April 23, 2021, FDA News Release (copied): Following a thorough safety review, including two meetings of the CDC’s Advisory Committee on Immunization Practices, the U.S. Food and Drug Administration and the U.S. Centers for Disease Control and Prevention have determined that the recommended pause regarding the use of the Johnson & Johnson (Janssen) COVID-19 Vaccine in the U.S. should be lifted and use of the vaccine should resume.

The pause was recommended after reports of six cases of a rare and severe type of blood clot in individuals following administration of the Janssen COVID-19 Vaccine. During the pause, medical and scientific teams at the FDA and CDC examined available data to assess the risk of thrombosis involving the cerebral venous sinuses, or CVST (large blood vessels in the brain), and other sites in the body (including but not limited to the large blood vessels of the abdomen and the veins of the legs) along with thrombocytopenia, or low blood platelet counts. The teams at FDA and CDC also conducted extensive outreach to providers and clinicians to ensure they were made aware of the potential for these adverse events and could properly manage and recognize these events due to the unique treatment required for these blood clots and low platelets, also known as thrombosis-thrombocytopenia syndrome (TTS).

On April 13, the FDA and CDC announced that, out of more than 6.8 million doses administered, six reports of a rare and severe type of blood clot combined with low blood platelet levels occurring in people after receiving the Janssen COVID-19 Vaccine had been reported to the Vaccine Adverse Event Reporting System (VAERS). In these cases, a type of blood clot called cerebral venous sinus thrombosis (CVST) was seen in combination with low levels of blood platelets (thrombocytopenia). Later, the agencies confirmed that a total of 15 cases of TTS have been reported to VAERS, including the original six reported cases. All of these cases occurred in women between the ages of 18 and 59, with a median age of 37 years. Reports indicated symptom onset between 6 and 15 days after vaccination.

The two agencies have determined the following:

- **Use of the Janssen COVID-19 Vaccine should be resumed in the United States.**
- **The FDA and CDC have confidence that this vaccine is safe and effective in preventing COVID-19.**
- The FDA has determined that the available data show that the vaccine’s known and potential benefits outweigh its known and potential risks in individuals 18 years of age and older.
- At this time, the available data suggest that the chance of TTS occurring is very low, but the FDA and CDC will remain vigilant in continuing to investigate this risk.
- Health care providers administering the vaccine and vaccine recipients or caregivers should review the **Janssen COVID-19 Vaccine Fact Sheet for Healthcare Providers Administering Vaccine (Vaccination Providers)** and **Fact Sheet for Recipients and Caregivers**, which have been revised to include information about the risk of this syndrome, which has occurred in a very small number of people who have received the Janssen COVID-19 Vaccine.

The FDA and CDC will continue to closely monitor the safety of these vaccines.
Editor’s Note:  Beginning with Mother’s Day, May 9-15 is National Women’s Health Week.  In recognition of that event, Lieutenant Commander Rebecca Gabriel, a USPHS dentist stationed at the U.S. Coast Guard Training Center in Cape May, New Jersey, who concurrently serves on the USPHS Dental Professional Advisory Committee’s Women’s Initiatives Subcommittee, provides an overview of this annual celebration.

In the midst of the pandemic there has never been a greater time to emphasize women’s health.  As National Women’s Health Week kicks off May 9th through 15th, 2021, we encourage all women to take steps to improve their overall health and well-being and celebrate their uniqueness.  This annual event, led by the U.S. Department of Health and Human Services’ Office on Women’s Health, serves as a reminder for women to make their health a priority and build positive habits for life. The U.S. Department of Health and Human Services has created a tool to empower women to enhance this journey. This free service provides daily health checklists, topics to discuss with your doctor, tips for eating balanced meals as well as exercise recommendations.

Here are some steps women oral health professionals can take to build a foundation for good health and a strong immune system:

• **Regularly visit your healthcare provider** for a wellness checkup, preventive screenings and vaccines. Click [here](#) to get a list of 10 screenings that every women should get!

• **Eat a balanced diet** with a focus on adding nutrient dense, high fiber foods. Eating primarily nutrient dense and fiber rich foods (such as vegetables, fruits, whole grains and nuts) is associated with a lower risk of death from cardiovascular diseases.

• **Get regular physical activity.** Exercise has been proven to reduce one’s overall cancer risk—including breast cancer and colon cancer. Both strength training and cardio are recommended by the Center for Disease Control and Prevention (CDC). Adults are encouraged to get 2.5 hours of moderate cardiovascular exercise weekly (or 75 minutes of vigorous cardio exercise) and it is recommended that adults perform strength training a minimum of two times per week.

• **Manage stress and get rest.** Take steps to promote your mental health by being active, eating healthfully, getting adequate sleep, reducing alcohol/caffeine consumption and staying connected to your community. In this high-pressure world, managing stress is a key to everyday happiness, and the American Heart Association® has listed [3 important tips to manage stress](#) every day.

• **Make safe choices** such as quitting smoking, wearing a seatbelt, not texting and driving, and protecting against sexually transmitted infections.

To learn more about how National Women’s Health Week or ways you and your oral health team can celebrate and help promote it, visit the [CDC website on NWHW](#), or visit the [HHS Office on Women’s Health](#). There was also an import [Surgeon General’s Call to Action to Improve Maternal Health](#) that was published late last year that is an excellent resource.

---

**Feature: National Women’s Health Week**

By LCDR Rachel A. Rachuba, DMD
Editor’s Note: This article was first published in the March 22, 2019 edition of the Chief Dental Officer Newsletter. The article was co-written by staff of the HHS Office on Women’s Health.

There are obvious differences between men and women, and these differences include oral health issues. There is growing research in the area of women’s and girls’ oral health as well. Did you know that women are 8% more likely to brush their teeth twice every day than men are, and 10% more likely to brush their teeth immediately after eating meals? Women are also more likely to visit their dentist, keep their dental appointments, and have less dental trauma (123Dentist.com). On the other hand, women comprise disproportionally higher numbers of other social and cultural groups (low income, ethnic minority, low education) that are at risk for poor health outcomes (Dental Clinics of North America, April 2013 Evidence-based Women’s Oral Health, p. 181).

Hormonal changes before or during menstruation may impact inflammation. A study of 50 women subjects with health gingiva and 50 with chronic gingivitis showed that while women with healthy gingiva showed little changes during the menstrual cycle, women with gingivitis displayed increased inflammation during ovulation and pre-menstruation as compared to menstruation; neither group showed any changes in the subgingival microbiota (Machtei et al). Another study, using bleeding on probing as the measure of inflammation, found that the percentages of sites with bleeding on probing were significantly higher during menstruation and ovulation as compare to pre-menstruation; this study also showed that gingival crevicular fluid levels of interleukin-6, a pro-inflammatory cytokine, remained constant throughout the menstrual cycle (Becerik et al).

There may be a link between women’s health and dental caries, with calcium being the common denominator. Nutritional deficiencies, particularly calcium and Vitamin D deficiency, can lead to osteopenia and/or osteoporosis. Rickets is another example of Vitamin D deficiency. Certain groups are at risk of calcium inadequacy including women after menopause and women or girls with oligomenorrhea or amenorrhea (irregular or missed periods) (NIH Office of Dietary Supplements). In a study published in 2015, 106 women were evaluated for calcium intake, vitamin D, and dental status. Over half of the women had calcium deficiency, almost 75% had vitamin D deficiency, and 100% had gingivitis. Adjusting for other risk factors, calcium intake was negatively associated with a higher percentage of caries, and the women with the highest caries scores had significantly lower calcium and vitamin D levels and significantly higher protein intake, daily consumption of soft drinks, and sugar intake than the other women (Antonenko et al).

During puberty, subgingival microflora respond to changes in hormone levels. In fact, some bacteria have “the ability to substitute estrogen and progesterone for vitamin K, an essential growth factor.” Bacteria such as Prevotella intermedia and Capnocytophagia species may be responsible for increased gingival bleeding seen in puberty (ADA Women’s Oral Health Issues).

Another issue in women’s oral health is the use of oral contraceptives. According to the American Dental Association (Women’s Oral Health Issues, 2006), oral contraceptives can “exacerbate patients’ inflammatory status, causing erythema and an increased tendency toward gingival bleeding. In some instances, oral contraceptives have been reported to induce gingival enlargement.” Surprisingly, there are few studies that show the effect of oral contraceptives on the periodontium. A literature review conducted in 2016 showed that there were only a handful of studies that
explored the subject, and the authors concluded that longer duration usage of oral contraceptives “could lead to poorer oral hygiene status, gingival inflammation and increased susceptibility to periodontal disease” (Ali et al).

Pregnancy presents even more unique challenges including pregnancy gingivitis, benign oral gingival lesions, tooth mobility, tooth erosion, dental caries, and periodontitis. Pregnancy gingivitis typically peaks during the third trimester and is more prevalent in women who had gingivitis before pregnancy. Pyogenic granulomas, also called “pregnancy tumors,” occur in about 5% of pregnancies, usually on the anterior gingiva, and these highly vascularized lesions may result from the body’s inflammatory response to oral pathogens; they usually dissipate after pregnancy. Tooth erosion may occur due to increased exposure to gastric acids from morning sickness or reflux. Dental caries may increase during pregnancy as a result of increased acidity in the mouth due to increased intake of sugary foods and poorer oral health habits. Furthermore, periodontal disease may be exacerbated during pregnancy (American College of Obstetricians and Gynecologists).

These are just a few examples of uniqueness of oral health issues in women. Hormonal fluctuations and calcium levels play an important role in women’s oral health from puberty through menopause. More research is needed to learn more about women’s oral health issues, and we as oral health providers should understand some of these issues. The ADA (Women’s Oral Health Issues – see link below) recommends the following key questions that oral health providers should ask women during their dental visit:

- During pregnancy: Are you currently pregnant or breastfeeding? What trimester are you in? Do you experience morning sickness?
- In young adulthood: Are you taking birth control pills or using other contraceptive medications? Do you have any difficulty eating or maintaining weight?
- In women after menopause: Are you on hormone replacement therapy?

Below is a list of resources where you can learn more about women’s oral health. This article is only meant to stimulate interest in the topic so that you’ll read and learn more as you care for your patients.

- HHS Office on Women’s Health
- Dental Clinics of North America, Evidence-Based Women’s Oral Health, Volume 57, Issue 2, Pages 181-382 (April 2013)
- National Maternal and Child Oral Health Resource Center, Georgetown University: Tips to Keep You and Your Baby Healthy
- Smiles for Life, Course 5: Oral Health for Women – Pregnancy and Across the Life Span
- ADA’s Women’s Oral Health Issues, November 2006 (Free to ADA members, $19.95 to non-members)
- Oral Health Care During Pregnancy and Through the Lifespan
- Oral Health Care During Pregnancy: A National Consensus Statement
Integrating a dental hygienist into a medical clinic. With the ongoing focus on the integration of oral health and overall health, the Wisconsin Medical Dental Integration Project takes a novel approach: putting a dental hygienist into a medical practice. In an article published by the Children’s Health Alliance of Wisconsin, authors describe how a dental hygienist placed in a medical practice can provide oral health assessments, nutrition counseling, oral hygiene instructions, sealants, fluoride varnish, and more, all in a span of just a few minutes. To learn more about this project, click on the above link.

CDC journal focuses on oral health inequities, access, knowledge, and behaviors. In the March 25, 2021 edition of the CDC’s Preventing Chronic Disease, a collection of 8 oral health articles examined oral health inequities, access to dental services, knowledge, and oral health behaviors. In a guest editorial, Casey Hannan from CDC and I were joined by Dr. Lorena Espinoza from CDC and Dr. Jane Weintraub from North Carolina in summarizing all eight articles in the context of Healthy People 2030. As we state in the last paragraph of the editorial, “This PCD collection of oral health articles and its underlying foundation of the Healthy People 2030 oral health objectives provides us with a roadmap for improving oral health and, thus, overall health in the United States. The articles provide a snapshot of why oral health needs to be elevated as a policy priority by being included and integrated into discussions and policy decisions about health. Thus, addressing the social, behavioral, and environmental determinants of health as part of oral health care offers a new approach to prevention and treatment.”

USPSTF recommends screening all adults for hypertension. On April 27, the U.S. Preventive Services Task Force (USPSTF) made a recommendation for screening by “clinicians” for hypertension in adults 18 years or older with office blood pressure measurement. With the Agency for Healthcare Research and Quality (AHRQ) estimating that 31 million Americans see an oral health professional each year but not a medical provider, dental staff have a key role in implementing this new USPSTF recommendation in patients.

Dental care utilization data shows significant inequities across the U.S. New research published by the American Dental Association’s Health Policy Institute shows that while dental utilization has improved across all race/ethnicities according to an analysis of the Medical Expenditure Panel Survey data from 2017-18 compared to 2005-06, there continues to exist disparities by race/ethnicity. The gap is closing for children, but the disparities remain: 55.5% of U.S. White children accessed dental services in 2017-18 compared to 46.9% of U.S. Hispanic children, 45.4% of U.S. Asian children, and 42.6% of U.S. Black children. With adults and older adults, the disparities in utilization are more pronounced. Cost of dental care remains a top concern, and while cost barriers for children have decreased from 2005 to 2019 (likely due to Medicaid and the Children’s Health Insurance Program), cost barriers have increased significantly for adults and older adults, with 27% of U.S. Hispanic adults reporting cost barriers to dental care compared to just 11% of U.S. Asian adults.

HPV infection continues to decline in females. A MMWR published on March 26th by the CDC shows that HPV infections targeted by the HPV vaccine have decreased significantly since the vaccine was introduced in 2006, with an 88% decline among females aged 14-19 years and an 81% decline in females aged 20-24 years.

HPV vaccine education/promotion still not prevalent in dental settings. A study published in the CDC’s Preventing Chronic Disease in March examined HPV vaccination promotion in private dental settings in Iowa in 2019 among dental hygienists. Only 24% of those responding to the survey reported discussing vaccination as oral cancer prevention with parents of adolescent patients, and only 20.7% reported discussing vaccination with adolescents themselves. Qualitative data from key informant interviews reinforced survey results that dental practices not currently engaged in HPV vaccine promotion efforts perceive the issue as a relatively low priority.
Healthy People 2020 releases final review. As we have now implemented a new set of national objectives for Healthy People 2030, Healthy People 2020 has provided an end-of-decade assessment of the nation’s progress toward achieving the U.S. Department of Health and Human Services (HHS)-led Healthy People 2020 objectives and goals over the course of the decade. Healthy People 2020 included 1,318 objectives that spanned 42 topic areas and used data from about 230 different federal and nonfederal data sources. Of these 1,318 objectives, 1,111 were measurable, meaning they had baseline data. Of the 33 oral health objective targets, 16 were met or exceeded, 3 showed some improvement, 10 had little or no detectable change, and 4 were baseline only measures. To view details on the oral health objectives, click here and select oral health in the drop-down menu for the topic area.

WHO translates ECC handbook, now available in 5 languages. According to the Global Burden of Disease Study in 2017, more than 530 million children globally have dental caries in primary teeth. The World Health Organization (WHO) has developed the Ending Childhood Dental Caries WHO Implementation Manual, and this is now available in English, Arabic, French, Russian, and Spanish. According to the summary, the Manual has been “developed to serve different stakeholders in their work for better health of children; these stakeholders include community agencies, ministries of health, academia, and nongovernmental and professional organizations. The manual is based on evidence from systematic reviews and WHO recommendations, especially on nutrition, including breastfeeding, and primary care workers’ programs.” Click on the above.

ACFF releases 4 publications on eradicating caries. The Alliance for a Cavity-Free Future (ACFF) recently released four publications calling for action to eradicate dental caries. In their consensus paper executive summary, ACFF estimated that the global burden of dental caries is 245 billion dollars each year, with over 2.3 billion adults and over 530 million children suffering from untreated tooth decay. To download these documents, click on the above hyperlink for access to the different languages, or you can click here for the English version.

Editorial promotes diversity in dentistry. In an April 2021 editorial published in the Journal of the American Dental Association, authors discussed the diversity of the dentist workforce in the U.S. While the proportion of White dentists has declined, the number of Black dentists has not increased. Over the past 15 years, while the proportion of Black persons in the U.S. has increased from 12.2% to 12.4%, the proportion of Black dentists has decreased since 2010. In addition, while there are 5.9% of the dentist workforce identifying as Hispanic, this percentage is far lower than the 18.4% identifying as Hispanics in the 2020 Census. The authors concluded that “addressing institutional culture, faculty privilege, and implicit bias and cultivating an intellectual and supportive environment for faculty and students is necessary to advance inclusive excellent, not just in the dental education setting but in all education settings…We must cultivate diversity in our bouquet to enable dentistry to flourish by being representative of, presenting, and serving the people we vowed to care for.” (graph below is from the article).

IHS sets record with attendance for biennial meeting. The first-ever virtual meeting of the Indian Health Service Dental Program was held April 13-15, 2021 and had at least 1,200 dentists, dental hygienists, dental health aide therapists, and dental assistants in attendance, far exceeding the previous high of 516 at the 2009 conference in Albuquerque, NM. Program highlights included multiple presentations on infection control best practices in the era of COVID-19 as well as breakout sessions targeting dentists, dental hygienists, therapists, and assistants. A special thanks to the many IHS internal speakers and the outstanding external speakers including Eve Cuny (OSAP), Kathy Eklund (Forsythe), Dr. Carolyn Brown (CareQuest), Dr. Michelle Neuburger (CDC), and Dr. Joseph DeLuca (UB Dental School).
White paper (available for free download) examines impact of COVID-19 on health care providers. A white paper, COVID-19: A Catalyst for Engendering Public Trust in Health Care and Building Back a Better Health Profession Response, published in March by the Santa Fe Group – an action-oriented think tank seeking to improve lives through oral health – examines the series of events related to COVID-19 from December 2019 to January 2021 and how it impacts the public trust in health care. Authored by Dr. Dianne Rekow, Santa Fe Senior Scholar, and me, this is the first in a series of papers focusing on the pandemic and how it can and has served as a catalyst for change. This white paper is available for a free download by clicking here.

New HPI report shows low vaccine participation by dentists. As part of their ongoing surveillance of dentists, the American Dental Association’s Health Policy Institute asked question whether or not they’ve taken advantage of their state authorization or the Public Readiness and Emergency Preparedness (PREP) Act amendment authorizing dentists to administer the COVID-19 vaccine. The latest survey of almost 2,000 dentists showed that only 3.9% had administered the COVID-19 vaccine (77/1,975), with the top response for those not participating stating that they did not have the time/capacity to administer the vaccine. Interestingly, despite the federal PREP Act amendment authorizing dentists to give the COVID-19 vaccine, almost 1 in 10 cited lack of state authorization and/or liability concerns as major reasons they were not participating.

Updated cases and vaccinations. As of April 27, 2021, the CDC reports a total of 31,883,289 cases of COVID-19 in the U.S., with 380,840 cases in the last seven days. While the overall U.S. case rate per 100,000 people is now just 114.7, several states have seen surges including Michigan (case rate of 338.6 in the last 7 days) and multiple states above a rate of 200 per 100,000 including New Jersey, Delaware, Minnesota, Pennsylvania, and Colorado. The CDC also reports a total of 569,272 deaths from COVID-19. However, the CDC also reports that over half of the U.S. population – 53.9% or close to 140 million people – now have received at least one dose of the COVID-19 vaccine, and that two-thirds of older Americans over 65 years of age are fully vaccinated.

CDC offers updated guidance “while you wait for COVID-19 vaccines.” On April 26th, the CDC updated tips for people as they await the first or second dose of the COVID-19 vaccine. As shown in the above data, there are still many cases of COVID-19. The guidance is the mostly the same, but it is important that we as oral health professionals continue to remind our patients.

1. Wear a mask to keep everyone safer. The mask must cover your nose and mouth. It must fit under your chin and be snug on your face.
2. Stay at least 6 feet away from people outside your home. Stay away from crowds. Stay away from inside places with lots of people.
3. Wash your hands often with soap and water for 20 seconds. A tip for counting 20-30 seconds is to sing the happy birthday song twice.

To read the completed guidance, click here.

Update on variants. As you are aware, genetic variants of SARS-CoV-2 have been emerging and circulating around the world throughout the COVID-19 pandemic. The CDC classifies variants as variants of interest, variants of concern, or variants of high consequence. A variant of high consequence would be one that may not be found through testing, may not be affected by vaccines, may not respond to therapeutics, and may present more severe clinical disease. Fortunately, there are no SARS-CoV-2 variants that rise to the level of high consequence. There are several that are variants of concern, and they are listed on the CDC website. To view the number of cases involving different variants, click here.
CDC provides new guidance for fully vaccinated people. On April 27, the CDC issued new guiding principles for fully vaccinated people. Underscore that immunocompromised people, need to consult their healthcare provider about these recommendations, even if fully vaccinated. Fully vaccinated people no longer need to wear a mask outdoors, except in certain crowded settings and venues. They clarified that fully vaccinated workers no longer need to be restricted from work following an exposure as long as they are asymptomatic. Fully vaccinated residents of non-healthcare congregate settings no longer need to quarantine following a known exposure. Finally, fully vaccinated asymptomatic people without an exposure may be exempted from routine screening testing, if feasible. Check out the infographic from CDC describing their recommendations on page 10.

HHS promotes COVID-19 public education campaign. The HHS COVID-19 public education campaign is a national initiative to increase public confidence in and uptake of COVID-19 vaccines while reinforcing basic prevention measures such as mask wearing and social distancing. Through a nationwide network of trusted messengers and consistent, fact-based public health messaging, the campaign helps the public make informed decisions about their health and COVID-19, including steps to protect themselves and their communities. There is a great way YOU can get involved: join the COVID-19 Community Corps. As a member, you’ll receive timely, accurate information to share with your family, friends, and neighbors. By encouraging them to get vaccinated, you’ll help protect them – and allow all of us to safely gather together again. As a Corps member, you’ll get resources to help you build vaccine confidence in your community, including:

- Fact sheets on vaccine safety, tips on how to talk with friends and family about the importance of vaccination, and hints for planning and attending community events
- Social media content to share with your followers
- Regular email updates with the latest vaccine news and resources to share

To learn more, or to sign up for the COVID-19 Community Corps, click here.

Survey finds 6 million people may have lost oral health coverage due to pandemic. In early April, CareQuest Institute for Oral Health released a report, “A Coming Surge in Oral Health Treatment Needs,” that examines the impact of the pandemic on oral health in the U.S. According to a news release, “Based on the survey results, report authors found that an estimated 6 million adults in the US have lost dental insurance as a result of losing their jobs because of the COVID-19 pandemic. Among those surveyed who identified the pandemic as the reason for losing dental insurance, 65% reported having an oral health symptom that often stems from a disease affecting teeth, gums, or other tissues in the oral cavity. Additionally, an estimated 28 million adults have delayed getting dental care because of one or more concerns, including the cost of care, lack of insurance, or concerns about risk of exposure to the virus. This suggests that lack of dental coverage and inaccessibility of affordable care is further fueling the ongoing oral health crisis in the US.”

Study shows that COVID virus infects cells in the mouth. A new NIDCR study of NIDR and University of North Carolina-Chapel Hill researchers has found evidence that the SARS-CoV-2 virus has the potential to infect oral cells. According to a news release, “the potential of the virus to infect multiple areas of the body might help explain the wide-ranging symptoms experienced by COVID-19 patients, including oral symptoms such as taste loss, dry mouth and blistering. Moreover, the findings point to the possibility that the mouth plays a role in transmitting SARS-CoV-2 to the lungs or digestive system via saliva laden with virus from infected oral cells. A better understanding of the mouth’s involvement could inform strategies to reduce viral transmission within and outside the body.”

One-third of Medicare beneficiaries forgo dental care in late 2020. As reported in a Centers for Medicare and Medicaid Services (CMS) in a March report that examined COVID-19 survey data in late summer and fall of 2020, 32% of Medicare beneficiaries reported not getting needed dental care since July 2020 due to the pandemic (note: Medicare doesn’t have a dental benefit, but this was a survey to assess health behaviors and perceptions of Medicare beneficiaries). The most common reason the beneficiary decided to forego care was not wanting to risk being at a medical facility, with almost half citing this concern.
**COVID-19 News Updates**

**CDC offers vaccination provider training.** The CDC has developed a resource sheet highlighting COVID-19 vaccination provider trainings that offer the latest guidance on vaccine administration, storage and handling, safety and monitoring, and more. To access this resource sheet, click here.

**New paper describes history of pandemics and education.** A new article published in the April 19, 2021 issue of the *Journal of Dental Education* looks at the impact of pandemics on education. Dr. Andrew Spielman from NYU College of Dentistry describes how pandemics of the past 800 years, from leprosy to Black Plague to Spanish Flu, have changed or impacted education, and then he describes how the COVID-19 pandemic has “catapulted remote digital learning to the forefront of higher education.” To read the abstract, click here.

**FDA recommends transition from use of decontaminated disposable respirators.** On April 9th, the U.S. Food and Drug Administration (FDA) released a recommendation that health care personnel and facilities transition away from crisis capacity conservation strategies, such as decontaminating or bioburden reducing disposable respirators for reuse. The letter to health care providers states that “Based on the increased domestic supply of new respirators approved by the Centers for Disease Control and Prevention’s (CDC) National Institute for Occupational Safety and Health (NIOSH) currently available to facilitate this transition, the FDA and CDC believe there is adequate supply of respirators to transition away from use of decontamination and bioburden reduction systems.”

**How does CDC make COVID-19 vaccine recommendations?** In an article published on April 28, 2021, the CDC provides guidance on how they make decisions, in collaboration with the FDA, on COVID-19 vaccines. To access this guidance, click here.

**ASTDD releases updated emergency manual.** On April 5th, the Association of State and Territorial Dental Directors announced the release of the *ASTDD Emergency Preparedness and Response Manual for State and Territorial Oral Health Programs*. The manual, first developed in 2010, highlights the essential operations and relationships that should be in place to enable effective recovery from a crisis event and advise the state's oral health community, state health agency officials and public health administrators in the development and operation of oral health emergency preparedness and response at the state level.

**New MMWR shows vaccine effectiveness in real-world setting.** An April 28, 2021 article published in the *CDC Morbidity and Mortality Weekly Report (MMWR)* showed that the Pfizer-BioNTech and Moderna COVID-19 vaccines were 94% effective against COVID-19 hospitalization among fully vaccinated adults and 64% effective among partially vaccinated adults aged 65 years and over. These new data reinforce the clinical trial data effectiveness in a real-world setting.

![Real-world data show vaccination reduced the risk for COVID-19 hospitalization among adults 65 and older](https://www.cdc.gov/mmwr/).
# Choosing Safer Activities

<table>
<thead>
<tr>
<th>Unvaccinated People</th>
<th>Outdoor</th>
<th>Fully Vaccinated People</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Walk, run, or bike outdoors with members of your household</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Attend a small, outdoor gathering with fully vaccinated family and friends</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Attend a small, outdoor gathering with fully vaccinated and unvaccinated people</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dine at an outdoor restaurant with friends from multiple households</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Attend a crowded, outdoor event, like a live performance, parade, or sports event</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indoor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit a barber or hair salon</td>
<td></td>
</tr>
<tr>
<td>Go to an uncrowded, indoor shopping center or museum</td>
<td></td>
</tr>
<tr>
<td>Ride public transport with limited occupancy</td>
<td></td>
</tr>
<tr>
<td>Attend a small, indoor gathering of fully vaccinated and unvaccinated people from multiple households</td>
<td></td>
</tr>
<tr>
<td>Go to an indoor movie theater</td>
<td></td>
</tr>
<tr>
<td>Attend a full-capacity worship service</td>
<td></td>
</tr>
<tr>
<td>Sing in an indoor chorus</td>
<td></td>
</tr>
<tr>
<td>Eat at an indoor restaurant or bar</td>
<td></td>
</tr>
<tr>
<td>Participate in an indoor, high intensity exercise class</td>
<td></td>
</tr>
</tbody>
</table>

---

**Get a COVID-19 vaccine**

- **Prevention measures not needed**
- **Take prevention measures**
  - Fully vaccinated people: wear a mask
  - Unvaccinated people: wear a mask, stay 6 feet apart, and wash your hands

- Safety levels assume the recommended prevention measures are followed, both by the individual and the venue (if applicable).
- CDC cannot provide the specific risk level for every activity in every community. It is important to consider your own personal situation and the risk to you, your family, and your community before venturing out.

April is designated as **Oral Cancer Awareness Month**. In 2021, 54,010 Americans are estimated to be diagnosed with oral and pharyngeal cancer, and over a third of those will die within 5 years (35.2% mortality rate), according to the National Cancer Institute’s Surveillance, Epidemiology, and End Results Program (SEER). Oral and pharyngeal cancer kills almost 10,000 people each year, roughly 1 person per hour, 24 hours a day. The death rate for oral cancer is higher than many other cancers including laryngeal, testicular, Hodgkin’s lymphoma, cervical, and thyroid cancer. In addition, the CDC reports that the number of Human Papilloma Virus (HPV) attributable oropharyngeal cancers now number 14,000 per year, with almost 12,000 of those being in men.

Healthy People 2030 has an objective that focus on early detection of oropharyngeal cancer: **OH-7: Increase the proportion of oral and pharyngeal cancers detected at the earliest stage** with the goal being to get at least 34.2% of such cancers detected at the earliest stage (Stage 1, localized).

What can oral health professionals do? The National Institute of Dental and Craniofacial Research (NIDCR) has an outstanding oral cancer screening guide entitled **Detecting Oral Cancer: A Guide for Health Care Professionals**. This brochure can be downloaded and printed by clicking here.

In addition, educating patients about risk is important in both oropharyngeal cancer prevention and in early detection. Multiple factors put people at higher risk of developing oropharyngeal cancers.

1. **Gender** – oral cancer is more than twice as common in men as women. Some of this disparity could be explained by men using tobacco at a higher rate than women (16.7% vs. 13.6%) and higher rate of alcohol use and abuse in men.

2. **Age** – most people who are diagnosed with oral cancer are 55 years or older, with the median age of diagnosis being 63 and median age of death from oral cancer being 67.

3. Ultraviolet light – UV light exposure, such as exposure to the sun or artificial UV rays such as found in tanning beds, are a major cause of cancer of the lips.

4. Poor nutrition – several studies have found that a diet low in fruits and vegetables may be linked with an increased risk of developing oropharyngeal cancers.

5. Genetic syndromes – Fanconi anemia, a rare autosomal recessive genetic disorder, can lead to a 500-fold increase in oropharyngeal cancers following hematopoietic stem cell transplant, and dyskeratosis congenital, a rare inherited bone marrow failure syndrome, can also increase risk of oral cancers.

6. Tobacco use – about 80% of patients with oropharyngeal cancer currently or in the past used tobacco in the form of cigarettes, chewing tobacco or smokeless tobacco. Risk of developing oral cancer is directly related to duration and frequency of tobacco use.

7. Alcohol – about 70% of people diagnosed with oral cancer are “heavy drinkers,” and the risk of developing oropharyngeal cancer is even higher for those who use both alcohol and tobacco. In fact, the risk of oral cancer may be as much as 100% higher in people who smoke and drink heavily as compared to people who do not smoke and drink.

8. Betel quid – betel quid, a leaf from the betel plant wrapped around areca nut and lime, and gutka, a combination of betel quid and tobacco, both of which are more common in Southeast Asia and other parts of the world, are associated with an increased risk of oral cancer. A study in India indicated that betel quids could half that country’s burden of oral cancer by preventing more than 37,000 cases/year.

9. Immune system suppression – a weakened immune system increases the risk of developing oral cancer.

10. Lichen planus – lichen planus, a chronic inflammatory disease that affects the skin, nails, hair and mucous membranes, has been associated with oral cancer. A recent study concluded that patients with this disease have an increased risk of developing cancers of the lip, tongue, oral cavity, and pharynx.

11. Graft-versus-host disease (GVHD) – this condition that sometimes occurs after a stem cell transplant, where the donor stem cells recognize the patient’s cells as foreign and attack them, increases risk of oral cancer, which can occur as early as two years after the GVHD.
Healthy People 2030 May Focus Areas: Older Adults

Each May is designated as Older Americans Month, and the Administration for Community Living (ACL) leads the government’s observance. The theme for this year is “Communities of Strength.” The following is an excerpt from ACL’s introduction of this observance:

“Older adults have built resilience and strength over their lives through successes, failures, joys, and difficulties. Their stories and contributions help to support and inspire others. This OAM, we will celebrate the strength of older adults and the Aging Network, with special emphasis on the power of connection and engagement in building strong communities.

There are many things we all can do to nurture ourselves, reinforce our strength, and continue to thrive. Connecting with others is one of the most important—it plays a vital role in our health and well-being, and in that of our communities. From finding joy in small things and sharing our stories, to looking at the big picture and giving to others, join us in promoting the ways we are connected and strong.”

Healthy People 2030 has two specific objectives for older Americans:

- **OH-4:** Reduce the proportion of older adults with untreated root surface decay

This was also listed as an objective in Healthy People 2020. Data from the National Health and Nutrition Examination Survey (NHANES) in the 1999-2004 time period showed that 37.9% of adults ages 65 to 74 years had untreated root surface caries (decay), but by the 2015-2016 NHANES period (the final year used for HP 2020) this had decreased to 29.1%, far exceeding the HP 2020 target of 34.1%.

For Healthy People 2030, the target is 20.1%, an even loftier goal. What are some of the things you can do as an oral health professional to impact this objective? Here are just a few ideas:

1. Ensure that your oral exam includes a thorough look at root surfaces.
2. Consider using fluoride varnish as a preventive measure for exposed root surfaces.
3. For root caries, restore as soon as possible or use silver diamine fluoride to arrest the caries.
4. Consider addressing barriers to accessing dental services in your community for the geriatric population. Consider doing community health fairs, going to senior citizen centers to provide screenings, and other community-based ideas.

- **OH-5:** Reduce the proportion of adults aged 45 years and over who have lost all of their natural teeth (Baseline: 7.9%; Target: 5.4%)

A second objective, and this one targets “younger” adults but also older adults, is to reduce the proportion of complete edentulism in adults 45 years and over. This was also a Healthy People 2020 objective as objective OH-4.2, but that objective only included adults 65 to 74 years of age. Like the untreated root surface decay objective, this objective also showed substantial improvement over the past decade, moving from 24.0% of adults with complete tooth loss in the 1999-2004 NHANES reporting period to just 12.5% in the 2013-2016 reporting period, far exceeding the HP 2020 target of 21.6%.

For Healthy People 2030, the target is 5.4%, while the baseline (for 45+ years, not just 65-74) is 7.9%. What are some of the things you can do as an oral health professional to impact this objective? Here are just a few ideas:

1. Help address barriers to dental care in your community, especially in the most vulnerable and underserved populations. We know that those residing in rural areas and those living in poverty are more likely to be missing teeth. In fact, the disparity between the non-poor and poor has more than doubled over the past two decades.
2. Promote saving teeth. This sounds simple enough, but it speaks of helping improve the oral health literacy of your patients and preventing disease in the first place.
**Latest Chief Dental Officer Events Completed:**

- January 6, 2021: Dental Town Podcast (Speaker)
- January 7, 2021: ADA Council on Advocacy for Access and Prevention (Speaker/Guest)
- January 7, 2021: Association of State and Territorial Dental Directors (Virtual Meeting/Discussion)
- January 13, 2021: Ohio State University Pediatric Dental Residency Program (Speaker)
- January 20, 2021: Tufts University School of Dental Medicine (Speaker/Panelist)
- January 28, 2021: Tri-State Oral Health Summit (Keynote Speaker)
- January 29, 2021: ADA Council on Government Affairs (Speaker)
- February 4, 2021: ADA Give Kids A Smile National Kickoff (Speaker)
- February 8, 2021: A.T. Still University Research Week (Keynote Speaker)
- February 11, 2021: A.T. Still University Dental Public Health Residency Program (Speaker)
- February 21, 2021: Dream Team Annual Retreat, Global Summits Institute (Participant)
- February 27, 2021: American Association of Dental Boards Mid-Year Meeting (Keynote Speaker)
- March 14, 2021: American Dental Education Association Annual Session (Panelist)
- March 19, 2021: USPHS Officer Basic Course (Speaker)
- March 31, 2021: Health Equity Webinar for Dental Leaders (Panelist)
- April 5, 2021: Oral Health Progress & Equity Network Sustainability Summit (Speaker)
- April 6, 2021: Jacobi Medical Center, Bronx (Speaker)
- April 7, 2021: University of Nevada, Las Vegas School of Dental Medicine (Speaker)
- April 7, 2021: American Association of Community Dental Programs (Panelist)
- April 9, 2021: Association of State & Territorial Dental Directors Business Meeting (Participant)
- April 16, 2021: University of California, Los Angeles Inter-professional Education Meeting (Keynote Speaker)
- April 22, 2021: National Oral Health Conference Federal Dental Services Session (Coordinator/Speaker)
- April 28, 2021: Greater Washington Academy of Women Dentists Webinar (Speaker)
- April 29, 2021: West Virginia School of Dentistry Educational Seminar Series (Speaker)

**Upcoming Chief Dental Officer Events:**

- May 4, 2021: American Dental Association Health Equity Webinar (Speaker)
- May 6, 2021: North Dakota State Engagement Meeting (Speaker)
- May 6, 2021: American Association of Dental Consultants Meeting (Keynote Speaker)
- May 10, 2021: New Hampshire Oral Health Forum Meeting (Speaker)
- May 12, 2021: USPHS Dental Category Day, Day 1 (Speaker/Organizer) – internal event
- May 17, 2021: University of Michigan School of Dentistry Student Forum (Speaker)
- May 19, 2021: USPHS Dental Category Day, Day 2 (Speaker/Organizer) – internal event
- May 24, 2021: University of California, San Francisco School of Dentistry Commencement (Speaker)
- June 4, 2021: Nevada Advisory Committee for Oral Health (Speaker)
- July 8-9, 2021: ADA Council on Advocacy for Access and Prevention, Chicago (Speaker/Guest)
- July 21, 2021: International Association of Dental Research Meeting (Guest)
- September 8, 2201: Santa Fe Group Salon (Possible Speaker, Attendee)
- September 24, 2021: CareFirst Annual Conference, Baltimore (Keynote Speaker)
Upcoming Meetings & Events

May 6, 2021: American Public Health Association (APHA) Oral Health Section Meeting. The American Public Health Association (APHA) Annual Meeting and Expo is the largest annual public health professional gathering. The Oral Health Section’s Call for Abstracts is now open; deadline is March 21, 2021. The meeting theme is: "Creating the Healthiest Nation: Strengthening Social Connectedness".

May 12 & 19, 2021: USPHS Dental Category Days. Since the 2020 U.S. Public Health Service Dental Category Day was cancelled due to the pandemic, we are holding two days of the event in 2021, convenient across all six time zones where USPHS dentists work. This meeting is open to USPHS dental officers, dental hygienist officers, and dentists working in federal agencies served by the USPHS. The distinguished Surgeon General David Satcher Keynote Lecturers are Dr. Manuel Cordero, chief executive officer of the Hispanic Dental Association and past president of the Academy of General Dentistry, and Dr. Kathy O’Loughlin, executive director of the American Dental Association. Speakers for the two days include Dr. Mike Monopoli from CareQuest, Kathy Eklund from the Forsyth Institute, Dr. Joel Knutson from the Indian Health Service, and Commissioned Officers including CAPT Renée Joskow from the Health Resources and Services Administration, CAPT Eric Jewell and CDR Justin Sikes from the Indian Health Service, and CDR Jason Single from the U.S. Coast Guard.

May 18, 2021: Learning from Health System Initiatives – What Can Be Done to Scale Up Integration? This is the third in a series of four webinars in the Santa Fe Group Continuum on Health Integration. Actions are being taken by and within health systems to provide primary care, including oral health care. This session will explore lessons learned from two initiatives in community and primary care practice settings. Why were these integration efforts created? What factors supported their evolution and expansion? Which factors limited their progress? Clinician, health care administration and health policy leaders will describe their experiences and discuss strategies for the future. To register for this free webinar, click here.

May 22-26, 2021: American Academy of Oral & Maxillofacial Pathology (AAOMP) Annual Virtual Meeting. The AAOMP Annual Meeting is open to Academy Fellows, Members, Residents, and allied dental community members who may benefit from learning more about oral pathology. To learn more, including a schedule of events and registration information, click here.

June 2-5, 2021: Organization for Safety, Asepsis and Prevention (OSAP) Virtual Conference. The OSAP Virtual Conference brings together the most innovative thinkers in dental infection prevention, occupational health, and patient safety. The 2021 program will cover a wide variety of topics relevant to dental infection control including evolving guidance, compliance, and emerging infection prevention and safety issues. Topical and authoritative information will be provided on the most relevant science, policies, procedures, and resources for patient and provider infection control and safety. Due to the continuing impacts of the COVID-19 pandemic, the conference will be virtual. To learn more about the target audience, registration costs, and agenda, click here.

June 9-12, 2021: Academy of General Dentistry (AGD) Scientific Session, Austin, TX. Network with colleagues, students, and dental team members at the premier meeting for general dentistry. AGD’s annual scientific session has earned a reputation for having some of the finest dental continuing education in the world. From advanced hands-on education to clinical and practice management lectures in an innovative one-hour lecture format, all of the CE earned at an AGD meeting can be applied to the AGD Fellowship and Mastership awards. To learn more about this meeting, which will be held at the Austin Convention Center, click here.

June 14-July 2, 2021: 39th Graduate Summer Institute of Epidemiology and Biostatistics. 39th Graduate Summer Institute of Epidemiology and Biostatistics will be held at the Johns Hopkins Bloomberg School of Public Health, from June 14 - July 2, 2021. In this challenging time, the need for training in public health research is even more critical. The Epi Biostat Summer Institute offers intensive short courses focused on research methods and public health practice, highlighting epidemiologic and statistical concepts and methodology. This summer all classes will be taught online as either asynchronous courses or virtually via Zoom on the dates and times the course is scheduled. To learn more, click here.
June 15, 2021: Learning from the Convergence of Medical and Dental Insurance – Who’s Driving the Change? This is the third in a series of four webinars in the Santa Fe Group Continuum on Health Integration. The session reviews the lessons learned from executives from full service health plans and stand-alone dental plans regarding the challenges of integrating medical and dental plans. To register for this free webinar, click here.

June 17-19, 2021: 108th National Dental Association (NDA) Virtual Convention & Multicultural Oral Health Summit. The 108th NDA annual meeting will occur virtually and offer 26 hours of continuing education credits. The theme of this meeting, a partnership between the NDA, Hispanic Dental Association, and the Society of American Indian Dentists, is “Shape our Future.” I believe that this is the 2nd Multicultural Oral Health Summit between the three organizations. To learn more about the meeting, click here.

June 18-20, 2021 (in-person) and June 28-30, 2021 (virtual): American Dental Hygienists Association (ADHA) Annual Conference, Phoenix, Arizona. The ADHA has brought back in-person education, but also offers a virtual schedule as well. The in-person meeting will be held at the Phoenix Convention Center, and there are four hotels nearby from which registrants can choose. Attendees can also choose to attend both the in-person and virtual meetings. To learn more about the meeting, including registration information, click here.

June 25-27, 2021: American Association of Orthodontists (AAO) Annual Meeting, Boston, Massachusetts. The AAO will also be doing a hybrid annual session, with opportunities for in-person and virtual learning of more than 15 hours of continuing education. To learn more about this meeting, click here.

July 21-24, 2021: International Association of Dental Research (IADR) General Session. Save the date for the next American Association for Dental Research (AADR) meeting. The virtual 2021 IADR/AADR/CADR General Session & Exhibition offers thousands of cutting-edge scientific presentations, including poster presentations, oral presentations, symposia and Distinguished Lecture Series plenary sessions. Attendees can view the presentations live, or watch later on demand, and network with scientists and researchers in the U.S. and worldwide in the online IADR Community. Don’t miss this opportunity to learn, network and advance your career. View the featured presentations and register online today!

September 8-9, 2021: Santa Fe Group Salon – The Benefits of Integration of Oral Health into Overall Health. Save the date for the biennial Santa Fe Group Salon, which will be held virtually and is part of the Continuum on Integration on Health Integration. To learn more about the Continuum or this event, click here.

September 9-10, 2021: 2021 Annual Scientific Session and General Assembly of the American Society of Dentist Anesthesiologists (ASDA), Newport Beach, CA. The 2021 Annual Scientific Session and General Assembly of Members Meeting will be held on September 9-10, 2021 at the Newport Beach Marriott Hotel & Spa, 900 Newport Center Drive, Newport Beach, CA, 92660. Details for registration and room reservations coming soon; click here to learn more.

October 6-9, 2021: American Academy of Oral and Maxillofacial Radiology (AAOMR) Annual Session, Atlanta, GA. The 72nd meeting of AAOMR is scheduled as an in-person meeting in October in Atlanta. More information will be available in the future here.

October 26-30, 2021: American College of Prosthodontists Annual Meeting. The 2021 Annual Session of the American College of Prosthodontists will be taking place Oct. 26-30. Mark your calendars and plan to join us for ‘Collaborations: The Key to Excellent Outcomes’ featuring renowned speakers from the fields of digital technology, dental materials, technique innovators, public health, radiology, sleep medicine, dental ethics, anesthesiology, and additional dental specialties. For more information, click here.
Recent Event Photos

**Top Left:** April 22nd Federal Dental Services Session at the National Oral Health Conference. Thanks to Dr. Frances Kim for helping make this happen and to our great team of speakers: CAPT Steven Matis (Navy), Col (s) Scott Irwin (Air Force), Dr. Patricia Arola (VA), CAPT Michael Johnson (USPHS/BOP), LTC Peter Drouillard (Army), and our keynote speaker, Dr. Benoit Varenne (WHO).

**Top Right:** April 7th Panel discussion at the 2021 American Association of Community Dental Programs leg by Dr. Myron Allukian; fellow panelists included CAPT Renée Joskow from HRSA, Andrew Snyder from CMS, and Casey Hannan from CDC (not pictured).

**2nd Row Left:** February 21st Global Summits Institute Annual Retreat with health care professionals from around the world. Thanks to Dr. Kianor Shah for arranging this event!

**2nd Row Right:** February 27th American Association of Dental Boards Mid-Year Meeting. I appreciate the invitation from Dr. Bob Zena, president, and Tonia Socha-Mower, executive director. Pictured with me is Dr. Zena.

**Bottom Left:** March 14th panel presentation on Healthy People 2030 oral health objectives with Dr. Gina Thornton-Evans (CDC), CAPT Renée Joskow (HRSA), and Dr. Tim Iafolla (NIH/NIDCR).

**Bottom Right:** Virtual “Fireside Chat” with Dr. Marko Vujicic and Frances Walsh at the April 5th Oral Progress and Equity Network Sustainability Summit.