

## **OSAP Editorial for February 2006**

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### **Integrating the Dental Profession in the fight against HIV/AIDS: Public Health, Oral Medicine and Infection Control – an educational triad**

*“HIV/AIDS is the greatest health crisis the world faces today....The burden of HIV/AIDS, including the death toll among health workers, is pushing health systems to the brink of collapse...The crisis in the health workforce facing many countries has implications...for the viability of health systems. Expansion of human resources for health is a critical need”*  
[Treating 3 million by 2005. Making it happen, the WHO strategy. World Health Organization, Geneva, 2003].

The incidence of HIV/AIDS in the Caribbean basin is greater than 2%, currently second only to that in Africa. Some countries in Central America have incidence rates higher than 1%. The affected countries lack sufficient medical and nursing personnel to face this public health emergency.

Timely diagnosis and referral for antiretroviral therapy (ART) helps people with HIV/AIDS live longer and healthier lives. HIV infected individuals who know their positive status reduce risk behaviors and become proactive in prevention. In contrast, individuals who are unaware of their HIV infection will continue to be the source of new infections.

In many countries in Latin America and the Caribbean, the shortage of trained personnel limits the availability of testing and counseling services while the health systems and services are not expanding rapidly enough to satisfy demand. The dental profession is uniquely positioned to contribute to the public health effort to fight HIV/AIDS. Oral healthcare professionals (OHCP) are valuable resources who can be trained to provide early diagnosis of AIDS. In addition, OHCPs can provide rapid HIV tests to identify previously undetected HIV infection, thus serving as entry points to ART.

Wider availability of rapid HIV tests in oral healthcare services will benefit individuals unaware of their HIV infection, and people with AIDS living in denial who are not receiving ART. Once identified by screening tests, these patients must promptly be referred to confirmatory testing and ART. OHCPs must be integrated into national efforts to prevent HIV/AIDS by

establishing systems that refer infected individuals to confirmatory testing and ART programs.

In a dental office, an HIV-positive patient must be treated as any other dental patient. However, deficiencies of knowledge with regard to HIV/AIDS may negatively influence attitudes toward infected individuals. Diverse surveys reveal contradictory attitudes from OHCP toward HIV-positive individuals, as well as limited understanding of infection control and occupational safety recommendations. Some OHCP feel that “someone else” should be treating “those patients”.

For OHCP to be successfully integrated into the effort to fight HIV/AIDS, it will be necessary to reinforce educational programs in oral medicine, and to foster the participation of the dental profession in public health initiatives. Educational interventions in infection control are paramount.

OSAP has proven that it can help build infection control know-how in most regions of the world by supporting effective “train-the-trainer” educational programs that contribute to long term sustainability. OSAP can address serious public health problems on a global scale and have a clear measurable impact.

OSAP must actively collaborate with international public health and dental organizations, sharing the wealth of resources it has already created, and develop new tools to achieve our goal of “Safe Dental Care for People Everywhere”.