

Besides RT-PCR-based tests, serological (enzyme immunoassays) diagnostic tests aimed at detecting IgM and IgG antibodies against the viral antigens are robust methods to diagnose current and past infections. Preliminary studies using serum samples have shown promising results for COVID-19.<sup>5,6</sup> The production of SARS-CoV-specific secretory IgA in the saliva of animal models was previously shown.<sup>7</sup> Hence, it is reasonable to speculate that anti-COVID-19 antibodies might also be present in human saliva although this has not been reported nor has their potential use for diagnostics and disease monitoring. This clearly warrants future studies.

Studies are needed to analyse the sensitivity and specificity of saliva based COVID-19 tests before they could be made available as a convenient and cost-effective diagnostic method. Since the presence of live COVID-19 in saliva identifies it as a potential source of viral transmission any collected saliva samples must be handled with care to avoid spilling and spreading of live viruses.

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## Redeployment positives

Sir, with the coronavirus situation many DCTs have been redeployed to medical specialities including Accident and Emergency, General Medicine and ITU. The roles of these redeployed dentists are

now similar to that of junior doctors, which include cannulation and venepuncture, discussion of treatment plans and general ward duties. Understandably, there was anxiety over the readiness and preparedness to assist on medical wards from DCTs. However, the overwhelming response has been that of support, understanding and gratitude from our medical colleagues.

A positive, even in this time of crisis, is that redeployment has allowed DCTs to gain experiences far beyond their normal day to day scope, gaining a better understanding of emergency medicine, dealing with crisis and managing chronically and critically unwell patients. A better understanding of the 'medical side' of dentistry, gives us extended skills, which will be transferred to our future careers. Additionally, DCTs have contributed their own specialist knowledge, improving patient outcomes and reducing the general strain on the NHS. Examples include managing dental trauma, diagnosing and managing acute dental pain of in-patients and managing soft tissue lacerations on wards. This contribution from DCTs has helped to develop a mutual respect and understanding of the roles of both medics and dentists, highlighting the value of dentistry within healthcare. I would like to express my pride and admiration for those redeployed to the NHS frontline. In this time of unprecedented crisis all DCTs across the UK have stepped up to the mark and excelled in supporting our NHS.

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## Check-ins not check-ups

Sir, in these uncertain times, the NHS has faced immense pressure. In response, many of us have been upskilled and redeployed to unfamiliar clinical settings in this unique fight against COVID-19. However, those awaiting redeployment, those self-isolating vor shielded members who cannot work clinically due to underlying health conditions, have a very valuable skill set. We are strong communicators and share an instinctive compassion for our communities. We also carry a moral duty of care for the public and have received training in safeguarding.

These qualities are ideally suited to befriending. Befriending offers supportive, reliable relationships to individuals who are lonely or socially isolated. Maintaining our

mental health and wellbeing is so important during this time of social distancing. As we know well, we all need other people, but not everyone has someone. Befriending during COVID-19 involves contacting service users at an arranged time and chatting, listening and ensuring they are coping well. Instead of providing our usual check-ups, we could be checking in. We could be giving our time to others, arguably the most valuable of all assets.

Charities offering befriending services have fast track online modules to provide immediate training. As healthcare professionals we all have Disclosure and Barring Certificates already, which further accelerates our application. Diane Claridge from Befriending Networks believes that charities would be very grateful for any support our profession can offer. She recommends visiting [www.befriending.co.uk](http://www.befriending.co.uk), searching the directory for local charities and contacting them directly to get involved. Examples of charities that support befriending include Age UK, Independent Age, Royal Voluntary Service (RVS) and Re-engage (formerly Contact the Elderly).

Oyovwe Kigho is the founder of the Widows Empowerment Trust. Oyovwe has recently reported a huge increase in the number of vulnerable widows seeking the support of her charity. We are befrienders with the Widows Empowerment Trust and have completed the online training. Providing this service is incredibly rewarding. So, in a time when negativity and fear are in the air, let us remember the positivity and support we can bring to others.

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## Call for help

Sir, I wonder if any of your readers could help at all. I am currently unemployed and on a 'gap year' of sorts whilst applying for speciality training. In fact, I am actually meant to be travelling around South America as I type this, however due to the obvious I am not. I am lucky enough to be living with my parents for the foreseeable so can use my travel savings to pay for the minimal bills and outgoings I have. What I would like to be able to do is work or help in any way possible with the fight against COVID-19. Dental core trainees and general dental practitioners are being redeployed onto wards and to Urgent Dental Care centres, but