CDC Division of Oral Health
Federal Agency Panel

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Dental Officer

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National Center for Chronic Disease Prevention and Health Promotion

Smoking and Health

Nutrition, Physical Activity, and Obesity

Reproductive Health

Heart Disease and Stroke Prevention

Oral Health

Diabetes Translation

Cancer Prevention and Control

Population Health

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Division of Oral Health
National Center for Chronic Disease Prevention and Health Promotion

Policy and Communications
- Associate Director for Policy and Communications
- Communications Specialist
- Public Health Analyst
- Policy Analyst

Office of the Director
- Director
- Deputy Director
- Secretary

Science and Evaluation
- Associate Director for Science
- Economist
- Environmental Engineer
- Evaluator
- Dental Officer

Administrative Operations
- Administrative Officer
- Mgmt. Analyst

Program Services
- Team Lead
- Project officers (4)

Surveillance, Investigation, and Research
- Team Lead
- Dental Officers (2)
- Epidemiologists (1)
- Statistician

May 2017
Division of Oral Health

- **Strategic Priorities**
  - Promote evidence-based interventions to address disparities in dental caries
  - Guide dental public health to be part of the health system transformation

- **Core Functions**
  - Policy and communications
  - Oral health surveillance (national, state, and local)
  - Infection prevention and control guidance to dental health care professionals
Infection Prevention Activities

- Develop guidelines and recommendations
- Provide assistance to states
- Collaborate with CDC partners
  - NCEZID
  - NCCDPHP
  - NCIRD
  - NCHHSTP
- Collaborate with Federal Agencies
  - FDA
  - EPA
  - OSHA
Key DOH Partners

- Organization for Safety, Asepsis and Prevention (OSAP)
- American Dental Association (ADA)
  - [http://www.ada.org/en](http://www.ada.org/en)
- Association of State and Territorial Dental Directors (ASTDD)
  - [http://www.astdd.org/](http://www.astdd.org/)

No confirmed reports of HIV transmission in dental settings

<table>
<thead>
<tr>
<th>Setting</th>
<th>Year</th>
<th>Pathogen</th>
<th>No. Infected</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>OMS* Practice</td>
<td>2001</td>
<td>HBV</td>
<td>1</td>
<td>Pt-to-Pt – U.S.</td>
</tr>
<tr>
<td>Portable dental clinic in school gymnasium</td>
<td>2009</td>
<td>HBV</td>
<td>5</td>
<td>Of 5 cases, 3 patients and 2 volunteers – U.S. Multiple procedural and infection control breaches identified.</td>
</tr>
<tr>
<td>OMS Practice</td>
<td>2013</td>
<td>HCV</td>
<td>1</td>
<td>Pt-to pt – U.S. Multiple breaches in injection safety documented.</td>
</tr>
</tbody>
</table>

*Oral Maxillofacial Surgery

Recent Manuscript

Conclusions

- Transmission of BBPs in dental settings since 2003 were rare.
- Failure to adhere to CDC recommendations likely led to disease transmission in identified cases.

Practical implications:

- Need to improve dental health care personnel's understanding of basic principles and implementation of Standard Precautions.

http://www.cdc.gov/OralHealth/publications/articles/index.htm#infection

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### Reports of Non-bloodborne Pathogen Transmissions in Dental Settings, 2003–2015

<table>
<thead>
<tr>
<th>Setting</th>
<th>Year</th>
<th>Pathogen</th>
<th>No. Infected</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Dental¹</td>
<td>2010</td>
<td><em>M. tuberculosis</em></td>
<td>1</td>
<td>DHCP to DHCP – U.S. TB was misdiagnosed</td>
</tr>
<tr>
<td>General Dental²</td>
<td>2011</td>
<td><em>L. pneumophila</em></td>
<td>1</td>
<td>82 yr. woman - Italy Unknown if waterlines treated</td>
</tr>
<tr>
<td>Pediatric Dental Clinic³</td>
<td>2015</td>
<td><em>Mycobacterium abscessus</em></td>
<td>23</td>
<td>Children – GA, U.S. Potentially linked to untreated waterlines</td>
</tr>
<tr>
<td>Pediatric Dental Clinic⁴</td>
<td>2016</td>
<td><em>Mycobacterium abscessus</em></td>
<td>72</td>
<td>Children – CA, U.S. Potentially linked to untreated waterlines</td>
</tr>
</tbody>
</table>

Objective

- To estimate the percentage of U.S. dentists using four new CDC infection control recommendations and to identify factors associated with their adoption.
Exposure Control Plan Adherence

- 72% of survey respondents had an exposure control plan
- 20% were unaware of any federal requirement for an exposure control plan
- 15% of practices did not offer hepatitis B vaccination to at risk employees

Dental Unit Waterline Adherence

Rates and predictors of exposure to *Legionella pneumophila* in the United States among dental practitioners

2002 through 2012

Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care

- Summary of basic infection prevention expectations for safe care in all dental settings
- Links to references & additional resources
- Checklist to evaluate adherence with infection prevention practices

http://www.cdc.gov/oralhealth/infectioncontrol/index.htm
Infection Prevention Checklist for Dental Settings

Checklist to evaluate adherence with infection prevention practices

- Policies and Practices
- Observation of personnel and patient care

http://www.cdc.gov/oralhealth/infectioncontrol/guidelines/index.htm
### Infection Prevention Checklist

**Section I: Policies and Practices**

1. **行政措施**

   **Elements To Be Assessed**
   - A. Written: Infection prevention policies and procedures specific for the dental setting are available, current, and based on evidence-based guidelines (e.g., CDC/Healthcare Infection Control Practices Advisory Committee [HICPAC]), regulations, or standards.
     - [ ] Yes [ ] No
   - B. Infection prevention policies and procedures are reassessed at least annually or according to state or federal requirements, and updated if appropriate.
     - [ ] Yes [ ] No
   - C. An individual trained in infection prevention is assigned responsibility for coordinating the program.
     - [ ] Yes [ ] No
   - D. Supplies necessary for adherence to Standard Precautions are readily available.
     - [ ] Yes [ ] No
   - E. Facility has system for early detection and management of potentially infectious personnel at initial point of patient encounter.
     - [ ] Yes [ ] No

   **Notes/Areas For Improvement**

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http://www.cdc.gov/OralHealth/infectioncontrol/guidelines/index.htm

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Compendium Document

Recommendations from the

Guidelines for Infection Control in Dental Health-Care Settings—2003

https://www.cdc.gov/oralhealth/infectioncontrol/pdf/recommendations-excerpt.pdf

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CDC DentalCheck

Introduction

CDC DentalCheck is developed directly from the Infection Prevention Checklist for Dental Settings. Dental health care personnel can use this app to periodically assess practices in their facility and ensure they are meeting the minimum expectations for safe care. The infection prevention coordinator and other staff trained in infection prevention are encouraged to use this app at least annually to assess the status of their administrative policies and practices, and also engage in direct observation of personnel and

☐ Do not show again

Get Started

https://www.cdc.gov/oralhealth/infectioncontrol/dentalcheck.html
DOH Infection Prevention and Control Website

- Guidelines and recommendations
- Frequently asked questions
- Resources
  - CDC DentalCheck
  - Selected references
  - Screening and evaluating safer dental devices
- Glossary
- Coming soon:
  - Spanish language version of the summary document
  - 10 slide modules designed to accompany the summary document

https://www.cdc.gov/oralhealth/infectioncontrol/index.html
Antibiotic Stewardship Resources

- Journal of the American Dental Association
  - Antibiotic prescribing by general dentists in the United States, 2013
    http://jada.ada.org/article/S0002-8177(16)30942-4/fulltext
  - Considerations for responsible antibiotic use in dentistry
    http://jada.ada.org/article/S0002-8177(16)30409-3/pdf

- CDC Safe Healthcare Blog—Addressing Antibiotic Resistance in Dentistry: “What can WE do?”

- CDC Infographics
  - Seven Ways Dentists can Act Against Antibiotic Resistance
  - Antibiotic Safety: Do’s and Don’ts at the Dentist
  - Checklist for Antibiotic Prescribing for Dentistry
Seven Ways Dentists can Act Against Antibiotic Resistance

1. MAKE an accurate diagnosis.
2. When prescribing an antibiotic, CHOOSE the right drug for the right dose and duration.
3. USE narrow-spectrum antibiotics for simple infections and preserve broad-spectrum drugs for more complex infections.
4. For empiric treatment, REVISE treatment regimen based on patient progress and/or test results.
5. TEACH your patients about appropriate antibiotic use and emphasize the importance of taking antibiotics exactly as directed.

Antibiotic Safety: Do’s and Don’ts at the Dentist

**DO**
- DO tell your dentist if you have any drug allergies or medical conditions.
- DO tell your dentist about any medications, vitamins, or herbal supplements you are taking.
- DO ask how soon an infection can be treated without antibiotics.
- DO take your antibiotics exactly as prescribed.
- DO tell your dentist if you have side effects, such as frequent diarrhea, while taking, or shortly after stopping antibiotics.

**DO NOT**
- X DO NOT skip doses or stop taking your antibiotics without consulting your dentist.
- X DO NOT save unused antibiotics for future use or give antibiotics to others.
- X DO NOT take antibiotics prescribed for others.
- X DO NOT pressure your dentist to prescribe an antibiotic. Instead, ask your dentist how you can feel better even if antibiotics are not prescribed.
OSAP Key Resources

- Interactive Online Article – Understanding CDC’s Summary of Infection Prevention Practices in Dental Settings
  - [http://www.osap.org/?page=SDVCDEA](http://www.osap.org/?page=SDVCDEA)

- From Policy to Practice: OSAP's Interactive Guide to the CDC Guidelines
  - [http://www.osap.org/?CDCGuidelinesCourse](http://www.osap.org/?CDCGuidelinesCourse)

- Infection Control Checklist for Dental Programs Using Mobile Vans or Portable Dental Equipment

- If Saliva Were Red video
  - [https://www.youtube.com/watch?v=eZnuqBc-Nfl](https://www.youtube.com/watch?v=eZnuqBc-Nfl)
Recent CDC/OSAP Webinars

- **New CDC Tool for Dentistry**
  - [https://zoom.us/recording/play/H78wsrry0pLxZyqqt2uR9_s_UWTPAEYeQAYdMsvOw6NozvGEDwEzfnWzHf-Tftw](https://zoom.us/recording/play/H78wsrry0pLxZyqqt2uR9_s_UWTPAEYeQAYdMsvOw6NozvGEDwEzfnWzHf-Tftw)

- **Safe Water, Safe Dentistry, Safe Kids**
Additional CDC Updates

  - Updated March 2017
  - [https://www.cdc.gov/hicpac/pdf/core-practices.pdf](https://www.cdc.gov/hicpac/pdf/core-practices.pdf)

CDC Guidelines Library

https://www.cdc.gov/infectioncontrol/guidelines/index.html
Dental Handpieces

- Follow manufacturer’s instructions to safely reprocess dental handpieces and accessories (e.g., low-speed motor, reusable prophylaxis angles).
- Clean and heat sterilize between patient uses.
- Do not subject the handpiece to high-level disinfection and do not simply wipe the surface with a low-level disinfectant.
- New technologies – ex: cordless hygiene handpieces
Dental Unit Waterlines

- Use water that meets US Environmental Protection Agency (EPA) regulatory standards for drinking water (i.e., <500 CFU/mL of heterotrophic water bacteria) for routine dental treatment output water.
- Consult with the dental unit manufacturer for appropriate methods and equipment to maintain the recommended quality of dental water.
- Follow recommendations for monitoring water quality provided by the manufacturer of the unit or waterline treatment product.
All dental settings, regardless of the level of care provided, must make infection prevention a priority.

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov    Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.