A new symptom of COVID-19: Loss of taste and smell

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Dear Editors,

As the ongoing COVID-19 pandemic rapidly progresses across the globe, quickly obtaining accurate information on symptoms and their progression is vital. Since most affected patients have mild to no symptoms, it remains crucial to quickly relate any commonly observed symptoms and to do so widely. Cough, fever, and/or trouble breathing are the major symptoms that have been publicly communicated in a consistent manner. Meanwhile, the people with the greatest knowledge of current symptoms are the healthcare workers in the countries being most affected (e.g. Italy, France, Iran) yet they also have the least time to transmit this important information to the greater public.

One of the authors (Jean-François Gautier), an endocrinologist in Paris, has transformed his Diabetes and Endocrinology inpatient beds at l’Hôpital Lariboisière, as have other specialized units, into an inpatient unit totally dedicated to COVID-19 positive patients. His recent interactions with patients and other doctors have rapidly led to the realization that sudden loss of smell (anosmia) and/or taste (ageusia) may be experienced in the infected, symptoms not commonly reported in China. The other author (Yann Ravussin), an obesity researcher currently living in Geneva, has recently experienced a rapid onset of anosmia following 2 to 3 days of strong fatigue and headache. Having presented no fever, no coughing, nor breathing problems, he initially decided that COVID-19 was unlikely based on readily available news outlets and official governmental websites (CDC, Swiss Government Health) yet was subsequently told he likely had the virus but did not reach the criteria for testing based on age and/or symptoms. Yet it is slowly emerging that these symptoms are quite common. Anosmia has been reported to be found in upwards of 2/3 of patients in Germany by epidemiologist Hendrik Streek (1) while Italian and Swiss doctors are reporting similar findings with many also displaying ageusia. Numbers from South Korea suggest that 30% of positive patients had anosmia as the primary presenting symptom.

Dr. Ravussin’s frustration on the paucity of information related to the anosmia found online and in normal media outlets pushed him to contact various medical doctors directly working with infected patients on three continents and all confirmed that this presenting symptom is common knowledge within the medical professional communities directly fighting the COVID-19 virus.

We are writing to the Editors to make sure this information is more widely circulated among readers of the Journal and hope/suggest that people that present anosmia and/or ageusia without other symptoms are admitted for testing and realize that they may be affected by the current pandemic. This moment in our lives will be complicated, stressful, and full of unknowns but with better knowledge transfer should come better decision making to keep us and our loved ones safe.