

INFECTION WITH SARS-COV-2 IN ANIMALS

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SARS-Coronavirus-2 (SARS-CoV-2) is the pathogenic agent that causes the disease COVID-19 and was first reported in December 2019. SARS-CoV-2 is thought to have emerged from an animal source and then spilled-over to the human population. Although genetically closely related viruses have been isolated from *Rhinolophus* bats, the exact source of SARS-CoV-2 and route of introduction into the human population has not been established.

The current pandemic of COVID-19 is being sustained through human to human transmission. Animal infections with SARS-CoV-2 have been reported by several countries. Several animal species have proven to be susceptible (Table 1) to infection with SARS-CoV-2 either naturally or by experimental infection. Important livestock species (pigs and poultry) have been demonstrated not to be susceptible to infection through experimental studies. Further studies are needed to understand if and how different animals could be affected by SARS-CoV-2.

It is important to monitor infections in animals to better understand their epidemiological significance for animal health, biodiversity, and human health. Evidence from risk assessments, epidemiological investigations, and experimental studies do not suggest that live animals or animal products play a role in SARS-CoV-2 infection of humans.

Infection with SARS-CoV-2 is not included in the OIE List of Diseases. However, consistent with the reporting obligations of Members outlined in Articles 1.1.4. and 1.1.6. of the OIE *Terrestrial Animal Health Code* relating to emerging diseases, the disease should be notified to the OIE through the OIE's World Animal Health Information System or via email.

The information presented in this technical factsheet reflects the epidemiological observations and research done to date and will be updated when additional information is available.

AETIOLOGY

Classification of the causative agent

Coronaviruses (CoVs) are enveloped, positive-sense, single-stranded RNA viruses. SARS-CoV-2 is a *betacoronavirus*, a genus that includes several coronaviruses (SARS-CoV, MERS-CoV, bat SARS-like CoV, and others) isolated from humans, bats, camels, and other animals.

Susceptibility to physical and chemical action

SARS-CoV-2 is inactivated by

- 62–71% ethanol, 0.5% hydrogen peroxide or 0.1% sodium hypochlorite, within 1 minute, or
- 0.05–0.2% benzalkonium chloride or 0.02% chlorhexidine digluconate with less effectivity.

Survival:

In experimental conditions, SARS-CoV-2 remained viable in the environment after aerosolisation for at least 180 minutes. Experiences with other CoVs such as SARS-CoV, MERS-CoV, or endemic human coronaviruses show that:

- They can persist on surfaces such as metal, glass or plastic for up to 9 days, but can be efficiently inactivated by surface disinfection procedures, as listed above.
- SARS-CoV was found to remain infectious for 14 days at 4°C, but for only 2 days at 20°C in sewage water.

Epidemiology

Hosts

Although current evidence suggests that SARS-CoV-2 emerged from an animal source, that source has yet to be identified. The pandemic is driven by person to person transmission through respiratory droplets from coughing, sneezing, and talking. Genetic sequence data reveal that SARS-CoV-2 is genetically closely related to other coronaviruses circulating in *Rhinolophus* bat (horseshoe bat) populations. To date, there is not enough scientific evidence to identify the source of SARS-CoV-2 or to explain the original route of transmission to humans (which may involve an intermediate host).

Several animal species have tested positive for SARS-CoV-2, mostly as a result of close contact with humans infected with SARS-CoV-2. In addition, preliminary findings from experimental infection studies suggest that poultry and pigs are not susceptible to SARS-CoV-2 infection. The list of animal species for which information on natural or experimental infection is available is presented in Table 1.

Table 1. Summary of findings in animals to date

Species	Type of infection	Susceptibility (none/low/high)	Clinical signs	Transmission
Pigs	Experimental	None	No	No
Poultry (chicken, ducks, and turkeys)	Experimental	None	No	No
Dogs	Natural and experimental	Low	No	No
Cats (domestic)	Natural and experimental	High	Yes (none to very mild in some cases)	Yes, between cats
Tigers and lions	Natural	High	Yes	Yes, between animals
Ferrets	Experimental	High	No (very mild in some cases)	Yes, between ferrets
Minks	Natural	High	Yes	Yes, between minks and suggested from mink to humans
Egyptian fruit bats (<i>Rousettus aegyptiacus</i>)	Experimental	High	No	Yes, between Fruit bats
Golden Syrian hamsters	Experimental	High	Yes (none to very mild in some cases)	Yes, between hamsters
Macaques (<i>Macaca fascicularis</i> and <i>Macaca mulatta</i>)	Experimental	High	Yes	Yes

Transmission

Information on the routes of transmission of SARS-CoV-2 among animals is limited. However, as for other respiratory viruses, it appears to be transmitted to animals and between animals by direct contact (e.g. droplets). SARS-CoV-2 has been found in secretions from the respiratory tract and in faeces.

Viraemia, incubation and infectious period

In laboratory settings, the incubation period in animals appears to be similar to the one seen in humans (i.e. between 2 and 14 days, with a mean duration of 5 days). However, more studies are required to solidly estimate the mean duration of incubation and the infectious periods.

Sources of virus

The main source of the virus is respiratory droplets and respiratory secretions, although it is possible to isolate SARS-CoV-2 from faeces of infected animals.

Pathogenesis

In laboratory settings, infected animals showed presence of the virus in the respiratory tract and, in some cases, lesions in the trachea and lungs, associated with dyspnoea and cough.

Occurrence and impact

There have been sporadic reports of companion animals and captive wild animals infected with SARS-CoV-2. With regard to production animals, to date, SARS-CoV-2 has only affected mink farms in the Netherlands, with high morbidity and low mortality.

Diagnosis

Knowledge about the susceptibility of different animal species to SARS-CoV-2 infection and clinical signs is, to date, limited (see Table 1).

Clinical diagnosis

Knowledge about clinical disease manifestations in animals is limited. Current evidence suggests clinical signs may include, but are not limited to, coughing, sneezing, respiratory distress, nasal discharge, ocular discharge, vomiting or diarrhoea, fever, and lethargy. As in humans, asymptomatic infections occur.

Lesions

More studies are needed to systematically categorise the lesions resulting from infection with SARS-CoV-2 in animals.

In transgenic mice expressing the human version of the SARS-CoV-2 ACE2 receptor, the typical histopathology outcome was interstitial pneumonia with significant inflammatory cell infiltration around the bronchioles and blood vessels, and viral antigens were detected in bronchial epithelial cells and alveolar epithelial cells. These pathological findings were not seen in wild type mice infected with SARS-CoV-2. In golden Syrian hamsters, histopathological changes were reported in the respiratory tract and spleen. Rhesus macaques infected with SARS-CoV-2 presented lesions similar to those seen in humans. Juvenile cats infected with SARS-CoV-2 presented massive lesions in the nasal and tracheal mucosa epithelia, and lungs. SARS-CoV-2 can replicate in the upper respiratory tract of ferrets without causing severe disease and only resulting in pathological findings such as severe lymphoplasmacytic perivasculitis and vasculitis, increased numbers of type II pneumocytes, macrophages, and neutrophils in the alveolar septa and alveolar lumen, and mild peribronchitis in the lungs.

Differential diagnosis

All other causes for respiratory or digestive illness should be excluded before a tentative diagnosis for infection with SARS-CoV-2 is made. Existence of an epidemiological link with a confirmed infection, in humans or other animals should be considered when narrowing down the list of differential diagnoses.

Laboratory confirmatory tests are necessary for a final diagnosis.

Laboratory diagnosis

Samples

Depending on the type of test, samples may include single or combinations of oropharyngeal, nasal, and rectal swabs, and blood. Faecal samples may be used in situations where direct sampling is not possible due to risks to the animal or testing staff. Tests should be validated for the purpose, species and matrix to be analysed.

Procedures

Agent identification

- Reverse-transcription polymerase chain reaction (RT-PCR);
- Reverse transcription loop-mediated isothermal amplification (RT-LAMP);
- Other molecular tests developed for use in humans;
- Virus isolation;
- Virus genome sequencing.

Detection of immune response:

- ELISA antibody test;
- Virus neutralisation test (VNT);
- Several other tests for antibody detection.

Prevention and control

Biosecurity and hygiene measures are key to preventing transmission of SARS-CoV-2.

People who are suspected or confirmed to be infected with SARS-CoV-2 should restrict contact with mammalian animals, including pets, just like they would with people during their illness.

Animals suspected or confirmed to be infected with SARS-CoV-2 should remain separated from other animals and humans.

Owing to their susceptibility, some animal species are being used as models to test vaccines for use in humans.

SARS-CoV-2 vaccines are not yet available, and there is currently no specific treatment available for COVID-19.

References

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