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Respiratory Medicine

Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Tan SH, Allicock O, Armstrong-Hough M, et al. Saliva as a gold-standard sample for SARS-CoV-2 detection . *Lancet Respir Med* 2021; published online April 19. [http://dx.doi.org/10.1016/S2213-2600\(21\)00178-8](http://dx.doi.org/10.1016/S2213-2600(21)00178-8).

Table 1. Studies describing salivary diagnosis of SARS-CoV-2 have greatly varying methods with large discrepancies between results. Sample populations also vary in proportion of symptomatic and asymptomatic cases, which can influence reported sensitivities. To encourage standardization in COVID-19 saliva testing, researchers should replicate a method that is high in sensitivity and suited to their available resources. From top to bottom are the newest to oldest papers of 2020 (from 12th Feb - 1st Nov). Across the studies (n=58), saliva sensitivity ranged from 22.4-100% but had a high specificity (negative result agreement), ranging from 95.7-100%, while NPS sensitivity ranged from 52.5-100%. The sensitivities were measured based on the assumption that all positive results were true positives, unless studies indicated the proportion of false positive results. Studies showing greater or similar saliva sensitivities to reference tests are highlighted green (n=40), lower saliva sensitivities are highlighted red (n=14), and mixed-finding studies are highlighted yellow (n=4). These studies (n=44) indicated that a notable proportion of COVID-19 cases (up to 47.5%, median = 10%) were undetected by swabs but detected by saliva alone, indicating that nasopharyngeal swab testing alone may not be a reliable reference standard. NI = no information, HCW = healthcare worker, NPS = nasopharyngeal swab, OPS = oropharyngeal swab, NS = nasal swab.

| Date (2020) | Journal / Preprint Server | Title | Authors | Study Type | Cohort | Country | Population | | Diagnostic Test Method | Saliva Collection Method | RNA Extraction Method | PCR kit | Vol. Saliva Eluted | Reference Standard Test | No. Positive Cases Based on Reference (% study participants) | No. Matched Sample Pairs | Diagnostic Efficiency | Cases Detected by Saliva Alone (%) |
|-------------|----------------------------------|--|-------------------|------------------------------|--|-----------|-------------------------|-------------------------------------|------------------------|--|--|--|---|-------------------------|--|--------------------------|---|------------------------------------|
| | | | | | | | No. (males / females) | Median Age (Range) | | | | | | | | | | |
| 11/1 | MedRxiv | Saliva as a testing specimen with or without pooling for SARS-CoV-2: detection by multiplex RT-PCR test | Sun et al. | Clinical evaluation | Asymptomatic individuals and known positive clinical samples | USA | 20 | NI | RT-PCR | HCW supervised self-collection of saliva (2 mL) into tube with (2 mL) viral transport media (VTM) | PureLink™ Viral RNA/DNA Mini Kit (Invitrogen, Carlsbad, CA, USA) on the MGISP-960 High-throughput Automated Sample Preparation System | QuantVirus™ SARS-CoV-2 Multiplex Test kit | Extracted RNA from 200 µL, 5.5 µL used for PCR per test | NPS | 17 (85%) | 20 | Sensitivity: Saliva = 95%, NPS = 85%. Agreement = 80%. | 15 |
| 10/27 | MedRxiv | Performance of At-Home Self-Collected Saliva and Nasal-Oropharyngeal Swabs in the Surveillance of COVID-19 | Braz-Silva et al. | Consecutive case series | Suspected positive individuals | Brazil | 201 (74m / 126f / 1 NI) | NI | RT-PCR | Home self-collection using cotton pad device (place pad/swab in mouth, chew 1 min to stimulate salivation, place swab in tube) | NucLiSENS EasyMag (BioMérieux, Durham, North Carolina, USA) automated DNA/RNA extraction platform | Altona RealStar® SARS-CoV-2 RT-PCR Kit 1.0 | Extracted RNA from 200 µL | Combined NPS + OPS | 52 (26%) by reference, 70 (35%) by both samples | 201 | Sensitivity: Saliva = 78.6%, NPS + OPS = 74.2%. Agreement = 83.6%. | 26 |
| 10/27 | MedRxiv | Saliva is a promising alternative specimen for the detection of SARS-CoV-2 in children and adults | Yee et al. | Prospective | Suspected positive individuals and family members | USA | 300 | NI | RT-qPCR | HCW supervised self-collection by spitting (3 mL) in container | MagMAX Viral/Pathogen Nucleic Acid Isolation Kit on the Thermo Fisher KingFisher Flex platform (Thermo Fisher, Waltham, MA, USA) | TaqPath COVID-19 Combo Kit | Extracted RNA from 250 µL, eluted in 50 µL | NPS | 87 (29%) | 300 | Sensitivity (overall): Saliva = 81.4%, NPS = 89.7%. Sensitivity of... Asymptomatic children: both Saliva and NPS = 78.6%, Adults: Saliva = 83.3%, NPS = 90.7%. Symptomatic adults: both Saliva and NPS = 93.8% | 10 |
| 10/27 | MedRxiv | A scalable saliva-based, extraction-free rLamp protocol for sars-cov-2 diagnosis | Asprino et al. | Prospective validation | COVID-19 patients | Brazil | 244 | NI | RT-LAMP | Self-collected by spitting (~1 mL) in container | N/A | N/A | N/A | NPS with RT-PCR | 65 (27%) | 244 | Sensitivity: Saliva = 78.9%, NPS with RT-PCR = 85.5%. Specificity = 100% | 14 |
| 10/21 | Journal of Clinical Microbiology | Self-Collected Anterior Nasal and Saliva Specimens versus Healthcare Worker-Collected Nasopharyngeal Swabs for the Molecular Detection of SARS-CoV-2 | Hanson et al. | Prospective | Suspected positive individuals | USA | 354 (~ 188m / 166f) | 35 mean (18-75) | RT-PCR | HCW supervised self-collection by pooling saliva in mouth (w/o coughing) then repeatedly spitting (min. 1 mL) in tube | Diluted saliva 1:1 in ARUP Laboratories transport medium (ATM) then homogenation using Hologic Aptima lysis tube | Hologic Aptima SARS-CoV-2 transcription-mediated amplification (TMA) assay | NI | NPS | 80 (22.5%) | 354 | Sensitivity: Saliva = 94%. NPS = 93%. Agreement: Positive = 93.8%, Negative = 97.8% | 7 |
| 10/21 | MedRxiv | Saliva as testing sample for SARS-CoV-2 detection by RT-PCR in low prevalence community setting | Gavars et al. | Prospective | General population | Latvia | NI | NI | RT-qPCR | Self-collected by spitting in container | NI | NI | NI | NPS or OPS | 68 (65%) | 104 | Sensitivity (samples taken 0 - 70 days after symptom onset + asymptomatic samples): Saliva = 76%, NPS = 92%. Sensitivity (samples taken 0 - 14 days of symptom onset): Saliva = 90%, Specificity = 100% | 6 |
| 10/13 | MedRxiv | Evaluation of saliva sampling procedures for SARS-CoV-2 diagnostics reveals differential sensitivity and association with viral load | Mestdagh et al. | Prospective | Suspected positive individuals | Belgium | 2884 | NI, most (59%) participants 31-60 y | RT-qPCR | 1. Self-collected by saliva spitting in tube with preservatives (Norgen Biotek's Dx 3800). or 2. Self-collected by oral swabbing device (ORE-100). | Total RNA Purification Kit (Norgen Biotek, ON, Canada) | TaqPath COVID-19 Combo Kit | Extracted RNA from 200 µL, eluted in 50 µL | NPS | 117 (4.0%) | 2884 | Sensitivity: spitting = 30.8%, saliva swabbing = 22.4%. Sensitivity of individuals with medium - high viral load: spitting (symptomatic + asymptomatic cases) = 100%, swabbing (symptomatic) = 77.8%, swabbing (asymptomatic) = 100%. | NI |
| 10/5 | MedRxiv | Validation of self-collected buccal swab and saliva as a diagnostic tool for COVID-19 | Ku et al. | Cross-sectional | Positive health care workers | Singapore | 42 (40m, 2f) | 45 mean | RT-PCR | Cough deeply x 5, pool saliva in mouth (1-2 mins), then gently spit (1-2 mL) into container | 1ml of Cobas Omni Lysis Reagent | Superscript III one step RT-PCR system | NI | NPS | 30 (71%) | 42 | Sensitivity: Saliva = 70%, NPS = 97%. Agreement: Positive = 83.3%, Negative = 91.7% | 3.2 |
| 10/01 | Clinical Virology | Saliva specimens for detection of severe acute respiratory syndrome coronavirus 2 in Kuwait: A cross-sectional study | Altawalah et al. | Prospective, Cross-sectional | Suspected positive individuals | Kuwait | 891 | NI | RT-PCR | Self-collected by expelling whole saliva (~1.5 mL) after deep cough into container with 300 µL VTM. | MagMax Viral/Pathogen Nucleic Acid Isolation Kit (Thermo Fisher Scientific, Waltham, MA, USA) on KingFisher (Thermo Fisher Scientific, Waltham, MA, USA) | TaqPath™ COVID-19 multiplex RT-PCR | Extracted RNA from 200 µL | NPS | 344 (38.6%) | 891 | Detection rate (based on population) = 89%. Sensitivity (based on positive NPS) = 83.43%. Specificity = 96.71% | NI |

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| | | | | | | | No. (males / females) | Median Age (Range) | | | | | | | | | | |
| 10/01 | Infection and Drug Resistance | Saliva as an Alternative Specimen for Molecular COVID-19 Testing in Community Settings and Population-Based Screening | Senok et al. | Prospective | Suspected positive individuals and family members | United Arab Emirates | 401 (329m / 72f) | 35.5 mean (± SD 9.5) | RT-PCR | Self-collected by pooling in mouth (1-2 mins) then gently spit (2-4 mL) in container | Chemagic viral RNA extraction kit on the automated Chemagic™ 360 Nucleic Acid Extractor (PerkinElmer, Baesweiler, Germany) | NeoPlex COVID-19 kit | Extracted RNA from 300 µL then 5 µL sample added to total vol. 20 µL in PCR tube | NPS | 26 (6.5%) | 401 | Sensitivity: Saliva = 73.1%, NPS = 67.9%. Specificity = 97.6% | 26 |
| 09/28 | Med | SalivaDirect: A simplified and flexible platform to enhance SARS-CoV-2 testing capacity | Vogels et al. | Prospective | COVID-19 patients and healthcare workers | USA | 3779 | NI | RT-qPCR | Self-collected by pooling in mouth (at least 500 µL) then spit in container | N/A | ThermoFisher Scientific TaqPath COVID-19 combo kit | Extracted RNA from 200 µL, eluted in 50 µL | Anterior nares/OPS | 19 (0.5%) | 3779 | Sensitivity: Saliva = 89.5%, AN/OPS = 89.5%. Agreement: Positive = 89.5%, Negative = >99.9%, Overall = 99.9% | 10 |
| 09/24 | MedRxiv | Prospective comparison of saliva and nasopharyngeal swab sampling for mass screening for COVID-19 | Nacher et al. | Prospective, Consecutive Cases | Suspected positive individuals and high-risk asymptomatic individuals | French Guiana | 776 (478m / 298f) | 40 mean (± SD 16.8) | RT-PCR | HCW collected salivary sputum sample in container. Samples taken after eating breakfast and teeth brushing (potential interference) | QIAamp DSP viral kit on the QIASymphony 96 RQG (Qiagen GmbH, Germany) | GeneFinder™ COVID-19 kit | Eluates obtained from 200 µL saliva | NPS | 152 (20%) | 776 | Sensitivity: Saliva = 53%, NPS = 94% | 6.2 |
| 09/25 | Clinical Infectious Diseases | Mass screening of asymptomatic persons for SARS-CoV-2 using saliva | Yokota et al. | Prospective | Asymptomatic high-risk individuals | Japan | 1924 (971 m / 953 f / 95 unknown) | Contact-tracing (CT) cohort: 44.9 (IQR 29.8-66.4). Quarantine Airport (QA) cohort: 33.5 (IQR 22.6-47.4) | RT-qPCR and RT-LAMP | Self-collected in sputum tube | Saliva was diluted 4-fold with phosphate buffered saline, then was extracted using QIASymphony DSP Virus/Pathogen kit and QIAamp Viral RNA Mini Kit (QIAGEN, Hilden, Germany) | qRT-PCR: THUNDERBIRD® Probe One-step Kit and 7500 Real-time PCR Systems: RT-LAMP: Loopamp® 2019-SARS-CoV-2 Detection Reagent Kit | Extracted RNA from 200 µL. PCR - 5µL used as a template, RT-LAMP - 10 µL used in reaction tube | NPS | 46 (2.4%) | 1924 | Sensitivity: Saliva = 92%, NPS = 86%. Specificity = >99.9% | 16 |
| 09/18 | MedRxiv | The Accuracy of Healthcare Worker versus Self Collected (2-in-1) Oropharyngeal and Bilateral Mid-Turbinate (OPMT) Swabs and Saliva Samples for SARS-CoV-2 | Tan et al. | Prospective | COVID-19 patients and healthy volunteers | Singapore | 501 (+ve: n=401, all males. -ve: n=100) | NI | RT-PCR | Self-collected by spitting oropharyngeal sputum into VTM tube | PerkinElmer Nucleic Acid Extraction Kits on the Pre-Nat II Automated Workstation (PerkinElmer®, United States) | PerkinElmer® SARS-CoV-2 Real-time RT-PCR Assay | NI; Extraction involved saliva viscosity-reducing process | Combined OPS + mid-turbinate (OPMT) swab | 336 (83.8%) | 501 | Sensitivity: Saliva = 83.6%, Combined OPMT self-swab + Saliva = 92.3%, Specificity: both OPMT self-swab and Saliva = 100%. | NI |
| 09/16 | Clinical Chemistry and Diagnostic Laboratory Medicine | SARS-CoV-2 identification and IgA antibodies in saliva: One sample two tests approach for diagnosis | Alta et al. | Prospective | COVID-19 patients | Italy | 369 (+ve: n=43, -ve: n=326) | Pts. +ve: (25 - 94) | RT-PCR | Collected for 1 min using a cotton swab | NI | One-Step RT-ddPCR Advanced Kit for Probes (Bio-Rad) | NI | NPS | 9 (2%) | 369 | Sensitivity: Saliva = 100%, NPS = 87.5%. Specificity = 100% | 13 |
| 09/14 | Clinical Infectious Diseases | Saliva is not a useful diagnostic specimen in children with Coronavirus Disease, 2019 | Chong et al. | Prospective | COVID-19 patients | Singapore | 18 (10m / 8f) | 6.6 mean (IQR 1.8-11.1) | RT-PCR | Self-collected by spitting into container (min. 0.5 mL) or HCW syringing saliva from mouth for children unable to spit | NI | Superscript III one step RT-PCR system or QIAGEN One-Step RT-PCR Kit | NI | NPS | 18 (100%) | 53 | Sensitivity: Saliva Day 1-3 = 46.7%, Day 4-7 = 52.9%, Day 8-10 = 25%, Day 11-15 = 33.3%. NPS: NI | NI |
| 09/11 | MedRxiv | Saliva as a potential clinical specimen for diagnosis of SARS-CoV-2 | Bhattacharya et al. | Prospective | Suspected positive individuals | India | 74 | NI | RT-qPCR | Self-collected by spitting in container | QIAamp Viral RNA Mini Kit (Qiagen) | Assay unknown, used Cobas 6800 instrument (Roche) | NI | NPS | 58 (78%) | 74 | Sensitivity: Saliva = 91.37%. Specificity = 100% | 0 |
| 09/09 | Boletín Médico del Hospital Infantil de México | Saliva as a promising biofluid for SARS-CoV-2 detection during the early stages of infection | López-Martínez et al. | Prospective | COVID-19 patients | Mexico | 5 (4m / 1f) | 15 (4-56) | RT-PCR | Self-collected by gently spitting (~2 mL) in tube | NI | GeneFinder COVID-19 PLUS RealAmp Kit | NI | NPS | 5 (100%) | 5 (for just the 1st samples of each Pt.) | Sensitivity = 100% | N/A |

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| 09/03 | MedRxiv | Equivalent SARS-CoV-2 viral loads between nasopharyngeal swab and saliva in symptomatic patients | Yokota et al. | Prospective | COVID-19 patients | Japan | 42 (25m / 17f) | 73 (27-93) | RT-qPCR | Self-collected by spitting in container | Saliva was diluted 4-fold with phosphate buffered saline (PBS) QiAsymphony DSP Virus/Pathogen kit and QIAamp Viral RNA Mini Kit (QIAGEN, Hilden, Germany) | THUNDERBIRD® 79 Probe One-step qRT-PCR Kit | Extracted RNA from 200 µL, 5 µL used for one step PCR | NPS | 34 (81%) | 42 | Sensitivity = 90% | 11 |
| 09/01 | European Journal of Clinical Microbiology & Infectious Diseases | Practical challenges to the clinical implementation of saliva for SARS-CoV-2 detection | Matic et al. | Prospective | COVID-19 patients and healthcare workers | Canada | NI | NI | RT-PCR | Self-collected saliva by pooling saliva from throat and spitting (~ 1mL) into container | Saliva was diluted 1:2 with sterile phosphate-buffered saline (PBS) then MagNA Pure 96 System (Roche Molecular Diagnostics, CA, USA) | LightMix® ModularDx SARS-CoV (COVID19) E-gene assay | Extracted RNA from 500 µL, eluted in 50 µL | NPS | 74 (100%) | 74 | Sensitivity = 91.9% | 1.4 |
| 09/01 | MedRxiv | SalivaAll: Clinical validation of a sensitive test for saliva collected in healthcare and community settings with pooling utility for SARS-CoV-2 mass surveillance | Sahajpal et al. | Prospective clinical validation | Suspected positive individuals | USA | 344 | NI | RT-PCR | Self-collected by spitting in container then HCW added VTM | Chemagic 360 instrument, PerkinElmer Inc. OR Omni bead mill homogenizer (Omni International, USA) | TaqMan-based RT-PCR assay + FDA-EUA assay | Extracted RNA from 300µL, eluted in 60µL | NPS | SalivaAll: 75 samples (40%). Other protocol: 61 samples (25%) | 429 (n=189 SalivaAll) | SalivaAll (saliva homogenized before RNA extraction) Sensitivity: Saliva = 97.8%, NPS = 78.9%. Agreement = 76.8%. Also showed protocols with more processing challenges can reduce sensitivity: W/o homogenization Saliva = 50.0%, NPS = 89.7%. Positive agreement = 39.7% | 21 |
| 08/31 | Brazilian Journal of Infectious Diseases | Saliva is a reliable, non-invasive specimen for SARS-CoV-2 detection | Vaz et al. | Prospective validation | Suspected positive individuals | Brazil | 155 (46m / 109f) | 40 (IQR 33-48.5) | RT-PCR | Self-collected by repeatedly spitting (~2 mL) in container, avoiding sputum | Homogenization followed by QIAGEN QIAamp® RNA Mini Kit | BIOMOL OneStep/ COVID-19 Kit | Extracted RNA from 140 µL, eluted in 60 µL | NPS and/or OPS | 67 (43%) | 155 | Sensitivity = 94.4%. Specificity = 97.62%. Agreement = 96.1% | 3 |
| 08/28 | Annals of Internal Medicine | Salivary detection of COVID-19 | Caulley et al. | Prospective | Asymptomatic, high-risk and suspected positive individuals | Canada | 1939 | NI | RT-PCR | Self-collected (at least 1 mL) by spitting in tubes (OMNigene-ORAL OM-505) | STARMag Universal cartridge kit on a Nimbus or Starlet extractor (Seegene, South Korea) | An RT-PCR assay targeting E gene only | NI | NPS or OPS | 70 (3.6%) | 1939 | Sensitivity: Saliva = 68.6%, NPS = 80.0%. Positive agreement = 48.6%. Disagreement = 31.4% | 20 |
| 08/28 | New England Journal of Medicine | Saliva or Nasopharyngeal Swab Specimens for Detection of SARS-CoV-2 | Wyllie et al. | Prospective | Asymptomatic health care workers | USA | 70 (41m / 29f) Pts. + 9 asymptomatic healthcare workers (AHW) | 61.4 mean (13-91) | RT-qPCR | Self-collected by pooling saliva in mouth then repeatedly spitting in container | MagMAX Viral/Pathogen Nucleic Acid Isolation kit (Thermo Fisher, Waltham, MA, USA) with modifications | US CDC real-time RT-PCR primer/probe sets | Extracted RNA from 300 µL, eluted in 75 µL | NPS and/or OPS | 79 (100%) | 79 (n=70 Pts., n=9 AHW) | Pts: Sensitivity (1 - 5 d after Dx): Saliva = 81%, NPS = 71%. AHW: Saliva = 9/9 (100%), NPS = 2/9 (22%) | 25 |
| 08/14 | MedRxiv | Validation of Saliva and Self-Administered Nasal Swabs for COVID-19 Testing | Teo et al. | Prospective validation | Asymptomatic and suspected positive individuals | Singapore | 200 (all male) | Group 1 (n=149): 32 (8-37). Group 2 (n=51): 38 (IQR 36-41) | RT-PCR | HCW supervised self-collection: 1. Gargling then spitting saliva from back of throat. 2. Clearing nose to expel sputum into container (steps repeated until 1 - 2 mL collected). 3. RNA Stabilization fluid (2 mL) added | GeneAid Biotech Ltd | US CDC real-time RT-PCR primer/probe sets or Fortitude 2.1 kit | Saliva viscosity-reducing process, then extracted RNA from 200 µL | NPS (PCR kit = CDC) | 150 (44.5%) | 337 | Sensitivity: Saliva (CDC assay) = >100% (209 +ve), Saliva (Fortitude kit) = 100% (167 +ve). | 28 |
| 08/08 | Clinical Infectious Diseases | Posterior pharyngeal saliva for the detection of SARS-CoV-2 | Otto et al. | Prospective | Suspected positive individuals | France | 92 | NI | RT-PCR | Self-collected by coughing in container | MagNA pure compact (Roche, Switzerland) or GenoTract (Biocentric, France) | Light-Cycler 480 Real-Time PCR System | NI | NPS | 45 (49%) | 92 | Sensitivity: Saliva = 100%, NPS = 92%. Specificity = 100%. Agreement = 91.3% | 8 |
| 08/06 | Clinical Infectious Diseases | Comparing nasopharyngeal swab and early morning saliva for the identification of SARS-CoV-2 | Rao et al. | Prospective | Asymptomatic COVID-19 individuals | Malaysia | 217 (all male) | 27 (IQR 18-36) | RT-PCR | Self-collected deep throat saliva in container upon waking | MagNA Pure 96 DNA and Viral NA Small Volume extraction kit on MagNA Pure 96 system (Roche Diagnostic GmbH, Germany) | One-step RT-PCR of Real-G 2019 nCoV detection | Extracted RNA from 200 µL saliva, eluted in 50 µL | NPS | 160 (74%) | 217 | Sensitivity: Saliva = 93.1%, NPS = 52.5%. Agreement = 45.6%. Disagreement = 47.5%. | 47.5 |

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| 08/04 | MedRxiv | SalivaDirect: Simple and sensitive molecular diagnostic test for SARS-CoV-2 surveillance | Vogels et al. | Prospective diagnostic test validation (granted FDA EUA) | COVID-19 patients and healthcare workers | USA | NI | NI | RT-qPCR | Samples from Yale IMPACT biorepository | N/A | ThermoFisher Scientific TaqPath COVID-19 combo | 200 µL input eluted in 50 µL | NPS | 37 (55%) | 67 | Sensitivity: Saliva = 94.1%, NPS = 91.4%. Agreement: positive = 94.1%, negative = 90.9% | 8 |
| 08/04 | MedRxiv | Assessment of multiplex digital droplet RT-PCR as an accurate diagnosis tool for SARS-CoV-2 detection in nasopharyngeal swabs and saliva samples | Cassinari et al. | Prospective validation | Suspected positive individuals | France | 130 | NI | RT-qPCR and 6 plex RT-ddPCR | Self-collected by drooling (~2 mL) into tube | EZ1 DSP 96 virus kit and EZ1 Advanced XL machine (Qiagen, Hilden, Germany) | RealStar® SARS-CoV-2 RT-PCR Kit 1.0 and One-Step RT-ddPCR Advanced Kit for Probes | Extracted RNA from 200 µL saliva | NPS | 13 (10%) | 31 | Sensitivity: Saliva (RT-ddPCR) = 87%, NPS = 87%, Saliva (RT-qPCR) = 67% | 13 |
| 07/31 | Clinical Virology | Challenges in use of saliva for detection of SARS-CoV-2 RNA in symptomatic outpatients | Landry et al. | Prospective | Suspected positive individuals | USA | NI | NI | RT-PCR | Assisted collection, pool saliva in mouth then spit in container | bioMérieux easyMAG® or EMAG® (bioMérieux Inc, Durham, NC, USA) | US CDC real-time RT-PCR primer/probe sets | Extracted RNA from 200 µL saliva, eluted in 55 µL | NPS | 35 (27%) | 124 | Sensitivity: Saliva = 85.7%, NPS = 94.3%. Agreement = 94.4% | 6 |
| 07/29 | Molecular Sciences | A rapid, simple, inexpensive, and mobile colorimetric assay COVID-19-LAMP for mass on-site screening of COVID-19 | Chow et al. | Consecutive case series | COVID-19 patients and asymptomatic COVID-19 individuals | China | 40 | NI | RT-LAMP | Unspecified, used sputum/deep throat saliva | QIAamp Viral RNA Mini kit (QIAGEN, Hilden, Germany) | N/A | Extracted RNA from 140 µL saliva, eluted in 60 µL | NPS with RT-qPCR | 160 samples (98%) | 163 unmatched (saliva = 67, NPS = 96) | Sensitivity: Saliva = 97.02%, NPS = 98.96%. Specificity = 100% | NI |
| 07/28 | MedRxiv | Does sampling saliva increase detection of SARS-CoV-2 by RT-PCR? Comparing saliva with oro-nasopharyngeal swabs | Dogan et al. | Cross-sectional, consecutive | Suspected positive individuals | Turkey | 200 (106m / 94f) | 54.9 mean (SD ±16.1) | RT-PCR | HCW sampled by Pts. drooling (~1 mL) into VTM tubes, ensured to collect saliva not sputum | N/A | Direct Detection of SARS-CoV-2 Kit (Coyote Bioscience Co., Ltd) | N/A, kit did not require separate RNA extraction | NPS | 98 (49%) | 157 | Sensitivity (Day 0): Saliva = 63%, NPS = 83%, OPS = 83%. Sensitivity (Day 5): Saliva = 55%, NPS = 55%, OPS = 60% | 7 |
| 07/16 | Experimental Biology and Medicine | Direct on-the-spot detection of SARS-CoV-2 in patients | Ben-Assa et al. | Clinical evaluation | Suspected positive individuals | Israel | 4 | NI | RT-qPCR and RT-LAMP | Self-collected by spitting in sterile cups | bioMérieux easyMAG® or EMAG® (bioMérieux, Durham, North Carolina, USA), magLEAD 5bL (Precision System Science) or MagEx (STARlet) | Allplex 2019-nCoV (Seegene) or real-time fluorescent RT-PCR Kit for Detecting SARS-2019-nCoV (BGI) | RT-qPCR: Extracted RNA from 0.5 mL saliva, eluted in 50 µL. RT-LAMP: 7 µL inactivated sample used for total reaction vol. 20 µL | Swab (unspecified) with RT-qPCR | 3 (75%) | 4 | Sensitivity = 100%. Positive and negative agreement = 100% | N/A |
| 07/12 | Clinical Microbiology and Infection | Non-invasive saliva specimens for the diagnosis of COVID-19: caution in mild outpatient cohorts with low prevalence | Skolimowska et al. | Prospective cross-sectional | Symptomatic healthcare workers and household contacts | UK | 132 (43m / 89f) | 39 (IQR 30-51) | RT-PCR | Self-collected spitting in container w/o coughing | N/A | Roche, AusDiagnostics, ThermoFisher, and Abbott assays | NI | NPS / OPS | 18 (14%) | 131 | Sensitivity: Saliva = 83.3%, NPS = 93.8%. Specificity = 99.1% | 6 |
| 07/11 | MedRxiv (and CDC) | Saliva offers a sensitive, specific and non-invasive alternative to upper respiratory swabs for SARS-CoV-2 diagnosis. Peer-reviewed version: Saliva Alternative to Upper Respiratory Swabs for SARS-CoV-2 Diagnosis | Byrne et al. | Prospective | Suspected positive individuals | UK | 110 (49m / 61f) | NI | RT-qPCR | Self-collected pooling in mouth then spitting in tube (~200 µL) | RNA using the QIAamp Viral RNA Mini Kit (QIAGEN) | Genesig® Real-Time Coronavirus COVID-19 PCR assay | NI | Nasal/throat (NT) swabs | 19 samples (13%) | 145 | Sensitivity = 100%. Agreement: positive = 85%, negative = 97.6% | 13 |
| 07/07 | Clinical Microbiology | Clinical evaluation of self-collected saliva by RT-qPCR, direct RT-qPCR, RT-LAMP, and a rapid antigen test to diagnose COVID-19 | Nagura-Ikeda et al. | Clinical evaluation | COVID-19 patients | Japan | 103 (66m / 37f) | 46 (18-87) | RT-qPCR + RT-LAMP | Self-collected by spitting in tube (~0.5 mL) | QIASymphony RNA kit (Qiagen, Hilden, Germany) | QuantiTect® Probe RT-PCR Kit (QIAGEN) | RNA extracted from 140 µL. If w/o RNA extraction, Method A: 8 µL sample + 2 µL prep buffer. Method B: 5 µL sample + 5 µL buffer | NPS | 103 (100%) | 103 | Sensitivity of various methods: RNA extraction = 81.6%, Automated PCR = 80.6%, A = 76.7%, B = 78.6%, RT-LAMP = 70.9% | NI |

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|-------------|------------------------------|--|---------------------------|--|--|---------|-----------------------|--------------------|------------------------|---|--|--|--|--------------------------|--|-----------------------------------|---|------------------------------------|
| | | | | | | | No. (males / females) | Median Age (Range) | | | | | | | | | | |
| 07/04 | Medical Virology | Deep throat saliva as an alternative diagnostic specimen type for the detection of SARS-CoV-2 | Leung et al. | Retrospective | COVID-19 patients | China | 62 | NI | RT-PCR | Self-collected deep throat saliva into container | MagMAX Viral RNA isolation kit (Applied Biosystems, Foster city, CA, US) | LightMix Modular SARS-CoV E-gene detection kit | Extracted 50 µL RNA from 200 µL sample | NPS | 29 (47%) | 95 (n=61 positive, n=36 negative) | Sensitivity: Saliva = 83.6%, NPS = 73.8%. Agreement: positive = 67.2%, negative = 100% | 21 |
| 07/01 | bioRxiv | Saliva sampling is an excellent option to increase the number of SARS-CoV-2 diagnostic tests in settings with supply shortages | Moreno - Contreras et al. | Prospective | COVID-19 patients and healthcare workers | Mexico | 253 (115m / 137f) | 41 (IQR 26-55) | RT-qPCR | Self-collected by spitting (2-3 mL) on several occasions in containers | N/A | StarQ One-Step RT-qPCR (Genes 2 Life) | 50 µL saliva mixed with 50 µL DNA extraction Quick Extract reagent | NPS and/or OPS | 114 (45%) | 253 | Sensitivities: One-swab group (n=182) Saliva = 86.2%, OPS = 65%. Two-swab group (n=71) Saliva = 73.5%, NPS+OPS = 82.3%. | 30 |
| 06/25 | Clinical Infectious Diseases | Sensitivity of nasopharyngeal swabs and saliva for the detection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | Jamal et al. | Prospective | COVID-19 patients | Canada | 91 (52m / 39f) | 66 (23-106) | RT-PCR | Self-collected by spitting 1 tsp (5 mL) saliva in container. Diluted with 2.5 mL of PBS | NI | Allplex™ 2019-nCoV Assay (100T) | NI | NPS, midturbinate, or NS | 91 (100%) | 91 | Sensitivity: Saliva = 72%, NPS = 89%. Positive agreement = 61% | 9 |
| 06/21 | Clinical Infectious Diseases | Posterior oropharyngeal saliva for the detection of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) | Wong et al. | Retrospective cohort | COVID-19 patients | China | 95 (57m / 38f) | 36 (4-92) | RT-PCR | Self-collected deep throat saliva by clearing saliva from back of throat into container | MagNA Pure LC 2.0 or MagNA Pure 96 (Roche, Switzerland) | LightMix® Modular SARS + Cobas 2480 real-time PCR analyzer (Roche) | 20 µL reaction mixture containing 10 µL extracted RNA from saliva received in 1 mL VTM | NPS | 51 (54%) | 229 | Sensitivity: Saliva = 100% NPS = 86.5%. Agreement = 76.0% | 23 |
| 06/18 | MedRxiv | Evaluation of specimen types and saliva stabilization solutions for SARS-CoV-2 testing | Griesemer et al. | Cross-sectional | Suspected positive individuals | USA | 227 | (14-77) | RT-PCR | HCW assisted saliva collection in tubes | bioMérieux easyMAC® or EMAG® (BioMérieux, Durham, North Carolina, USA) | CDC 2019 nCoV Real-Time RT-PCR Diagnostic Panel | System 1 (EMAG®): 110 µL added to 2 mL lysis buffer, extracted into 110 µL eluate. System 2 (MagNA Pure 96): 100 µL added to 350 µL lysis buffer, eluted into 100 µL | NPS | 93 (41%) | 227 | Sensitivity: Saliva = 87.1%, NPS = 97.9%, NS = 87.1%, Combined saliva + NS = 94.6% | 1 |
| 06/18 | BioRxiv | Saliva based molecular testing for SARS-CoV-2 that bypasses RNA extraction | Ranoa et al. | Prospective | Healthy individuals | USA | 100 | NI | RT-qPCR | Self-collected by drooling (1 mL) into container | Heat inactivation OR MagMax Viral/Pathogen II Nucleic Acid Isolation Kit (Applied Biosystems, Foster city, CA, US) | TaqPath RT-PCR COVID-19 Kit | W/o RNA extraction: buffer addition for final (sample) of 0.5%. RNA extraction: 200 µL saliva, eluted with 50 µL | NPS | 9 (9%) | 100 | Single sample testing: Sensitivity = 88.9%, Specificity = 98.9%. Duplicate testing: Sensitivity = 100%. Specificity = 100%. Agreement: positive = 88.9%, negative = 98.9% | N/A |
| 06/16 | MedRxiv | Field-deployable, rapid diagnostic testing of saliva samples for SARS-CoV-2 | Wei et al. | Prospective diagnostic test validation | Suspected positive individuals | USA | 149 NPS samples | NI | High-Performance LAMP | Collected from mouth directly or by spitting in container | N/A | N/A | NI | NPS | 4 Pts. (2.7%) | 18 | Pt samples: Sensitivity = 100%. Specificity = 100%. Spiked saliva samples (n=30 +ve, n=30 -ve): Sensitivity = 98.3%. Specificity = 100%. Agreement: positive = 96.7%, negative = 100% | 20 |
| 06/10 | Infection and Chemotherapy | A case report of SARS-CoV-2, confirmed in saliva specimens up to 37 days after onset. Proposal of saliva specimens for COVID-19 diagnosis and virus monitoring | Tajima et al. | Case Report | COVID-19 patient | Japan | 1 (1m) | 71 | RT-PCR | Self-collected early morning saliva by spitting in container (600 µL) | SMGNP to concentrate the virus, then 0.1% sodium lauryl sulfate aqueous solution was added to elute the RNA | NI | NI | NPS | 1 (100%) | 6 | Sensitivity (of samples taken days 28 - 37 after symptom onset): Saliva = 4/6, NPS = 5/6 | 0 |

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| | | | | | | | No. (males / females) | Median Age (Range) | | | | | | | | | | |
| 06/09 | MedRxiv | Validation of a Self-administrable, Saliva-based RT-qPCR Test Detecting SARS-CoV-2 | Miller et al. | Clinical and analytical validation (granted FDA EUA) | Suspected positive individuals | USA | 91 samples | NI | RT-qPCR | HCW observed self-collection by spitting in OGD-510 tube | MagMAX Viral/Pathogen Nucleic Acid Isolation Kit (ThermoFisher Scientific) or Maxwell HT Viral TNA Kit using the Maxwell RSC TNA Viral Kit (Promega Corporation) | CFX384 Touch Real-Time PCR Detection System with 2019-nCoV CDC EUA Authorized qPCR Probe Assay primer/probe mix | NI | NPS | 34 (37%) | 91 | Sensitivity = 97.1%. Specificity = 96.5 - 98.2%. Agreement: positive = 97.1%, negative = 96.5-98.2% | N/A |
| 06/04 | Infection | Comparison of SARS-CoV-2 detection in nasopharyngeal swab and saliva | Iwasaki et al. | Prospective cohort | Suspected positive individuals and COVID patients | Japan | 76 | 69 (30-97) | RT-qPCR | Self-collected by spitting in container | HT Viral TNA Kit (Promega Corporation) and automated extraction using the Maxwell RSC TNA Viral Kit (Promega Corporation) | TeqOnePlus Real Time PCR System (Thermo Fisher Scientific) | 200 µL saliva added to 600 µL PBS, then 140 µL supernatant used as sample | NPS | 10 (13%) | 76 | Sensitivity: Saliva = 80%, NPS = 80%. Agreement = 97.4% | 10 |
| 06/04 | Clinical Infectious Diseases | The natural history and transmission potential of asymptomatic SARS-CoV-2 infection | Chau et al. | Prospective | COVID-19 patients and high risk individuals | Vietnam | 30 (15m / 15f) | 29 (16-60) | RT-PCR | Self-collected by spitting in container | QIAamp viral RNA kit (QIAGEN GmbH, Hilden, Germany) | Superscript III one step RT-PCR system (ThermoFisher) | Extracted RNA from 140 µL saliva, eluted with 50 µL | NPS | 30 (100%) | 27 | Sensitivity: Saliva = 74%. (asymptomatic = 64%, symptomatic = 81%) | 4 |
| 05/30 | MedRxiv | EasyCOV - LAMP-based rapid detection of SARS-CoV-2 in saliva | L'Helgouach et al. | Prospective diagnostic test validation | Symptomatic healthcare worker and COVID patients | France | 123 (42m / 81f) | 43 mean (19-84) | RT-LAMP | Assisted collection by pipette under tongue (200 µL) | N/A | N/A | 3 µL treated saliva added to 17 µL reaction mix | NPS with RT-PCR | 19 (15%) | 123 | Sensitivity = 78.9%. Specificity = 95.7% | N/A |
| 05/22 | FDA EUA Summary | P23 Labs TaqPath SARS-CoV-2 Assay | FDA.gov | Prospective diagnostic test authorization | Clinical samples | USA | 42 | NI | RT-PCR | At-home self-collection and/or HCW assisted collection in OM-505 tube | MagMAX Viral/Pathogen Nucleic Acid Isolation Kit on the KingFisher Duo Primer Purification System (Thermo Fisher, Waltham, MA, USA) | Applied Biosystems (AB) TaqPath COVID-19 Combo Kit | Extracted RNA from 400 µL saliva, eluted with 50 µL | NPS | 31 (74%) | 42 | Sensitivity: Saliva = 100%, NPS = 100%. Agreement = 100% | N/A |
| 05/17 | MedRxiv | Saliva is less sensitive than nasopharyngeal swabs for COVID-19 detection in the community setting | Becker et al. | Prospective cohort | Suspected positive individuals and COVID patients | USA | 112 | NI | RT-PCR | Self-collected by spitting in tubes containing different preservatives (OM-505 or OGD-610 DNA) for Pts. to add after | Acid Isolation Kit on the automated KingFisher Duo Primer Purification System (v4.0) | TaqPath Multiplex RT-PCR COVID-19 kit (Thermo) and PrimerDesign COVID-19 assay | Extracted RNA from 400 µL, eluted with 50 µL | NPS | Diagnostic cohort = 88 (100%). Recovering cohort (>8 d. <21 d since 1st symptom) = 9 (37.5%) | 112 | Diagnostic cohort Sensitivity: Saliva = 69.2%, NPS = 98.9%. Recovering cohort Sensitivity: Saliva = ~50%. | 1 |
| 05/15 | Clinical Microbiology and Infection | Saliva sample as a non-invasive specimen for the diagnosis of coronavirus disease 2019: a cross-sectional study | Pasomsub et al. | Cross-sectional | Suspected positive individuals | Thailand | 200 (69m / 131f) | 36 (28-48) | RT-PCR | Self-collected saliva sample (no coughing) into container | Lysis buffer for viral inactivation (bioMérieux, Marcy l'Etoile, France), then extracted using MagDEA® Dx reagents and platform (Precision System Science, Chiba, Japan) | CFX96 Real-Time Detection System | Extracted RNA from 200 µL | NPS + throat swab | 19 (9.5%) | 200 | Sensitivity: Saliva = 84.2%, NPS = 88.9%. Specificity = 98.9%. Overall agreement = 97.5% | 11 |
| 05/07 | FDA EUA Summary | Rutgers Clinical Genomics Laboratory TaqPath SARS-CoV-2 Assay | FDA.gov | Prospective diagnostic test (granted FDA EUA) | Clinical samples | USA | 60 | NI | RT-PCR | Self-collected under HCW observation by spitting in tube containing preservatives (SDNA-1000) | PerkinElmer Chemagic 360 automated specimen processing system with the Chemagic Viral DNA/RNA 300 Kit H96. | Applied Biosystems TaqPath COVID-19 Combo Kit | Extracted RNA from 300 µL, eluted in 50 µL | NPS / OPS | 30 (50%) | 60 | Sensitivity = 100%. Agreement = 100% | N/A |
| 04/22 | MedRxiv | Saliva is more sensitive for SARS-CoV-2 detection in COVID-19 patients than nasopharyngeal swabs | Wyllie et al. | Consecutive case series | COVID-19 patients and healthcare workers | USA | 29 (16m / 13f) | 59 mean (23-91) | RT-PCR | Self-collected by pooling saliva in mouth then repeatedly spitting in container | MagMAX Viral/Pathogen Nucleic Acid Isolation kit (ThermoFisher, Waltham, MA, USA) | US CDC real-time RT-PCR primer/probe sets | Extracted RNA from 300 µL, eluted in 75 µL | NPS and/or OPS | 29 (100%) | 38 | Sensitivity: Saliva = 86.8%, NPS = 73.7%. Agreement: positive = 65.8%, negative = 100% | 21 |

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| | | | | | | | No. (males / females) | Median Age (Range) | | | | | | | | | | |
| 04/21 | Clinical Microbiology | Saliva as a non-invasive specimen for detection of SARS-CoV-2 | Williams et al. | Consecutive case series | Suspected positive individuals | Australia | 622 | NI | RT-PCR | Pool saliva in mouth 1-2 mins then gently spit (1-2 mL) in container | Saliva diluted 1:1 with Amies solution, then extracted on Qiagen EZ1 platform (QIAGEN, Hilden, Germany). | Coronavirus Typing (8-well) assay | Extracted RNA from 200 µL, eluted in 60 µL | NPS | 39 (6%) | 522 | Sensitivity = 84.6% | 2 |
| 04/14 | Infection | Saliva is a reliable tool to detect SARS-CoV-2 | Azzi et al. | Consecutive case series | COVID-19 patients | Italy | 25 (17m / 8f) | 61.5 mean (39-85) | RT-PCR | Drooling saliva samples or collected by physician with pipette if Pt. compromised | QIAmp Viral RNA mini kit (Qiagen, Hilden, Germany) | Abi Prism 7000 sequence detection system (Applied Biosystems) | Extracted RNA from 140 µL, eluted in 60 µL | NPS | 25 (100%) | 33 | Sensitivity = 100% | 8 |
| 03/23 | Lancet Infectious Diseases | Temporal profiles of viral load in posterior, oropharyngeal saliva, samples and serum, antibody responses, during infection by SARS-CoV-2 | To et al. | Observational Cohort | COVID-19 patients | China | 23 (13m / 10f) | 62 (37-75) | RT-qPCR | Self-collected coughed up deep throat saliva by clearing throat | NUCLISENS® easyMAG® (bioMérieux, Durham, North Carolina, USA) | NI | NI | NPS / sputum | 23 (100%) | 173 unmatched samples | Sensitivity = 87% | NI |
| 03/21 | Infection | Comparisons of viral shedding time of SARS-CoV-2 of different samples in ICU and non-ICU patients | Fang et al. | Consecutive case series | COVID-19 patients | China | 32 (16m / 16f) | 41 (34-54) | RT-PCR | NI | NI | NI | NI | NS | 32 (100%) | NI | Sensitivity: Saliva = 78.1%, NS = 100.0% | 0 |
| 02/12 | Clinical Infectious Diseases | Consistent detection of 2019 novel coronavirus in saliva | To et al. | Prospective diagnostic test validation | COVID-19 patients | China | 12 (7m / 5f) COVID patients + 33 non-COVID | 62.5 (35-75) | RT-PCR | Self-collected by coughing out saliva (0.5 - 1 mL) from throat in container | NUCLISENS easyMAG (bioMérieux, Durham, North Carolina, USA) | QuantNova SYBR Green (Qiagen) Kit | Extracted RNA from 250 µL, eluted in 55 µL | NPS / sputum | 12 (23%) | 45 | Sensitivity = 91.7% (11/12 Pts.). Specificity = 100% | 0 |