

TO: Vermont Dental Health Care Providers
FROM: Mark Levine, MD, Commissioner of Health

Coronavirus Disease 2019 (COVID-19) and Dental Health Care Guidance

This Health Alert contains current guidance for dental health care providers regarding emergency and non-urgent dental care in light of the spread of SARS-CoV-2, the virus that causes COVID-19, the rationale for this guidance, background on the national and global situation, and the clinical spectrum of COVID-19.

REQUESTED ACTIONS:

Suspend non-urgent dental care for the next 14 days.

The Vermont Department of Health strongly recommends that dental health care professionals practicing in Vermont voluntarily suspend elective or non-urgent dental care for the time being.

An **elective procedure** is one that is chosen (elected) by the patient or physician that is advantageous to the patient but is not urgent; the procedure is seen as beneficial but not absolutely essential at that time.

Dental emergencies, according to the ADA, “are potentially life threatening and require immediate treatment to stop ongoing tissue bleeding [or to] alleviate severe pain or infection.” Conditions include:

- uncontrolled bleeding
- cellulitis or a diffuse soft tissue bacterial infection with intraoral or extraoral swelling that potentially compromises the patient’s airway
- or trauma involving facial bones that potentially compromises the patient’s airway.

Health care professionals must continue to be available to their patients as needed for emergency care.

This action is consistent with guidance from the American Dental Association, the Vermont State Dental Society, the American Academy of Pediatric Dentistry, the CDC, and many other states. The goal is to protect patients and dental health care professionals and help “flatten the curve” by slowing the spread of SARS CoV-2 virus.

When treating emergencies: Dental health care professionals should strictly follow appropriate recommended infection control measures, especially when performing procedures generating aerosol (including but not limited to use of high-speed handpiece and dental polishing).

These strict measures are recommended regardless of the health status of the patient, since “Due to the unique characteristics of dental procedures where a large number of droplets and

aerosols could be generated, the standard protective measures in daily clinical work are not effective enough to prevent the spread of COVID-19, especially when patients are in the incubation period, are unaware they are infected, or choose to conceal their infection.” ([Meng, Hua & Bian, 2020](#))

Rationale for this action:

[Recent studies](#) have demonstrated that:

- Persons infected with SARS-CoV-2 – the virus that causes COVID-19 – have the potential to shed and transmit the virus while asymptomatic.
- SARS-CoV-2 remains viable in aerosols for at least 3 hours and on surfaces for up to days. Researchers from the National Institutes of Health, Centers for Disease Control and Prevention, UCLA and Princeton University examined how long COVID-19 survives in the air as well as on copper, cardboard, plastic and stainless steel and then compared it with SARS. They found that COVID-19 was detectable in aerosols for up to three hours, up to four hours on copper and up to 24 hours on cardboard. The new coronavirus can also last up to three days on plastic and stainless steel, the scientists concluded.
- There is a risk of a “super-spreading event” if an infected but asymptomatic patient (or a patient who conceals their symptoms) undergoes routine dental procedures that generate aerosol at a dental office. (**Super-spreading events** for a specific infectious disease occur when infected individuals infect more than the average number of secondary cases).
- Dentists are in one of the highest risk categories for transmission and contraction of the virus, due to face-to-face communication and exposure to saliva, blood and other body fluids.
- Many routine dental procedures can potentially transmit the virus via aerosolization of fluids.
- “Dental patients who cough, sneeze, or receive dental treatment including the use of a high-speed handpiece or ultrasonic instruments make their secretions, saliva, or blood aerosolize to the surroundings. Dental apparatus could be contaminated with various pathogenic microorganisms after use or become exposed to a contaminated clinic environment. Thereafter, infections can occur through the puncture of sharp instruments or direct contact between mucous membranes and contaminated hands.” ([Meng, Hua & Bian, 2020](#))

Sources: [New England Journal of Medicine](#), [International Journal of Oral Science](#), [Illinois State Dental Society](#) and the [New York Times](#))

National and Global Situation:

As of March 17, 2020, the SARS-CoV-2 virus – the causative agent of the new “coronavirus disease 2019” (COVID-19) – has been detected in the U.S. and in most countries worldwide. Cases of COVID-19 in the U.S. include imported cases in travelers, cases among close contacts of a known case, and community-acquired cases where the source of the infection is unknown.

The number of known cases in the U.S. continues to grow quickly with cases reported in almost all states. At least three U.S. states (California, Oregon, and Washington) are experiencing sustained community spread. On March 11, 2020 the World Health Organization publicly characterized COVID-19 as a pandemic.

The following groups of people are at elevated risk of exposure:

- health care workers caring for patients with COVID-19
- close contacts of people with COVID-19
- travelers returning from affected international locations where community spread is occurring

The situation is rapidly evolving. For updates on the situation in Vermont:

www.healthvermont.gov/covid19

Clinical spectrum of illness with COVID-19:

Reported COVID-19 illnesses have ranged from mild to severe, including death. The current understanding is that most patients with COVID-19 have mild illness, with severe illness occurring in only 15-20% of patients. Frequently reported signs and symptoms at illness onset of hospitalized patients with COVID-19 include:

- Fever (77-98%)
- Cough (46-82%)
- Myalgia or fatigue (11-52%)
- Shortness of breath (3-31%)

Less commonly reported symptoms include sore throat, headache, cough with sputum production and/or hemoptysis, nausea and diarrhea.

Risk factors for serious disease associated with COVID-19 include older age and comorbidities (e.g., heart disease, lung disease, and diabetes).

Mildly ill patients should be encouraged to stay home and contact their health care provider by phone for guidance about clinical management. Patients with severe symptoms, such as difficulty breathing, should seek care immediately. Older patients and individuals who have underlying medical conditions or are immunocompromised should contact their physician early in the course of even mild illness.

If you have any questions, please contact the HAN Coordinator at 802-859-5900 or vthan@vermont.gov

HAN Message Type Definitions

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service Message: Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.