ORAL HEALTH SERVICE

NHS Lothian

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SARS CoV2 vaccination

Dear Colleagues,

SARS CoV2 vaccination

Is the virus responsible for the clinical condition known as COVID19 resulting in the pandemic we are all experiencing. As you will all be aware 3 vaccines against this virus have now been approved for use in the UK and as front line health care workers dentists and their teams are eligible for vaccination in the first wave. For this purpose the team includes anybody who has a patient-facing role so dentists, dental nurses, hygienist/therapists, Orthodontic therapists and reception / administrative staff who deal with patients when they come into your practice should all be included in this program. This program is open to all front-line healthcare workers irrespective of whether or not they have an NHS commitment.

I have attached again the NHS Lothian speed read about how to access vaccinations for you and your team.

You will be aware that the vaccine needs to be administered twice to achieve a long-lasting effect. Initially, the second dose was given within 4-weeks of the first but the evidence-base for the efficacy of this vaccine has enabled a decision to be made to extend this period to 12-weeks. I append a very informative Q&A document which was made available recently by the College of Physicians and Surgeons in Glasgow about the evidence and rationale that underpin this change. Essentially, short-term immunity associated with the first inoculation is good and delaying the second inoculation to 12-weeks allows more people to receive the first inoculation quickly when supplies and logistics are strained. Everybody will require a second inoculation however and NHSL will arrange that (or re-arrange for anybody whose second appointment has been cancelled in recent weeks). It is important that the second vaccine is the same type as the first because all 3 agents work in subtly different ways against the virus.

It is important to realize that vaccination does not give individual “full” immunity, the vaccine is about 90% effective or put another way 1 in 10 do not develop an immune response with it so are still susceptible to infection and can still be asymptomatic carriers of the virus. As a result there should be no change in the precautions we are all taking in our daily lives currently, either at work or at home, and the rules for self-isolation in relation to contact with people who have been diagnosed with COVID19 remain the same, as do the instructions from the Trace and Protect program.

Over the period between October 2020 and January 2021 there have been 53 instances where dentists and their teams have been the focus of support because of contact with people who were diagnosed with COVID19. Of these 53 instances the majority involved

patients who had the disease but a significant minority (44%) involved members of the dental team who were positive rather than patients. There is a continued need for vigilance in our approach to supporting the maintenance of social distancing between ourselves as part of the dental team and also between dentist and patient and between patients. Some of the episodes I have alluded to above relate to the use of patient waiting areas in practices which obviously pose a potential hazard in the current circumstances. Others involved social spaces for the practice team where the rigor of PPE use seen in a clinical setting was not continued in the way it should be. A number of practices have had to close completely for periods of time in association with these contacts which places additional strain on either buddy practices or on the unscheduled care service which we all need to avoid if at all possible.

I would ask that you continually review the ability to your practice and premises to support the level of patients you are trying to see and at the same time to maintain social distancing for the benefit of everybody concerned.

With all my best

Angus Walls