

Should antiseptic mouthwash or gargle be used in the prevention of COVID-19?

Authors: Patricia Marie D. Isada, MD (pdisada@up.edu.ph), Michelle Cristine B. Miranda, MD (mbmiranda@up.edu.ph)

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This rapid review summarizes the available evidence on the antiseptic mouthrinses and gargles in the prevention of COVID-19. This may change as new evidence emerges.

KEY FINDINGS

There is limited evidence to support the use of antiseptic mouthwash or gargle in the prevention of COVID-19.

- Chlorhexidine, povidone iodine, hexetidine, essential oils, cetylpyridinium chloride, and chlorine dioxide are the common active agents in mouthrinses and gargles available in the Philippines.
- Povidone-iodine is the only agent used in mouthwashes and gargles that has been documented to have antiviral activity against SARS-CoV-2 in-vitro.
- There are no completed randomized controlled trials evaluating the prophylactic effect of antiseptic mouthwash or gargle in SARS-CoV-2.
- Two ongoing clinical trials are assessing the use of povidone iodine gargle in preventing COVID-19
- The CDC, WHO, PSMID and IDSA did not recommend the use of mouthwash or gargle as prophylaxis for COVID-19.

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RESULTS

Our search yielded a total of 107 unique results (duplicates removed). These were in-vitro studies and studies on use of pharynx gargle samples that were not relevant in this review. There were no completed studies that evaluated the use of mouthwashes or gargles in the prevention of COVID-19.

Ongoing trials

We found two ongoing clinical trials investigating the use of mouthwash and gargle as prophylaxis for COVID-19. These studies are being done in the United Kingdom and United States. The characteristics of these trials are in Appendix 1.

Safety

The use of mouthwashes and gargles are deemed to be relatively safe, with only minor adverse effects with long-term use, such as teeth staining. This is particularly seen in rinses that have cetylperidinium chloride and chlorhexidine as active ingredients. Oral mucosa and dental-crown staining and stomatitis may also occur less frequently (20).

PVP-1 with concentrations as high as 2.5% can be used as a mouth rinse safely for up to 5 months (30). Long-term use of povidone-iodine gargle has been associated with thyroid dysregulation, hence monitoring is recommended. Otherwise, it is generally well-tolerated and there are only rare cases of contact dermatitis and anaphylaxis. There is no evidence that long-term use of these antiseptics promote bacterial overgrowth, antimicrobial resistance and opportunistic infections (16,20).

Recommendations from Other Guidelines

The United States National Institutes of Health, Center for Disease Control, Philippine Society for Microbiology and Infectious Disease and the Infectious Diseases Society of America did not give any recommendations for the use of mouthwashes and gargles as prophylaxis for COVID-19. (31–34).

CONCLUSION

Among the active agents used in commercially-available mouthrinses and gargles in the Philippines, only **povidone-iodine** has been shown to have antiviral activity in-vitro against SARS-CoV-2. There are two ongoing clinical trials that are investigating the effect of prophylactic povidone-iodine gargle on the incidence of COVID-19.

Declaration of Conflict of Interest

No conflict of interest

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Appendix 1. Characteristics of clinical trials

No.	Clinical Trial ID / Title	Status	Start and estimated primary completion date	Study design	Country	Population	Intervention Group(s)	Comparison Group(s)	Outcomes
1	EudraCT 2020-001721-31 Can a sinus rinse and mouth wash reduce viral load in COVID-19 positive individuals? (35)	Ongoing	Start: May 1, 2020	Randomized clinical trial (Phase II)	United Kingdom	40 Adults - Staff who have tested positive for COVID-19 and in home isolation - Patients who have been tested positive for COVID-19 on general wards or about to be discharged who are well enough to administer nasal washes - Household member of affected staff member and household members of affected patients on general ward once discharged to self-isolation	lodonated povidone oralmucosal solution	Nasal wash	Primary outcome: Reduction of the amount of virus in the nose and throat – measured by Day 0, 2, 4, 7 and 14 RT-PCR from oral and nasopharyngeal specimens Secondary outcomes: Reduction of transmission of the virus to coresidents – measured by percentage of household with positivity of COVID-19 Reduction of symptom severity in positive individuals as reported by a self-reported questionnaire
2	NCT04364802 COVID-19: Povidone-lodine Intranasal Prophylaxis in Front-line Healthcare Personnel and Inpatients (PIIPPI) (36)	Ongoing (recruiting)	April 29, 2020 to May 2021	Non-randomized, open-label clinical trial	United States	250 participants - Frontline healthcare workers who are negative for COVID-19 - Inpatients with more than 7 days of hospitalization or who will undergo a significant surgical procedure	Povidone iodine nasal spray and gargle (10% diluted 1:30) To use at the beginning, middle and end of shift	No intervention	Primary outcome: - Percent of healthcare workers that will test positive for COVID- 19 after 3 weeks and during the study - Percent of patients that will test positive for COVID 19 after 2 weeks and during the study

No.	Clinical Trial ID / Title	Status	Start and estimated primary completion date	Study design	Country	Population	Intervention Group(s)	Comparison Group(s)	Outcomes
									Secondary outcomes: - Ease of use of PVP - Comfort of PVP
									Other outcomes: - Adherence to treatment protocol for 3 weeks

