

Coronavirus Disease 2019 (COVID-19) had profoundly serious effects on dental care availability throughout the nation. According to the AAPD Pediatric Oral Health Research & Policy Center [1], on March 16, the American Dental Association (ADA) recommended postponing all but emergency dental appointments for 3 weeks. The ADA then extended this recommendation throughout the month of April. The American Academy of Pediatric Dentistry (AAPD) recognized the need for returning to practices at the end of April and issued a roadmap to safely open practices. Because of this, while 83% of pediatric practices were seeing only emergency cases as of April 1, this number drastically changed as of July 1<sup>st</sup>, when 80% of the practices reported full operation [1].

COVID-19 had effects on parents seeking dental care for their children also. According to Mott Children's Hospital National Poll on Children's Health [2], 40% of parents have not tried to get dental care for their children since the beginning of the pandemic, and only 23% of this group reported unavailability of dental offices as a reason. The highest percentage (40%) of those parents indicated risk of getting exposed to the new virus as the main reason for not seeking out care [2].

The result has been a lack of regular dental care for children since the pandemic began. This is an issue because, based on The Reference Manual of Pediatric Dentistry, the American Academy of Pediatric Dentistry 2020-2021 and the references therein, dental caries is one of the most common diseases among children, even though it can be prevented [3]. Additionally, gingivitis is quite common among children and young adults [4,5] and is reversible [6]. The consequences of childhood caries are higher risk of new carious lesions in both baby and adult teeth [7,8], increases in hospitalizations and emergency room visits [9,10], high treatment costs [11], loss of school days [12], decreased ability to learn [13], and decreased oral health related quality of life [14]. If not dealt with promptly and properly, early childhood caries might require the use of sedation and general anesthesia, which comes with possible health risks [15]. Thus, more emphasis should be given to prevention of disease. Based on an informational bulletin by The Centers for Medicare and Medicaid Services (CMS) and Children's Health Insurance Program (CHIP) [16], the demographics of most of Community University Health Care Center (CUHCC) patients fall into the high caries risk patient group. According to AAPD Guidelines Recommendations Best Practices 2020-2021 "Children who exhibit higher risk of developing caries and/or periodontal disease would benefit from recall appointments at greater frequency than every six months (ideally every 3 months). This allows increased professional fluoride therapy application and improvement of oral health by demonstrating proper oral hygiene techniques, in addition to microbial monitoring techniques" [17].

In conclusion, as also recommended by AAPD Guidelines and the American Academy of Pediatrics [18], regular dental check-ups are instrumental to prevent dental problems and promote dental health.

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