

LETTER TO THE EDITOR

Reactivation of COVID-19—14 days from the onset of symptoms may not be enough to allow dental treatment

Dear Editor,

The pandemic of coronavirus disease 2019 (COVID-19) has become a global health disaster (Phelan, Katz, & Gostin, 2020). On the level of dental practice, the risk of cross infection between infected patients and dental professionals is quite alarming. The current recommendations suggest that dental treatment of patients with suspected/confirmed coronavirus disease should be postponed for at least 14 days from the onset of symptoms (Peng et al., 2020). This is the estimated time for the resolve of the virus. However, reactivation of coronavirus following recovery and discharge from the hospital has been reported in some cases (Ye et al., 2020). Dental professionals should pay attention for patients who attend the dental clinic and declare infected with COVID-19 and isolated for the last 14 days, but they have recently recovered from the virus. Such patients can still carry the viral load and transmit the virus even after they have tested negative following 14 days from onset of symptoms and isolation. Ye et al., (2020) reported reactivation of COVID-19 among 5 patients following their discharge from Zhongnan Hospital of Wuhan University, Wuhan, China. The authors reported that the recovered patients may still carry the virus and extra round of viral detection and isolation may be required. While no evidence to predict the causes for reactivation of COVID-19, the suggested risk factors include the following: host status, virologic factors and type and degree of immunosuppression (Ye et al., 2020). Another report from Japan indicated reactivation of COVID-19 in 40-year-old female patient after recovery (Osumi, 2020). The author indicated that 14 days may not be enough period to produce antibodies in some patients especially the elderly (Osumi, 2020). Masaya Yamato, director of the Infectious Diseases Center at the Osaka-based Rinku General Medical Center, stated that SARS-CoV-2, similar to other viruses, remains latent in certain cells in the body and once reactivated the virus may again attack the respiratory tract and intestines (Osumi, 2020). In South Korea, a recent report indicated reactivation of COVID-19 among 90 patients after recovery (Farber, 2020). The RT-PCR (reverse transcriptase polymerase chain reaction) testing for these patients was negative at time of discharge from hospital. However, they tested positive again after some days of clinical recovery (Farber, 2020). Although the real causes of reactivation COVID-19 are unknown, it is believed that viral load of COVID-19 and variable genotypes may play role in reactivation (Ye et al., 2020). The formation of antibodies

might be different among infected patients and may take longer time among others especially the old patients (Osumi, 2020). Dental professionals should be aware about the potential for reactivation of COVID-19, and this may have an implication on the right time to offer a dental treatment for patients who have recently recovered from the infection with COVID-19 virus. As a preventive measure, dental treatment of recently recovered coronavirus patients should be postponed for at least 28 days not 14 days from the onset of symptoms (two continuous rounds of quarantine). This is to allow sufficient time to ensure the patient is free of the virus and there is no risk of infection with COVID-19.

KEYWORDS

COVID-19, dental treatment, reactivation

CONFLICT OF INTEREST

None to declare.

AUTHOR CONTRIBUTION

Bassel Tarakji: Writing-original draft. **Mohammad Zakaria Nassani:** Writing-review & editing.

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