Infectious diseases have an impact at basically three levels in dentistry: the physical, mental health component of incidence and prevalence in the community. The second level is how dental care affects medically compromised patients. Finally, there is how infections or immunocompromised diseases impact dental healthcare workers. In this article we shall try to address these three aspects in a simple and pragmatic way.

Common Infectious Disease Impacting the Community and Dentist

Among otherwise healthy adults the death rate is about 1 in 1,000, and in people over 50 years of age the rate is 27 in 1,000. The incubation period is about 4 to 6 weeks. Once a person recovers from hepatitis A infection, the person is protected for life. A vaccine against Hepatitis A virus (HAV) is available in most countries. If one has not been exposed to HAV, there is a life-long immunity.

Hepatitis B virus (HBV) infection is a worldwide problem. Patients with HBV infections cannot be clinically identified as being infected. About 2-7% of the population in Southern Asia, the Middle East, the Mediterranean, Eastern Europe, Russia and parts of Central and South America are infected with this virus. Certain regions in Asia and Canada (the Tundra), South America, Africa and Southeast Asia including China are considered high in prevalence (>8% of the population). Most of the regions in North America, parts of South America, Australia and Western Europe are considered low in prevalence (<2% of the population).

The incubation period lasts from 45 days to 6 months. Once a person is exposed to HAV, they are transmitted through the fecal-oral route. Contamination of food and water may occur through improper and unhygienic handling and from contaminated water the main sources.

Hepatitis A and E virus infections are endemic in developing countries. HAV infection and tuberculosis are not common conditions that must be considered as important players.10 Other conditions such as herpetic infections, influenza and bacterial infections may have an impact on the clinicians providing care if they are not considered. Clinical history should not be used in profiling patients with respect to universal standard precautions.

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drome. Some signs of he- 
mo lytic/obstructive jaundice, chronic hepatitis and cirrhosis maybe associated with icteric 
sclera. Sclera keratitis, the acute, common viral, infections, gonococal and chlam-
dyal infection could be associ-
ated with signs of conjuncti-
vitis.

e) Eye, Nose & Throat (ENT) Hea-
ving loss may be associated with 
rubella or rhinitis. Sinusitis with purulent drainage may be associ-
ated with an acute episode of 
vi ral infection and a bacterial super 
 infection. Acute viral and bact erial infections of the upper respiratory tract may be associ-
ated with productive cough.

f) Respiratory Infections Chronic bronchi tis, pulmonary tuber-
culos is. If adequate antibiotic 
therapies are not used, the patient may have a 
chronic cough and at times a cough of 5weeks or more could be a sign of 
pulmonary tuberculosis, thus necessitating a referral for a 
TB skin test. 

g) Cardiovascular System Most patients with respiratory disease must be handled with 
care. They are more likely to suffer from stress and are more likely to be 
immuno-compro-

h) Hematopoietic Abnormalities 
Persons undergoing long-term treatment with vari ous medi-
cations may suffer from abnor-
mali ties that may affect the im-

i) Neurologic System Paresthesias 
and numbness not associated with 
traumatic injury or metabolic abnormalities.

An accurate medical history helps one understand several medical compli-
cations that may affect the dentist and 
the dental staff may be in-

j) Infectious Diseases That May 
Restrict the Dentist's/Staff's Ability to Practice 
In a dental setting, the dentist and the dental staff may be in-

k) Endocrine System Diabetes mellitus and thyroid problems may affect the patients' 
ability of recurrence than healthy 

l) GI Tract Signs of jaundice could 
be related to hepatic, cirrho-
sis, and hepato cellular cara-

m) Generalized itching could be commonly seen as a sign of 
cirrhosis prior to an occurrence of jaundice. Patients with cirrhosis and the 
absence of state and local 

n) Viral Infections HIV

o) Non-infectious conditions that affect renal function 
include proteinuria, hematuria, and 

p) Acute or chronic renal failure. 
Nephrotic syndrome, nephritis, 

q) Enteroviral infections

r) Viral respiratory infections

s) Staphylococcus aureus

Table 1: Suggested Work Restrictions for Dental Health Care Workers

Type of Infection

Restriction

Return to Work

Conjunctivitis

Yes

Until discharge of eye

Hantavirus

Yes

Until lesions have healed

Mumps

Yes

Until 24 hours after starting effective treatment

Rubella

Yes

Until complete symptoms resolve

Typhoid fever

Yes

Until treated and deemed non-infectious

TB (v + s skin test only)

No

Evaluate for infectious status, treat if potentially infectious as a need

Influenza

Yes

Until H1N1 is asymptomatic

Pediculosis (lice)

Yes

Until treated and has no lice

Herpetic whiskeys

Yes

Until lesions heal

Varicella (Chicken Pox)

Yes

Until lesions dry and crust

Shingles (Herpes Zoster)

Yes

Until lesions dry and crust

Hepatitis B (s/antigen)

Yes

Until Hepatitis B e-antigen is negative

Hepatitis C

No

Universal standard precautions, aspetic techniques, and use to reduce local

HIV/AIDS

Yes

Expert panel, U/SP antiviral medications

Measles

Yes

Until 7 days after rash appears

Meningitis

Yes

Until 7 days after rash appears

Rubella

Yes

Until 7 days after effective antibiotic therapy

Pernicious

Yes

Until 7 days after effective antibiotic therapy

Diabetes

Yes

Until symptoms resolve

Hepatitis A

Yes

Until 7 days from onset of jaundice