special session on Latin America
Miami, 2008

Dr. Enrique Acosta-Gio,
UNAM, Mexico City
1 million dentists in the world

~ half of them work in Latin America.
~ 70% of the world’s dentists practice in this hemisphere.

~200,000 in Brazil
~100,000 in Mexico
~200,000 in the US

50% of the world’s dentists work in the US, Brazil and Mexico.
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Ferney-Voltaire, FRANCE/Washington D.C., USA, 31 April 2008 – The FDI World Dental Federation and the Pan American Health Organization, Regional Office for the World Health Organization (WHO/PAHO), regret to announce today that the Conference for Oral Health in the Americas, previously scheduled for November 2008, has been cancelled. Both organisations remain committed to improving oral health in the region and will continue their efforts and engagement with all stakeholders in this context.

Source: CONAPO, 2005
POPULATION PROJECTIONS,
DISTRIBUTION BY AGE AND GENDER 2006, 2015, 2025, 2050

Source: CONAPO, 2005
On average a Mexican eats per year:

3500 tortillas = 129 Kg.
3.5 kg of fish
6 apples
annual sugar intake

Dental caries prevalence in 6 year old school children

Source: Secretaría de Salud, Subsecretaría de Prevención y Protección de la Salud.
Centro Nacional de Vigilancia Epidemiológica.
Encuesta Nacional de Caries y Fluorosis Dental 1997-2001 (resultados preliminares)
Oral health and quality of life of migrant and seasonal farmworkers in North Carolina.

Quandt SA, Hiott AE, Grzywacz JG, Davis SW, Arcury TA.

Division of Public Health Sciences, Wake Forest University School of Medicine, Winston-Salem, North Carolina, 27157-1063, USA. squandt@wfubmc.edu

Oral health deficits can have a significant effect on workers' general health and their ability to carry out normal activities. Although farmworkers have been found to lack access to dental care, few studies have documented their oral health status or its impact on quality of life (QOL). This research (1) describes the oral health problems experienced and oral health care received by Latino farmworkers in North Carolina, and (2) explores the association between oral health and QOL. Data were collected using face-to-face interviews from a representative sample of 151 farmworkers; data included oral health-related QOL (OHIP-14) and general health-related QOL (SF-12 Health Survey). Workers reported a high number of unmet needs: 52% reported caries, and 33% reported missing teeth. Only 21% had received dental services in the past year, almost all in Mexico rather than the U.S. The dimensions of oral health-related QOL most impaired were psychological discomfort and physical pain caused by dental problems. Number of functional oral health problems was the strongest predictor of oral health-related QOL (p < 0.001) and physical health-related QOL (p < 0.05), but was unrelated to mental health-related QOL. These findings indicate that the high rate of unmet oral health needs is associated with poorer farmworker QOL. The consequences of suffering on-going dental pain for work performance, sleep, and nutritional status are unknown. Because national data indicate that fewer farmworkers are returning to their countries of origin, communities with large farmworker populations need to address their unmet needs for dental care.
Healthy Smiles Healthy Growth 2004--basic screening survey of migrant and seasonal farmworker children in Illinois.

Lukes SM, Wadhawan S, Lampiris LN.

Southern Illinois University, Carbondale, IL 62901, USA. smlukes@siu.edu

OBJECTIVES: To obtain baseline data for caries prevalence, use of dental sealants, and dental treatment needs for children of migrant and seasonal farmworkers (MSFWs) enrolled in the Illinois Summer Migrant Education Program, 2004. METHODS: This study adapted the methodology of Healthy Smiles Healthy Growth 2003-2004, by Illinois Department of Public Health (IDPH), Division of Oral Health. Oral screenings were conducted for children of migrant and seasonal farmworkers at participating schools. RESULTS: Of the 840 eligible children 58% participated in the assessment. Overall caries experience was 64%. Untreated decay was observed in 42%, 8% urgently needed treatment, and sealant prevalence was 51%. Among those 6-9 years old (n = 254), 47% had cavitated lesions, 12% urgently needed treatment, and 45% had dental sealants. For children 10-15 years old (n = 198), 34% had cavitated lesions, 4% urgently needed treatment, and 65% had dental sealants. CONCLUSIONS: The population's mobility suggests need for more frequent surveillance for effective programmatic planning.
Dental decay in southern Illinois migrant and seasonal farmworkers: an analysis of clinical data.

**Lukes SM, Simon B.**

Dental Hygiene Program, School of Allied Health, College of Applied Sciences and Arts, Southern Illinois University, Carbondale, IL 62901, USA. smlukes@siu.edu

CONTEXT: Migrant and seasonal farmworkers are a population at risk for oral health problems. Data on the oral health conditions of migrant and seasonal farmworkers' permanent teeth are particularly lacking. PURPOSE: To document the relative rates of treated and untreated dental decay in a sample of southern Illinois migrant and seasonal farmworkers who had sought care at a farmworker health center dental clinic. METHODS: Existing migrant health dental clinic records from 1995-2002 were reviewed. Final sample size was 650. Data for decayed, missing, and filled tooth surfaces were recorded using both anatomical recording and treatment notes. FINDINGS: Sixty-nine percent of migrant farmworkers had at least 1 decayed (untreated) tooth surface, and more than half had 3 or more decayed surfaces. CONCLUSIONS: Results indicate that untreated dental decay is significant among migrant and seasonal farmworkers who seek care at this dental clinic. Recommendations include addressing barriers to care, improved monitoring of dental health conditions, and further research to better document the treatment needs of this population.
dental education - private practice
• 61 dental schools
• 30,000 dental students
• one-year social service before obtaining a license
• the license is FEDERAL - valid nationwide
• accreditation of dental schools is in progress
• certification of dental professionals is in progress

• unregulated dental hygienists and dental assistants
### POBLACION AMPARADA POR ENTIDAD FEDERATIVA

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44.3 million Mexicans covered

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675,968 dental visits in Jan-Feb

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Dental visits were 3.5% of all health care sessions Jan-Feb

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<td>26765 11.59</td>
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</table>
in Latin America dental schools often serve as the major provider of oral health care for the low-income population.

...  

3,200 students
700 faculty members
800 dental chairs.
5,000 procedures performed each day.

45,000 patients annually, in campus
28,000 patients in satellite clinics
30,000 patients in rural communities
Restorative dentistry is the prevailing model
Opinions of 23 Mexican dental deans on oral health care providers’ (OHCP) responsibilities for their patients’ overall health

- assess for diabetes risk
- obtain blood pressure
- assess for hypertension risk
- look after overall health
- advice on tobacco cessation
- advice on alcohol abuse
- evaluate for nutritional disorders

We are entering an era of medical awareness and understanding in which all health care providers need to shoulder the responsibility for a patient’s medical health.
A new dental education model is required to:
• meet treatment needs of those underserved
• work on disease prevention
• conduct health promotion
community-based research initiatives:

research capabilities must be strengthened and mobilized to assess the oral disease burden and prioritize oral health needs in diverse communities.
Antibodies to the Metacestode of *Taenia solium* in the Saliva From Patients With Neurocysticercosis

E. Acosta
Departamento de Inmunologia, Instituto de Investigaciones Biomedicas, UNAM, Mexico DF, Mexico

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Diagnosis of Intestinal Amebiasis Using Salivary IgA Antibody Detection

Rubén del Muro, Enrique Acosta, Elizabeth Merino, Walter Glender, and Librado Ortiz-Ortiz

From Departamento de Inmunologia, Instituto de Investigaciones Biomédicas, and Departamento de Ecología Humana, Facultad de Medicina, Universidad Nacional Autónoma de México, and Unidad de Epidemiología Clínica, Hospital General de México, Secretaría de Salud-Facultad de Medicina.
Integrating HIV screening into routine dental care

Patients' attitudes about rapid oral HIV screening in an urban, free dental clinic.

Dietz CA, Ablah E, Reznik D, Robbins DK

Department of General Medicine and HIV Primary Care, Kansas City Free Health Clinic, Kansas City, Missouri 64111, USA. craigd@kcfree.org

The 2006 Centers for Disease Control recommendations for routine HIV screening in all health care settings could include dental clinics as an important testing venue. However, little is known about patients' attitudes regarding the routine use of rapid oral HIV screening at an urban free dental clinic. This pilot study seeks to evaluate the patient perspective on rapid HIV screening in this setting. In June 2007, patients at a free dental clinic in Kansas City, Missouri, were provided an attitude assessment survey prior to their dental visit. This dental clinic serves a diverse patient population consisting of approximately 37% white, 47% black, 6% Hispanic, 4% Asian, and 1% Native American uninsured patients. Results were analyzed for acceptance of testing and potential barriers. Of the 150 respondents, 73% reported they would be willing to take a free rapid HIV screening test during their dental visit. Overall, 91% of Hispanics, 79% of Caucasians, and 73% of African American patients reported they would be willing to be screened. Patients with a history of multiple prior screening tests for HIV were more likely to agree to oral rapid HIV screening in the dental clinic. The majority (62%)
Among Hispanics in the US oral and pharyngeal cancers rank 10 for men and 17 for women, with rates of 11.4 and 4.2 per 100,000 inhabitants, respectively, and it is thought that cultural habits are preserved among Hispanics in the US.

Opinions of 23 Mexican dental deans on OC screening

- OHCP must search for OC and refer the patient to a specialist
- The search for OC must be adopted as a standard practice
- Training is required for telling a patient of a positive OC result
- Diagnostic tests for OC must be applied in the clinic
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Dr. Schiro

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“I had treatment just in time” – true story
“...I knew I had neglected my teeth and I was not a big fan of visiting the dentist.” >>>


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**Background**

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- **dentists** with thorough knowledge and significant history of professional experience who speak **German and English**
- qualified **assistant staff**
- **plastic surgery**
- **beauty salon** 350 m2
- Rosengarten **Hotel** - a three-star hotel with 26 rooms and a Turkish bath
We follow all the disinfection and sterilization procedures needed for infection control. These are used for each and every patient to prevent the transmission of the AIDS virus and other infectious diseases.

All our staff involved in patient care use appropriate protective garb such as gloves, and masks. After each patient visit, the gloves are discarded, hands are washed and a new pair of gloves is used for the next patient.

We have introduced individualized sterile packs that contain instruments, gauze, cotton balls and suction devices (photograph). Our patients are reassured when a new pack of supplies is opened in front of them prior to treatment. All needles and syringes used in our centre are disposable. The glasses used for rinsing and towels used as aprons for the patients are disposable too. Dental instruments are cleaned and sterilized at very high temperatures after each time they are used on a patient.

The sterilization methods used in our centre are: autoclaving (steam under pressure), dry heat oven, chemical vapors (commonly called a chemiclave). These measures are carried out rigorously and consistently and demonstrate our commitment to your safety.
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- M.S. in Operative Dentistry, U of North Carolina at Chapel Hill

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Along the border region many regard Mexican dentists as their dentists and rely on them for continued care [ADA]
Throngs of uninsured US patients seek dental care in Mexico

Oct 5, 2007

EL PASO, United States (AFP) — With aching teeth and a need to cut expenses, throngs of Americans are marching into neighboring Mexico for dental care, and saving hundreds to thousands of dollars in the bargain.

“Save up to 75 percent on complete oral rehabilitation,” says one of the publicity fliers distributed in this border city located across the Rio Grande from Mexico’s Ciudad Juarez.

Mexican dentists working on the other side of the border provide help to hundreds of Americans, who cross the border every day with the purpose of getting rid of their toothaches.

About 20,000 people legally cross the border on foot in this city in southwestern Texas, according to the Border Patrol.

They say that drug trafficking is "the cancer of the region," and many doubt the effectiveness of a border fence designed to stem the flow of illegal immigrants.

But none of the local statistics show the number of white US retirees, as well as of the young people, who every day stand in line near San Jacinto Plaza in downtown El Paso in order to go to Ciudad Juarez to see a dentist.

"We come for them every day," said Gilberto, one of the van drivers for the Washington Dental Clinic. "We offer free roundtrips from here to the clinic and back."
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of six products registered as sterilants, only two showed sporicidal activity in $6 \log_{10}$.

AJIC June 2005.
Corrective action was taken in both instances…

Instrument processing with lauryl dimethyl benzyl ammonium bromide: A challenge for patient safety

Jesús M. Zappia, M. Patricia Rosales-Pantoja, A. Enrique Acosta-Gómez, and Jacobus H. de Waard

Curaçao, Venezuela and Mexico City, Mexico

The quaternary ammonium compound (QUAT) lauryl dimethyl benzyl ammonium bromide (LDBAB) is commonly used in the Caribbean, Central, and South America under labels claiming sterilize medical and dental instruments in 5 minutes or less. But QUAT formulations are classified as low-level disinfectants with no sporicidal activity or tuberculocidal efficacy. This study evaluated the presumptive sporicidal and tuberculocidal activity of 2 LDBAB formulations with label claims of high-level disinfectant action used widely in the Americas. In this study, sporicidal activity was evaluated using in-vitro tests against a challenging inoculum of 10⁹ B. stearothermophilus spores. Tuberculocidal activity was evaluated against Mycobacterium tuberculosis H37Rv using the quantitative suspension test described in European Standard EN 14476:2005. Tested at the usage concentration indicated on their respective labels, both LDBAB solutions failed to demonstrate sporicidal activity and tuberculocidal efficacy. These findings underscore the need for public health authorities, as well as medical and dental professionals, to correctly identify LDBAB as a low-level disinfectant and avoid its use in instrument processing, a practice that may endanger lives. (Am J Infect Control 2010;38:360–1.)

collaboration with Venezuela

Nueva Imagen

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• monitoring infection control compliance

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