From novel to normal:

**Toothbrushes consider safety issues**

By Shelly L. Campbell, RDH, MPH

The cabbage soup diet. NASA-inspired space food sticks. The ninti massage machine to “jiggle away the pounds.” How are these things connected? These health fad, fitness offerings from the 1960s quickly faded from the public eye after failing to live up to their hype, or by causing safety concerns.

Another health improvement introduction in the '60s – the electric toothbrush - could have met a similar fate because early prototypes were bulky, unreliable, and widely perceived as causing electric shock. But unlike other inventors of health fads doomed to failure, the entrepreneurs who invented electric toothbrush manufacturers continued to evolve more streamlined and technologically advanced power toothbrush models over the next several decades.

Today, many children and adults have permanently replaced their manual brushes with an electric model, having been over by the electric brush's reliable cleaning efficiency and ease of use. Value-based battery brushes, as well as premium multi-function rechargeable electric toothbrushes (also referred to as power toothbrushes), are now mainstream, their popularity reflected in exponential growth over the last decade.1 Interest has shown that in general, powered toothbrushes, compared with manual brushes, are more effective in removing plaque and gingivitis, and are associated with more gingival recession when used by patients. Braun/Oral-B or Philips/Invisalign manufactured the power toothbrushes in the reviewed studies, while 10 various comparator manual brushes were also represented. The majority of toothbrushes were also represented. The majority of toothbrushes were also represented.

The safety question

Power toothbrush effectiveness is seldom debated, but are safety concerns involved? Could the documented connection between power toothbrushing and greater patient compliance11 lead to more gingival abrasion caused by longer brushing times or increased brushing frequency? Does power toothbrushing result in more hard tissue wear compared to manual brushing? Will enthusiastic power brush users apply too much force and compromise their gingival tissues or promote recession?

Although the Cochrane reviews didn’t evaluate safety as the primary objective, it did state, “Any reported side effects were localized and temporary.”12 Other studies and literature reviews have generally come to the same conclusion.13-15 Case closed. Or is it? Lingering questions about the safety of power brushes on hard and soft tissues have persisted in some quarters.16 Hygienists and dentists know their patients take their professional product recommendations seriously, and they want to ensure they’re suggesting the most effective and safe oral commercial products and regimens.

The goal should be evidence-based recommendations as opposed to speculation, but keeping up with all of the literature and assessing the quality and relevance of each individual power toothbrush study requires a significant commitment of time and effort for professionals who already have a lot on their plates.

In search of an answer

Systematic reviews of health topics (see sidebar) can be a great asset to busy professionals who don’t have time to comb through the literature themselves. To address the power toothbrush safety question, a recently published systematic review in the Journal of Periodontology considered theoretical safety concerns about power versus manual toothbrushes through a comprehensive analysis of all relevant published reports. The power toothbrush study reviewed Rotating Powered Brushes Compared to Manual Toothbrushes: A Systematic Review by Van Der Weijden et al.16

Here are the key findings:

**What research was included?**

O-R power toothbrush safety research was chosen for portion to manual toothbrushes based on the Cochrane findings.15 All published English-language titles and abstracts through May 2010 were included in a full search of three major databases (e.g., PubMed-Medline), resulting in 809 potential publications that were reordered, with 55 meeting all predetermined eligibility criteria. The 55 studies in the final review were designed to measure soft and/or hard tissue safety by tracking either primary (gingival recession) or secondary parameter (stained gingival abrasion or brushing force).

**What patients and toothbrushes were involved?**

There was considerable diversity among the nearly 2,000 patients included in the 51 randomized and blinded human subject clinical trials, which ranged from four days to three years. These included adults with and without elevated plaque, gingivitis and/or bleeding, children with and without orthodontia, and periodontal pa-

**Did O-R power toothbrushes use force more than manual brushes?**

No. A meta-analysis [see sidebar] of two six-month clinical trials focusing exclusively on gingival recession showed there were no significant recession differences between O-R toothbrush groups and manual toothbrush groups.

**Was there more gingival abrasion with use of O-R power toothbrushes?**

Gingival abrasions that could potentially be caused by toothbrushing were found in both the manual and O-R power toothbrush groups, but the authors of the published reports described them as either negligible/not clinically significant, or occurring with about the same frequency in the manual and power brush groups, and not significantly different when statistically tested.

**How important is in vitro data? Did the in vitro studies show greater wear with O-R brushes?**

Since there is currently no standard methodology with enough sensitivity for long-term clinical assessment of hard tissue brushing damage, in vitro studies are a valuable step in identifying potential safety concerns (like abrasion potential) that are challenging to discover clinically.

Four in vitro (laboratory) investigations not eligibility criteria and were included in the review. The three trials evaluating human dental found similar or less wear with use of the O-R power toothbrushes, compared with manual brushes used under simulated clinical conditions. The authors of the fourth study suggested that human enamel loss after an acidic attack may be increased with use of certain power brushes when used at the same brushing force. But understanding the clinical implications is difficult, given that toothbrushing forces have been...
**Oral Probiotics – Overview**

By Victoria Wilson, UK

Oral probiotics are live bacteria that are similar (or identical) to the beneficial microorganisms found naturally in the oral cavity. The addition of oral probiotics to an oral hygiene regimen can restore the natural balance of beneficial bacteria, which can be depleted by diet, stress, medication, illness or other factors. Oral probiotics support tooth and gum health, whiten teeth and freshen breath.

How can I use probiotics?

How on earth did the words “brush” and “floss” come to define our entire profession? Did we spend almost 5,000 grueling hours learning only how to teach people to brush ‘n’ floss? I don’t think so. What we learned is how to bring the mouth to health. What we learned is more accurately achieved today by health promoting products such as oral probiotics, making dietary changes, and neurogenesis.

The brain is plastic in that it’s moldable and new pathways can be formed. Neurogenesis is the biological process called neurogenesis. Providing the brain opportunities for new pathways called neurogenesis. Some oral probiotic strains are beneficial in promoting healthy dental crowns, fresher breath and whiter teeth. Oral probiotics and gut probiotics share a common health goal. To achieve that goal they use health-promoting bacteria to crowd out the disease-promoting bacteria. This leads to the formation of a protective intestinal barrier that is responsible for dental health. Oral probiotics are able to naturally alter the oral pH levels.

Use of oral probiotics

Caries

The ecological plaque hypothesis states that caries and periodontitis are caused by the presence of acidogenic and aciduric bacteria. When using products containing freeze-dried oral probiotics in the mouth, patients activate with the release of live, active bacteria that attaches to and colonizes the surface of the teeth and deep beneath the gum line. These colonies begin to acidify the biofilm and acidophiles to support oral health. With daily replenishment, these probiotic bacteria re-establish the natural microbial balance in the mouth and create whiter teeth, fresher breath and healthy gums.

In the oral cavity, harmful bacteria convert sugar and carbohydrides into lactic acid. Lactic acid is the bacterial byproduct which is responsible for dental caries and the erosion of tooth enamel. Without requiring lifestyle changes, the addition of oral probiotics can positively affect the long-term health and wellness of the mouth and the other health systems dependent on oral health.

Some oral probiotic strains are beneficial in promoting healthy dental crowns, fresher breath and whiter teeth. Not so. The bacteria are freeze dried so that they can reanimate under moist conditions.

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PRECISION CLEAN BRUSH HEAD PROVIDES

UP TO 5x
GREATER REDUCTION
IN PLAQUE BIOFILM ALONG THE GUMLINE

* vs. a regular manual toothbrush

Oral-B, most Dentist Recommended Toothbrush Brand worldwide

continuing the care that starts in your chair
Hygiene safety for your dental practice

As a leading dental company, KaVo is offering comprehensive, all-inclusive infection prevention and more security for the patient and dental practice team. All KaVo units have an automatic ongoing and intensive sterilisation function which ensures the continuous germ re-duction of the systems whilst thoroughly water and prevents the formation of microorganisms in peri-dendal stagnation.

In addition, the dental instru-ment rinsing function en-sures the tools are rinsed before beginning treatment and after each patient treatment au-tomatically in a BKA compli-cat manner. Of course, handles, instrument shelves, spout bowls and suction cannulas can be removed easily and without difficulty for cleaning and disinfec-tion.

The smooth, closed and hy-giene-friendly surfaces of the dental units also play a role in reducing the infection risk.

The KaVo ESTETICA E70 and E80 dental units also have with OXImat and DEKamat a fully automatic hygiene system: the manual, time-consuming mix-ture or refilling sterilisation and disinfectants are thereby a thing of the past. In the KaVo ESTET-ICA E50, the optionally avail-able CENTRamat takes over the central supply of the unit with DEKASEPTOL gel which ensures high-efficient cleaning and disinfection of the suction or drainage system which is sub-ject to contamination.

With OXYGENAL 6, KaVo also offers an environmentally friendly and effective agent based on hydrogen peroxide which has proven its effective-ness, material compatibility and user-friendliness in daily prac-tice.

In addition to the treatment units, the tool portfolio of KaVo is also appealing due to numer-ous hygiene effects: effective re-sistion stops, for example, pre-vent contamination of the inside of the tools and thereby support hygiene safety. The Plasma an-tiseptic coating of the tools not only of-fers excellent gripping proper-ties but is also easy to clean. For decades, KaVo tools and turbines are thermally disinfec-tive and sterillizable. Minimal gap dimen-sions also make hygiene safer and more efficient.

With the QUATTROCare Plus, KaVo is offering an excellent tool for a validated, B1-compliant and cost-efficient interior cleaning and the maintenance of instruments. Because: to effec-tively prevent infections, dental-transfer elements must be cleaned and disinfecte-d inside and out.

Due to its many years of ex-perience with dental practice hygiene, the proven and coor-dinated infection system (360° competence) with proven effec-tiveness and excellent stability of the materials used, KaVo is your top choice as partner when it comes to hygiene safety, also for instruments.

Contact Information
Ms. Victoria Wilson, Dental Hygiene Therapist, UK Dr. Rose & Associates Clinic
wilson@dental-tribune.me

For more information visit:
www.kavo.com/MEA

Hygiene safety for your dental practice

The story of oral probiotics gets better! This way of biofilm man-agement is not the wave of the future any longer.

Recommending oral probiot-ics works, as the strains from healthy mouths may be the tick-et for patients who cannot or will not remove their own biofilm to dental hygiene standards.

When giving brush ‘n’ floss di-rections, we end up focusing only on the teeth, and we miss the elephant in the room – the tongue. Tongue coating is not in-noxuous, nor is it only a cosmetic concern. Biofilm on the tongue releases planktonic bacteria in what’s called a planktonic storm. A coated tongue sends new biofilm to the rest of the mouth.

So it’s time for the tongue to be included in discussions about biofilm management and prophylaxis and it is true that probiotics plays a very important role due to their activity in all oral biofilm.

**Gum and Tooth Health**

If harmful, disease-causing bac-teria are allowed to colonize in the periodontal pocket, the result is advanced periodontal disease. To address this, it is increas-ingly more common as a conse-quence of scaling to clean out the plaque which harbors these harmful bacteria. The decrease in inhibiting the growth of harm-ful bacteria. The decrease in plaque and enzyme products allows for the colonization of oral health-bacteria to their activity in all oral biofilm.

**Microorganisms and Oral Health**

**Oral care products and foods developed using this probiotic approach can safely maintain micro-organisms associated with both healthy teeth and periodontal disease and gums tissues.

Fresher Breath**

Oral probiotics can provide a deep impact in balancing the oral flora in a simple, painless, non-invasive daily routine. No other consumer product impacts oral health below the gum line to get to the root of the problem.

Freshness is an important com-ponent of maintaining optimal health. The KaVo ESTETICA E70 and E80 dental units also play a role in reducing the infection risk.

The KaVo ESTETICA E70 and E80 dental units also have with OXImat and DEKamat a fully automatic hygiene system: the manual, time-consuming mixture or refilling sterilisation and disinfectants are thereby a thing of the past. In the KaVo ESTETICA E50, the optionally available CENTRamat takes over the central supply of the unit with DEKASEPTOL gel which ensures high-efficient cleaning and disinfection of the suction or drainage system which is subject to contamination.

With OXYGENAL 6, KaVo also offers an environmentally friendly and effective agent based on hydrogen peroxide which has proven its effectiveness, material compatibility and user-friendliness in daily practice.

In addition to the treatment units, the tool portfolio of KaVo is also appealing due to numerous hygiene effects: effective resistance stops, for example, prevent contamination of the inside of the tools and thereby support hygiene safety. The Plasma anti-septic coating of the tools not only offers excellent gripping properties but is also easy to clean. For decades, KaVo tools and turbines are thermally disinfective and sterilillizable. Minimal gap dimensions also make hygiene safer and more efficient.

**Whiter Teeth**

A natural by-product of oral probiotics is a low-dose of hydrogen peroxide. As this good bacteria is replenished daily, it creates a gradual teeth whitening effect with the benefits of long con-tact times, delivering 24 hour per day coverage of balancing and brightening.

Yellowing, surface discoloration or staining are all results of life-style choices: tobacco use, cof-fee, tea, beets, etc. Anything that stains will affect the color of the teeth. Tooth enamel is porous, filled with microscopic cracks and pores that hold onto stain-ing products. Commercial tooth whiteners employ extremely high levels of harsh, chemical hydrogen peroxide which can actually damage the tooth and create a roughness on the tooth’s surface. This increases the film that builds up on the tooth sur-faces and in the micro cracks and is available to hold on to stains much better.

S. oralis KJ5 binds to the surface of the teeth, crowding out harm-ful bacteria by competing for the same nutrients and surface spaces. In laboratory studies, the low-dose hydrogen perox-ide produced by the S. oralis KJ5 created a continuous whitening benefit that did not plateau over the duration of the study. With daily use, the colonisation of S. oralis KJ5 provides a consistent, and expanding population for gradual and continual thinning effects.

The hydrogen peroxide metabo-lites of S. oralis KJ5 also con-tribute to the breath-freshening features of oral probiotics by inhibiting the growth of harmful bac-teria. The decrease in these harmful bacteria results in a substantial reduction in the volatile sulfur compounds associated with bad breath.

Unlike other whitening prod-ucts, oral probiotics are comple-ty safe for veneers, caps and dentures.

**Reexamination**

Now you ask yourself – if you cannot motivate someone to achieve to-tal dental biofilm removal with a toothbrush, can you get them to incorporate one single probiotic tablet a day into their routine? Using these tools addresses the forgotten reality of how much room a biofilm needs, the com-plexity of a mature biofilm, and the size of human cells. Stop wearing the badge of “Floss Naq” with pride. Serve yourself and your patients better by of-fe-ring scientifically proven health-promoting products like oral probiotics.

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By KaVo

Infection control is becoming more and more of a prior-ity due to stricter laws and guidelines. For many years, KaVo has appealed to its cus-tomers with a comprehen-sive, efficient hygiene approach with validated hygiene systems in the treatment units and a 360° RKI-compliant KaVo hygiene workflow for tools.

Quadrato Plus

With the QUATTROCare Plus, KaVo is offering an excellent tool for a validated, B1-compliant and cost-efficient interior cleaning and the maintenance of instruments. Because: to effec-tively prevent infections, dental transfer elements must be cleaned and disinfecte-d inside and out. For more information visit: www.kavo.com/MEA

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There are a number of reasons to choose Philips Sonicare.

Removes up to 7x more plaque between teeth and overall*

Performs up to 31K brush strokes per minute

The #1 most-recommended sonic power toothbrush by dental professionals worldwide

Ask your dentist about Philips Sonicare today!
Philips introduces its best brush yet: Sonicare DiamondClean, helping users achieve brushing brilliance every time

By Philips

Dubai, UAE – Philips is proud to present the new Sonicare DiamondClean – a brush that takes sonic tooth brushing to its most sophisticated level and which delivers Sonicare’s best clean yet removing up to 100% more plaque in hard to reach places than a manual toothbrush.

Sonicare DiamondClean harnesses Philips Sonicare’s patented sonic technology to produce a powerful dynamic cleaning action for a difference users can see and feel. It is gentler on teeth and gums than a manual toothbrush, helping to keep teeth stronger and healthier for longer. Philips Sonicare gently whips toothpaste into an oxygen-rich foamy liquid and directs it between and behind teeth and along the gumline where plaque bacteria flourish. Sonicare DiamondClean is clinically proven to remove up to 100% of plaque from hard to reach places and to improve gum health in just 2 weeks. It is also clinically proven to whiten teeth in 1 week; and its gentle technology actually helps protect against gum irritation and recession to help reduce sensitivity. Now is the perfect time to give your teeth the celebrity treatment and switch to Sonicare to really experience the difference.

The brush is able to deliver a unique whole mouth clean feeling thanks to its five brush modes that allow you to tailor your brushing according to your needs as well as your dental professional’s advice. The brush modes range from:

• Clean – the standard mode for a whole mouth clean

• White – removes surface stains to whiten teeth

• Polish – brightens and polishes teeth to bring out their natural brilliance

• Gum Care – gently stimulates and massages gums

• Sensitive – an extra-gentle mode for sensitive teeth

Highly charged DiamondClean’s chrome base also features a unique charging glass that can be used for mouth rinsing, but also incorporates the latest in inductive charging technology to charge the toothbrush as it rests in the glass – making it stylish enough to display in the most fashionable bathroom.

Not only is Sonicare DiamondClean Philips’ most advanced brush yet, it’s also our most easy to use and stylish. DiamondClean’s power handle has a ceramic finish and a chrome accent ring highlights the elegant neck of the brush. The technology in the handle is hidden so that the sleek matte finish of the brush is uncluttered by electronic visual displays. Only when the on button is pressed are the brushing modes illuminated to reveal the array of options. These are then simply selected by scrolling down using a one button action.

When travelling or on the go, Sonicare DiamondClean is designed for convenience with users being able to keep their brush fully charged using a revolutionary USB travel case that can be plugged into almost any laptop computer and saves the hassle of having to pack plugs and adaptors. But only the most intrepid travellers need worry about this advanced feature as Sonicare DiamondClean holds an impressive three weeks charge.

Brilliant cut Sonicare DiamondClean brush heads also sport a new diamond-cut tuft formation to provide you with an even more efficient brushing experience. The uniquely designed diamond bristle heads have 44% more bristles than Philips Sonicare’s standard sized ProResults brush heads, providing you with both superior plaque removal and whiter teeth. The heads come in two sizes – Standard and Compact for focused cleaning in areas of special need, for orthodontic patients and those with smaller mouths.

For more information about Philips Sonicare DiamondClean or the Philips Sonicare range, including copies of clinical studies, visit www.me.a.philips.com/e/oralhealthcare/ar
Infection control in dentistry has never been more essential

By Dr. Safura Baharin, Malaysia

The World Health Organization (WHO) has reported a rise in airborne infections worldwide. Tuberculosis in particular has increased in the developing world.[2] It has been stipulated that the risk exposure to tuberculosis in susceptible SDHC is greater than in healthy individuals. Bennett et al. concluded that dentists and their assistants, who are exposed for approximately 15 minutes during peak aerosol concentration, have a slightly higher risk of exposure to Mycobacterium tuberculosis than the general public does.[3] During this period, the DHCP inhales about 0.014-0.12 µl of aerosolised saliva, which may contain viable pathogens that may have a detrimental effect on the health of susceptible SDHC.

With all of this in mind, it is the responsibility of DHCP to adhere strictly to recommended infection control guidelines and policies. Several measures should be taken to reduce and control airborne contamination in the dental clinic. For example, it has been demonstrated that the use of a mouthtrouser, high-volume evacuation or a combination of both methods significantly reduces the number of colony-forming units in aerosols emitted during ultrasonic scaling.[13] Routine use of rubber dam or splatters can be removed through air evacuation.[14] Residual bacterial aerosols which are emitted during ultrasonic scaling, heat, or splatters have a diluting effect on the airborne bacterial load.[15, 16] A clean, well-ventilated dental operatory is vital.

Using personal protective equipment (PPE), such as surgical masks and goggles, can reduce the transmission of respiratory tract infections. The most likely mode of transmission in dentistry is through inhalation of bacterial aerosols or splatters. Their potential hazard, however, has not been documented and acknowledged.[4–9] Both can be host to a large variety of microorganisms that can be transmitted to susceptible individuals. During treatment, individuals face and patient’s chest are most affected by splatter, as the majority of the splatter is emitted from the patient and two feet ahead of them.[10, 11] According to studies, the most contaminated area on the face during a dental treatment is around the nose and inner corner of the eyes.[4]

Splatter consists of large particles of greater than 100 µm generated during the use of dental equipment, such as burines, ultrasonic scalers, or water and air syringes. Moreover, this splatter tends to travel in a trajectory, thereby contacting objects in its path. Aerosol consists of smaller particles that can remain in the air for a long time and travel with the air current. Most dental aerosols are less than 5 µm in diameter; therefore, they are able to penetrate and stay within the lung, causing respiratory or other health problems. Among dental aerosols that pose the greatest health risk are bacterial aerosol concentration are ultrasonic scaling, tooth preparation instruments, and dental extraction involving bone removal via a dental handpiece.[8]

The most likely mode of transmission in dentistry is through inhalation of bacterial aerosols or splatters. Their potential hazard, however, has not been documented and acknowledged.[4–9] Both can be host to a large variety of microorganisms that can be transmitted to susceptible individuals. During treatment, individuals face and patient’s chest are most affected by splatter, as the majority of the splatter is emitted from the patient and two feet ahead of them.[10, 11] According to studies, the most contaminated area on the face during a dental treatment is around the nose and inner corner of the eyes.[4]

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Regular maintenance of the air-conditioning system is recommended too, as good ventilation has a diluting effect on the airborne microbial load, especially at night when the clinic is closed.[14] Air samples taken at different times at a multi-chair dental clinic showed that bacterial aerosols are more concentrated during treatment and that there is higher concentration of circulating bacterial aerosols at the beginning of the day, which may be related to reduced ventilation.[4] Residual bacterial aerosols can be removed through air filters or ultraviolet light.

As splatters can travel as far as the door or supply counter in the middle of a multi-chair dental clinic.[14] All clean, unused instruments and equipment should be kept in closed cabinets or drawers to prevent contamination. Other important measures that must be taken to prevent cross-infection include adequate sterilisation of dental instruments, disinfection of work surfaces before and after each dental procedure, disinfection of all dental materials and work sent out to the laboratory, and regular maintenance of the dental water lines and equipment, which has the potential to harbour bacteria. All dental water lines should be purged at the beginning of each day for between 5 and 10 minutes and flushed thoroughly with water, as residual water may become contaminated overnight and be drawn into the air lines, possibly containing the source of infection.[15, 16] As well as bacterial and viral particles, can survive inside handpieces even after disinfection. They must therefore be sterilized between patients.[17, 18]

The clinic floor should be disinfected and cleaned with an antimicrobial disinfectant solution at least twice per day to eradicate any bacterial residue from splatter or aerosols.

It is a well-known fact that private dental clinics sometimes employ dental assistants who have not received certified training. Improperly trained personnel, however, may lead to poor infection control practices. It is the responsibility of every dentist to educate and train his or her assistants in the standard procedures. Furthermore, DHCP must be aware of the oral health and hygiene tribune

The world is very small

Diseases can spread easily if infection control measures are not adhered to. (Photo: lightpoet/Shutterstock)

By Dr. Raghu Puttaiah, USA

The Middle East Respiratory Syndrome (MERS) is a respiratory condition associated with a specific strain of coronavirus called MERS-CoV. The clinical scenario includes severe respiratory illness, fever, cough and shortness of breath, leading to death in about a third of those infected. While MERS was first reported in 2012 in the Arabian Peninsula, cases have now been reported in over three dozen countries, spanning Asia, Europe and North America.

While this disease has been noted to spread from those infected to their caregivers or those living in close contact, it has not yet been found to spread in community settings as seen during the severe acute respiratory syndrome (SARS) outbreak in Asia that saw over 8,000 people infected, resulting in about 9 per cent mortality. Only two cases have been detected in the US, both of whom had a recent history of travel to Saudi Arabia.

The Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) are concerned about the potential of MERS to spread globally and therefore are providing information and control measures similar to those provided during the SARS and influenza A (H1N1) outbreaks. With respect to dentistry, if there is a vaccine available for any infectious disease of public health concern, we must take it before it affects us. With regard to infection control, if we as dental care providers feel ill or feel that we are about to fall ill, we must not go to work but stay away from people, including co-workers and patients, until the symptoms resolve. We should also inform patients prior to their appointment that, if they are not feeling well, they should reschedule the appointment.

Basic infection control measures, such as frequent hand-washing, wearing a mask, and following standard and additional precautions, the last being specific to MERS, must be adhered to strictly. The world is very small with respect to travel and the spread of disease from one continent to another can happen within a day. Keeping abreast with rapidly changing information on diseases such as MERS from reliable sources, such as the CDC, WHO, Association for Professionals in Infection Control and Epidemiology, and Organization for Safety, Asepsis and Prevention, is necessary for the dental team.