



namibia dental association

www.namibiadent.com

17/03/2020

Namibia Dental Association reaction to COVID-19

Dear Colleagues

As most of you are aware, in late December 2019 the World Health Organization (WHO) reported a number of cases of pneumonia in Wuhan City in the Hubei Province of China, confirmed to be caused by a new strand of coronavirus, titled the SARS-CoV-2 due to its similarity with the corona virus that caused the SARS outbreak in 2002-2003. The respiratory system disease caused by SARS-CoV-2 was named COVID-19 (Coronavirus disease 2019). The disease has a very high rate of infection and quickly spread across the planet, and as you have surely heard, as of last weekend Namibia is among those countries who can report confirmed cases of COVID-19.

A couple of tourists travelling from Spain via Qatar to Namibia and staying in a guesthouse in Windhoek have tested positive to the SARS-CoV-2. At the time of this update there are no further confirmed cases in our country.

The Namibian government has responded swiftly, declaring a state of emergency, taking measures such as limiting all international flights into and out of the country, banning flights to high risk COVID-19 countries, closing schools, and banning public gatherings of more than 50 people for the next 30 days, to name a few. This may seem drastic, but the goal is to limit the spread of the virus, so that if there are any more cases they are spread out and the health care system is better able to handle them.

As health care practitioners we are placed in a difficult situation in the midst of this pandemic. Due to the fact that the virus spreads by means of droplets, practitioners in the dental fields have an increased risk of exposure, and yet we have an ethical obligation to help our patients as well as educate those with less medical knowledge than us and who may not be as able to discern between real and fake news on social media. We need to be able to differentiate between a situation that needs to be taken seriously and a situation that warrants panic. Below is some important information to consider.

COVID-19 presents with the following symptoms:

Most common

- Fever,
- Dry cough,
- Shortness of breath.

Sometimes

- Headaches,
- Aches and pains,
- Sore throat
- Fatigue

Rare



President: **Dr. Maren Thomson**
Phone: +264 61 400 476, Fax: 0886 37836
Email: president.namibiadent@gmail.com

Vice President: **Dr. Byron T Bailey**
Phone: +264 61 300 942, Fax: +264 61 300 943
Email: dr.btbailey@gmail.com

Secretary: **Dr. Sanchia Jauch**
Phone: +264 61 228 979
Email: website.namibiadent@gmail.com





namibia dental association

www.namibiadent.com

- Diarrhoea,
- Runny nose

Almost never

- Sneezing.

However, not everyone who presents with the common symptoms is necessarily infected with the virus. The common cold, the flu and allergies can present with some of the same symptoms in varying degrees. If somebody does present with the symptoms of the virus infection it is also important to consider the patient's history, i.e.

- Has s/he recently travelled to one of the countries with confirmed COVID-19 cases?
- Has s/he been in close contact with someone who is suspected or confirmed to be infected with SARS-CoV-2?

If you suspect that you or someone you know may be infected the Ministry of Health and Social Services in Namibia, together with the CDC, has instituted a 24/7 toll free number to contact and seek help for taking further steps. This number is **0800 100 100**. Please memorise it and spread it far and wide.

Furthermore, it should be noted that the incubation period of the virus can be anywhere between 3 to 21 days. Any patients whose history suggests that they could have been exposed to the virus should maintain a status of self-isolation for at least two weeks, monitoring themselves closely for symptoms. PathCare has announced that no COVID-19 testing will be done on suspected cases who are asymptomatic, since during this time there can be a false negative result, and it could lead to the unnecessary depletion of testing resources. Please also note that there is no door-to-door testing being done, as testing equipment is much too rare and expensive. This is a ploy used by criminals in order to gain easy access to houses. Make sure that all your staff are aware of this too.

The SARS-CoV-2 virus is spread mostly via droplets. For the general public this means:

- Cough and sneeze into a tissue and dispose of this properly,
- Or into the elbow crease and clean this area thoroughly and regularly.
- Make sure that your staff, friends and family know proper scrubbing techniques.
- Hands should also be kept clean with soap and water, washing for at least 20 seconds and including the thumb and spaces between the fingers.
- Don't keep the water running, there is still a water crisis to consider.
- High alcohol content (>60%) hand sanitizer should be used *in addition* to hand washing.
- Keep surfaces clean and sterilised.
- Face masks are not particularly useful to healthy individuals and should only be worn by those infected in order to protect other people they come in contact with,
- And of course by health care workers who need them in order to protect themselves from a whole host of microbes.
- There is a worldwide shortage of face masks, please educate your staff accordingly, as well as any patients who will ask you for a mask or two.



President: **Dr. Maren Thomson**
Phone: +264 61 400 476, Fax: 0886 37836
Email: president.namibiadent@gmail.com

Vice President: **Dr. Byron T Bailey**
Phone: +264 61 300 942, Fax: +264 61 300 943
Email: dr.btbailey@gmail.com

Secretary: **Dr. Sanchia Jauch**
Phone: +264 61 228 979
Email: website.namibiadent@gmail.com





namibia dental association

www.namibiadent.com

In the dental field we are in constant potential contact with droplets, and as such need to be especially vigilant. SADA has recommended that South African practitioners suspend any elective treatment until further notice. It should be noted however, that South Africa has a lot more confirmed cases than Namibia, and at this stage practitioners should evaluate on an individual basis how to handle the situation.

In order to protect yourself, your staff and your patients in the dental setting there are a few measures that can be taken:

- Train reception staff to evaluate upon booking if the patient has any symptoms or a history of contact with any possible COVID-19 cases and if the needed dental treatment is emergent.
- Upon entering the practice, a specific patient history should also be taken to establish the above.
- If a patient is showing symptoms, any elective treatment must be delayed for at least 2 weeks.
- If the symptomatic patient has entered the practice keep them isolated from other patients, provide a face mask for them to wear and contact the toll-free number or the patient's medical practitioner immediately.
- Patients who are not symptomatic and have no history of contact with suspected or confirmed cases should wash their hands for at least 20 seconds with soap and water before entering the surgery rooms.
- An antimicrobial oral pre-rinse is recommended before starting any procedures. This should contain an oxidative agent, such as 1% hydrogen peroxide or 0.2% providone, since a pure chlorhexidine mouth rinse may not be effective enough to kill SARS-CoV-2.
- Limit procedures that create aerosols.
- Use double suction including high volume suction.
- Use rubberdams.
- Proper PPE including gloves, face masks and eye protection must be used at all times.
- Properly disinfect any impressions taken, in order to protect your dental technicians too.

It may happen, that a patient with symptoms and a history of exposure also presents with a dental emergency. In this case we have an ethical obligation to help, and yet we cannot be expected to place ourselves and our staff at undue risk. If you find yourself in a situation like this you need to make a decision that places the least risk on you and your staff and other patients.

- If possible, buy some time until the case is confirmed or denied by prescribing a course of antibiotics and analgesics.
- If treatment is unavoidable ensure to limit contact with other patients.
- Book the patient at the end of the day and send all non-essential personnel home.
- You cannot force your assistant to treat a patient with suspected COVID-19, but know that treating them alone will make aerosol control more difficult.
- Do only necessary emergency treatment, e.g. extirpation, temporary filling, or abscess drainage.
- Use a rubberdam wherever possible.



President: **Dr. Maren Thomson**
Phone: +264 61 400 476, Fax: 0886 37836
Email: president.namibiadent@gmail.com

Vice President: **Dr. Byron T Bailey**
Phone: +264 61 300 942, Fax: +264 61 300 943
Email: dr.btbailey@gmail.com

Secretary: **Dr. Sanchia Jauch**
Phone: +264 61 228 979
Email: website.namibiadent@gmail.com





namibia dental association

www.namibiadent.com

- If extraction is the only option try to minimise use of handpieces and use resorbable sutures to prevent the need for further appointments.
- Be sure to wear proper PPE as above, but also including a face shield, a scrub cap, and a long-sleeved disposable gown.
- Perhaps the most difficult aspect of this procedure is that after treatment you will need to place yourself in self-isolation for 2 weeks and monitor yourself for any symptoms. This is essential in order to protect your other patients.

Despite the fact that the COVID-19 outbreak is classified as a global pandemic and is not to be taken lightly, please remember that Namibia has been lucky in the sense that we have had time to prepare and to learn from what other countries have done. Currently the situation in Namibia is still very much under control and it is unlikely that you will find yourself in the situation where you need to treat a patient who is suspected to be infected. Stick to the recommendations outlined above and use your common sense. Remember also that while the disease spreads rapidly, the mortality rate is comparably low. Most of us would probably only experience a mild case of the disease if we got infected and not even require ICU care. However, we do not want to risk a rapid spread of the disease that overwhelms the health care system, and we do not want to risk spreading the disease to the high-risk groups. These groups include anyone above the age of 65 years, people with pre-existing conditions such as high blood pressure, cancer, lung conditions, TB, HIV, immunosuppressive therapy and a number of congenital and acquired disabilities that affect the bones, muscles and tissues of and around the respiratory system, or affect the immune system. Pregnant women have not been shown to be at higher risk than the general population of the same age and health, and children under the age of 10 seem to be more resilient, often recovering quickly after only a very mild infection. We potentially come in contact with all of these groups, therefore we have a responsibility to be highly vigilant in this matter.

Please feel free to contact the NDA ExCo if you have any further questions or concerns. We will do our best to provide you with answers.

Stay safe, stay, healthy, and above all stay calm.

Yours in dentistry, on behalf of the NDA ExCo
Dr Maren Thomson
NDA President



President: **Dr. Maren Thomson**
Phone: +264 61 400 476, Fax: 0886 37836
Email: president.namibiadent@gmail.com

Vice President: **Dr. Byron T Bailey**
Phone: +264 61 300 942, Fax: +264 61 300 943
Email: dr.btbailey@gmail.com

Secretary: **Dr. Sanchia Jauch**
Phone: +264 61 228 979
Email: website.namibiadent@gmail.com

