

# Loss of sense of smell as marker of COVID-19 infection

**There is new evidence for the loss of smell as a symptom of COVID-19 infection. We are circulating the following intelligence to Public Health England with regards to anosmia. As a result, this information highlights the importance for healthcare personnel to employ full PPE and in turn help stem the rates of infection. Full details can be read below:**

Post-viral anosmia is one of the leading causes of loss of sense of smell in adults, accounting for up to 40% cases of anosmia. Viruses that give rise to the common cold are well known to cause post-infectious loss, and over 200 different viruses are known to cause upper respiratory tract infections. Previously described coronaviruses are thought to account for 10-15% cases. It is therefore perhaps no surprise that the novel COVID-19 virus would also cause anosmia in infected patients.

There is already good evidence from South Korea, China and Italy that significant numbers of patients with proven COVID-19 infection have developed anosmia/hyposmia. In Germany it is reported that more than 2 in 3 confirmed cases have anosmia. In South Korea, where testing has been more widespread, 30% of patients testing positive have had anosmia as their major presenting symptom in otherwise mild cases.

In addition, there have been a rapidly growing number of reports of a significant increase in the number of patients presenting with anosmia in the absence of other symptoms – this has been widely shared on medical discussion boards by surgeons from all regions managing a high incidence of cases. Iran has reported a sudden increase in cases of isolated anosmia, and many colleagues from the US, France and Northern Italy have the same experience. I have personally seen four patients this week, all under 40, and otherwise asymptomatic except for the recent onset of anosmia – I usually see roughly no more than one a month. I think these patients may be some of the hitherto hidden carriers that have facilitated the rapid spread of COVID-19. Unfortunately, these patients do not meet current criteria for testing or self-isolation.

While there is a chance the apparent increase in incidence could merely reflect the attention COVID-19 has attracted in the media, and that such cases may be caused by typical rhinovirus and coronavirus strains, it could potentially be used as a screening tool to help identify otherwise asymptomatic patients, who could then be better instructed on self-isolation.

Given the potential for COVID-19 to present with anosmia, and the reports that corticosteroid use may increase the severity of infection, we would advise against use of oral steroids in the treatment of new onset anosmia during the pandemic, particularly if it is unrelated to head trauma or nasal pathology (such as nasal polyps).

There is potential that if any adult with anosmia but no other symptoms was asked to self-isolate for seven days, in addition to the current symptom criteria used to trigger quarantine,

we might be able to reduce the number of otherwise asymptomatic individuals who continue to act as vectors, not realising the need to self-isolate. It will also be an important trigger for healthcare personnel to employ full PPE and help to counter the higher rates of infection found amongst ENT surgeons compared to other healthcare workers.

Yours sincerely,

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