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**Editorial**

Infection Control Status in Dental Practice: Why to Take it Serious?

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Healthcare personnel is a term to define all those working in healthcare settings. These personnel are in high risk for exposure to infectious materials [e.g. blood, tissue, specific body fluids and medical supplies, equipment or environmental surfaces contaminated with the infectious substances]. The principle for infection control is to control iatrogenic nosocomial infections among patients and potential occupational exposure of care providers to disease causing microbes during provision of care. The term "Disease Control" or "Infection Control" does not mean total prevention of iatrogenic nosocomial infections or occupational exposure to blood and other potentially infectious materials, it only means reducing the risks of diseases.¹ Literatures have mentioned that the risk of transmission of infection within the dental workplace is not of great concern, but recent data have indicated that HIV transmission between dentists and patients can occur, and that while nosocomial transmission of hepatitis B virus is now less likely, a small but significant number of staff may be at risk of hepatitis C virus and varicella zoster virus infection during dental treatments.² In addition, cross infection is a great concern which in each aspect is referred to the dental practitioner. Dental clinicians still fail to take adequate steps to minimize nosocomial infection, inconsistently using appropriate methods of sterilization and not providing ancillary staff with suitable protective clothing. Considering that the evaluation of Knowledge, Attitude, and Practice (KAP) of dentists and dentistry students is a well-established tool to determine the status of

infection control, the result of these KAP studies reveal remarkable information.

The primary results of a systematic review we conducted on "the knowledge, attitude, and practice of dental practitioners regarding to infection control" demonstrate that approximately all of the KAP studies reveal that there is inadequate knowledge about this topic. These results are similar to other literature.^{3,4}

In addition, it is suggested that inadequate knowledge will lead to poor performance and leak in practice which is also resulted by our study. Negligence of proper methods and guidelines⁵ for infection control in a profession like dentistry is hazardous due to the established role of dentists in cross-infection between healthcare personnel, patients, dental laboratory, and their families. But at the first step, immunity resistance to contagious infections such as hepatitis B will have a great role in the transmission of the disease. An unpublished data of a survey of dentists, focused on this issue and revealed that approximately 2% of dentistry students of a medical university in Iran were vaccinated for 3 times against hepatitis B and only 46% of them checked their antibody titration.

As statics about the precise prevalence of diseases such as AIDS and hepatitis B is unknown in Iran and as the etiology of them is not well-established, all healthcare policy makers have to be concerned about the issue of infection control in the dental profession. In addition, it is an ethical and professional duty of all dentists and dental students to be concerned about this situation and put it in their first priority.

Authors' Contributions

MHAI and MHK contributed equally to this study.

Conflict of Interest Disclosures

Author declares that he has no conflict of interest.

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