



European Regional Organisation of
the Fédération dentaire internationale



ERO-Working Group Prevention

Denis Bourgeois (France) Dan Grigorescu (Romania)
Gerhard Seeberger (AIO Italy) Bernard Munnix (CSD Belgium)
Antonio Valentini (ANDI Italy) Haim Neumann (Israel)



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ERO-Working Group Prevention Terms of Reference

Consultation on Strategies to Promote the European Day for the Prevention of Oral Health (EDPOH)

“To reach a consensus on the best ways of organising the EDPOH”

“To stimulate critical thought on the part of national dental associations with regard to the future role of the ERO in relation to preventive oral health care”

Involvement of the Profession in the Early Screening and Prevention of Oral Cancer

“Which strategy should be adopted to fight oral cancer? What could the profession really do? What is the minimum that dentists can be asked to do?”

European Global Oral Health Indicators Development Project Phase II – WP9 Clinical Surveys Indicators

“How can the dentists contribute to collect oral health information through a sentinel network”



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Consultation on Strategies to Promote the European Day for the Prevention of Oral Health

ERO WG on Prevention 2008 Survey European Day for the Prevention of Oral Health

National Dental Association:

Prevention, Communication and Association	
In 2007, were regular prevention and/or health promotion actions implemented?	Yes <input type="checkbox"/> No <input type="checkbox"/>
⇒ If so, which ones?	
◊	
◊	
◊	
Are communication campaigns included in your association's project?	Yes <input type="checkbox"/> No <input type="checkbox"/>
⇒ If so, do they include prevention?	Yes <input type="checkbox"/> No <input type="checkbox"/>
⇒ Please specify:	
◊	
◊	
◊	
In the last three years, have there been any communication campaigns on the prevention of oral diseases and the promotion of oral health for the general public?	Yes <input type="checkbox"/> No <input type="checkbox"/>
⇒ If so, please provide a list:	
◊	
◊	
◊	
In the last three years, have there been any communication campaigns on the prevention of oral diseases and the promotion of oral health for specific target audiences (children, disabled persons...)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
⇒ If so, please provide a list:	
◊	
◊	
◊	
In the last three years, have there been any communication campaigns on the prevention of oral diseases and the promotion of oral health for dentists?	Yes <input type="checkbox"/> No <input type="checkbox"/>
⇒ If so, please provide a list:	
◊	
◊	
◊	
In the last three years, have there been any communication campaigns on the prevention of oral diseases and the promotion of oral health for the professional press?	Yes <input type="checkbox"/> No <input type="checkbox"/>
⇒ If so, please provide a list:	
◊	
◊	

In the last three years, have there been any communication campaigns on the prevention of oral diseases and the promotion of oral health for the general press?	Yes <input type="checkbox"/> No <input type="checkbox"/>
⇒ If so, please provide a list:	
◊	
◊	

Organisation of a European Day for the Prevention of Oral Health			
How interested are you in the organisation of an EDPOH on a regular basis?			
Not in the least interested	Not interested	Interested	Very interested
What obstacles could impede or prevent the organisation of this event?			
Financial resources	Yes <input type="checkbox"/> No <input type="checkbox"/>	Limited goals and interest	Yes <input type="checkbox"/> No <input type="checkbox"/>
Organisation time	Yes <input type="checkbox"/> No <input type="checkbox"/>	Insufficient human resources	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lack of motivation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other (please specify):	
Who should be targeted in priority?			
Decision makers			
Very interesting	Interesting	Partially interesting	Not interesting
General public			
Very interesting	Interesting	Partially interesting	Not interesting
Patients			
Very interesting	Interesting	Partially interesting	Not interesting
The dental profession			
Very interesting	Interesting	Partially interesting	Not interesting
Other (please specify):			
What priority action would you recommend for implementation?			
◊			

Comments, if any

.....

.....

.....

.....

.....

Please return to: ero-sekretariat@iso.ch
Thank you



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Armenia	
Austria	
Azerbaijan	
Belarus	
Belgium CDS	
Belgium VVT	
Bosnia & Herzegovina	
Bulgaria	
Croatia Dental Chamber	
Croatia Dental Society	
Czech Republic	
Cyprus	
Denmark DDA	
Denmark APHDD	
FYROM	
France	
Finland	
Georgia	
Germany BZK	

Germany FVDZ	
Greece HDA	
Greece SSG	
Hungary	
Iceland	
Israel	
Italy IDA	
Italy AIO	
Kazakhstan	

Kyrgyzstan	
Latvia	
Lithuania	
Luxemburg	
Malta	
Moldova	
Poland PDS	
Poland CPD	
Portugal	
Romania	
Russia	
Slovakia	
Slovenia	
Spain	
Switzerland	
Tajikistan	
Turkey	
Ukraine	
Uzbekistan	



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Country	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D
Austria																
Belgium CDS																
Belgium VVI*					x				x					x		
Bosnia & Herzegovina			x			x			x				x			
Croatia Dental Chamber*			x		x				x				x			
Croatia Dental Society			x			x			x					x		
France	x				x				x				x			
Finland																
Georgia			x			x			x					x		
Germany BZK		x			x				x					x		
Hungary				x			x				x		x			
Israel	x					x				x					x	
Italy AIO		x					x		x				x			
Kyrgyzstan			x			x			x				x			
Poland CPD	x				x				x				x			
Portugal	x															
Slovakia		x			x				x				x			
Slovenia	x					x				x			x			
Spain		x			x				x						x	
Switzerland			x			x				x					x	
Turkey			x			x			x				x			
Ukraine																
Uzbekistan						x							x			



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Prevention, Communication and Association

In 2007, were regular prevention and/or health promotion actions implemented?	16
Are communication campaigns included in your association's project? If so, do they include prevention?	15 15
In the last three years, have there been any communication campaigns on the prevention of oral diseases and the promotion of oral health for the general public ?	13
In the last three years, have there been any communication campaigns on the prevention of oral diseases and the promotion of oral health for specific target audiences (children, disabled persons...)?	14
In the last three years, have there been any communication campaigns on the prevention of oral diseases and the promotion of oral health for dentists ?	12
In the last three years, have there been any communication campaigns on the prevention of oral diseases and the promotion of oral health for the professional press ?	8
In the last three years, have there been any communication campaigns on the prevention of oral diseases and the promotion of oral health for the general press ?	7



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Organisation of a European Day for the Prevention of Oral Health	A	B	C	D
How interested are you in the organisation of an EDPOH on a regular basis?				
Who should be targeted in priority?				
Decision makers				
General public				
Patients				
The dental profession				



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Organisation of a European Day for the Prevention of Oral Health

What obstacles could impede or prevent the organisation of this event?

- Financial resources
- Organisation time
- Insufficient human resources
- Lack of motivation
- Limited goals and interest

15/16

8/16

7/16

2/16

1/16



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Consultation on Strategies to Promote the European Day for the Prevention of Oral Health

In 2007, were regular prevention and/or health promotion actions implemented?

◇ Have a Healthy Smile / A Month of Totally Healthy Smile/Preventive Diagnostic

◇ Action/oral re-examination in towns of up to 50 000 inhabitants ◇ Oral Cancer Preventio

Are communication campaigns included in your association's project?

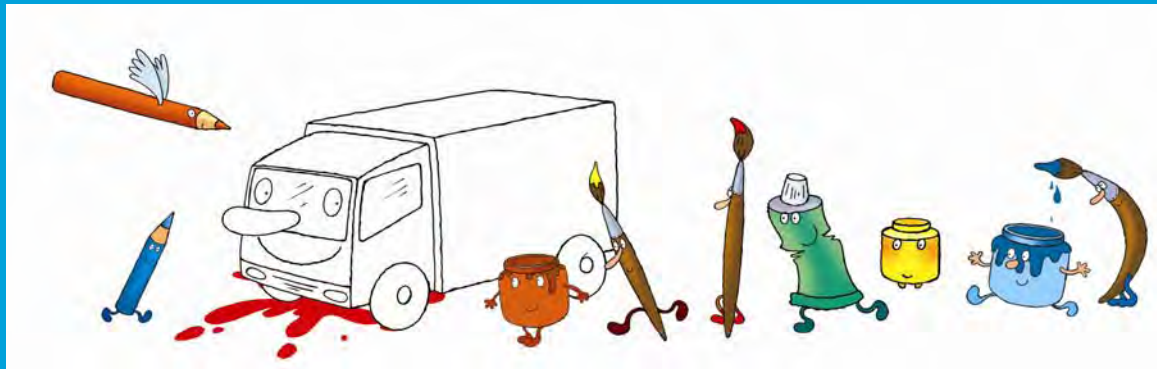
Polish Stomatological Association and the regional Chambers of Physicians and Dentists regularly provide courses in the framework of continuing dental education which include lectures on oral health and cancer prevention. Also, there are communication campaigns implemented in the form of leaflets, campaigns in schools, in local and national mass media

In the last three years, have there been any communication campaigns on the prevention of oral diseases and the promotion of oral health for the professional press?

There are over 20 dental professional journals, magazines, scientific periodicals . They devote many pages on promoting oral health and on prevention. ◇ Dental professional internet portals are also used to promote prevention

Oral Health Calendar

Made in Latvia 2007



Drawing competition

- In 2007 State Centre of Dentistry and Facial Surgery with the support of Latvian Health ministry bought two mobile dental clinics (buses) to use them in distant regions and social centres. During spring 2007 State Centre of Dentistry and Facial Surgery organized a campaign to make these clinics popular. The centre announced a drawing competition for children living in Latvia, except Riga city, learning in form 1st – 5th.

Drawing competition

- The theme was to draw friends of teeth - objects, live creatures or images that could help to maintain your teeth clean and healthy, and make the dental clinics colored, bright and friendly. It was announced that the best drawing from main regions (Latgale, Vidzeme, Kurzeme, Zemgale) will be put on one side of the buss – one drawing on one side of the bus - and 12 other drawings will be chosen for publishing in *Dental health calendar 2008*.

Drawing competition

- The centre received more than 3000 drawings. The main 4 winners won bicycles. About 100 best drawers from Latvia gathered in September for the presentation of these two mobile clinics. But in January 2008 the centre presented the calendar with 12 children's drawings.

Drawing competition

- The centre published 2000 calendars and during January 2008 distributed them among 815 schools (those schools that include form 1st-5th) in Latvia, except Riga city, 57 children's home or social centres for children, Latvian Oral Health centres, main winners, sponsors and partners. The calendar was supplemented with dental health tips and some advertisements of companies that produce oral health care products. The calendar was supported by Latvian Health ministry and sponsors.

About calendar

- Artist of layout: Ilze Dambe
 - Manager of project: Annija Senakola
 - Format of calendar: 490x345 mm
 - 12 pages + cover
 - Colours 4 + 0
-
- © Produced by State Centre of Dentistry and Facial Surgery in 2007

Drawings



Katrīna Ročāne

January



Elīna Adamone

February



Kristiāna Boranova

March



Margarita Monokandilosa

April



Linda Gundega Rungovska

May



Zane Sergejenkova

June



Elvijs Bukšs

July
September



Olīvijs Tuvi

August



Krista Aire



Elvita Kotāne

Oktober



Jekaterina Pikaļova

November



Evita Zarkeviča

December



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“How can the dentists contribute to collect oral health information in a sentinel network”



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We need to set up a panel of European experts, designated at a national level by you for their capacity to make a significant contribution to the work of the group

- Portugal Dr. Otilia Lopes
- Slovakia Dr. Daniela Novotňáková
- Turkey Prof. Dr. Cansu Alpaslan



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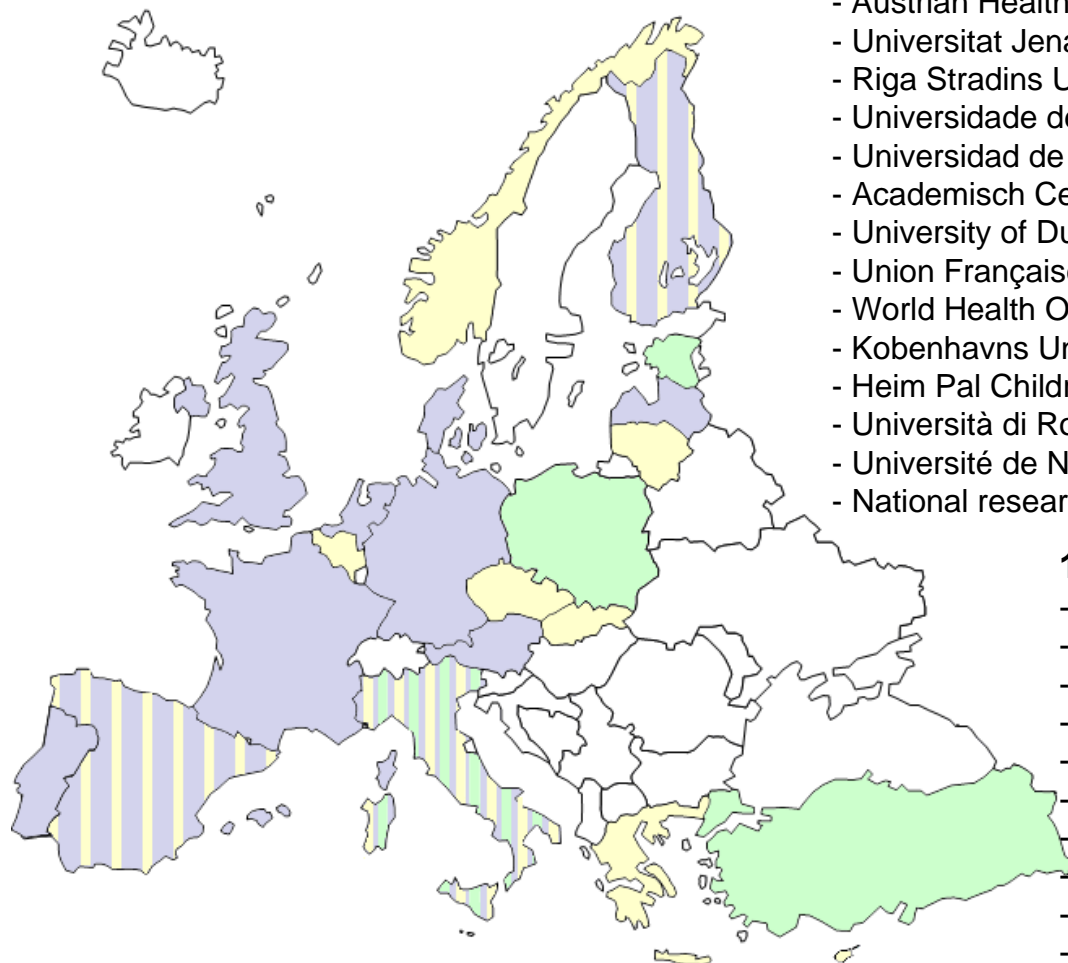
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“How can the dentists contribute to collect oral health information in a sentinel network”



■ **EGOVIDII Associated partners**

■ **EGOVIDII Collaborating partners**

■ **EGOVIDII National invited partners**

Main partner : Université Lyon 1 (FR)

14 Associated partners

- Austrian Health Institute - OBIG (AT)
- Universitat Jena / Medizinische Fakultät (DE)
- Riga Stradins University / Institute of Stomatology (LV)
- Universidade de Lisboa / Faculdade de Medicina Dentária (PT)
- Universidad de Granada / Facultad de Odontología (SP)
- Academisch Centrum Tandheelkunde Amsterdam - ACTA (NL)
- University of Dundee / Dental Health Services Research (UK)
- Union Française pour la Santé Bucco-dentaire - UFSBD (FR)
- World Health Organisation
- Københavns Universitet (DK)
- Heim Pal Children Hospital (HU)
- Università di Roma "La Sapienza" (IT)
- Université de Nice / Faculté d'Odontologie (FR)
- National research & development centre for welfare & health - STAKES (FI)

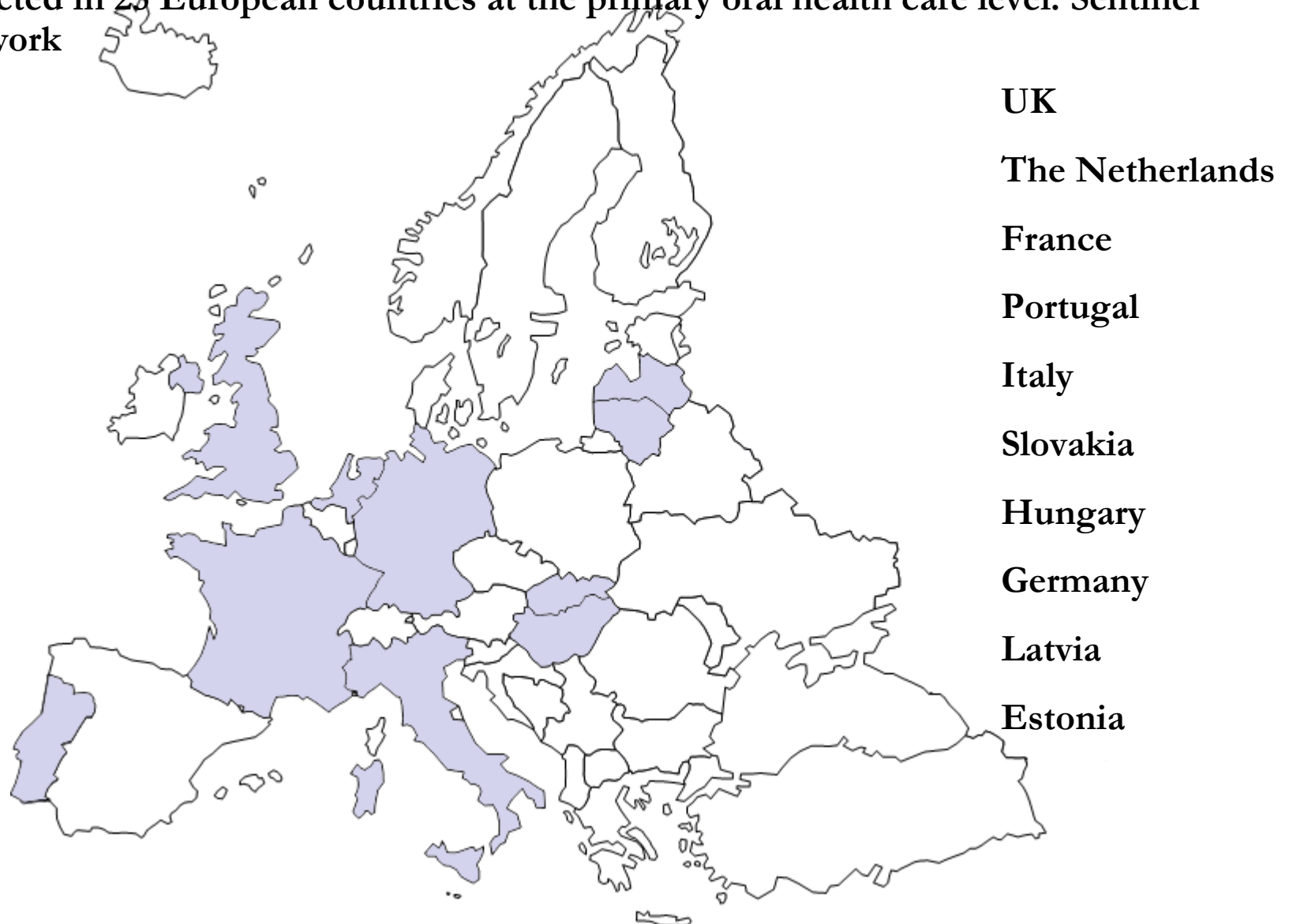
12 Collaborating partners

- Charles University / Medical faculty Hradec Kralové (CZ)
- Ilustre Consejo General de Odontólogos de España (SP)
- Ministry of Health Dental Services (CY)
- Ministry of Health and Welfare (GR)
- Ministry of Social Affairs and Health (FI)
- Slovak Chamber of Dentists (SK)
- Université Catholique de Louvain (BE)
- Faculty of Dental Medicine (RO)
- University of Bergen / Center for Odontophobia (NO)
- University of Medicine of Kaunas (LT)
- Università di Milano (IT)
- University P. J. Safarik / Faculty of Medicine (SK)

4 National invited partners

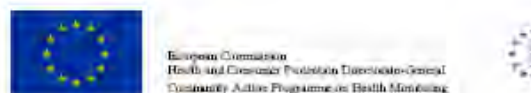
- The Polish chamber of Physicians & Dentists (PO)
- Estonian Dental Association (ES)
- Turkish Dental Association (TR)
- University of Brescia (IT)

- (iii) To develop a methodology for improved NHIS and NHCS data, routinely collected in 25 European countries at the primary oral health care level: Sentinel Network



■ WP7 Clinical questionnaires: Pilot Countries

(ii) To develop recommended common instruments for national health clinical surveys: Standard Form



Dental Practitioner Guidance

Guidance and Training manual to accompany
Full Standard Clinical Survey Form – 2007 v1

European Global Oral Health Indicators
Development Programme II

Caries CODE 1: First visual change in enamel



Code 1 should be recorded as the second digit of the ICDAS code when the first visual change in enamel is seen only after air drying a tooth surface for 5 seconds. In the pits and fissures, however, darkly discoloured lesions may also be seen on a wet surface.
Remember: These darkly discoloured lesions can look similar to tea or coffee stained pits and fissures (code 0). Such staining however tends to be seen in almost all pits and fissures symmetrically.

Caries CODE 2: Distinct visual change in enamel



Code 2 should be recorded as the second digit of the ICDAS code when a carious lesion looks to be more advanced than a code 1 lesion and as such, drying is not necessary to be able to detect them (they can be seen on wet or dry surfaces). A code 2 lesion can be white or brown in colour.
Remember: You should still use air drying on the lesion as this will help you to distinguish it from a Code 3 lesion which exhibits enamel surface breakdown (seen more easily after air drying).

Caries CODE 3: Enamel breakdown, no dentine visible



Code 3 should be recorded as the second digit of the ICDAS code when localized enamel breakdown is visible due to caries. When viewed at the lesion area, no dentine is visible or discoloured but when viewed after drying, colour loss of both structure can be seen. It is not associated with an opacity or discoloration.

ended probe can be used gently across the surface to

Once you allocate a 2 digit code to a surface you should record it on the appropriate dental disease assessment chart on page 2 of the EGOHD Full Standard Clinical Survey Assessment form. There are two charts in the dental disease assessment section of this form. The first chart is for upper teeth while the second chart is for lower teeth. Each chart is made up of individual tooth surfaces (Mesial, Occlusal, Distal, Buccal, and Lingual/Palatal) corresponding to each tooth in the arch. You are required to allocate a two digit ICDAS code to each tooth surface box. The only case where a two digit numerical code is not used is in recording the presence of an implant. You should simply record the letter 'P' in each surface box instead (see example of completed chart in Figure 3).

Remember: No boxes should remain empty at the end of this assessment except for the bottom (shaded) row of each chart which is for office use only.

Figure 3: Example of Completed Upper Arch Chart

Surface	Upper Right										Upper Left									
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28				
M	99	00	97	00	00	30	00	00	P	00	00	00	00	97	00	99				
O	99	40	97	50	00								00	40	97	40				
D	99	40	97	00	00	00	02	00	P	00	00	00	00	97	00	99				
B	99	00	97	00	00	30	00	00	P	00	00	00	00	97	00	99				
L	99	00	97	00	00	30	00	00	P	00	00	00	00	97	00	99				
⊗																				

STAGE ONE: Coding Restorations

There are nine restoration codes (0-8) that you can select from when coding the presence or absence of a restoration/sealant on individual tooth surfaces. For each surface you should select one of the nine codes as appropriate and record it as the first digit of the two digit ICDAS code.

Figure 4: Coding Restorations

Restorations and Sealant Codes	Caries Codes
0 = Not sealed or restored	0 = Sound tooth surface
1 = Sealant, partial	1 = First visual change in enamel
2 = Sealant, full	2 = Distinct visual change in enamel
3 = Tooth coloured restoration	3 = Enamel breakdown, no dentine visible
4 = Amalgam restoration	4 = Enamel breakdown (not contrasted into dentine)
5 = Shadow and crown	5 = Enamel cavity with visible dentine
6 = Porcelain, gold, PFM crown or veneer	6 = Porcelain, gold, PFM crown or veneer
7 = Low or bridge restoration	7 = Extensive enamel cavity with visible dentine
8 = Temporary restoration	

Select from nine restoration codes and record as first digit of ICDAS code

Each Restoration code will now be considered in more detail:

Restoration CODE 0: Not sealed or restored



If you cannot see any restoration or sealant on a particular tooth surface should use code 0 as the first digit.

Restoration CODE 1: Sealant, partial



Restoration CODE 2: Sealant, full



Figure 9: Examples of Coding according to Community Periodontal Index criteria



ended probe can be used gently across the surface to

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6 = Porcelain, gold, PFM crown or veneer	6 = Porcelain, gold, PFM crown or veneer
7 = Low or bridge restoration	7 = Extensive enamel cavity with visible dentine
8 = Temporary restoration	

re a tooth or teeth are missing you should use the 'Missing Teeth' two digit instead. There are three missing teeth codes: 97 for a tooth extracted, 98 for a tooth missing for another reason other than caries and 99 for a tooth missing for another reason other than caries (See page 13 for more details).



Fluorosis CODE 6: Severe



The enamel surfaces and hypoplasia is so general form of the tooth affected. There are p



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Dr. Edoardo Cavalle, Italian Dental Association, Milan, 7 December 2007

Dr Simona Dianišková, Slovak Chamber of Dentists , Bratislava,
Slovakia , 12/13 December 2007

Dr J. Szoke, Hungarian Dental Association, Budapest, 11th January 2008
Dr Sebastian Ziller, Abt Prävention und Gesundheitsförderung,
Bundeszahnärztekammer, Berlin , 18 December 2007

Dr Orlando Montero Da Silva, Ordem dos Medicos Dentistas Porto,
Portugal, 4th January 2008

Dr Piret Vali, Estonian Dental Association, Tallin, 8th January 2008

Pr. Egita Senakola, Latvia Dental Association, Riga, 10th January 2008





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Final European Conference
**European Global Oral Health Indicators
Development Project**

FDI Stockholm 26 September 2007

9:00-12:00



European Commission
Directorate General
Health SANCO Monitoring Programme

