer, autoimmune, viral, bacterial, cardiovascular, and metabolic diseases.⁸ Any alteration in the composition and quantity of saliva can help in the detection of various diseases.⁷

POSSIBLE DIRECT INVASIONS INTO ORAL TISSUES

SARS-CoV-2 can be presented in saliva through three different routes.^{7,9,10}

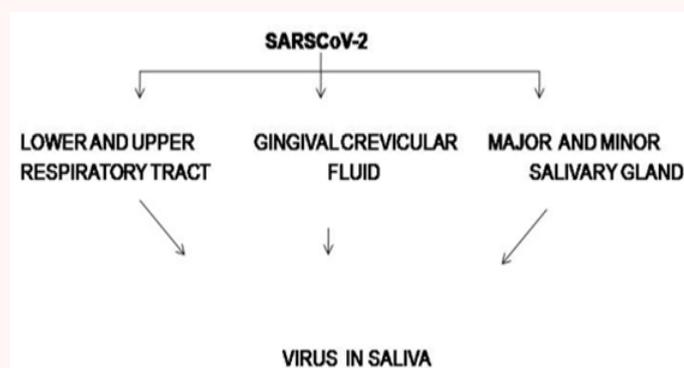


Figure 1 Routes of invasion of SARS-CoV-2 in saliva

INTERACTION BETWEEN HOST CELL IN ORAL CAVITY AND VIRUS

The entry of coronavirus into the host cell is a multi-step process using multiple distinct domains in the spike protein

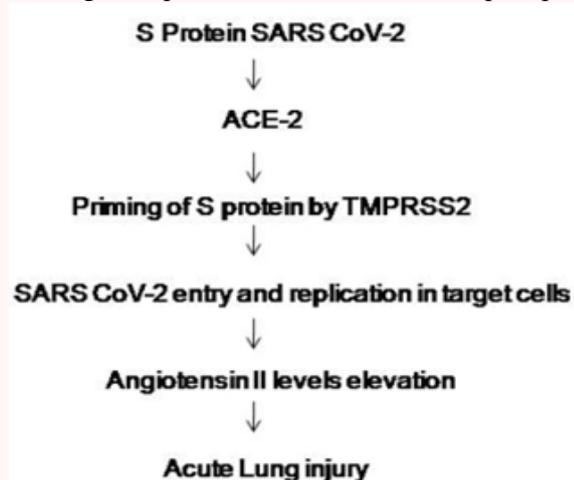


Figure 2 Relation of SARS-CoV-2 with ACE receptor¹²

that facilitates attachment of the virus to the surface of the cell, engagement of the receptor, processing of proteases and membrane fusion. The SARS-CoV-2 uses ACE2 as the receptor for viral entry and transmembrane protease serine 2 (TMPRSS2) for priming of the spike protein.^{2,11}

Expression of the enzyme furin on the tongue has been implicated in virus infection by cleaving viral envelope glycoproteins and enhancing infection with host cells.¹ Hyposalivation can disrupt the physical barrier of the oral and airway mucosal surfaces. This enhances viral colonization and adhesion. The decrease may also produce disturbances in the secretion of antimicrobial peptides and proteins. Considering the existence of various proteins with established antiviral characteristics in saliva may potentially obstruct virus replication especially SARS-CoV-2.⁹

SALIVA FOR DETECTION OF SARS CoV-2

RUCDR Infinite Biologic researchers at Rutgers University have successfully demonstrated saliva as a sample source for COVID-19 detection compared to nasopharyngeal or oropharyngeal swabs. SARS-CoV-2 invades the epithelial cell of rhesus macaques in salivary gland ducts. However, it should be noted that saliva specimen also contains secretion from the nasopharynx and lungs via the action of cilia.⁷ Viral load peaks can be detected early in salivary specimens at the onset of infection.¹ Studies have shown that some viral strain can be detected in saliva as long as 29 days after infection enhancing the disease detection.^{10,13} Dental/oral and other health professionals must always be diligent in protecting against the spread of infectious disease. Small droplets with a diameter of less than or equal to 60 μm can cause short-range transmission for individuals with distance less than one meter. In a desirable environment, small droplets are likely to fade away into droplet nuclei with a diameter of fewer than 10 μm . It then becomes capable of long-range aerosol transmission. For a susceptible host can enter the mouth, eyes, or be inhaled directly into the lungs thereby causing infection.^{7,9}

Antibodies against SARSCov-2 in saliva and its potential in diagnosis

Previous studies have shown the production of SARS-CoV-2 specific secretory immunoglobulin A (sIgA) in the saliva of animal models.¹⁴ Immune responses, including the production of SARS-CoV-specific serum immunoglobulin G (IgG) and secretory immunoglobulin A (sIgA), were determined in animal mucosal secretions and tissues.¹⁵ Saliva-based antibody tests are there to detect several viruses and the presence of immunoglobulin can help by the rapid diagnosis of COVID-19.

Methods of collection of saliva

There are many saliva collection devices available in the market for safe and sterile collection without compromising the quality and quantity. Self-collection of saliva can also be done and usually, an early morning saliva sample is preferred before tooth brushing. Saliva specimen can be added to the

viral transport medium.¹⁶ Commercially available saliva sampling devices and their company names can be accessed by all researchers, healthcare providers, doctors, microbiologists, and virologists for the handling of samples. Different saliva collection devices used in the sampling of contagious infectious diseases are Salivette® (Sarstedt); Quantisal® (Immunoanalysis); SCS® (Greiner-BioOne), VersiSAL®, and SuperSAL by Oasis Diagnostics® Corporation.⁶

The potential benefits of salivary diagnostic tests are economical, easier to apply than serum sampling with no requirement for specialized healthcare workers. Numerous samples are simple to obtain, collection and monitoring can be done at home with good storage than serum sampling. Saliva does not clot and can be handled more efficiently than blood with lesser agitation during the diagnostic process. Thereby, salivary diagnostic testing can offer a cost-effective and convenient mechanism for early-diagnosis of COVID-19.^{7,9}

Diagnostic kits and efficiency

Several viral infections can be diagnosed depending on the type of salivary biomarkers, such as viral DNA and RNA, antigens and antibodies. A quantitative real-time reverse transcription-polymerase chain reaction (RT-PCR) assay and fractionation experiment can detect the load of SARS-CoV.¹⁷ Nucleic acid extraction method, ELISPOT, POC technology can also be used to detect salivary biomarkers.^{7,14,18}

A study done by EPasomsub et al.(2020) investigated the diagnosis of COVID-19 and found the sensitivity and specificity of the saliva sample RT-PCR were 84.2%, and 98.9%, respectively.¹⁹ Hiba Hamid et al.(2017) concluded that POC technology using saliva can rapidly detect and effective in identifying and isolating potential carriers and contacts.¹⁸ Kelvin Kai-Wang evaluated that posterior oropharyngeal saliva sample contains the highest saliva load which can account for the fast spread of the infection.³ Anne L. Wyllie et al.(2020) described that saliva has greater detection sensitivity and consistency throughout the infection of COVID-19.

CONCLUSION

Saliva acts as a promising diagnostic tool in a large set of individuals requiring screening. This minimizes the load of collection of sample and nosocomial transmission of COVID-19 to the health workers. The possibility of the salivary glands as a reservoir, harboring latent infection, which may reactivate later, should also be considered and this warrants further research.

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