arthritis. There has also been some evidence to associate tocilizumab with medication-related osteonecrosis of the jaw (MRONJ).[3,4] While other monoclonal antibodies such as denosumab have been proven to be truly associated with MRONJ, we must take into account the potential effects in relation to oral health. In light of this, readers should be aware of the increased use of tocilizumab and sarilumab, as they may encounter a higher number of patients requiring dental extractions with an increased risk of MRONJ in the future. Even though further studies are required, it is worth keeping this in mind as a possible impact of the pandemic.

A. Hasan, Birmingham, S. Alraisi, London, UK

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Public vaccine distrust

Sir, I am surprised and concerned that, according to a report on the behavioural aspects of vaccine update and misinformation, published by the British Academy and Royal Society, around 36% of the UK population are either uncertain or unlikely to be vaccinated against COVID-19.[1]

Vaccinations are one of the most successful public health measures in history, preventing multiple diseases, hence saving millions of lives and also bringing about large-scale societal and economic benefits. For this to be successful, a community-level vaccine coverage of 80%+ for COVID-19 will be required.[1] Misinformation regarding the vaccine is driven by five key factors: distrust of science and selective use of expert authority, distrust in pharmaceutical companies and government, simplistic explanations, use of emotion and anecdotes to impact rational decision-making, and development of information bubbles and echo chambers. Behavioural factors include complacency (perception of risk, severity of disease), trust and confidence (efficacy, safety), convenience (barriers, access), sources of information and socio-demographic characteristics (eg education, sex, ethnicity, religion, post-vaccination behaviour).[2]

As healthcare professionals, our patients may come to us with questions regarding this new vaccine, and we must equip ourselves with the knowledge to answer these queries and put their minds at ease. We are trained to interpret scientific information, follow evidence-based research, and portray this information in an accessible and comprehensible way. Directing patients to reliable sources of information, such as the WHO website, which provides a 'mythbusters' page collating the main misinformation coronavirus messages, could be useful.[2] While personal opinion and choices cannot be overlooked, collectively, we can work towards dismantling misinformation and protecting public health.

E. Elleray, London, UK

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Nominations sought

Sir, since last March, I know that so many dentists are stepping up and doing truly extraordinary things to ensure our patients receive the best possible care, and the profession is represented and supported during this COVID-19 pandemic. Over the last few months, I have also seen colleagues working long hours to give consistent evidence-based advice at this time of uncertainty, so we can protect our patients, staff, families and ourselves. These are truly unprecedented times for dentistry. In my long career, I have never seen our profession put under such unrelenting pressure for such a sustained period of time. I am proud of how brilliantly our profession has responded.

The BDA would like to ensure those dentists who are going above and beyond are recognised by their peers and by our Association, so I urge you to consider if you know of anyone, through your Branch or Section, your LDC or another professional group, to please nominate them for our BDA Honours and Awards this year.

The deadline for this year's round is 28 May. We are also keen to ensure younger dentists are recognised and our Joy Harrild Award seeks nominations for dentists up to ten years post-qualified; the deadline for this is 30 April. Details of how to nominate are on our website at bda.org/honours-awards. Please note that self-nominations are not accepted. I would like to thank all those who have worked so hard during these difficult times and also to let you know we are there to support you if you need us – find out how we can help at bda.org/stress.

R. McMullan, Chair, BDA Honours and Awards Committee, UK

https://doi.org/10.1038/s41415-021-2618-7

DHSC is not listening

Sir, on 8 June 2020, practices in the UK reopened after the lockdown precipitated by the pandemic. Since then, dentists have rejigged their practices at some expense to maintain full cross-infection control and social distancing in line with a series of standard operating procedure guidelines issued by the Department of Health and Social Care (DHSC). In time, output ramped up so that most practices are currently working at what they consider to be a safe speed commensurate with a safe environment, something around 20% of pre-COVID levels.

The profession was dismayed to learn in December 2020 that, as of 1 January 2021 and with only a few days' notice, the DHSC was demanding that output was to be increased to 45%. This figure would be accompanied by a return to the invidious UDA as a measure of output along with a complex set of bands which determined levels of clawback if targets were not reached.

Regrettably, the Department has not listened to and, in reality, has completely ignored the arguments of the GDPC that this target was untenable for a number of reasons, these being:

- Practices are currently working to capacity, taking into account high levels

of cross-infection control, limited patient capacity, patient flow within the practice and the need for enhanced cleaning of surgeries after each patient, including the now revised fallow time after aerosol generating procedures
- Any increase in throughput will, in the opinion of the profession and the BDA, increase the risk to health and safety procedures to dentists, staff, and above all, to the welfare of patients as dentists attempt to cut corners to increase throughput.

In the 1970s, around 95% of all dental treatment in the UK was done under the NHS. By June 2018, this had fallen to around 50%.[1] If the Department continues with its current policy, there is a real danger that more dentists will leave the NHS, or at least reduce their commitment to NHS dentistry even further, and the NHS dental services, once the envy of the developed world, will wither on the vine.

Finally, it has not escaped the profession's eye that clawback will further hazard the financial stability of practices, already reeling from the hit of vastly reduced throughput (affecting both the NHS and private sectors) and exorbitant PPE costs. There is a real risk that practices in socially deprived areas where the only option is to work within the NHS may find themselves financially unviable.

The profession urges the Department to rescind the 1 January orders with immediate effect and enter into real and meaningful negotiations, not diktat, with the profession's representatives, the GDPC, without delay. Otherwise, patients' safety will be put at risk and the NHS primary dental services will continue to wither on the vine. This government will go down in history as the one that finally destroyed it.

R. Grant, Cramlington, UK

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Emergency dentistry

It could be mumps

Sir, I wish to gently remind colleagues about the need to be aware of seasonal infections which can mimic those of dental origin.

A patient recently attended A&E with a left-sided firm facial swelling over the mandible, and mild trismus. The A&E staff made a provisional diagnosis of a dental abscess and requested a maxillofacial opinion. On examination, the patient had a significant unilateral tender swelling, moderate trismus and a slightly elevated temperature. Clinical examination showed a sound dentition with no intraoral evidence of dental caries, swellings or draining sinuses. A panoramic radiograph showed no evident pathology. Having excluded a dental cause, further investigations confirmed that the patient was suffering from mumps.

Mumps is a notifiable infectious disease, and clinicians are obligated by the Public Health (Control of Disease) Act 1984 and the Health Protection (Notification) Regulations 2010 to notify the local health protection team of any suspected cases.[1] Patients typically present with parotitis, which can be unilateral or bilateral. Orchitis (inflammation of the testes) is one of the most common mumps complications in post-pubertal males. Other non-specific symptoms include headache, pyrexia and myalgia. Symptoms typically resolve after ten days.[2] It is usually managed conservatively, with symptomatic relief, and patients require isolation for several days. In rare cases, there can be serious complications including meningitis, encephalitis and pancreatitis.[2]

Mumps is now rare in the UK, due to the MMR vaccine. However, in 2020, cases in England reached their highest in over ten years.[3] The peak incidence of mumps is in the late winter and spring.[2] It is important that clinicians have awareness of this disease and keep it in mind as a differential diagnosis, particularly at this time of the year.

S. Acharya, Liverpool, UK

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BDJ covers

Covered in congratulations

Sir, congratulations on the very interesting front covers for volume 229 of the *BDJ* by dental student Rachel Jackson. Your readers may like to know of the Medical Art Society which is for doctors, dentists and vets, whether working, retired or students, who enjoy painting, drawing or sculpture when at leisure. The highlight of the year is the annual exhibition which has been held at the Royal Society of Medicine for several years. We show a wide range of subjects and media, but clinical images and photographs are not accepted. The Society is now administered by Hampstead School of Art and has its own website. To join the Society, make contact by email: mas@hsoa.co.uk.

A. Bond, Stoke-on-Trent, UK

https://doi.org/10.1038/s41415-021-2621-z

Oral health

Nicotine pouches

Sir, nicotine pouches, also referred to as non-medicinal nicotine pouches or tobacco-free snus, are small receptacles that contain white nicotine powder which a user places in the anterior maxillary vestibule.[1] They originated in Scandinavia and their distribution is rapidly widening to other countries, with five tobacco manufacturers currently selling their products in the UK.[1] Currently unregulated in the European Union, their packaging carries no health warnings and are widely advertised online, on billboards and buses as 'harmless tobacco-free alternatives'.[2]

The evidence behind the correlation of nicotine and cancer development is inconclusive, although several studies have illustrated that nicotine can facilitate a tumour-supporting environment and has proven genotoxic effects.[3] Oral mucosal changes (for example, hyperkeratotic changes) behind habitual oral nicotine use have been documented.[4]

These nicotine pouches are being marketed as a vogue and safe way to get a 'nicotine hit' without the associated negative health