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# Infection control in prosthodontic perspective: An overview on the present scenario

Sir,

Infectious diseases have afflicted the world all through historical era. Being a surgical field, dentistry deals with a great potential for disease transmission. The oral cavity carries plenty of potentially infective microorganisms, and saliva and blood are known vectors of infection. Most carriers of latent infection are unaware of their condition and, it is important, therefore, that the same infection control routine be adopted for all patients.[1]

Infections, infectious diseases and field of dental sciences are at crossroads. Our informative database of infectious pathogens is rapidly expanding, with emerging diseases being discovered at the rate of one disease per year over the past 25 years. Professional and other occupational-related hazardous exposures can result directly from accidental injuries, failure to comply with universal precautions and breach of protective barriers. The dental environment, similar to other health care settings, is associated with significant risk of exposure to various microorganisms. Many infectious agents may be present in blood and saliva as a consequence of bacteremia or viremia associated with systemic infections.[2]

Although the principles and ideology of potential infection control remain unchanged, new technologies, equipment and data require incessant assessment of current infection control practices. The distinctive nature of many dental procedures, instrumentation and patient care settings may also require specific strategies directed to preventing the transmission of pathogens among dental healthcare workers and their patients. Awareness of the need to incorporate an effective infection control program within a dental practice requires the faculty of a residency program to present a clear and workable model that will allow the flexibility necessary to accommodate the changes in infection control procedures and materials. Recommended infection control practices are applicable to all settings in which dental treatment is provided. Infection control in health care continues to be the subject of intensive research and discussion.[3] Implementing safe and realistic infection control procedures requires the full compliance of the whole dental team. These events should be frequently scrutinized during clinical sessions and discussed at practice meetings. The individual practitioner must make sure that all members of the dental team appreciate and practice these procedures habitually. This letter is an endeavor to guide the researcher to this routinely obscured field, and I hope it will prove to be a gentle jostle for the same.

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