AAP MEETING

DENTAL TRIBUNE

The World's Dental Newspaper · U.S. Edition

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IMPLANT TRIBUNE

AAID KEYNOTE: NINA TANDON

Sci-fi meets reality at American Academy of Implant Dentistry event.

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ENDO TRIBUNE

IT'S NEVER WHAT YOU THINK IT IS

Dr. Thomas Jovicich's case was complicated by his preconceived notions.

▸ page C1

HYGIENE TRIBUNE

HYGIENE SYMPOSIUM PART OF AAP MEETING

Full day in San Francisco focuses on periodontics from hygienist perspective.

▸ page D1

Ebola outbreak heightens infection control awareness

By Prof. Lakshman Samaranayake

Twenty-two years ago, a seminal report from the Institute of Medicine (IOM) in the U.S., titled "Emerging Infections: Microbial Threats to Health in the United States," warned of the dangers of newly emerging and re-emerging diseases. The concept of "emerging infectious diseases," introduced then by the IOM, is now well entrenched, and to our chagrin we have witnessed many such diseases over the past two decades. These include variant Creutzfeldt–Jakob disease/bovine spongiform encephalopathy, severe acute respiratory syndrome, Middle East respiratory syndrome and, above all, the pandemic of acquired immune deficiency syndrome (AIDS), which has claimed millions of lives the world over. The re-emerging infectious diseases we have seen include diseases caused by meticillin-resistant *Staphylococcus aureus*, and multidrug-resistant and extensively drug-resistant tuberculosis.

Interestingly, the concept of "emerging infectious diseases" is not new. Indeed, ancient Greek, Roman and Persian writers documented the emergence of many new epidemics. In more recent times, the scientist Robert Boyle presciently observed in 1865 that "there are ever new forms of epidemic diseases appearing … among [them] the emergent variety of exotic and hurtful." Arguably, though, the most noteworthy relatively new emerging infectious disease with the greatest impact on the dental profession has been the human immunodeficiency virus and AIDS.

And now we have a severe epidemic of Ebola virus infection. It is back with a vengeance, this time in West Africa, with more than [1,500 confirmed cases at press time] and a 69 percent case fatality ratio [at the time of writing]. The culprit is the Zaire Ebola virus species, the most lethal Ebola virus known, with case fatality ratios up to 90 percent.

According to the IOM report, there are many reasons that new diseases emerge and re-emerge. These include health care advances with the attendant problems (e.g. transplantation, immunosuppression, antibiotic abuse, and contaminated blood and blood products) and human behavior, including injectable drug abuse and sexual promiscuity. Societal occurrences, such as economic impoverishment, war and civil conflict, too, are critical, according to the IOM. The current

▸ See EBOLA, page A4

American Academy of Periodontology, Sept. 19–22, San Francisco

San Francisco's heritage electric streetcars on Market Street are among the many historical sights awaiting attendees of the 100th anniversary AAP annual meeting, being held downtown at the Moscone Convention Center. Photo/Robert Selleck, DTI

▸ See Implant Tribune B1 and Hygiene Tribune D1

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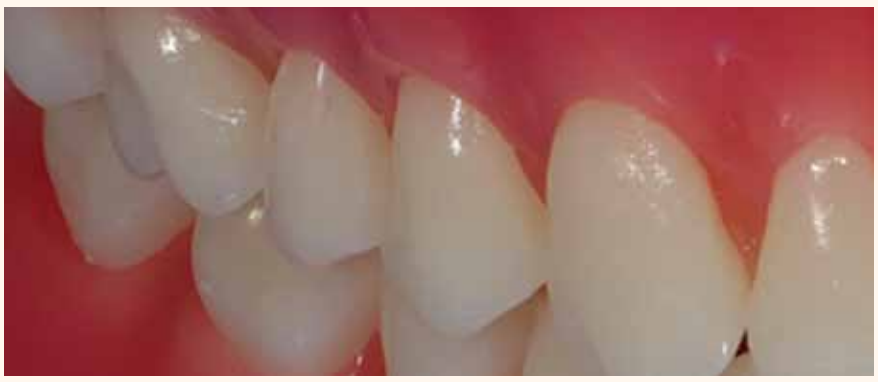
Tooth loss declining in United States

The number of edentulous people in the United States will decline significantly, according to a recent study by researchers at the University of North Carolina at Chapel Hill. The research team tracked edentulism over the past hundred years and predict that the number of people with tooth loss will be 30 percent lower in 2050 than it was in 2010.

The researchers investigated population trends in edentulism among U.S. adults at least 15 years of age by creating time-series data from five national cross-sectional health surveys: 1957–1958 (100,000 adults), 1971–1975 (14,655 adults), 1988–1998 (18,011 adults), 1999–2002 (12,336 adults) and 2009–2012 (10,522 adults). Birth cohort analysis was used to isolate age and cohort effects. Geographic and socio-demographic variation in prevalence were investigated using a sixth U.S. survey of 432,519 adults conducted in 2010. Prevalence through 2050 was projected using age cohort regression models with simulation of prediction intervals.



Researchers predict that the number of people in the United States with tooth loss will be 30 percent lower in 2050 than it was in 2010. Photo/Dana Rothstein, *www.dreamstime.com*

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Registration open for GNYDM programs and events

Greater New York Dental Meeting schedules new offerings for 2014 event

Online registration for Greater New York Dental Meeting courses and events is now open at *www.gnydm.com*.

You can browse through details covering more than 300 seminars, hands-on workshops, essays and "live" patient demonstrations.

Additionally, the 2014 printed Program & Exhibit Guide is being mailed and should arrive by Labor Day.

Many new events

A number of new events are on the schedule for 2014. Among the highlights:

• *The World Implant Expo, four days of innovations in implantology.* This new event will be held simultaneously with the main Greater New York Dental Meeting, from Nov. 28 through Dec. 3.

• *An expanded ColLABoration Dental Laboratory Meeting.* Bringing together dentists and lab technicians, this meeting, is expected to surpass its inaugural 2013 numbers: 1,183 technicians and technician students and 50 exhibitor booths.

• *An expanded exhibit floor with more than 1,700 exhibit booths filled by more than 700 companies.* The 2014 GNYDM exhibit hall dates are Nov. 30 through Dec. 3.

Again for 2014, the GNYDM, which is sponsored by the New York County Dental Society and Second District Dental Societies, will remain free of any registration fee. Other distinctions that help make the GNYDM stand out include:

• This is the only major annual dental meeting with a four-day exhibit hall.

• The meeting features more than 300 educational programs.

• One C.E. unit can be earned simply by exploring the exhibit floor.

• The live dentistry arena on the exhibit floor features eight live patient demonstrations during the course of the meeting. There is no admission charge.

• Multilingual programs are presented in Spanish, Russian, Portuguese, French and Italian.

• A laser pavilion features a variety of educational sessions focusing on all aspects of laser dentistry.

Tickets are required for all free and paid programs with the exception of the alumni/affiliated group programs and the "live" dentistry arena.

Three airports — Newark Liberty (EWR), Kennedy (JFK) and La Guardia (LGA) — and hotel discounts make it easy to attend the meeting and enjoy New York City during the holiday season.

(Source: Greater New York Dental Meeting)

2014 Winter Clinic in new Toronto location

The 77th Annual Winter Clinic, the largest one-day dental convention in North America, is on the move, with its 2014 meeting set for Friday, Nov. 14, at the Toronto Sheraton Centre.

This year's clinical program covers a broad spectrum of topics, including an examination of the way digital technology is transforming workflow; demonstrations of cutting-edge tools and equipment; specialized techniques for prosthetic tooth repositioning; the use of lasers in periodontal therapy; a discussion of X-rays as a diagnostic tool; advice on the latest legal requirements for health and safety in the dental office; and how to meet the demands of your modern dental practice through healthy habits and humor.

You can bring the whole team to share the knowledge. The single-day event features 24 separate programs in contemporary dentistry, offering something for all.

(Source: Toronto Academy of Dentistry)

The Toronto Academy of Dentistry Winter Clinic, in the heart of downtown Toronto, packs a full-scale convention into a single-day event. Photo/Provided by *www.dreamstime.com*.

A member of the Centers for Disease Control and Prevention team leads a training session on Ebola infection control in Lagos, Nigeria, on Aug. 11. Health officials say the Ebola outbreak in West Africa is the deadliest ever. Note that the instructor has donned the personal protective equipment needed to avoid viral contamination when in contact with infected patients: head-to-toe white impermeable suite, goggles, filtered breathing mask and blue rubber gloves.
Photo/Benjamin Park, provided by CDC

◂ EBOLA, page A1

outbreak of Ebola virus infection is a perfect storm created by a lethal combination of some of these factors and also including rampant deforestation, poverty and the war-stricken situation in many African countries.

So how does Ebola spread? According to World Health Organization reports, Ebola virus disease (EVD) is introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals. Human-to-human transmission is through direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids, such as saliva, of infected people, and indirect contact with environments contaminated with such fluids.

Transmission through the air has not been documented in the natural environment, nor have there been any case reports of transmission through saliva contamination. Infection in health care settings has been due to health care workers treating patients with suspected or confirmed EVD, especially when infection control precautions were not strictly practiced. Reports indicate that those who recovered from the disease could transmit the virus through their semen for up to two months after recovery.

EVD is a severe acute illness characterized by the sudden onset of fever, intense weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhea, rash, impaired kidney and liver function, and both internal and external bleeding in some cases. Oral manifestations, such as acute gingival bleeding, have been reported. The mortality rate of EVD is very high and 50–90 percent of patients die owing to the profound systemic hemorrhage or its complications. The incubation period of EVD is two to 21 days.

Up to now, there have been no reported cases of transmission of EVD in any dental settings. However, the fact that it is transmitted through human secretions, which includes saliva, and that the incubation period could last up to 21 days implies that dental care workers in the endemic areas of the virus, such as West Africa and sub-Saharan Africa, may run the risk of acquiring the disease if strict standard infection control measures are not routinely followed.

In dentistry, we are constantly exposed to these emerging and re-emerging infectious threats, and we cannot afford to let our guard down. Vigilance, awareness and good clinical practice with standard infection control at all times are fundamental to prevention, as-yet-unimagined new diseases surely lie in wait. Although we have made spectacular technical and scientific advances since the release of the original IOM report some two decades ago, it appears that humans are still defenseless in the face of the relentless march of our microbe foes.

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◂ EDENTULISM, page A2

Across the five-decade observation period, edentulism prevalence declined from 18.9 percent in 1957–1958 to 4.9 percent in 2009–2012. The single most influential determinant of the decline was the passing of generations born before the 1940s, whose rate of edentulism incidence (5–6 percent per decade of age) far exceeded that of later cohorts (1–3 percent per decade of age). High-income households experienced a greater relative decline, but a smaller absolute decline, than did low-income households.

By 2010, edentulism was a rare condition in high-income households and had contracted geographically to states with disproportionately high poverty. With the passing of generations born in the mid-20th century, the rate of decline in edentulism is projected to slow, reaching 2.6 percent (95 percent prediction limits: 2.1 percent, 3.1 percent) by 2050. The continuing decline will be offset only partially by population growth and population aging, such that the predicted number of edentulous people in 2050 (8.6 million; 95 percent prediction limits: 6.8 million, 10.3 million) will be 30 percent lower than the 12.2 million edentulous people in 2010.

"While it's encouraging to know that this study by Dr. Gary Slade illustrates a steep decline in U.S. edentulism over the past five decades, these health gains in absolute terms have not been distributed equally," said American Association for Dental Research President Dr. Timothy DeRouen. "Additional public health measures must be taken to reduce tooth loss in low-income populations."

The paper, titled "Projections of U.S. Edentulism Prevalence Following Five Decades of Decline," was published online on Aug. 21 in the Journal of Dental Research ahead of print. The journal is a publication of the International Association for Dental Research (IADR) and the American Association for Dental Research, a division of the IADR. The IADR is a nonprofit organization dedicated to advancing research and increasing knowledge for the improvement of oral health, among other objectives.

(Sources: University of North Carolina at Chapel Hill and the International Association for Dental Research)

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Designs for Vision's new NanoCam-HD™ records digitally at 1080p high-definition resolution. The NanoCamHD records magnified HD images from your perspective. The complete system includes 2.5x, 3.5x and 4.5x lens systems to match the magnification you are using — providing a true user's point of view.

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At the AAP annual meeting

To "See the Visible Difference®" yourself, you can visit Designs for Vision in booth No. 632 (level 1) or boothNo. 1512 (level 2) at the American Academy of Periodontology annual eudcation meeting, Sept. 19–22 in San Francisco

Source: Designs for Vision

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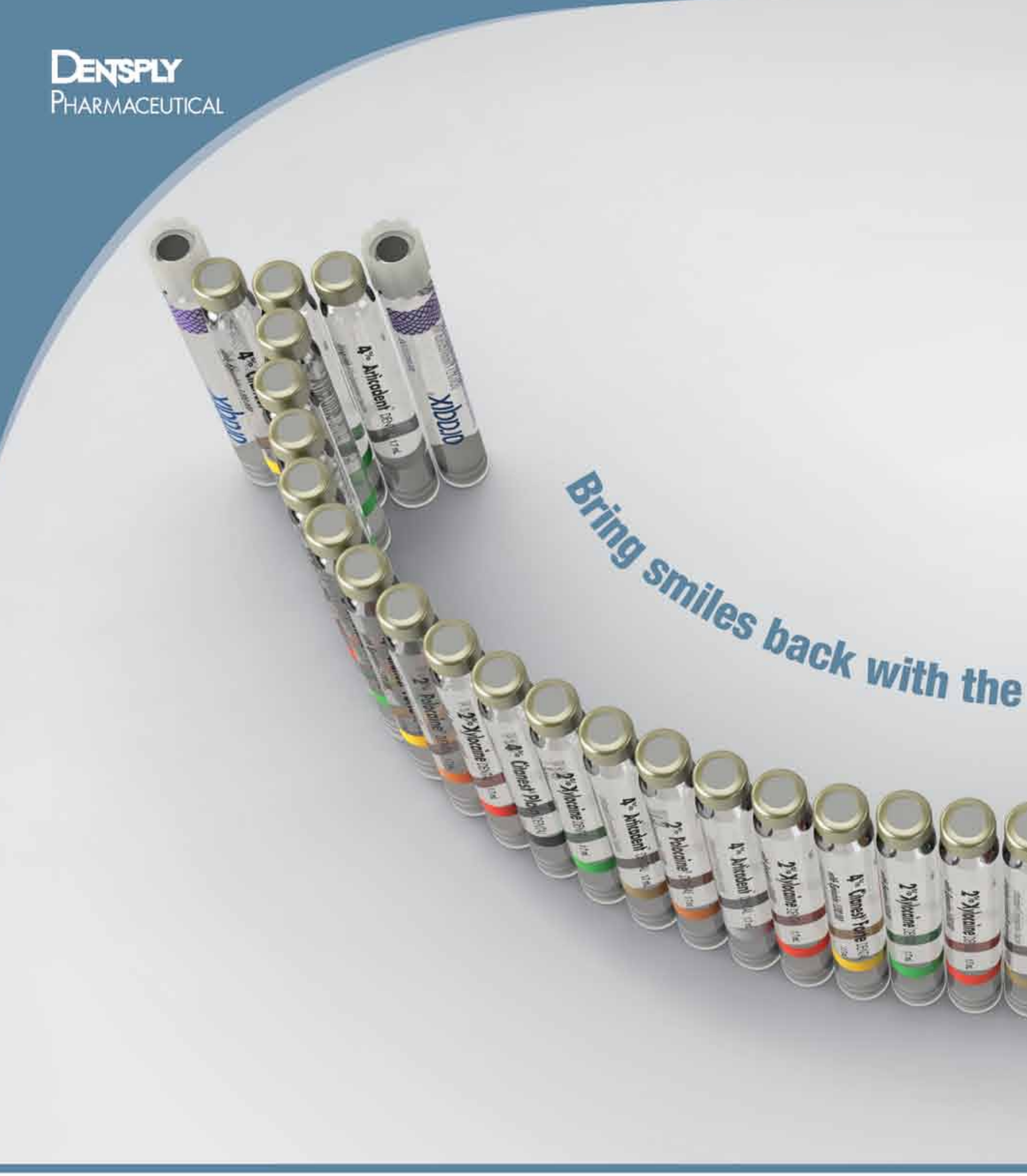

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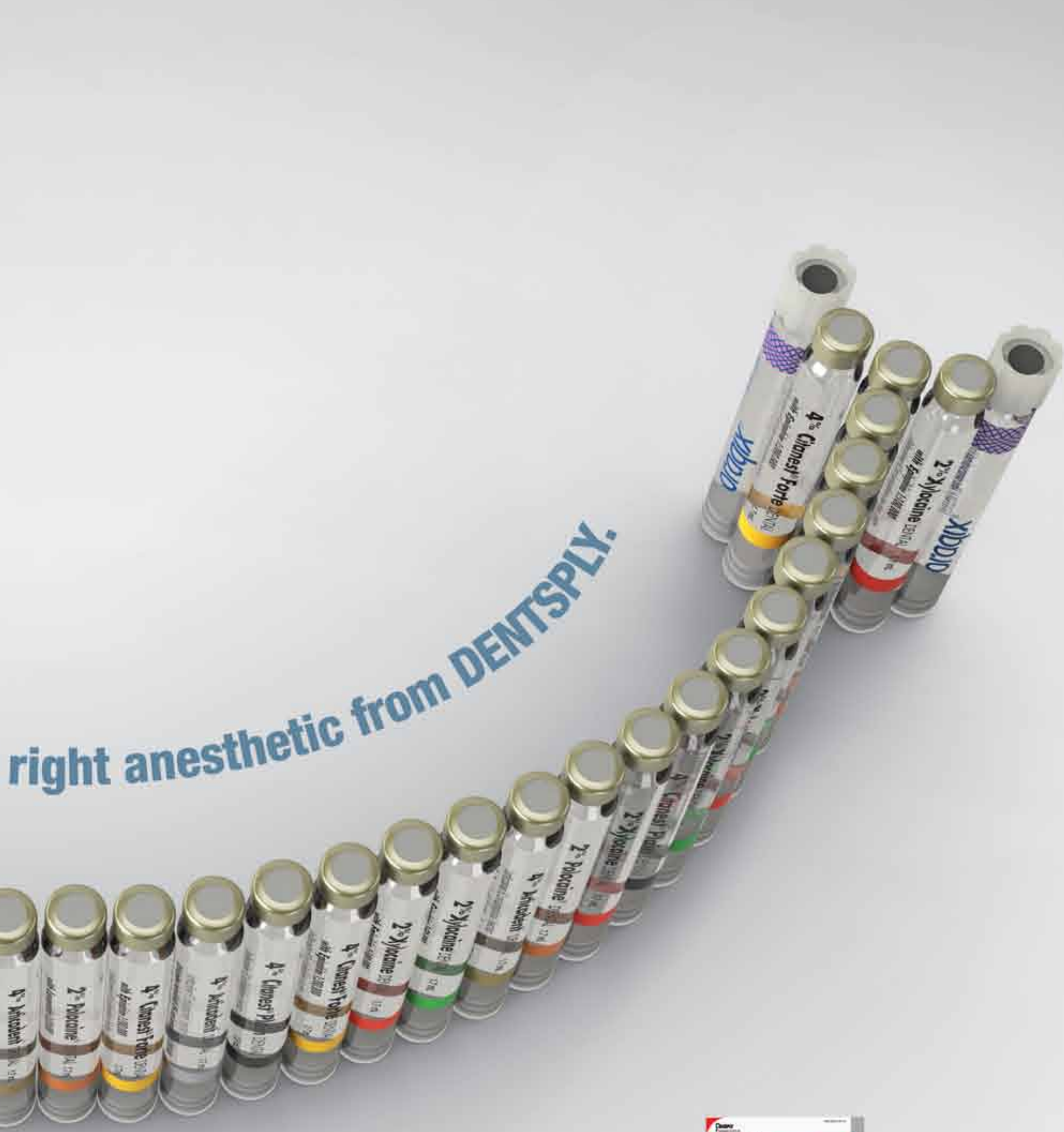

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