

Letters to the editor

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CORONAVIRUS

OHE for spread prevention

Sir, there is increasing evidence that a number of retail mouthwashes and dentifrices can inactivate the SARS-CoV-2 coronavirus. It has been suggested that these products could potentially be an adjunct to other measures which the public have been advised to adopt to reduce transmission of the virus.

Given the safety, ubiquity and high levels of use of such products by the public, there would appear to be no significant downside risk associated with pre-empting the outcome of ongoing research in this area, and advocating that those travelling on public transport, visiting high street businesses and those making bubble visits perform thorough oral hygiene procedures beforehand and as close to the time of contact with others as practical.

Given the primacy and experience of the dental profession in communicating dental health education to the public and its potential capacity to do so directly with patients, there would appear to be an argument for assessing the potential for the profession to convey government-supported advice, directly to patients, electronically.

P. V. McCrory, Stockport, UK

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Informed consent

Sir, COVID-19 has had a significant impact on the consent processes amid the current pandemic. As one of the primary care oral surgery service providers within the region, we swiftly updated our consent process for all outpatient oral surgical procedures under local anaesthesia with or without conscious sedation. The current consent process includes the 'material risk' of becoming infected with coronavirus as

patients attend for treatment and possible effects on post-operative recovery. We are confident that the risk of contracting COVID-19 while attending a surgical appointment is significantly reduced by patient risk assessment, the use of personal protective equipment, meticulous infection prevention and control measures, and strict adherence to the relevant standard operating procedure. We still could not neglect the COVID-19 risk, albeit negligible. We are obliged to inform the patients about the risk of 'COVID-19 complications' based on the Montgomery ruling.

We therefore added 'COVID-19 complications' as one of the risks in our consent form. This has also given us the opportunity to re-audit our consent process within primary care oral surgery service amid the pandemic. To date, all patients assessed and treated were not averse to being informed of the possible risk of 'COVID-19 complications'; in fact, some expressed their gratitude.

J. Liew, M. Winston, Sheffield, UK

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Oral side effects of COVID-19 vaccine

Sir, vaccine hesitancy (VH) is an emerging public health challenge nourished by misinformation. Last year, a national cross-sectional survey-based study found out that aversion to the potential side effects of vaccines was the most frequent cause for VH among population groups in the UK.¹ The oral side effects following the administration of vaccines like polio and diphtheria were inconsistently reported with a low level of confidence; they have never been reported independently, eg they emerged typically in conjunction with other dermatologic and systemic symptoms.² The oral side effects of non-orally administered vaccines including influenza vaccine are

extremely rare. By looking up grey literature, I have found only one study where only three participants (9%) who received the influenza vaccine got oral side effects associated with flu-like symptoms, thus implying that no statistically significant relationship could be established.³ Owing to the mass vaccination strategies of COVID-19, dentists among other clinical specialists are supposed to provide care to the recently vaccinated patients – at this moment, Hill's criteria of causal inference and rigorous anamnestic recording should be strictly followed before jumping to irrelevant conclusions.

A. Riad, Brno, Czech Republic

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3. Sawires L. Effects of the influenza vaccine on the oral cavity. University of Florida, 2018. Available at: <https://stars.library.ucf.edu/cgi/viewcontent.cgi?article=1306&context=honorstheses> (accessed December 2020).

<https://doi.org/10.1038/s41415-021-2615-x>

MRONJ and COVID-19 caution

Sir, of late, monoclonal antibodies including tocilizumab and sarilumab have been utilised in the treatment of COVID-19. Both drugs were used in more than 3,900 COVID-19 cases in 15 countries worldwide, with encouraging results.¹ A randomised controlled trial reported a significant difference in mortality rate between the group receiving tocilizumab (28%) or sarilumab (22%) compared to those receiving standard care (35.8%).^{1,2} Both act against interleukin-6 receptors and are commonly used in the treatment of rheumatoid