

Elsewhere we describe similar protocols for treating known COVID-19+ patients and the HCW looking after them.² The total iodine exposure proposed is well within previously recorded safe limits in those without contraindications to its use (history of allergy to PVP, thyroid disease etc). The intervention is inexpensive, easy and easily deployed at scale. The methodology proposed is as follows:

Step 1 – A 0.5% PVP-I solution (standard aqueous PVP-I antiseptic solution diluted 1:20 with water) is administered in a dose of 0.3 ml into each nostril, preferably using an atomising device (two sprays for average device) or if not from a syringe.

Step 2 – 9 ml of the 0.5% solution is then introduced into the oral cavity and used as a mouthwash. Distribute throughout the oral cavity for 30 seconds and then gently gargle at the back of the throat for another 30 seconds before spitting out.

We propose the use of PVP-I applied as per this method for all patients requiring dental treatment during the current COVID-19 pandemic, just prior to treatment. To enhance protection, the operating dental surgeon and assistant should both consider self-administering to the same protocol every 2-3 hours while treating patients during the pandemic, up to four times a day, as an adjunct to currently recommended PPE. The application of PVP-I mouthwash and nasal spray in this way should reduce the cross-infection risk and therefore help to protect dentists. The American Dental Association have very recently published interim guidelines for minimising the risk of COVID-19 transmission which includes the use of a pre-operative 0.2% povidone mouthwash.⁵

A more comprehensive summary of the available evidence, safety data and exclusion criteria are available and we would recommend that this is read before using this protocol.²

*S. J. Challacombe, London, J. Kirk-Bailey,
V. S. Sunkaraneni, Guildford, J. Combes,
Whittington, UK*

References

1. To K K-W, Tsang OT-Y, Chik-Yan Yip C *et al.* Consistent detection of 2019 novel coronavirus in saliva. *Clin Infect Dis* 2020; **361**: 1319-1326.
2. Kirk-Bailey J, Combes J, Sunkaraneni S, Challacombe S. The use of Povidone Iodine nasal spray and mouthwash during the current COVID-19 pandemic for the reduction of cross infection and protection of healthcare workers. (submitted) Last revised 16 April 2020. Available at: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3563092 (accessed 22 April 2020).

3. Eggers M, Koberger-Janssen T, Eickmann M, Zorn J. In vitro bactericidal and virucidal efficacy of Povidone-Iodine gargle/mouthwash against respiratory and oral tract pathogens. *Infect Dis Ther* 2018; **7**: 249–259.
4. Kariwa H, Fujii N, Takashima I. Inactivation of SARS coronavirus by means of povidone-iodine, physical conditions and chemical reagents. *Dermatology* 2006; **212 Suppl**: 119–123.
5. American Dental Association (ADA) Interim Guidance for Minimizing Risk of COVID-19 Transmission 2020. Available at: <https://bit.ly/3bskH0x> (accessed 22 April 2020).

<https://doi.org/10.1038/s41415-020-1589-4>

Mental health disorders

Sir, I wrote to you in 2019 about the impact of mental health disorders amongst dental patients.¹ With the World Health Organisation (WHO) declaring the current Public Health Emergency, COVID-19, it is just as important as ever to also recognise and manage the mental wellbeing of professionals in healthcare.² Such an unprecedented situation is understandably likely to trigger feelings of stress and anxiety.

Concerns over physical health, uncertainty over redeployment, and training and employment insecurities are just a few of the many difficulties that members of the dental and medical community are facing. Healthcare professionals are also challenged to find a balance between managing their own physical and mental health, and that of the patients they are treating.³

The WHO recognises the importance of healthcare workers employing positive coping strategies,² whilst Public Health England guidance also outlines safe working recommendations, advising staff to regularly take breaks.⁴

The current level of mental health and emotional support available for National Health Service (NHS) staff, as they tackle the COVID-19 pandemic, seems to be on the rise. The NHS has launched a 'mental health hotline' for its staff,⁵ and there are also a number of free digital apps available to NHS workers until December 2020. These form part of the extensive support measures being put in place to deal with the consequences of COVID-19.

Whilst such resources are deeply valued during the ongoing crisis, my concern is how much support will be available to deal with the longer-term impacts of this pandemic? With all non-urgent elective care currently suspended, there will undoubtedly be increased pressure on the workload for professionals after COVID-19. We therefore need to consider the future consequences of

this event for NHS staff, to ensure that we have a healthy workforce, both physically and mentally.³ This preparation will ensure high standards of patient care can be continued.

R. Oliver, Liverpool, UK

References

1. Oliver R, Thayer T. Mental health disorders. *Br Dent J* 2019; **227**: 539–540.
2. World Health Organisation. Mental health and psychosocial considerations during the COVID-19 outbreak. 2020. Available at: <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf> (accessed April 2020).
3. Greenberg N, Docherty M, Gnanapragasam S, Wessely S. Managing mental health challenges faced by healthcare workers during covid-19 pandemic. *Br Med J* 2020; **368**: m1211.
4. Public Health England. COVID-19 personal protective equipment (PPE). 2020. Available at: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe> (accessed April 2020).
5. NHS England. NHS launches mental health hotline for staff tackling COVID-19. 2020. Available at <https://www.england.nhs.uk/2020/04/nhs-launches-mental-health-hotline-for-staff-tackling-covid-19/> (accessed April 2020).

<https://doi.org/10.1038/s41415-020-1590-y>

USC referrals

Sir, we write to draw attention to the impact that the lockdown associated with COVID-19 is having on mouth cancer USC referrals. Here at the University Dental Hospital in Cardiff, which serves a population of approximately 480,000, the mean number of USC referrals received per week has been 11 with a range, over the six months prior to 23 March 2020, of between seven and 18 referrals per week. These USC referrals come from both general dental and general medical practitioners working in primary care of Cardiff & Vale University Health Board. However, since the introduction of lockdown and clinical restrictions on 23 March 2020, the number of referrals per week has fallen in consecutive weeks from 11 to three, then to one with no USC referral in the week beginning 6 April 2020. Only two USC referrals have been received in the last two weeks. The University Dental Hospital is running an emergency dental service every day and no patient has presented with mouth cancer via this route since 23 March. There will undoubtedly be an adverse impact on patients who may present after lockdown restrictions with tumours at an advanced stage that will require more complex treatment and ultimately have a poorer five-year survival.

It is important that the profession is aware that during this pandemic USC patients will