

Update from the Chief Dental Officer of the U.S. Public Health Service



RADM Timothy Ricks, Chief Dental Officer

Here are some recent updates that may be of interest to you, your organization, or agency.

COVID-19 News

1. **White House National Strategy on Vaccine:** On January 21st, the new Administration released a new national strategy, available at <https://www.whitehouse.gov/wp-content/uploads/2021/01/National-Strategy-for-the-COVID-19-Response-and-Pandemic-Preparedness.pdf>. One of the main priorities is establishing a federal community vaccine program, including standalone vaccine centers across the country. These vaccine sites are any locations administering COVID-19 vaccines that are not a hospital. There is also a task force that is focused on the vaccine program and how federal support will be provided, when requested. So right now the states are assessing their shortfalls in order to submit their requests for resources. Page 52 of the report encourages the federal government and states to expand the number of qualified professionals able to administer the vaccine under the Public Readiness and Emergency Preparedness (PREP) Act. This is yet another way we can educate decision makers about the capabilities of dentists and dental hygienists.

2. **Update on Expanding Scopes of Practice:** As I continually get updated by state dental directors and by the American Association of Dental Boards, I share that information with you. Here's the latest information that I have:

- a. Dentists allowed to administer the influenza vaccine:

- i. Yes (8): Illinois (authorized, but not happening yet), Louisiana, Massachusetts (including hygienists), Minnesota, Oklahoma, Oregon, West Virginia, Utah
 - ii. Considering (8): Arizona, California, District of Columbia, Idaho, Maryland, Missouri, Nevada, Iowa
 - b. Dentists allowed to administer the COVID-19 vaccine:
 - i. Yes (20): Arkansas, California, Colorado, Connecticut (including hygienists), Delaware (mass settings), Georgia, Idaho, Illinois, Louisiana, Maryland (including hygienists), Massachusetts (including hygienists), Nevada (including hygienists), New Hampshire, New Jersey, New York (including hygienists), Ohio (including hygienists), Oklahoma, Oregon, Rhode Island (mass settings), Utah
 - ii. Considering (10): District of Columbia, Indiana, Iowa, Minnesota, Mississippi, Missouri, Nebraska, Nevada, West Virginia, Wisconsin
 - c. Dentists allowed to conduct or order COVID-19 tests:
 - i. Yes (25): Arizona, California (order only), Connecticut, District of Columbia, Florida, Georgia, Idaho, Iowa, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Jersey, North Carolina, Oklahoma, Oregon, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wisconsin
 - ii. Considering (5): Alabama, Mississippi, Nevada, New Hampshire, Texas

3. Interchangeability of Vaccines: mRNA COVID-19 vaccines are not interchangeable. Language has been added to provide suggested strategies to help ensure patients receive the second dose with the appropriate product and interval between doses including:

- “Providing COVID-19 vaccination record cards to vaccine recipients, asking recipients to bring their card to their appointment for the second dose, and encouraging recipients to make a backup copy (e.g., by taking a picture of the card or their phone).
- Encouraging vaccine recipients to enroll in VaxText, a free text message-based platform to receive COVID-19 vaccination second-dose reminders.
- Recording each recipient’s vaccination in the immunization information system (IIS).
- Recording vaccine administration information in the patient’s medical record.

- Making an appointment for the second dose before the vaccine recipient leaves, to increase the likelihood that patients will present at the same vaccination site for the second dose.

4. **Should previous positive cases get vaccinated?** Updated language includes:

- “Data from clinical trials indicate that mRNA COVID-19 vaccines can safely be given to persons with evidence of a prior SARS-CoV-2 infection.”
- “Viral testing to assess for acute SARS-CoV-2 infection or serologic testing to assess for prior infection for the purposes of vaccine decision-making is not recommended.”
- “While there is no recommended minimum interval between infection and vaccination, [current evidence](#) suggests that the risk of SARS-CoV-2 reinfection is low in the months after initial infection but may increase with time due to waning immunity. Thus, while vaccine supply remains limited, persons with recent documented acute SARS-CoV-2 infection may choose to temporarily delay vaccination, if desired, recognizing that the risk of reinfection, and therefore the need for vaccination, may increase with time following initial infection.”

5. **What if a 2nd dose isn’t available right away?** Language has been added to clarify doses inadvertently administered earlier than the grace period should not be repeated. Language has also been added that states “The second dose should be administered as close to the recommended interval as possible. However, if it is not feasible to adhere to the recommended interval, the second doses of Pfizer-BioNTech and Moderna COVID-19 vaccines may be scheduled for administration up to 6 weeks (42 days) after the first dose. There are currently limited data on efficacy of mRNA COVID-19 vaccines administered beyond this window. If the second dose is administered beyond these intervals, there is no need to restart the series.”

6. **WHO releases videos on COVID-19 and dental settings:** A set of three short animated videos developed by the WHO Oral Health program, released today, describe WHO-recommended procedures for screening, triaging and reception of people seeking oral health care; measures that should be in place to protect patients and personnel during treatment; and cleaning, disinfection and sterilization procedures to be applied to surfaces, equipment and instruments in oral health-care facilities. The videos, based on guidance published by WHO in 2020, are primarily intended for use in trainings for oral health teams on infection prevention and control. More generally, target audiences are public health authorities, in particular those responsible for oral health, and oral health-care personnel undertaking or assisting in the procedures described, working in both the public and private sectors. People considering making an appointment for oral health and dental care may also find the material useful as a reference for the practices that they should expect to see

in dental health-care facilities during the pandemic and beyond. To view these videos, go to: <https://youtube.com/playlist?list=PL9S6xGsoqIBVi45veyklbGQn2o6CEgQCY>

7. **Abbott information on SARS-CoV-2 variants:** See the attached information on the newly identified variants. To summarize, the ID NOW detects the RdRp rather than the gene of the spike protein where the mutation has found. With the new variant strains, it shows no changes to the RdRp gene region so the ID NOW testing is not expected to be impacted. This is also the same for our BinaxNOW COVID-19 Ag Card as it detects the nucleocapsid protein rather than the spike protein so testing is not expected to be affected by a mutation in the spike protein. However, the ID NOW and BinaxNOW is **not able to differentiate the mutant variant strain. Only if they do or do not have COVID.**

Non-COVID-19 News

1. **WHO passes oral health resolution at the 148th Executive Board session:** At last week's Executive Board of the World Health Organization (WHO), a Director General's [report on oral health](#) was presented and a [draft resolution on oral health](#) was proposed by Bangladesh, Bhutan, Botswana, Eswatini, Indonesia, Israel, Japan, Jamaica, Kenya, Peru, Qatar, Sri Lanka, Thailand and Member States of the European Union. IADR, as a non-State Actor (NSA) in official relations with WHO, submitted a statement strongly supportive of the report and the resolution, and emphasized that research must be prioritized, cleft lip with and without cleft palate should be included, and urged countries to consider equitable administration of fluoride at the population level. You can read IADR's statement and those of the FDI World Dental Federation, International Society of Nephrology, Médecins Sans Frontières International, Medicus Mundi International – Network Health for All, the Global Coalition for Circulatory Health and the World Federation of Public Health Associations [here](#). IADR CEO Christopher H. Fox delivered IADR's strong support for the Oral Health Report and Resolution at the WHO 148th session of the Executive Board on January 21, 2020. [Watch the full presentation](#). See the attached resolution.

2. **U.S. re-engages with WHO:** On January 21st, Dr. Anthony Fauci, head of the U.S. delegation, announced that the U.S. would remain a member of WHO. Read his entire statement at <https://www.hhs.gov/about/news/2021/01/21/dr-anthony-s-fauci-remarks-world-health-organization-executive-board-meeting.html>.

3. **A reminder about Healthy People 2030:** Healthy People 2030, which outlines national health priorities, was released in August 2020. To view the oral health objectives, go to <https://health.gov/healthypeople/objectives-and-data/browse-objectives/oral-conditions>. Access to dental care for children, adolescents, and adults is a leading health indicator (LHI), meaning it is one of the top priorities of the Nation. Read more about the LHIs here: <https://health.gov/healthypeople/objectives-and-data/leading-health-indicators>.

4. **NCDHM starts with GKAS:** February is National Children’s Dental Health Month, and the ADA has celebrated through the Give Kids A Smile® Campaign for 20 years. This year’s kickoff will be held on Thursday, February 4th at 5 p.m. CST. To register, go to https://zoom.us/webinar/register/WN_EOTUa9gMSgmvZeCAMUz2Qg.

Thanks to each of you for your support, for your leadership, and the work you do every day to improve the oral health of all Americans!

In Officio Salutis (“In the Service of Health”),

Timothy L. Ricks, DMD, MPH, FICD

Rear Admiral (RADM), Assistant Surgeon General
Chief Dental Officer, U.S. Public Health Service