

Editorial

Fatal mistake: Dentistry the next epicenter of SARS-CoV-2 spread

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Travel ban and lockdowns may not be enough to prevent viral transmission as the WHO declares SARS-CoV-2 (Corona Virus) a pandemic.¹ However efficient in preventing spread, it is imperative to re-evaluate the role of dentistry, which the New York Times determined to be at the highest risk levels of viral contamination². This segment is more aimed to focus on dental care in developing countries, particularly those of South-East Asia. While IAADR³, BMJ⁴, Nature⁵, Lancet⁶ and various other reputable dental organizations have rolled out screening guidelines on education and best patient practice, it is almost impossible now to 'screen' someone of positive history at the dental office, and nearly impossible to control the spread of the aerosol droplets generated while operating the dental motors in the patient's mouth.⁷ The pandemic spread, ignorance and untruthfulness from the patient and negligence of practitioners in acknowledging that the patient may have been exposed irrespective of negative history can contribute to greater spreads. This in combination with the recent asymptomatic carrier development of the disease make newcases even harder to detect.^{8,9} In developing countries

especially near rural areas, there are 'over-professional' dental care givers and quacks (practitioners with no formal dental education but illegally administer dental care) who are treating patients even at this moment. Furthermore, many such rural settings have their residents travel abroad on contract-based labour who may have returned unscreened long before the world went into a panic frenzy over COVID-19 and started surveillance and lock down. While such countries are demonstrating zealous acts of preventing massive gatherings such as Islamic prayers and religious congregations, they are also allowing such practices to run rampant. In countries where poor medical infrastructure and negligent isolation result in deaths of patients suspected of coronavirus infections (but were actually suffering from other medical emergencies), such a careless leniency from authorizing bodies may enable dentistry to become the next epicenter of the infectious disease spread. The government and relevant organizations should take sterner actions in seeing dental practices temporarily close with only hospitals administering emergency dental care until the spread is in containment to prevent an unmanageable full-scale catastrophe.

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