

Letters to the editor

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CORONAVIRUS

Pandemic paediatrics

Sir, paediatric patients presenting with irreversible pulpitis and related afflictions need urgent care delivered through the use of aerosol-generating rotary instrumentation and air/water syringes. These procedures increase the probability of airborne microbial transmission, such as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Two recently published articles in your journal highlighted the utility of silver diamine fluoride (SDF) and potassium iodide (SDF/KI) application, and paediatric patients audit attending emergency care for irreversible pulpitis symptoms during the current coronavirus disease 19 (COVID-19) pandemic.^{1,2}

Children are believed to exhibit only mild SARS-CoV-2 symptoms or they could be asymptomatic carriers and hence, the care pathway has been sensibly devised to treat every child as a potential COVID-19 positive patient.² Thus, to limit bioaerosol risks, the contemporary treatment algorithm includes the use of pre-procedure oral rinse with 1% hydrogen peroxide or povidone-iodine³ and the use of dental dam, as well as high-volume suction.

Nevertheless, the use of mouthwash is contraindicated in children younger than six-years-old owing to their immature, fine-motor control and oral muscle reflexes, required to properly spit out mouthwashes.⁴ Additionally, both in young and older children, the saliva laden expectorate laced with the virus itself may pose a threat of SARS-CoV-2 transmission, if it is not properly collected, contained, and disposed of.

It is known that the cavitated dental lesion is a thriving biome of bacterial, fungal, and viral flora. Thus, pre-treatment of the cavitated

lesions with an antimicrobial, prior to high speed instrumentation, is likely to diminish the aerosolisation of viral particles and their inhalation by dental personnel. There is now ample data to indicate the viricidal potential of both silver and iodide containing formulations.^{3,5,6} Hence, we wish to propose that, for children younger than six years of age, the swabbing of the procedure site with gauze soaked in povidone-iodine should be followed by application of SDF and KI. The latter, while potentiating the antimicrobial effect, can also be an extremely effective dentine desensitiser.¹

In addition, desensitising the exposed operative focus of highly sensitive dentine could mitigate stress, and increase compliance and facilitate paediatric patient management. *K. S. Fakhruddin, Sharjah, UAE; H. C. Ngo, Perth, Australia; L. Samaranayake, Hong Kong, China (SAR)*

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<https://doi.org/10.1038/s41415-020-2171-9>

Free flu jab from dentists

Sir, delivering the seasonal flu vaccination programme this year will be more challenging than in previous years due to the impact of COVID-19. I fully support the proposal by Serban *et al*. regarding the

potential dental team role in supporting the delivery of a flu vaccination programme.¹

In the United States, Minnesota and Illinois allow dentists to administer vaccines, but only to protect against the flu and only in adult patients. In 2020, Oregon becomes the first state in the United States to allow dentists to offer any vaccination to a patient.²

In Scotland, NHS dental contractors (dentists and dental bodies corporate) can opt in to participate in the 2020/21 flu vaccination programme. Participation will be agreed locally by NHS Boards and Area Dental Committees, depending on the overall requirements to deliver the programme. A one-off participation fee of £250 will be offered to each contractor and in addition, a flat fee of £8.27 will be paid per immunisation.³

NHS Education for Scotland is developing learning resources to support delivery of the flu vaccination programme. This is in line with the guidance from the General Dental Council that dental professionals must be trained and competent for all skills and treatment that they undertake.³

Indemnity cover for dentists will be provided by the Scottish Government. Other members of the dental team will not be allowed to deliver vaccinations.

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<https://doi.org/10.1038/s41415-020-2183-5>