

COMMENT

Letters to the editor

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CORONAVIRUS

Students' vaccine views

Sir, as healthcare workers in priority group 2, dental students have been included in the first phase of the government's vaccine rollout. The Manchester Undergraduate Dental Research Society were interested in dental students' views on the vaccine and distributed a five-question survey on our social media platforms in late January.

We received 127 responses from all the UK dental schools, mostly from the University of Manchester (85 responses). There were ten responses each from the Universities of Sheffield and Birmingham; additional responses from the remaining 13 universities were in single figures. The year groups of participants were relatively evenly spread: BDS1 (26%), BDS2 (13.4%), BDS3 (15.7%), BDS 4 (33.1%), BDS5 (11.8%).

The UK government's assumption, based on previous vaccination programmes, is that around three-quarters of people will take the coronavirus vaccination when offered.¹ Our results show slightly higher rates as, at the time of the survey, 86.6% of dental students planned to have or had already received the vaccine. Of the

remaining students, eight had decided not to take it and nine were undecided. We then asked students to select statements they believed to be true; the results are shown in Table 1.

These results show that despite students agreeing to receive the vaccine, they still have concerns that need addressing. Our final question asked whether students would like more information on the vaccine from their dental school; the majority (72.4%) answered yes. We suggest that dental schools provide reassurance to students' concerns. This could be by signposting to reliable resources or holding question-and-answer sessions. With accurate information based on evidence-based research, dental students can make informed decisions and the vaccine can provide us all with hope that there are better times ahead.

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Reference

1. Institute for Government. Coronavirus vaccine rollout. 2021. Available at: <https://www.instituteforgovernment.org.uk/explainers/coronavirus-vaccine-rollout> (accessed 14 February 2021). <https://doi.org/10.1038/s41415-021-2731-7>

A one-way ticket to dental care?

Sir, once vaccinated against COVID-19 individuals are given a card as proof of their vaccination. With some airlines planning to only allow passengers to book and board with their vaccination card, will this also serve as a one-way ticket towards dental care allowing patients to be treated without the need for AGP protocols, fallow time, hazmat suits and respirators to be worn? An essence of normality, allowing for a more secure future for the financial aspect of dental practices, as well as providing further opportunities for students or those in postgraduate training? From a public health and patient perspective, the provision of treatment in order to stabilise the oral health of the public can be continued.

It has been opined that those who refuse the vaccine should give up ventilators and intensive care if they catch coronavirus. This prompted me to consider the ethical and practical consequences of immunity passports. Will vaccinated dental patients be prioritised over those who have not been vaccinated? Patients have every right to decline the vaccine; however, is it morally justified to limit access to those opposed to the vaccine? What about those who are severely immunocompromised or individuals with severe allergies who are not currently eligible for the vaccine? There are currently no data on the safety of COVID-19 vaccines in pregnancy.

In hospitals, open bays mean that AGP treatment is prohibited. For students, this limits their exposure to certain complex treatments. Allowing vaccinated patients to be treated in these open bays with AGP treatments will expand their experience. Theatre capacity in dental hospitals is

Table 1 Dental students' responses to whether statements are true

Statement	Respondents
The vaccine may have harmful long-term effects	40
The vaccine may have harmful side effects	32
I do not know enough about the vaccine to make a decision	18
The vaccine has been produced too quickly	13
The vaccine will not work	8
I'm unlikely to become unwell with COVID so I don't need the vaccine	7
The vaccine contains harmful substances	1

also capped, delaying treatment for the thousands on waiting lists. Increasing this capacity for vaccinated patients will reduce waiting times and consequentially increase dental access. Similarly, in primary care, increased access will help serve and reduce the great needs of our population.

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Vaccination side effects

Sir, all COVID-19 vaccines aim to actively induce systemic immunisation, yet the possibility of side effects' (SEs') occurrence within the oro-maxillofacial region cannot be ignored. Data collected from worldwide clinical trials carried out in 2020 reported mild to moderate incidence of enlarged lymph nodes (uncommon, 1/100 recipients), sore throat (common, 1/10), and even acute peripheral unilateral facial palsy (rare 1/1,000).^{1,2}

The utilisation of Yellow Cards by both professionals and patients, an online system governed by Medications and Healthcare products Regulatory Agency (MHRA), would strongly support the COVID-19 vaccination programmes' clinical safety.

Current evidence is inadequate to accept or reject any causal relationship between COVID-19 vaccinations and adverse events or reactive response affecting the oro-facial region. Although serious orally manifesting SEs are deemed unlikely, the collaborative multicentre cross-sectional survey commenced in January this year is designed to estimate the prevalence of the oral side effects of COVID-19 vaccine and identify risk factors of COVID-19 vaccine adverse events.³

While it is our professional duty to act as ambassadors of any vaccination programmes, equally we need to be constantly vigilant and take appropriate action when encountering abnormal oro-facial symptoms of unknown origin.

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References

1. Medicine & Healthcare products Regulatory Agency. Decision: Information for Healthcare Professionals on COVID-19 Vaccine AstraZeneca. Updated 28 January 2021. Available at: <https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca/information-for-healthcare-professionals-on-covid-19-vaccine-astrazeneca> (accessed 5 February 2021).

2. Medicine & Healthcare products Regulatory Agency. Decision: Information for Healthcare Professionals on Pfizer/BioNTech COVID-19 vaccine. Updated 28 January 2021. Available at: <https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/information-for-healthcare-professionals-on-pfizerbiontech-covid-19-vaccine> (accessed 5 February 2021).
3. Oral Side Effects of COVID-19 Vaccine. ClinicalTrials.gov Identifier: NCT04706156. U.S. National Library of Medicine. Available at: <https://clinicaltrials.gov/ct2/show/NCT04706156> (accessed 5 February 2021).

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Fit testing troubles?

Sir, the use of 3D face scanning in dentistry is nothing new; clinicians and dental laboratories use this technology as an integral part of diagnostic, surgical and restorative treatment planning. During the COVID-19 pandemic, this technique is being used to produce a bespoke frame to achieve a facial seal for disposable FFP3 masks, in circumstances when achieving a seal has proved challenging. Being unable to 'fit test' dental clinicians despite trying various makes and models of FFP3 masks was the driver to explore this solution.

We used the Bellus3D face-scanning app, downloaded from the App Store. The 'Mask Fitter' option was selected to produce a 3D scan of the face. An STL file for laboratory printing produced a standard frame (Fig. 1) which fits over the FFP3 mask to produce a tight facial seal. The frame is held in place by attached elastic straps (Fig. 2). This technique

has resulted in individuals subsequently achieving a passed fit test for a FFP3 mask which has previously failed to produce an adequate seal on its own.

This is a cost-effective option when compared to purchasing a powered air purifying respirator (PAPR) which would be the only other alternative. The total cost of this face-scanning solution including purchasing the app, STL files, laboratory fees and elastics was around £25. Simple steps to follow:

1. Download the app <https://apps.apple.com/us/app/bellus3d-faceapp/id1352268131>
2. Open the app and place your face in the red demarcated area
3. This produces a 3D scan of the face. Choose the 'Mask Fitter' option on the menu bar
4. Choose frame type
5. Choose Export (unless you have your own 3D printer)
6. Pay the Export fee through the App Store
7. Email created STL files to the laboratory or 3D printing centre
8. Purchase elastic roll with eyelets to fit the frame to the face
9. Conduct fit test with FFP3 mask and frame in place.

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Fig. 1 Standard frame produced by an STL file



Fig. 2 The frame is held in place by attached elastic straps