



To Covid-19, Not Involved yet Worst Hit! Sincerely, Dentistry

Kaur H^{1*} and Kochhar A²

¹Faculty of Dentistry, Jamia Millia Islamia, India

²Former Consultant Orthodontist, Max Hospital, India

***Corresponding author:** Harneet Kaur, Associate Professor, Orthodontics, Faculty of Dentistry, Jamia Millia Islamia, India, Tel: +919871467002; Email: dr.harneetkaur@gmail.com/ hkaur@jmi.ac.in

Editorial

Volume 6 Issue 2

Received Date: June 09, 2021

Published Date: June 23, 2021

DOI: 10.23880/oajds-16000298

Introduction

Dear Covid-19,

Through the spread of unfathomable SARS-CoV-2, you have dwelled a global upheaval in almost all realms of life, with dental health care providers at the highest risk of contracting and transmitting the virus [1,2]. In most of the world, dental services have been essentially limited to emergency/ urgent services for more than 18 months now. The fall from the first peak gave a hope to revive aesthetic and cosmetic procedures, but then you mutated grievously with different variants in different parts of the world [3].

Earlier in 2020, the integrity of Covid-19 in dentistry was less proven. For the possibility of contagion in aerosol-generating procedures, the evidence suggesting viral load in the saliva of asymptomatic COVID-19 carriers sufficient to cause potential transmission during dental procedures has now been established [3,4]. There was always a lack of agreement amongst dentists regarding the evidence for the spread of SARS-CoV2 despite the adoption of strict preventive measures [5]. Later, the mischievous agony transformed from aerosol to airborne transmission. Undoubtedly, in either case, the risk of transmission is known to be much higher in crowded and/or contained spaces with poor ventilation [6].

Today again, the governing councils and regulatory bodies worldwide again advise to follow elective dental procedures. A plethora of protective guidelines and protocols adhering to standard as well as transmission-based precautions are being issued and updated regularly for re-opening of dental clinics [7]. Furthermore, increased rehabilitation workload, staggered patient appointments and overall economic crisis

in all spheres of life, have dwindled the daily number of cases reporting to dental clinics, causing colossal financial losses and undersupply of dental care.

Losses brought by you (COVID-9) are many but we (dental professionals) know how to reform and transform ourselves-adhering to strict biosafety protocols, following less invasive-more preventive approach and reducing needless/ ineffective treatments [8]. Furthermore, the hour also demands charging equitable rates for our clinical proficiency and quality care. There is a need for leadership and coordination at global and regional levels, essential to provide effective dental services for all. Relevant research/ finance organizations should lend monetary support whenever possible to aid schemes for dental regulatory bodies or governments.

While the world anxiously awaits for the herd immunity through a diverse buffet of effective vaccines, [9] we promise to be back after one more unusual summer- to grapple with an uncertain future-and the practising dentistry never to be the same.

*Your Sincerely,
Dentistry.*

References

1. Gamio L (2021) The Workers Who Face the Greatest Coronavirus Risk.
2. Peng X, Xu X, Li Y, Cheng L, Zhou X, (2020) Transmission routes of 2019-nCoV and controls in dental practice. Int J Oral Sci 12: 9.

3. CDC About Variants of the Virus that Causes COVID-19.
4. Kapoor P, Chowdhry A, Kharbanda OP, Bablani Popli D, Gautam K, et al. (2021) Exploring salivary diagnostics in COVID-19: A scoping review and research suggestions. *BDJ Open* 7: 8
5. Kaur H, Kochhar AS (2020) Aerosol anguish in dentistry in Covid-19 pandemic: A hypotheses or reality?. *World Health* 5: 1761-1763.
6. The Lancet Respiratory Medicine (2020) COVID-19 transmission-up in the air. *Lancet Respir Med* 8(12): 1159.
7. CDC Guidance for Dental Settings.
8. Watt RG (2020) COVID-19 is an opportunity for reform in dentistry. *The Lancet* 396(10249): 462.
9. WHO The COVID-19 candidate vaccine landscape and tracker.

