

# FDI Council Statement on Dentistry and Oral Health during the COVID-19 Pandemic

After its emergence in December 2019, COVID-19 has grown to pandemic proportions with over 5.7 million cases and 350,000 deaths confirmed in over 200 countries as of the beginning of June 2020. COVID-19 is not only negatively impacting people's health, but also economies, education, productivity and the overall strength of health systems. The lack of effective treatment or vaccine means that infection control through non-pharmaceutical public health measures currently appear to be the only means to combat the pandemic<sup>1</sup>.

The outbreak is causing significant disruption to dental practice worldwide. Oral health professionals, dental associations and regulatory bodies are facing diverse challenges to continue providing dental care and promoting the oral health of the population, while at the same time protecting patients and practitioners from the health threat posed by SARS-CoV-2. Dental care is unique in that many procedures are performed with an average of around 35cm space between the patient's mouth and the practitioner's face<sup>2</sup>. Some dental procedures generate a large number of droplets and aerosols, therefore special attention and consideration are required in developing care guidelines and regulations during the pandemic<sup>3</sup>. The continuing operation and long-term survival of many dental practices is also threatened by the economic and social challenges arising due to care restrictions, practice closures and shortages of personal protective equipment (PPE), as well as the need of investing in new types of PPE and technology<sup>4</sup>.

As this is a new biological threat, there is a lack of knowledge and tools with which it can be fought. Evidence about how SARS-CoV-2 is spread and infects people is currently lacking and many of the public health decisions and recommendations in place are based on what is known about similar viruses. There is therefore a need to continuously review and update recommendations. Health professionals may need to update and change behaviours in-line with evidence as it evolves.

Guidelines and regulations to manage these challenges are being developed by appropriate national bodies, and oral health professionals are rapidly reviewing and implementing new guidance and requirements.

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<sup>1</sup> World Health Organization. *Surveillance strategies for COVID-19 human infection: Interim Guidance 10 May 2020*. Geneva: World Health Organization;2020. Available from: <https://www.who.int/publications-detail/surveillance-strategies-for-covid-19-human-infection> [Accessed 2 June 2020].

<sup>2</sup> Wajngarten D, Garcia PP. Effect of magnification devices on dental students' visual acuity. *PloS one*. 2019;14(3).

<sup>3</sup> Thamboo A, Lea J, Sommer DD, et al. Clinical evidence based review and recommendations of aerosol generating medical procedures in otolaryngology – head and neck surgery during the COVID- 19 pandemic. *J Otolaryngol Head Neck Surg* 2020;49(1):28.

<sup>4</sup> European Centre for Disease Prevention and Control. *Safe use of personal protective equipment in the treatment of infectious diseases of high consequence*. Stockholm: ECDC;2014; Izzetti R, Nisi M, Gabriele M, Graziani F. COVID-19 transmission in dental practice: brief review of preventive measures in Italy. *J Dent Res*. 2020; Apr 17.



In view of this, **FDI Council recommends some key principles for dental practice and oral health promotion during the current pandemic:**

1. Oral health is a fundamental component of overall health and well-being<sup>5</sup>, and oral health care is an essential public service that must be made as broadly accessible as possible. Authorities should ensure regulations do not unnecessarily impede access to oral health care and put measures in place to improve access where feasible, including tele-dentistry services, emergency clinics and oral health promotion initiatives.
2. Oral health professionals and oral health care should be included in all discussions and decisions related to the regulation and guidance of health care delivery and health professionals during the pandemic.
3. Where possible and relevant, authorities should provide appropriate financial and administrative support to dentists as business owners and liberal professionals, and implement appropriate fiscal measures, to reduce the financial burden on dental practices and ensure the continuation of adequate care during and after the pandemic.
4. All regulations and guidance for oral health professionals and oral health care should take into account the current public health situation and needs of the country, and not only the individual infection risk of practitioners and patients.
5. Oral health professionals must strictly follow all national guidelines and regulations in place, including those relating to personal protective equipment (PPE), treatment procedures and patient intake procedures.
6. Authorities should ensure easy access to PPE at reasonable costs.
7. Oral health professionals have a responsibility to assure emergency care whenever possible and as permitted by national regulations.
8. Oral health professionals should take every opportunity to communicate and reinforce oral disease prevention messages to help reduce treatment need, avoidable dental visits and healthcare costs.
9. Dentists/practice owners have a responsibility to protect the health and wellbeing of their staff and patients.
10. Further research into SARS-CoV-2 and its transmission, including specific considerations for dental practice, is essential to allow appropriate guidance to be made.

FDI Council expresses its sincere thanks to the global oral health community for their dedication in responding to the ongoing crisis.

Please visit the [FDI COVID-19 RESOURCE LIBRARY](#) for access to practical resources and more information on the outbreak.

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<sup>5</sup> Glick M, Williams DM, Kleinman DV, Vujicic M, Watt RG, Weyant RJ. A new definition for oral health developed by the FDI World Dental Federation opens the door to a universal definition of oral health. *Int Dent J* 2016 66: 322-324