



USPHS Chief Dental Officer Newsletter Issue #55: February 6, 2021

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This newsletter contains references and links to non-federal resources and organizations. These references and links are meant solely for informational purposes and are not intended to be an endorsement of any non-federal entity by the USPHS or the U.S. government.

February is National Children’s Dental Health Month!

Children’s Dental Health Day was first observed on February 8, 1949. In 1981, the program was extended to a month-long celebration known today as National Children’s Dental Health Month (NCDHM) and held each February. As we celebrate NCDHM this month, I would like to highlight some important facts about children’s oral health (hyperlinks are references for each statement):

Fact 1: Dental caries (tooth decay) is one the most common chronic diseases of childhood. If left untreated, dental caries can have serious consequences including problems with eating, speaking, and learning.

Fact 2: Among young children, early childhood caries has been related to impaired development, low educational performance, poor behavior, family stress, diminished quality of life, and even disability and death.

Fact 3: Certain populations, including Black, non-Hispanic Americans and Mexican Americans, suffer disproportionately from dental caries when compared to White, non-Hispanic Americans.

Fact 4: Children from low-income families are more than twice as likely to have untreated cavities compared with children from higher-income households.



Courtesy of Albuquerque Area Support Center

Fact 5: American Indian and Alaska Native children and youth have the highest prevalence of dental caries and untreated cavities of any population group.

Fact 6: By age 8, over half of all children have experienced dental caries in their primary (baby) teeth.

Fact 7: On average, 34 million school hours are lost each year because of unplanned (emergency) dental care.

Each February is not just a time to draw attention to oral health problems in children, but it is also a time to focus on evidence-based prevention of disease. This issue of the USPHS Chief Dental Officer Newsletter will focus on some of the key messages for different age groups.

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WATER



February is National Children's Dental Health Month. Visit [ADA.org/NCDHM2021](https://ada.org/NCDHM2021) for activity sheets.

HEALTHY SMILE TIPS

- Brush your teeth twice a day with a fluoride toothpaste.
- Clean between your teeth daily.
- Eat a healthy diet that limits sugary beverages and snacks.
- See your dentist regularly for prevention and treatment of oral disease.

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Healthy People 2030 Objective OH-1: Reduce the proportion of children and adolescents with lifetime tooth decay experience in their primary or permanent teeth

Baseline: 48.4 percent of children and adolescents aged 3 to 19 years had lifetime tooth decay experience in their primary or permanent teeth in 2013-16

Target: 42.9 percent

Data Source: [National Health and Nutrition Examination Survey \(NHANES\), CDC/NCHS](#)

Many of the Healthy People 2030 oral health objectives tie into one another, and OH-1 is no exception. Preventing caries experience in children and youth requires a multi-pronged approach of improving oral health literacy, community water fluoridation, using an interprofessional strategy to identify and refer high-risk children and youth, implementing evidence-based preventive strategies, reducing barriers to improve access to care, and more. Other related objectives include: OH-8 - Increase the proportion of children, adolescents who use the oral health care system; OH-10 - Increase the proportion of children and adolescents who have received dental sealants on one or more of their primary or permanent molar teeth; and OH-11 - Increase the proportion of persons served by community systems with optimally fluoridated water systems.

As mentioned in the cover story on page 1, dental caries affects some more than others. Children and youth living at or below 200% of the Federal Poverty Level (FPL) have almost twice the caries experience as do children and youth living above 200% of the FPL: 29.6% vs. 15.7% in children 2-5 years of age, 22.0% vs. 12.0% in children 6-9 years of age, and 65.0 vs. 48.7% in children 12-19 years of age ([CDC](#)). While access to dental services has increased greatly over the past two decades due to Medicaid and the Children's Health Insurance Program (CHIP), external factors such as COVID-19 have affected services through these

important programs. With Medicaid, for example, we saw a substantial drop in dental service rates from 93 services per 1,000 enrolled in February 2020 to 8 per 1,000 in April 2020, and by July 2020 this rate had rebounded to about 71 per 1,000; in numbers of total dental services, this translates from around 3.7 million in February 2020 to <500,000 in April 2020 to around 2.7 million in July 2020 ([CMS, slide 21](#)).



Photo from HP2030 Website

Consequently, one of the primary strategies for reducing dental caries experience in children and adolescents is to continue to improve access to dental care for them, especially in high-risk children and adolescents. Here are some (not all-inclusive of course) strategies that oral health professionals can employ to specifically address reducing lifetime caries experience (OH-1) in children and adolescents:

- Identify and reduce barriers to access to dental care in your communities
- Consider strategies such as open access (no appointment) for high-risk children and adolescents
- Promote community water fluoridation
- Work with other healthcare professionals, Head Starts, daycares, and schools to establish a referral network to help create a dental home for children and youth
- Increase oral health literacy of parents and caregivers to help them promote good oral health at home
- Use evidence-based prevention strategies such as dental sealants (primary and permanent), fluoride varnish, evidence-based recalls, and more

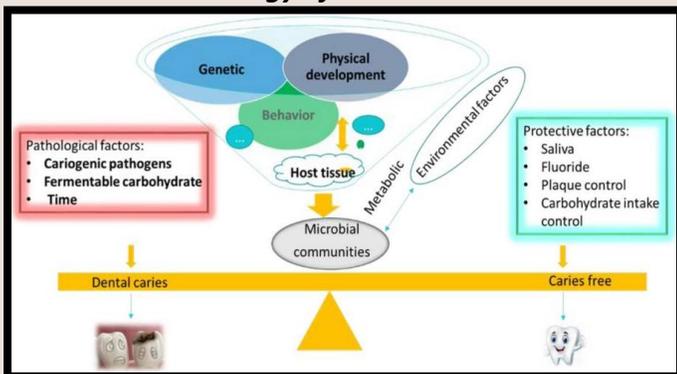
In the next newsletter, we'll focus on one of these strategies specifically: community water fluoridation, which was hailed by the CDC as one of the ten great public health achievements of the 20th century ([CDC](#)).

By LCDR Cam-Van Huynh

Early Childhood Caries (ECC) is defined as the presence of one or more decayed (noncavitated or cavitated), missing (due to caries) or filled tooth surfaces in any primary tooth in a child younger than six years of age ([AAPD](#)). Known previously as nursing caries, nursing bottle caries and baby bottle tooth decay, the term was changed to “early childhood caries” to recognize the multifactorial etiology of the disease.

Current theory regarding dental caries etiology (see figure below) includes the interplay between oral microorganisms mainly *mutans streptococci* (MS) and *lactobacillus* species, oral environment, host and time ([Chen](#)). The “window of infectivity” for colonization by MS in infants occurs between 6 to 30 months of age, with higher risk between 18 and 30 months of age. Transmission of MS involved in ECC can also occur from the mother or family members through sharing of food items and kissing. These factors interact with family and community influences to affect the oral health outcomes of children ([Xiao](#)).

Etiology of Dental Caries

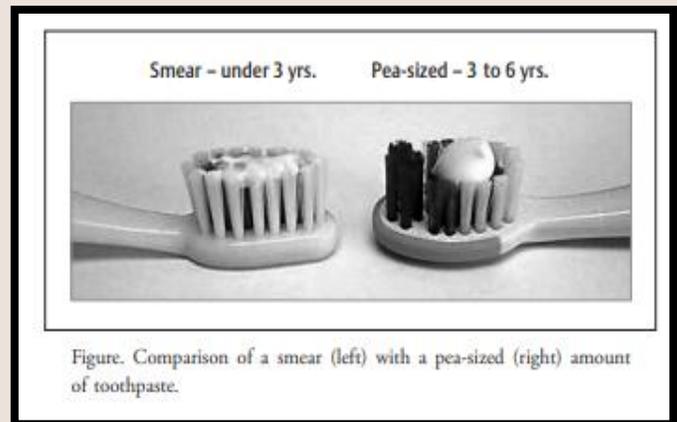


Picture courtesy of [Chen et al.](#)

ECC is a significant public health issue with 1.8 billion new cases per year globally and affecting about 37% of children 2 to 5 years of age in the United States. ECC can result in expensive dental treatment under general anesthesia with costs ranging up to \$7000 per child, with more than 1.5 billion dollars overall spent each year on ECC treatments ([Xiao](#)).

Prevention strategies for ECC include the following:

1. Recommend to parents that they implement oral hygiene measures no later than when the first primary tooth erupts. Tooth brushing should be performed for children by a parent 2x/daily, using a soft toothbrush of age-appropriate size and amount of toothpaste.



Picture adapted from [AAPD guideline](#)

2. Provide professionally-applied fluoride varnish treatments 3-4 times per year for children at moderate to high risk for ECC and consider applying sealants to primary molars ([AAPD](#)).
3. Emphasize importance of prenatal dental visits focusing on education and anticipatory guidance informing patients of oral health milestones.
4. Utilize medical providers and others to provide fluoride varnish and refer children to a dental provider by age 1 or before.
5. Work with Head Start and daycare programs to screen children and refer for further dental treatment if needed.

As oral health professionals, we can be proactive in ECC prevention through educating expectant mothers, providing caries stabilization to expectant and new mothers, understanding ECC risk factors, encouraging early access to dental care, and working with non-dental providers and anyone who has access to young children to provide oral health assessments, apply fluoride varnish, and, refer them to dental providers.

From late 2009 to the end of 2016, the Indian Health Service (IHS) – an agency that provides healthcare to 2.3 million American Indians and Alaska Natives (AI/AN) – carried out a program called the Early Childhood Caries Collaborative. In April 2019, the IHS published a data brief that showed perhaps the first measured reduction of ECC in this population ([IHS](#)). While this data brief showed the continuing disparities between AI/AN preschool children and other population groups, it also highlighted a 5% reduction in early childhood caries experience and a 14% reduction in untreated decay from 2010 to 2018.

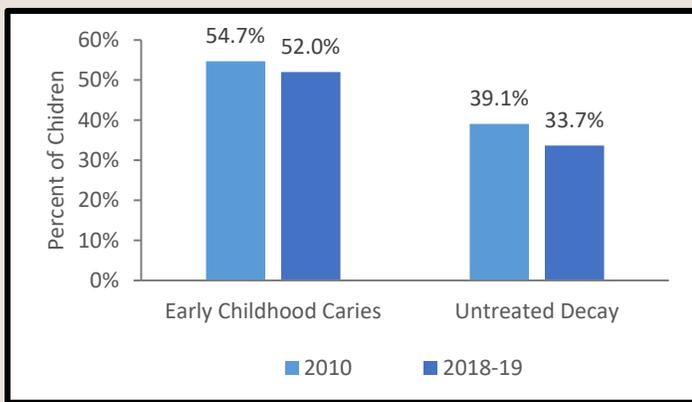


Figure 1: Prevalence of ECC & Untreated Decay in AI/AN Children at 53 Programs Participating in the 2010 & 2018-19 IHS Oral Health Surveys

The Indian Health Service (IHS) Early Childhood Caries (ECC) Collaborative was a multi-faceted program designed to enhance knowledge about early childhood caries prevention and early intervention among not only dental providers, but also all healthcare providers and the community. The collaborative provided the entire healthcare team with the tools to begin a successful ECC program. Some of these tools, which are available on the [IHS ECC webpage](#), include a packet for dental programs to engage collaborative partners, a caries stabilization course, a fluoride varnish course, a glass ionomer video, and multiple other educational resources.

The key to this six-year initiative was increasing access to care in preschool children, especially those under 2 years of age. In the five years preceding this initiative, 13,899 children under 2 years of age and 36,535

children 3 to 5 years of age accessed dental care through the 350 IHS and tribal programs across the country. Through the six years of the collaborative, access increased to 14,874 in children <2 (7% increase) and 46,850 in children 3-5 years of age (28% increase). Much of this increase can be attributed to referrals from collaborative partners including Head Starts, daycares, and medical providers.

Medical providers also played a key role in applying fluoride varnish (FV) to high-risk AI/AN children. In the six years of the collaborative, FV applications by medical providers in the IHS increased by 335%. Other components of the collaborative that may have led to the overall reductions seen in in the 2019 data brief include a substantial increase in overall FV applications by 115% (from 36,978/year previously to 79,519/year during the initiative), an increase of 64% in the number of sealants (from 14,677/year to 24,173/year) which included an 81% increase in sealants in primary molars of children <2 years of age, and a significant increase of 232% in the number of interim therapeutic restorations placed in children 1-5 years of age. While many IHS and tribal programs had embraced ECC prevention long before this initiative, this initiative helped in providing resources to drive change.

The lesson? Increasing access to oral health care and evidence-based prevention is a collaborative effort that must include the oral health care team, medical providers, community leaders, Head Start staff, and Women, Infant, and Children (WIC) program staff.



Artwork by Tommy Ricks

By CDR Nathan Mork

There's no question that our conversations with expectant mothers as well as new parents can positively impact their child's oral health. As oral health professionals it's our job to know the current prevention and treatment recommendations and to work collaboratively with our medical and community partners to deliver a unified message and treatment approach.

Now more than ever, medical and dental homes are the standard of care. This approach allows activities, such as coordinated fluoride varnishes for young children (to ensure they receive the appropriate number of applications each year); dental exams as part of well child visits; and referrals to the dental clinic. To prepare yourself for conversations with your medical colleagues, it's helpful to know the current oral health recommendations from their respective specialty groups. The sections below and on the following page summarize recommendations from the American College of Obstetricians and Gynecologists (ACOG) – for pregnant women – and the American Academy of Pediatrics (AAP) – for children.

[Pregnant Women \(ACOG recommendations – last updated in 2013\)](#)

- Discuss oral health with all patients, including those who are pregnant or in the postpartum period.
- Advise women that oral health care improves a woman's general health through her lifespan and may also reduce the transmission of potentially caries-producing oral bacteria from mothers to their infants.
- Conduct an oral health assessment during the first prenatal visit.
- Reassure patients that prevention, diagnosis, and treatment of oral conditions, including dental X-rays (with shielding of the abdomen and thyroid) and local anesthesia (lidocaine with or without epinephrine), are safe during pregnancy.

- Inform women that conditions that require immediate treatment, such as extractions, root canals, and restoration (amalgam or composite) of untreated caries, may be managed at any time during pregnancy. Delaying treatment may result in more complex problems.



Courtesy of Albuquerque Area Support Center

- For patients with vomiting secondary to morning sickness, hyperemesis gravidarum, or gastric reflux during late pregnancy, the use of antacids or rinsing with a baking soda solution (i.e., 1 teaspoon of baking soda dissolved in 1 cup of water) may help neutralize the associated acid.
- Be aware of patients' health coverage for dental services during pregnancy so that referrals to the appropriate dental provider can be made. Note that each state's Medicaid coverage for oral health may vary considerably.
- Develop a working relationship with local dentists. Refer patients for oral health care with a written note or call, as would be the practice with referrals to any medical specialist.
- Advocate for broader oral health coverage of women before, during, and after pregnancy. Pregnancy is a unique time when women may gain access to oral health coverage.
- Reinforce routine oral health maintenance, such as limiting sugary foods and drinks, brushing twice a

Continued from the previous page

day with fluoridated toothpaste, flossing once daily, and dental visits twice a year.

Children (AAP recommendations – last updated in 2014; reaffirmed in 2019)

- Administer an oral health risk assessment periodically to all children.
- Include anticipatory guidance for oral health as an integral part of comprehensive patient counseling.
- Counsel parents/caregivers and patients to reduce the frequency of exposure to sugars in foods and drinks.
- Encourage parents/caregivers to brush a child's teeth as soon as teeth erupt with a smear or a grain-of-rice-sized amount of fluoride toothpaste and a pea-sized amount at 3 years of age.



Courtesy of Albuquerque Area Support Center

- Advise parents/caregivers to monitor brushing until 8 years of age.
- Refer to the AAP clinical report, "[Fluoride Use in Caries Prevention in the Primary Care Setting](#)," for fluoride administration and supplementation decisions.

- Build and maintain collaborative relationships with local dentists.
- Recommend that every child has a dental home by 1 year of age.



Courtesy of Dr. Bonnie Bruerd

By familiarizing yourself with these recommendations, as well as the current American Academy of Pediatric Dentistry (AAPD) guidelines (listed below), you'll be better prepared to strengthen the existing medical and dental homes at your facility. You can make a difference!

1. [AAP – Fluoride Use in Caries Prevention in the Primary Care Setting \(2020\)](#)
2. [AAP – Oral Health Toolkit](#) (see selection of brochures, videos, referral forms, and posters at bottom of the webpage)
3. [AAPD Guideline on Fluoride Therapy \(2014\)](#)
4. [AAPD Recommendations for Pediatric Oral Health Assessment, Preventive Services, and Anticipatory Guidance/ Counseling](#)
5. [Patient handout - Lift the Lip - Pregnancy](#)
6. [Patient handout - Wipe Smear Brush Flyer](#)

With Contributions from CDR Nathan Mork

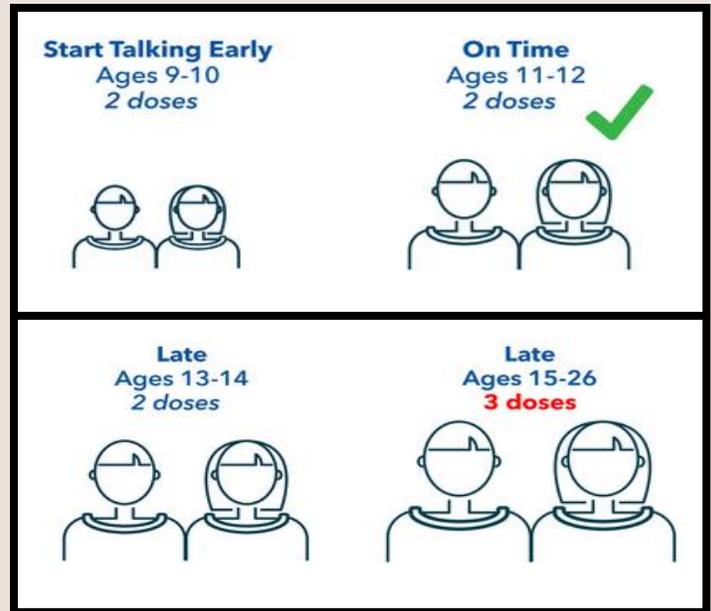
Based on data from the [CDC](#), about 45,300 new cases of Human Papillomavirus (HPV)-associated cancers occurred in the U.S. each year between 2013 and 2017, with about 25,400 among women and 19,900 among men. Among women, cervical cancer still is the most prominent HPV-associated cancer with 12,143 cases annually, but overall among women and men, oropharyngeal cancer has surpassed all other cancers as the most common HPV-associated cancer with 19,775 cases per year, 3,530 among women and 16,245 among men. As with cervical and other HPV-associated cancers, oropharyngeal cancers associated with HPV are most commonly caused by HPV types 16 and 18.

On October 5, 2018, the [Food and Drug Administration](#) expanded use of Gardasil 9, the HPV vaccine that covers 9 HPV types, to include individuals 27 through 45 years of age, stating that as many as 90% of all HPV-associated cancers could perhaps be prevented by the vaccine. On August 16, 2019, the Advisory Committee on Immunization Practices (ACIP) updated their recommendations on HPV vaccination to include this age group as well, stating:

“Routine recommendations for HPV vaccination of adolescents have not changed. Catch-up HPV vaccination is now recommended for all persons through age 26 years. For adults aged 27 through 45 years, public health benefit of HPV vaccination in this age range is minimal; shared clinical decision-making is recommended because some persons who are not adequately vaccinated might benefit.”

What is the role of oral health professionals in HPV vaccination? At a minimum, but especially because of the oropharyngeal cancer link, oral health professionals can educate patients and their parents about the HPV vaccine. The HPV vaccine is safe and effective for the prevention of HPV-associated cancer and we can work with our medical partners to ensure that younger patients – see below for

recommendations by age – are educated about this cancer prevention vaccine.



Courtesy of [CDC](#)

According to the [CDC](#), HPV vaccination is not recommended for everyone older than age 26 years, but some adults ages 27 through 45 years may decide to get the HPV vaccine based on discussion with their healthcare provider and if they did not get adequately vaccinated when they were younger. HPV vaccination of people in this age range provides less benefit for several reasons, including that more people in this age range have already been exposed to HPV.

Here are some links to HPV vaccine patient education handouts, infographics, and videos, all of which can better prepare you for conversations with your patients about the vaccine.

1. [CDC Infographic – 6 reasons to get HPV vaccine for your child](#)
2. [CDC - Videos about HPV and Cancer](#)
3. [Team Maureen Human Papillomavirus \(HPV\) Dental Toolkit.](#)

National Pet Dental Health Month

By CAPT Marvin (Tom) Thomas, USPHS Chief Veterinarian Officer

February is National Dental Health Month for Pets. Dental health is a very important part of your pet's overall health, and dental problems can cause, or be caused by, other health problems.

Veterinary dentistry includes the cleaning, adjustment, filing, extraction, or repair of your pets' teeth and all other aspects of oral health care. These procedures should be performed by a veterinarian or a board-certified veterinary dentist. Subject to state or provincial regulation, veterinary technicians are allowed to perform certain dental procedures under the supervision of a veterinarian. The process begins with an oral exam of your pet's mouth by a veterinarian. Radiographs (x-rays) may be needed to evaluate the health of the jaw and the tooth roots below the gumline. Because most dental disease occurs below the gumline, where you can't see it, a thorough dental cleaning and evaluation are performed under anesthesia. Dental cleaning includes scaling (to remove dental plaque and tartar) and polishing, similar to the process used on your own teeth during your regular dental cleanings.

Your pet's teeth should be checked at least once a year by your veterinarian for early signs of a problem and to keep your pet's mouth healthy. Have your pet's teeth checked sooner if you observe any of the following problems:

- Bad breath
- Broken or loose teeth
- Extra teeth or retained baby teeth
- Teeth that are discolored or covered in tartar
- Abnormal chewing, drooling, or dropping food from the mouth
- Reduced appetite or refusal to eat
- Pain in or around the mouth
- Bleeding from the mouth
- Swelling in the areas surrounding the mouth

Some pets become irritable when they have dental problems, and any changes in your pet's behavior should prompt a visit to your veterinarian. Always be

careful when evaluating your pet's mouth, because a painful animal may bite.

Although cavities are less common in pets than in people, they can have many of the same dental problems that



people can develop:

- Broken teeth and roots
- Periodontal disease
- Abscesses or infected teeth
- Cysts or tumors in the mouth
- Malocclusion, or misalignment of the teeth and bite
- Broken (fractured) jaw
- Palate defects (such as cleft palate)

Periodontal disease is the most common dental condition in dogs and cats – by the time your pet is 3 years old, he or she will very likely have some early evidence of periodontal disease, which will worsen as your pet grows older if effective preventive measures aren't taken. Early detection and treatment are critical, because advanced periodontal disease can cause severe problems and pain for your pet. Periodontal disease doesn't just affect your pet's mouth. Other health problems found in association with periodontal disease include kidney, liver, and heart muscle changes.

Fortunately, dental disease in pets can be treated. Unlike humans, your pet does not understand the benefit of dental procedures, and he or she reacts by moving, trying to escape, or even biting. [Anesthesia](#) makes it possible to perform the dental procedures with less stress and pain for your pet.

Help keep your pet healthy in 2021 by getting a dental checkup by your veterinarian.



WHO brings oral health back to the forefront: At the January 20, 2021 Executive Board of the World Health Organization (WHO), a Director General's [report on oral health](#) was presented and a [draft resolution on oral health](#) was proposed by 13 countries and Member States of the European Union. This resolution will be presented at the WHO's [74th General Assembly](#) from May 24 – June 1, 2021.

U.S. re-engages with WHO: On January 21st, Dr. Anthony Fauci, head of the U.S. delegation, announced that the U.S. would remain a member of WHO. Read his entire statement [here](#).

A reminder about Healthy People 2030: Healthy People 2030, which outlines national health priorities, was released in August 2020. To view the oral health objectives, click [here](#). Access to dental care for children, adolescents, and adults is a [leading health indicator](#) (LHI), one of the top priorities of the Nation.

Santa Fe Group offers webinar series: The [Santa Fe Group](#), an “action-oriented think tank with a passion to improve lives through oral health,” is offering a “[Continuum on Oral Health Integration](#)” which will include an integrated progression of webinars, white papers, editorials, and consolidated web resources leading up to its Salon titled “The Benefits of Integrating Oral Health into Healthcare” on September 8-9, 2021. The first webinar in the series is “Learning from Science: How Oral-Systemic Collaborations Can Advance Research, Policy, and Health Outcomes,” on March 24, 2021. To register, click [here](#).

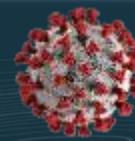
AAMI releases new amendments: The Association for Advancement of Medical Instrumentation (AAMI) has released [four amendments](#) to ANSI/AAMI ST79 Comprehensive guide to steam sterilization and sterility assurance in health care facilities, offering users new clarity and fresh guidance to stay in compliance with accrediting bodies, including the Joint Commission. To learn more, click on the above hyperlink.

New article highlights fluoride varnish in primary care: A [new report](#) published in the journal *Pediatrics* in December 2020 highlights the administration, billing, and payment information regarding the fluoride varnish procedure in primary care settings. “This clinical report aims to clarify the use of available fluoride modalities for caries prevention in the primary care setting and to assist pediatricians in using fluoride to achieve maximum protection against dental caries, while minimizing the likelihood of enamel fluorosis.”



2020 IHS Give Kids A Smile Kickoff Event at Choctaw Health Center (my photo)

IHS partners with ADA on GKAS: For the second year, [the Indian Health Service](#) (IHS) has partnered with the American Dental Association, Henry Schein, Inc., and Colgate-Palmolive, Inc. to participate in the annual [Give Kids A Smile](#)[®] (GKAS) campaign. In 2020, in just one week of participating, there were 113 different GKAS events in 100 IHS and tribally managed dental programs, with 268 dentists and 745 other volunteers providing preventive services to over 14,000 American Indian/Alaska Native children (above is a picture of the kickoff event at the Mississippi Band of Choctaw Indians). In 2021, despite the pandemic, 88 events are being planned, including many virtual events. The IHS Kickoff events, which is open only to IHS and tribal dental staff, will occur via webinar on February 17 and will feature introductory comments from Dr. Dan Klemmedson, ADA President, and tips on successful events from Mr. Casey Hannan, Director of the CDC Division of Oral Health.



White House National Strategy on Vaccine: On January 21st, the new Administration released a new national strategy, available by clicking [here](#). One of the main priorities is establishing a federal community vaccine program, including standalone vaccine centers across the country. These vaccine sites are any locations administering COVID-19 vaccines that are not a hospital. There is also a task force that is focused on the vaccine program and how federal support will be provided, when requested. So right now the states are assessing their shortfalls in order to submit their requests for resources. Page 52 of the report encourages the federal government and states to expand the number of qualified professionals able to administer the vaccine under the Public Readiness and Emergency Preparedness (PREP) Act.

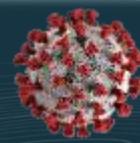
Update on oral health professionals' capabilities: I continually get updated by state dental directors and by the [American Association of Dental Boards](#) on which states are allowing dentists to administer the influenza vaccine, the COVID-19 vaccines, or the COVID-19 tests. As of February 5, 2021, this is the information I have:

- Dentists allowed to administer the influenza vaccine: (8): Illinois (authorized, but not happening yet), Louisiana, Massachusetts (including hygienists), Minnesota, Oklahoma, Oregon, West Virginia, Utah
- Dentists allowed to administer the COVID-19 vaccine: (21): Arkansas, California, Colorado, Connecticut (including hygienists), Delaware (mass settings), Georgia, Idaho, Illinois, Kentucky, Louisiana, Maryland (including hygienists), Massachusetts (including hygienists), Nevada (including hygienists), New Hampshire, New Jersey, New York (including hygienists), Ohio (including hygienists), Oklahoma, Oregon, Rhode Island (mass settings), Utah
- Dentists allowed to conduct or order COVID-19 tests: (25): Arizona, California (order only),

Connecticut, District of Columbia, Florida, Georgia, Idaho, Iowa, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Jersey, North Carolina, Oklahoma, Oregon, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wisconsin

WHO releases videos on COVID-19 and dental settings: The WHO Oral Health program, recently released [three videos](#) related to oral health services during COVID-19 that describe (1) WHO-recommended procedures for screening, triaging and reception of people seeking oral health care; (2) measures that should be in place to protect patients and personnel during treatment; and (3) cleaning, disinfection and sterilization procedures to be applied to surfaces, equipment and instruments in oral health-care facilities. The videos, based on guidance published by WHO in 2020, are primarily intended for use in trainings for oral health teams on infection prevention and control. More generally, target audiences are public health authorities, in particular those responsible for oral health, and oral health-care personnel undertaking or assisting in the procedures described, working in both the public and private sectors. People considering making an appointment for oral health and dental care may also find the material useful as a reference for the practices that they should expect to see in dental health-care facilities during the pandemic and beyond.

FDA cuts permitted N95 mask decontamination cycles to 4: According to an [article by Fierce Biotech](#), the FDA has rolled back its emergency authorizations for N95 respirator decontamination systems, cutting down the number of times the agency said each mask could be safely reused. During the early stages of the pandemic, when supplies of personal protective equipment and N95 filters were at a minimum, the FDA allowed masks to be reprocessed up to 20 times with certain hardware.



CDC updates interim clinical considerations on COVID-19 vaccines: On January 21, the CDC provided updates on the COVID-19 vaccines on their [webpage](#):

1. Updated recommendations on intervals between the 1st and 2nd dose - “The second dose should be administered as close to the recommended interval as possible. However, if it is not feasible to adhere to the recommended interval, the second dose of Pfizer-BioNTech and Moderna COVID-19 vaccines may be scheduled for administration up to 6 weeks (42 days) after the first dose. There are currently limited data on efficacy of mRNA COVID-19 vaccines administered beyond this window. If the second dose is administered beyond these intervals, there is no need to restart the series.”
2. Updated recommendations on interchangeability of vaccine products – “mRNA COVID-19 vaccines are not interchangeable with each other or with other COVID-19 vaccine products. The safety and efficacy of a mixed-product series have not been evaluated. Both doses of the series should be completed with the same product.”
3. Updated language on vaccination of persons with a history of SARS-CoV-2 infection – “While there is no recommended minimum interval between infection and vaccination, [current evidence](#) suggests that the risk of SARS-CoV-2 reinfection is low in the months after initial infection but may increase with time due to waning immunity. Thus, while vaccine supply remains limited, persons with recent documented acute SARS-CoV-2 infection may choose to temporarily delay vaccination, if desired, recognizing that the risk of reinfection, and therefore the need for vaccination, may increase with time following initial infection.”

FDA places some hand sanitizers on “import alert:”

As part of the U.S. Food and Drug Administration’s (FDA’s) continuing [efforts to protect consumers](#) from potentially dangerous or subpotent hand sanitizers,

on January the agency has placed all alcohol-based hand sanitizers from Mexico on a countrywide [import alert to](#) help stop products that appear to be in violation from entering the U.S. until the agency is able to review the products’ safety. Over the course of the ongoing pandemic, the agency has seen a sharp increase in [hand sanitizer products](#) from Mexico that were labeled to contain ethanol (also known as ethyl alcohol) but tested positive for methanol contamination. Methanol, or wood alcohol, is a substance that can be toxic when absorbed through the skin and life-threatening when ingested.

OSHA releases new guidance on preventing spread in the workplace:

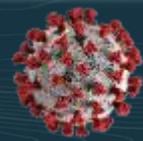
On January 29, the Occupational Safety and Health Administration (OSHA) released [new guidance](#) on mitigating and preventing the spread of COVID-19 in the workplace. This guidance is [intended to inform](#) employers and workers in most workplace settings outside of healthcare to help them identify risks of being exposed to and/or contracting COVID-19 at work and to help them determine appropriate control measures to implement. The recommendations are advisory and informational, and intended to assist employers in providing a safe, healthy workplace.

New study links periodontitis and COVID-19 severity:

A [new case-control study](#) published February 1st examined the records of 568 patients in Qatar and concluded that “periodontitis was associated with higher risk of ICU admission, need for assisted ventilation and death of COVID-19 patients, and with increased blood levels of biomarkers linked to worse disease outcomes.”

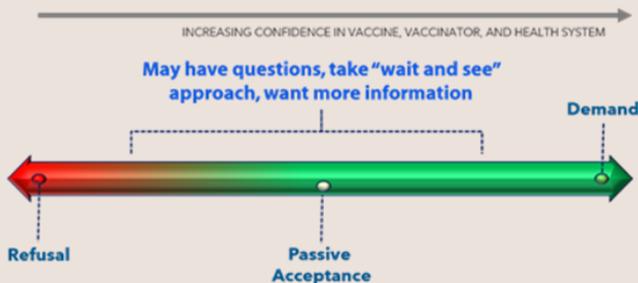
FDA Advisory Committee on new vaccine:

On February 4, the [Food and Drug Administration announced](#) that they scheduled a meeting of the Vaccines and Related Biological Products Advisory Committee on February 26th to discuss the request for emergency use authorization (EUA) for a COVID-19 vaccine from Janssen Biotech Inc. Click above for more information



By CDR Nathan Mork

As COVID-19 vaccines are distributed and administered across the U.S., we as oral health professionals need to be prepared to [communicate](#) with our patients about the vaccine. Some patients will be excited about the vaccine while others may be hesitant to receive it. All patients fall on a continuum, with those demanding the vaccine on one end of the spectrum and those refusing the vaccine on the other end (see CDC diagram below). It's the patients in the middle of that spectrum that will often benefit the most from factual conversations about the risks and benefits of the vaccine.

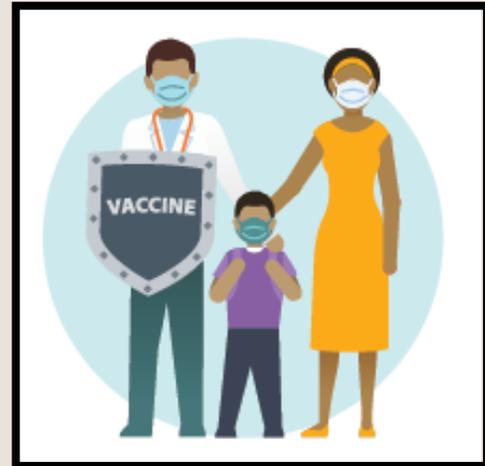


[CDC: Building Confidence in COVID-19 Vaccines Among Your Patients - Tips for the Healthcare Team, slide 18](#)

Below are some vaccine resources from the CDC and NIH.

Centers for Disease Control and Prevention

- [CDC COVID-19 Vaccination](#): CDC's COVID-19 vaccination webpage
- [COVID-19 Vaccination Communication Toolkit](#): this webpage has a lot of helpful presentations, posters, [fact sheets](#), and FAQs
- [Talking to Recipients about COVID-19 Vaccines](#): this webpage includes patient education materials as well as provider training
- [Understanding and Explaining mRNA COVID-19 Vaccines](#): this resource covers the mechanism of action of COVID-19 mRNA vaccines



Picture courtesy of CDC "[What to Expect](#)"

- [Answering Patients' Questions](#): this webpage contains questions and answers related to vaccine safety and side effects
- [Continuing the Journey of a COVID-19 Vaccine](#): this patient education material is designed for those who would like to know more about the COVID-19 vaccine approval and safety monitoring process
- [COVID-19 Advisory Committee on Immunization Practices \(ACIP\) Vaccine Recommendations](#): this webpage outlines the current recommendations for allocation (i.e. phase 1a, 1b, 1c, and 2) of COVID-19 vaccine

National Institutes of Health

- [NIH COVID-19 Vaccine Resources](#): NIH's COVID-19 vaccines webpage
- [A Communicator's Tip Sheet for COVID-19 Vaccination](#): this tip sheet lists Do's and Don'ts for communicating about the COVID-19 vaccination
- [Shareable Resources on Coping with COVID-19](#): although this webpage is not specifically about the vaccine, there are several mental health infographics to help our patients cope with the pandemic



2021 Virtual Dental Category Days: The 2021 USPHS Scientific and Training Symposium has been postponed due to the pandemic. However, we will still have Dental Category Day! It will be split over two days to allow for maximum participation – Wednesday, May 12, 2021 from 11:00 – 3:00 Central Time, and Wednesday, May 19, 2021 from 11:00 – 3:00 Central Time. The event is free and is available to all USPHS dental officers, retired officers, and invited guests. The Zoom meeting information will be shared with invitees in the coming weeks, but please go ahead and save the dates and times. Here are some of the topics and speakers for the two days:

- Emerging Oral-Systemic Links by CAPT Eric Jewell
- Treating the Medically Compromised Patient by CDR Justin Sikes
- Infection Control Tips in the Era of COVID by Kathy Eklund
- Structural Racism Overview in the Oral Pandemic Response Workgroup by Dr. Mike Monopoli
- Tele-Dentistry by Col (Ret.) Joel Knutson
- 2020 & 2021 Dental Category Award Presentations

I am also pleased to have two David Satcher Keynote Lectures. On May 12th, Dr. Manuel Cordero, past president of the Academy of General Dentistry and currently executive director of the Hispanic Dental Association, will be our keynote, and on May 19th, Dr. Kathy O’Loughlin, executive director of the American Dental Association, will be our keynote speaker.

More information will be shared in the coming weeks.

NOHC FDS Session returns: 2019 marked the return of the Federal Dental Services (FDS) Session at the National Oral Health Conference (NOHC), with the USPHS coordinating the event. While 2020 brought us a virtual NOHC, we weren’t prepared for a virtual FDS session last year, but this year we are! I am pleased to share with you an exciting 4 ½ hour agenda for the FDS session which will occur via Zoom on Thursday, April 22, 2021 from 12:00 – 4:30 Eastern Time:

- A Global Perspective on Oral Health During and Beyond the Pandemic (Keynote) by Dr. Benoit

Varenne, chief dental officer of the World Health Organization

- Updates from the Federal Dental Services: Challenges and Opportunities in the COVID Era by Dr. Patricia Arola (Assistant Under Secretary, Veterans Health Administration), CAPT Renée Joskow and CAPT Michael Johnson (USPHS), CAPT Steven Matis (U.S. Navy), LTC Peter Drouillard (U.S. Army), and LTC Scott Irwin (U.S. Air Force)

More information will follow in the coming weeks on this event as well. This event will be open to all of the federal dental services and whoever pre-registers for the event.

Congratulations to the 2021 USPHS Dental Category Awardees!

It is my pleasure to announce the 2021 award recipients: LCDR Laura Hain (USCG) is the recipient of the Ernest Eugene Buell Dental Award; CAPT Kevin Zimmerman (ICE HSC) is the recipient of the Ruth Lashley Mid-Career Dental Award; CAPT Shani Lewins (USCG) is the recipient of the Senior Clinician Dental Award; Dr. Fred Hyman (FDA) is the recipient of the Herschel S. Horowitz Oral Health Research and Policy Award; CAPT Renée Joskow (HRSA) is the recipient of the Dental Responder of the Year Award; CAPT Dan Barcomb (USCG) is the recipient of the John P. Rossetti Dental Mentor of the Year Award; and CAPT Angie Roach is the recipient of the Jack D. Robertson Dental Award. In addition, the Surgeon General David Satcher Keynote Lecture Awardees are Dr. Kathy O’Loughlin (2021) and Dr. Manuel Cordero (2020). To learn more about all of these awards, click [here](#).

Quarterly CDE Webinar: Our next USPHS quarterly continuing dental education webinar will be held on Wednesday, February 24th from 12:00 – 1:00 Central Time and will be “Ensuring Success Using Glass Ionomer Restoratives” by Dr. Douglas Young. More information on this webinar, co-sponsored by the IHS Division of Oral Health and the PHS Constituency of the Academy of General Dentistry, will be shared via our listserv.



Latest Chief Dental Officer Events Completed:

- January 6, 2021: Dental Town Podcast (Speaker)
- January 7, 2021: ADA Council on Advocacy for Access and Prevention (Speaker/Participant)
- January 7, 2021: Association of State and Territorial Dental Directors (Virtual Meeting/Discussion)
- January 13, 2021: Ohio State University Pediatric Dental Residency Program (Speaker)
- January 20, 2021: Tufts University School of Dental Medicine (Speaker/Panelist)
- January 28, 2021: Tri-State Oral Health Summit (Keynote Speaker)
- January 29, 2021: ADA Council on Government Affairs (Speaker)
- February 4, 2021: ADA Give Kids A Smile National Kickoff (Speaker)

Upcoming Chief Dental Officer Events:

- February 8, 2021: Arizona School of Dentistry and Oral Health Research Week (Speaker)
- February 11, 2021: A.T. Still University Dental Public Health Residency Program (Speaker)
- February 17, 2021: IHS Give Kids A Smile National Kickoff (Speaker)
- February 21, 2021: Dream Team Annual Retreat, Global Summits Institute (Participant)
- February 27, 2021: American Association of Dental Boards Mid-Year Meeting (Speaker)
- March 13-16: American Dental Education Association House of Delegates (Delegate)
- March 14, 2021: American Dental Education Association Annual Session (Panelist)
- March 19, 2021: USPHS Officer Basic Course (Speaker)
- April 5, 2021: Oral Health Progress & Equity Network Sustainability Summit (Speaker)
- April 6, 2021: Jacobi Medical Center, Bronx (Speaker)
- April 16, 2021: University of California, Los Angeles Interprofessional Education Meeting (Keynote Speaker)
- April 28, 2021: Greater Washington Academy of Women Dentists Webinar (Speaker)
- April 29, 2021: West Virginia School of Dentistry Educational Seminar Series (Speaker)
- May 6, 2021: North Dakota State Engagement Meeting (Speaker)
- May 6-7, 2021: American Association of Dental Consultants Meeting (Keynote Speaker)

We are America's Health Responders.

We are the first in line to defend our nation's public health against threats large and small.

We are the USPHS Commissioned Corps. Visit us at www.usphs.gov.

***In Officio Salutis* ("In the Service of Health")**



Starting February, 2021: Give Kids A Smile (GKAS) Campaign. Since 2003, more than 6 million underserved children have received free oral health care services during [GKAS events](#). GKAS will kick off in February as part of National Children’s Dental Health Month. The American Dental Association has created a [guidance document](#) on how to conduct GKAS events during COVID-19. Also, see the article on page 9 about how to download the GKAS toolkit.

February 4, 2021: Give Kids A Smile (GKAS) National Kickoff. The ADA’s GKAS program is celebrated nationally each year on the first Friday in February. In light of COVID-19, the 2021 national kickoff celebration will be held virtually via a webinar on Thursday, February 4th, 2021 at 5pm CST. Please join ADA leadership, corporate sponsors and your fellow GKAS coordinators and volunteers to celebrate GKAS and create excitement around 2021 events, which will deliver much needed oral health care and education to approximately 300,000 underserved children. To register for this event, click [here](#).

February 9, 2021: Fireside Chat with Dr. Fauci. The COVID Collaborative is hosting a fireside chat with Dr. Anthony Fauci on February 9th. The event, entitled [COVID-19 Action in the Biden Era](#), will be a discussion between Dr. Fauci and the co-chairs of the COVID Collaborative, former Governors Deval Patrick (D-MA) and Dirk Kempthorne (R-ID). Dr. Fauci will answer questions about how the new administration is approaching the crisis.

February 22, 2021: Promoting Children’s Oral Health. Join this webinar, to be held from 1-2 CST, to learn about simple and fun ways Head Start staff and families can promote children’s oral health during the COVID-19 pandemic and beyond. Find helpful resources for use in virtual and in-person settings. Topics include strategies and resources to promote toothbrushing and fluoride toothpaste, good eating practices, and what to expect when visiting the dentist during the COVID-19 pandemic. To register, click [here](#).

February 24, 2021: USPHS Quarterly Webinar. “Ensuring Success Using Glass Ionomer Restoratives” by Dr. Douglas Young. (See news item on page 14)

February 26-28, 2021: AADB Mid-Year Meeting. The [American Association of Dental Boards](#) (AADB), a national association comprised of boards of dentistry, specialty boards, and more, is holding its mid-year meeting virtually this year. To learn more about the meeting or to register, click [here](#).

March 16-18, 2021: AHRQ Workshop. The Agency for Healthcare Research and Quality (AHRQ) will be holding a virtual workshop. This workshop will consist of lectures designed to provide a general overview of the [Medical Expenditure Panel Survey](#) (MEPS) along with lectures on MEPS-HC survey design, health care utilization, expenditures, medical conditions; and statistical issues and challenges researchers face while analyzing MEPS-HC data. There will be three separate sessions in which sample SAS, STATA and R exercises will be demonstrated. A Q&A session is planned with each session to give participants an opportunity to ask questions pertaining to their specific research. To register, click [here](#) after February 12th (registration opens then).

March 24, 2021: Santa Fe Group webinar. Part of the Continuum on Oral Health Integration series, this webinar, entitled “*Learning from Science: How Oral-Systemic Collaborations Can Advance Research, Policy, and Health Outcomes*,” will be held at 4:00 p.m. ET. To register, click [here](#). (See the news item on page 10)

April 16, 23, 30, 2021: 2021 Virtual National Oral Health Conference (NOHC). Plans are underway now for the 2021 NOHC, co-sponsored by the Association of State and Territorial Dental Directors and the American Association of Public Health Dentistry. On April 22 from 12:00 – 4:30, a Federal Dental Services (FDS) session will be held; please see the news item on page 14 for more information. To learn more about this year’s NOHC, click [here](#).