

Prevention is better than cure

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The news from the United States of America that Rockland County, New York banned all unvaccinated children from entering public spaces took many by surprise (Washington Post, March 27th, 2019). This was an unprecedented move to deal with something that should not have happened... an outbreak of measles.

Similarly, we saw that in Italy, children who were unable to produce evidence of being up to date on vaccination schedules were being banned from school (BBC News, March 12th, 2019). We are also faced with ever increasing reports of 'terrible' viral infections, most recently the Ebola outbreak reported from the Congo, and learn of the healthcare workers who struggle to contain the disaster.

Of course, these events have led to an increase in the fiery debate of whether or not to vaccinate, with antivaccination movements and individuals (antivaxers) spreading large volumes of misinformation on social media. The 1998 Wakefield paper¹ attempted to link vaccination to autism and other conditions, and caused widespread unwarranted concern. However, it is clear that the paper was scientifically and ethically flawed. It has caused a lot of damage that will take years to repair.

In the context of Dentistry, it made me realise that we do not ourselves have baseline data on whether or not our colleagues are up to date on their vaccination schedules. For the most part, our focus tends to be on the Hepatitis B vaccine and boosters, but other vaccine-preventable diseases should not be overlooked, especially when they are easily transmissible through close contact.

Vaccination is the best weapon in our arsenal against these transmissible pathogens and we should make every effort to ensure our own compliance, and educate our patients alike. This is also true for the Human papillomavirus (HPV) vaccine and HPV-associated head and neck cancer.

With the flu season upon us, and having seen the influenza virus infection arrive earlier this year than others, we would do well to ensure we get our flu shot.

We have several interesting papers to present to you this month:

Prof Noffke and her team shed some light onto several aspects of the cemento-osseous dysplasia group of conditions, and provide some guidance with regards to the diagnosis thereof.

A qualitative study from Dr Okagbare and Prof Naidoo raises some concerns with regards to the consumption of free sugars. The paper clarifies conceptual issues regarding free sugars versus naturally occurring intrinsic sugars, and emphasises the impact thereof on caries and periodontal disease. But more importantly, the authors present us with new information in two foci: Sugar consumption by adolescents, and the Influences of parental roles and perceptions and of environmental factors on sugar consumption behaviours.

Prof Motloba and co-workers present a continuation of the valuable series dealing with justice. With Part One of the series still fresh in our minds, Part Two delivers a relevant integration of Justice in oral health within the South African context.

Colleagues from the University of the Free State contribute an interesting perspective of 207 adult patients in the Mangaung Metropolitan Municipal region through an interrogation of the knowledge, attitudes and practices of oral health among these participants. This information will prove to add value by assisting the advances of the knowledge frontier with regards to integrated oral health development and promotion.

Dr Molete (Community Dentistry, WITS) provides us with insights concerning Tshwane's school oral health services, and reports on the dental status of these children. The paper also explores some of the factors that influence the reported dental status, and draws some interesting conclusions.

We also have our regular corners that include the reviews provided by Prof Yengopal and the Radiology corner from Prof Nortje, contributions which demand their continued and sincerely appreciated commitment.

Reference

1. Wakefield AJ, Murch SH, Anthony A, Linnell, Casson DM, Malik M, et al. Ileal lymphoid nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children [retracted]. *Lancet* 1998; 351:637-41.

Note from the Editor

Our subeditors do a sterling job whenever they are called on to advise, assist, rewrite...or, as in this issue, serve as Guest Editor. It has been our privilege to work with Prof Neil Wood who has assembled the May issue.

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