



One oral and maxillofacial surgeon's attitude toward the COVID-19 pandemic

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Facing the first pandemic of the novel coronavirus (COVID-19), the world is in panic. As of April 2020, COVID-19 occurred in over 200 countries around the world. After outbreak in China, its explosive transmission in Daegu, South Korea terrified the nation. Schools have been closed since March; people maintain social distance in meetings and religious services. People are minimizing social and economic activities, and socio-economic shut-down has occurred across the country. When new cases decreased in China, and those in South Korea subsided to some extent, the epidemic began to increase in Europe and United States of America. The world quickly was in turmoil, with huge increase in the global numbers of cases and deaths.

Each region, especially each country, has unique policies toward COVID-19, resulting in varying transmission patterns. However, the global spread of the infection requires unified global efforts. The World Health Organization (WHO) initially considered the virus as a problem only in Asian countries; however, the rapid spread across Europe and USA prompted the organization to declare a global pandemic.

The global transport of humans and resources resulted in rapid worldwide spread of this very infectious disease. Many countries have limited transport from other countries and even have prohibited movements among cities. Restriction of human movement is the primary prevention method of the spread of COVID-19. However, these actions will cause se-

vere economic and social consequences.

Since the mediators of coronavirus transmission are saliva and respiratory secretions, oral and maxillofacial surgeons, in particular, may experience anxiety with patient treatment. The risk of transmission is minimized by advanced screening for patients with fever and/or respiratory symptoms; however, since the virus has an incubation period of about 2 weeks¹, oral and maxillofacial surgeons can unknowingly treat patients during their incubation period. In such cases, the surgeons, their assistants, and even the other healthy patients in the clinic are in danger of contracting the virus. Therefore, in treating patients, it is necessary to use utmost care and protection. Peng et al.² recommend infection controls for dental practice, such as frequent hand washing, use of goggles and masks, patient mouth rinse before treatment, use of rubber dam isolations and anti-retraction handpieces, strict disinfection of the clinic setting, and proper management of medical waste.

Although it is important to follow these precautions, the US Centers for Disease Control and Prevention report that dental staff and patients particularly are vulnerable to transmission because dental instruments create a visible spray that contains large droplets of water, saliva, blood, microorganisms, and other debris. Therefore, it is recommended to postpone all except emergency dental treatment.

The several global pandemics in the past have been overcome, as will the current crisis. Precautions to limit spread will aid in this achievement.

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

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