




Canadian Association of Public Health Dentistry
Association canadienne de la santé dentaire publique

Dear:

Communications Committee

Board of Directors

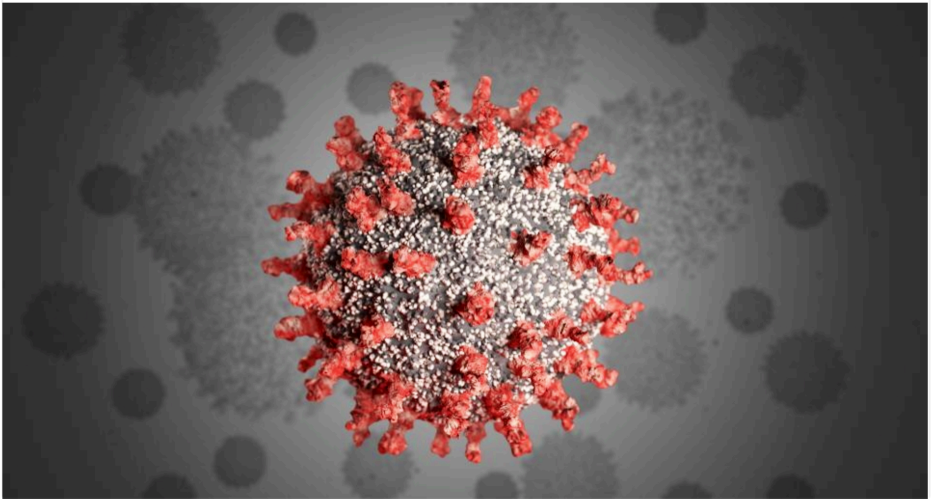
**DENTAL PUBLIC HEALTH
CONTRIBUTIONS
DURING THE PERIOD OF
 COVID-19 PANDEMIC**

April 3rd, 2020


Drs. Paul Allison, Sreenath Madathil, Martin Morris, and Raphael Freitas de Souza have recently published:

INFECTION CONTROL ADVICE FOR DENTAL PROFESSIONS DECISION-MAKERS IN THE COVID-19 PANDEMIC.




McGill Researchers Develop Infection Control Advice in the COVID-19 Pandemic




BACKGROUND

México City.— Due to my interests in scientific evidence, health research, strategic responses to protect the population, as well as belonging to an active research society that shares my motivation; I decided to become a member of CAPHD on January 21, this year. Since that day, I have had access to a large amount of dynamic and opportune information related to infection control during  COVID-19 Pandemic, among the literature highlights the content of a document that in my opinion, concentrates scientific evidence, related to global research on infection control from the world, and standardize clear guidelines to follow, while allowing its application to the Canadian context.

My enthusiasm and interest in this document come from its nature of public health action, working in real-time, in the dental sector of Canada, mostly private. This information has indeed been effective and viable in part, due to the current high risk of contagion and mortality, but it is also true that its production is working thanks to health research institutions that recognize the potential of interdisciplinary on oral public health impact. This document contains two relevant experiences, of well-established decisions that are *sensitive, practical and outlined with specificity, strategy and understanding*. On the other hand, it also manifests that in the field of Dentistry, extra and specific protection and actions are required, due to the natural high risk the profession has itself, as a consequence of developing health care practices around the dirtiest and most infectious cavity of the human body.

Concerning to the current critical situation, there is an ***“urgent”*** need in the world to recognize with *humbleness*, that we are working towards monetary paradigms that affect our health, and are threatening to lead us to our humankind detriment   , affecting our quality of life and affecting life itself  . *The question is: How to reverse our bio-psycho-social sickness, for the pursuit of the ethical economic approach, and turn it towards a strategy of a functional and healthy society that continues human-social progress? This time is crucial to develop and decide what kind of society we are going to be from now on because that is going to determine our existence on this planet.*

Therefore, social policies regulations are ***“urgent”***, but they must follow *evidence-based medicine*, even if limited, since their quality of information is the only one that allows the development of real solutions, sustainable over time, and with human dignity, to remark that until this year 2020, are the only answers we have to face with predictable models the conjuncture threats that are affecting the world's population. Moreover, it is desirable that the countries of the Americas  that present health systems in process of transition to universal health systems such as México, have an invaluable opportunity to regulate with a sense of social justice and responsibility on decisions-based on human conventions and conformed by health professionals with enough Academic Competencies able to make decisions to protect society.

I expose my oral public health contributions in the Mexican context, during the period of COVID-19 Pandemic. Such actions represent contextual visions and opportunities to develop dynamic regulations towards a [universal symbiotic healthy system](#).

TIME FOCUS

April 6th, 2020

As an oral public health graduate student,
I felt a strong desire to contribute
to protect oral health care professionals & practice
in the context of COVID-19 Pandemic,
due to the fact, that for this date there were still,
dental clinics and some professionals
related to oral care attending regularly.

CHAPTER I

April 7th, 2020

First, I made contact with my oral public health mentor to ask if it was pertinent to get involved ...

Dr. Aída Borges, UNAM: “Yes, I think it is necessary dentists must know what they can and cannot do. Regarding the document, I think it is very well presented. First you have to ask the authors for permission to translate and publish it ...”

Supported by her, I decided to establish contact.

Choosing **Dr. Carlos Quiñonez** for being perseverant and active member of CAPHD, responsible for tons of constant useful information of high impact for this crucial moment.

And for my surprise, the response was immediately...

EFFECTIVE COMMUNICATION

April 8th, 2020

Dear Doctor Carlos
Quiñonez,

I am writing to request copyright permission for the material attached to this mail. This material was obtained as part of the emails I received from my membership in CAPHD. My name is Ileana Nieto, and I am a Dentist Surgeon and a Graduate Student in Oral Public Health, from the National Autonomous University of México.

Hello Ileana, I am sure you can use the material for information, but please note that I did not author it, the resource was simply shared on the CAPHD listserv by one of my graduate students.

The document was authored by my colleague at McGill, Dr. Paul Allison. I have cc'd him here.

Thank you,

Carlos.

Dear Dr. Nieto,
Thanks for your interest in the document. I hope it is useful. Please use it as you wish. I am copying co-authors. Also I would say that the idea is to regularly update this document as new information becomes available. It can be found at <http://www.rsbo.ca>


Paul Allison
Faculty of Dentistry, McGill University

April 12th, 2020

I made contact with my colleague at the **Epidemiological Surveillance System of Oral Pathologies (SIVEPAB)**, Dr. Kathia Rodríguez. She showed interest in this content diffusion and to participate in a scientific production that generates descriptive information related to the contagions of health professionals, using database information *managed in the epidemiological surveillance system of the General Directorate of Epidemiology (DGE)*. That day, she confirmed 4,661 cases of COVID-19, of which 1,022 corresponded to health personnel, representing 22% of total contagion. 🚚

April 13th, 2020

The document was translated and adapted to the Mexican context. Supervision was made by Dr. Aída Borges. Attached to this document, modified Spanish version available.



Recomendaciones a los profesionales dentales para la toma de decisiones sobre el control de Infecciones durante la Pandemia de COVID-19 (3 de abril, 2020).¹

Este trabajo fue posible gracias al soporte financiero de Réseau de recherche en santé buccodentaire et osseuse

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<http://www.rsbo.ca/en/>

April 14th, 2020

Asking official permission for the database to the **National Institute of Access to Information (INAI)**. Principal COVID-19 official variables names were obtained:

Health professionals (Medical – Nurses – Dentists)

Residence entity

Health sector (private/public)

Province

Gender

Type of patient (ambulatory care – hospital admission)

Evolution

Age

Symptoms

Symptoms onset date

Comorbidity (HIV – T2DM – HBP)

Smoking

Treatment: given or not

Sample result

Use of antipyretic / Not using


Date of entering health services

SPECIAL EPISODE: CENAPRECE

**HEALTH SECTOR
REFORMS MUST
INCLUDE
DECENTRALIZATION
OF
RESPONSIBILITIES,
TO LET SOCIETY BE
HEARD AND TO
CONTRIBUTE TO
CHANGE.**

April 15th, 2020

Dr. Kathia Rodríguez was the liaison between Dr. Adriana Mejía from **Oral Health Area of National Center for Preventive Programs and Disease Control (CENAPRECE)** and me. During the call, the three of us talked about the specific content of the document and the opportunity of shaping teamwork to produce information related to the current health situation to create strategical oral health actions. My focus was on taking advantage through infection control normative, recognizing that it is necessary to regulate the dental private sector with a vision on primary health care, adapting scientific evidence, to the sufficiency and creativity of the resources available in México, to create invaluable opportunities for action, through this sanitary measure. For now we just need to start publishing this information.

Dra. Adriana Mejía mentioned that: *“Ministry of Health does not refuse to collaborate with different sectors, especially coming from University, but acceptance of content does not depend directly on them; so she remarked that all the information that is published with the support of the health sector, must have to pass through different filters until reaching presidency area , to wait for acceptance and then, publication. So the process is not agile at all.*

The problem is not the problem, the problem is the attitude towards the problem ...

April 16th, 2020

On the other hand, some public and private organizations related to oral health care were contacted, as well as some dedicated to massive dental communication, and all were reluctant to respond, to accept and to publish the information, and many reasons influence this. But, essentially suggests that all professionals related to the dental field in México need to improve a lot of effort on civic, ethic and human rights knowledge, and to be competent for sure. Moreover, content regulations are urgently needed on the media, the massive control of communications is responsible for violent diffusion with lucrative marketing content that is irreversibly damaging mental health of the population.

**** Note:** Lack of knowledge on public health benefits and sustainability focus, makes society worried about scarcity and uncertainty, decreasing the speed of progress. More effective communication is needed among population.

May 8th, 2020

More official requests have been done to get *the database*, however, information still has not been shared.

To finally add this contribution, despite low responses from societies and government, I am working on infection control thinking about alternative resources, and I want to share advances.

My focus is on a sustainable and ecological friendly protective practice that be sufficiently secure for the nature of our profession, while conserves efficiency, breathability, ergonomic management, and be reusable to avoid waste.

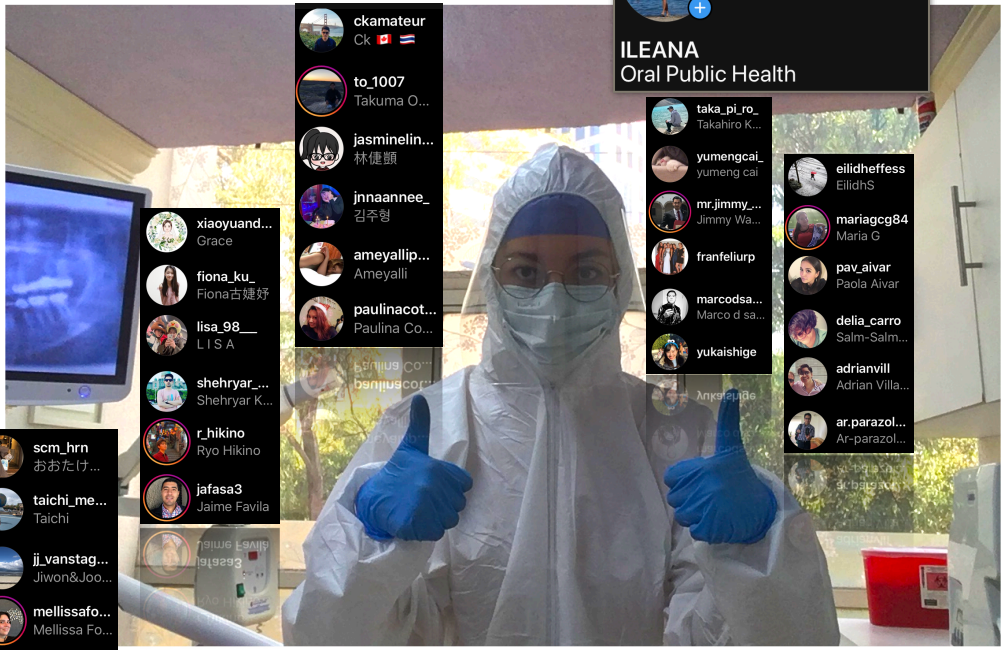


So I decided to share one of my designs on social media, to compare points of view on this topic and *I got 33 likes !!* 25 out of total comes from invaluable friends that I met studying English in Canada. 🇨🇦 🏔️ 🦊 🍁

So that makes me happy 😊 to think, that is not just about the quantity of actions, but to create *QUALITY* with the right teamwork, to support your **LONG-TERM RESULTS.**



ABOUT THE AUTHOR



My name is **Ileana Nieto** and I am a Dentist Surgeon with Masters in Oral Public Health by the National Autonomous University of México. Currently Ph.D. and Specialty candidate in Prosthodontics Program, Faculty of Dentistry, University of British Columbia (UBC).

 Application deadline June 30th, 2020.

CHAPTER II

CLINICAL CASE: In search of maintenance

I want to present this last oral public health contribution that started with one of my patients. This case is a treatment evolution that generated enough positive impressions to impact on the belief that the pursuit of oral health maintenance is possible. Briefly presenting to you, a personal clinical treatment that in my perspective developed on a public health action achievement during COVID-19 Pandemic.

April 22nd, 2019

CLINICAL CASE

Clinical diagnosis: Generalized and Aggressive Periodontitis.

Clinical description: The severity of disease was affecting principally, upper teeth on vestibular and palatine surfaces, moreover, all teeth surfaces were full of brown-black stains, thick calculus, and dental mobility. Presence of gum recessions and generalized horizontal bone reabsorption, specific zones of aggressive vertical reabsorption around central incisors and first upper molars increased mobility areas.

After detailing anamneses: I could detect risk habits that were causing him such severity conditions. He used to smoke for years, a big quantity of cigarettes just at night, in a period between 2-3 hours every night with beer, and on weekends the amount was higher.

Notes of the clinical case: Concerned for his situation due to his young adult age, and willing to accept change, his goal was to maintain natural teeth as long as possible. So we chose a restorative and comprehensive technique, that doesn't add extra weight to increase the speed of reabsorption of remanent bone. *I explained: "that my proposal was cost-effective and long-term if he considered that sustainability was based on two principal factors: maintenance of oral hygiene + change of damaging risk behaviours ...".*

So first, we started with the heat of smoke over oral surfaces, to create consciousness about damage, and we changed beer for cold water. When cravings occurred, recommended to smoke in presence always of cold liquid, to reduce heat of smoke and to swipe residuals from teeth and gums, and to wait around 20 minutes between 🚬 and 🚬 , to change the mindset on reinforced conducts.

Clinical treatment.- oral plaque controls, oral hygiene education techniques, strategical use of cleaning tools, comprehensive periodontal treatment (placing bone allograft with respective collagen membrane). Considered to increase dental reinforcement, I splinted teeth through palatally surfaces by adding a fibreglass band on the surface that would bind the teeth together and also allow for the equitable distribution of masticatory forces.

In order to achieve more support and aesthetics, I placed direct dental veneers made of zirconia composite on the vestibular surfaces. Dental occlusion was balanced, eliminating high points of harmful contact, gnathological guard was developed as protection. A year after this, he is still improving everyday and he no longer smokes anymore.

FINAL EPISODE:

May 11th, 2020



Dr. Horacio Fimbres is an expert in the use of mathematical models on general **equilibrium in the economy**, a useful tool for analyzing impacts across the entire chain of economic sectors.

During the time of **COVID-19 Pandemic** he decided to **research about** two different models that will determine tobacco tax reform and its possible sectorial effects on the entire Mexican economy, including unemployment in the sector. His research converges on a common denominator: the increase in taxes will result in an improvement of the well-being, **his goal now, is to use his scientific research to correct public health problems generated by smoking in our society**. He also gave me permission to use his clinical case.



He belongs to:

60 años | 1960 | 2020 | **CEI** | CENTRO DE ESTUDIOS INTERNACIONALES



Special thanks to all professionals that strength interdisciplinary responsibilities every day.