

EFFECT OF COVID-19 ON COVERAGE OF DENTAL SERVICES IN LATVIA

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This study aimed to describe the impact of the COVID-19 pandemic and related public health decisions on dental services. A retrospective study was conducted using secondary data on dental services (2019–2021). Data were obtained from the Latvian National Health Service and the Centre for Disease Prevention and Control and analysed using descriptive statistics and data visualisation methods. In the first wave of COVID-19, the frequency of routine dental services decreased by 81.6% at the patient level, which coincided with the restrictions imposed as public health measures. The amount of regular dental manipulations returned to its previous level immediately after lifting restrictions. Still, they decreased to a more moderate extent (not exceeding 25% decline) with the beginning of the second wave. We observed a decrease in all manipulations, regardless of their aerosol-generating risk, and no increase in preventive manipulations that could be performed without any physical contact. We conclude that the most significant decrease in the availability of services was directly linked to existing public health measures. It seems that these measures allowed time to adapt the clinics to the new sanitary requirements, further ensuring continuity of service provision.

Keywords: *pandemic, dental care, health care utilisation, national study.*

INTRODUCTION

The restrictions introduced to limit the COVID-19 spread during the first state of emergency also affected dental services. Dental treatments were considered high-risk procedures due to the close contact between dental professionals and patients and the number of aerosol-generating procedures that spread viral droplets across an extensive range (Meng *et al.*, 2020). Various recommendations have been published on the allocation of patient reception rooms, disinfection, personal protective equipment, careful question-

ing and examination of patients, replacing intraoral radiographic examination with extraoral, oral disinfection with mouthwashes containing chlorhexidine, ethanol, povidone-iodine, cetylpyridinium chloride, or essential oils before the procedure, limiting the surgical field with a rubber dam, etc. (Clarkson *et al.*, 2020; NHS, 2020; SDCEP, 2020; Kapote *et al.*, 2022; Weber *et al.*, 2023). All recommendations include reducing the application of aerosol-generating procedures and preferring noninvasive or minimally invasive dental procedures (Innes *et al.*, 2021).

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The pandemic has had a direct effect on health services due to the burden of COVID-19 patients, on the one hand. On the other hand, it has indirectly affected the routine care of patients treated with other pathologies. A systematic review of the impact of the COVID-19 pandemic on health care utilisation found that 81 studies from 20 countries showed a one-third decrease in the care provided during the pandemic, particularly for people with less severe illnesses (Moynihan *et al.*, 2021). This review did not include dental care, so there are no studies yet showing the impact of the pandemic on dental care in national health services. To date, reports are available on the impact of the COVID-19 pandemic on specific community dental services (Rodriguez *et al.*, 2022; Shah *et al.*, 2022) or in high-risk patient groups (O'Donnell *et al.*, 2022) and seniors (Weber *et al.*, 2022). A study in Australia, conducted with care records from four of the six national states, showed a 52% decrease in care from March to May 2020 in pediatric dental care, then recovering to pre-pandemic levels of care (Hopcraft and Farmer, 2020). Still, there is a lack of national studies on how the pandemic and political decisions have affected dental care during the long-term period.

The aim of this study was to describe how Latvian national public dental health services changed immediately after the pandemic started and what were the effects on access to preventive services during the two years of the COVID-19 pandemic, 2020 and 2021, in Latvia.

MATERIALS AND METHODS

Study design and settings. In the retrospective cohort study, we analysed secondary data on dental care services provided by public dental services in Latvia from 2019 to 2021 (whole years of 2020 and 2021, compared to the first half of 2019). The report of this observational study follows the STROBE recommendations (Vandenbroucke *et al.*, 2007).

Data sources. We requested data from the Latvian National Health Service (NHS) and the Latvian Centre for Disease Prevention and Control in two phases. Firstly, as part of the National Research Project (RSU Research Group, 2020), where our aim was to determine the impact of the first wave of COVID-19 on the healthcare system, we requested data for the first half of 2019 and 2020. Secondly, to determine the long-term effect of the pandemic on care, we asked for data for two years of the pandemic, 2020 and 2021. Due to changes in the institutions handling the data during the pandemic, the format and some intervention codes changed, so we analysed the datasets separately. Because we used all the available data, we did not estimate the sample size. The data request was limited to the public dental sector, which in Latvia partially covers dental care for children under 18 years of age, as there are no electronic dental care registers in the private sector. Thus, the data analysis excludes private dental services, which cover both part of dental care for children and all dental care for adults. Admittedly, both public and private services in Latvia are provided in private

clinics, only the payment arrangements differ, and the COVID-19 restrictions applied equally to private and public services, so this analysis of public dental data could be a fairly accurate reflection of the situation for all dentistry in Latvia.

Variables. We selected data by specialist: general dentist, dental hygienist, radiologist, paediatric dentist, orthodontist, dental technician, maxillofacial surgeon, and anaesthesiologist.

To analyse the impact of the first wave of COVID-19 on dental service in Latvia, we analysed all manipulations made in the first half of 2019 and 2020. There are 434 different manipulation codes in the Latvian dental service system. We combined the codes by manipulation type, and we analysed a total of 15 different manipulation types including dental hygiene, endodontics, examination, extraoral x-ray, fluoride applications, hygiene instructions, intraoral x-ray, orthodontics, dental trauma, restorations in permanent dentition, restorations in primary dentition, and dental extractions. Dental examination, hygiene instructions, extraoral x-rays, and fluoride applications were categorised as low aerosol-generating procedures (LAP), while intraoral x-rays, restorative procedures, endodontic treatments, and dental hygiene procedures (teeth scaling and polishing) were classified as high aerosol-generating procedures (HAP). Extractions and all manipulations related to dental trauma were considered emergencies.

As other variables we used the number of manipulations, the date and the identification number of the patient to analyse in person and manipulation levels.

To analyse the long-term effect on minimally invasive caries treatment methods, we analysed the treatments done by dental hygienists, filtering data for specialist code n11 (dental hygienist) and combining manipulations in examinations, hygiene instructions, fluoride applications and dental hygiene. These codes did not change between the different datasets, allowing comparison between different periods from 2019 to 2021.

Bias. Data are entered by professionals at each health centre and are independently validated by government agencies, so the presence of bias is unlikely.

Statistical analysis. The data were cleaned, verifying the coding. Those with incomplete data were removed, and the remaining data were analysed and visualised in R using Tidyverse (Wickham, 2017), janitor (Firke, 2020) and gtsummary (Sjoberg *et al.*, 2021) packages.

We made summary tables and figures to evaluate trends over time visually.

RESULTS

We conducted a comprehensive analysis of 927,627 manipulations, revealing an average daily rate of 2563 manipu-

Table 1. Total number and average (per day) number of manipulations during the studied period considering aerosol-generating risk (low aerosol-generating procedures (LAP), high aerosol-generating procedures (HAP))

Manipulation type	Total number of manipulations	Average per day	Average per day during COVID-19 restrictions (April 2020)
Examination	132,031	365	94
Hygiene instructions	187,636	518	66
Panorama X-Ray	8490	23	4
Fluoride gel	109,209	302	3
Fluoride varnish	3154	9	1
Total LAP	440,520	1217	167
Intraoral X-Ray	30,459	84	31
Teeth scaling and polishing	62,668	173	2
Restorations in deciduous teeth	97,018	268	73
Restorations in permanent teeth	191,693	530	104
Endo in deciduous teeth	29,508	82	37
Endo in permanent teeth	8300	23	7
Orthodontics	19,163	53	14
Total HAP	438,809	1212	269
Dental trauma	1452	4	2
Extractions	46,846	129	77
Total Emergency Procedures	48,298	133	79

lations. Notably, during the restrictive period in April 2020, the daily manipulation count sharply declined to 515 (see Table 1).

During the first wave of COVID-19, there was a decrease in the provision of dental services. In April 2020, there were 81.6% fewer patients compared to April 2019 ($n = 5674$ in 2020 vs $n = 31,262$ in 2019). We identified that the number of manipulations decreased by 27.4%. On weekdays the number of manipulations was at Saturday levels and Sunday levels on Saturdays (Fig. 1).

After visual inspection of the manipulations, we identified those that should be performed regardless of the COVID-19 situation (related to dental trauma or tooth extractions), those that would be safe in terms of aerosol generation, and those with a high risk of infection. The changes in the frequency of these manipulations are shown in Figure 2. We can observe that manipulations related to dental trauma and extractions decreased minimally in the first COVID-19 wave, while low-risk and high-risk manipulations decreased significantly. Both figures show that the pre-pandemic care level was already reached in June 2020.

Further analysis included only preventive dental care. We analysed a total of 1,238,717 manipulations performed in the first half of 2019 and during the years of 2020 and 2021. Figure 3 shows the changes in the number of preventive manipulations comparing the first six months of the three years. We observe that the number of manipulations per-

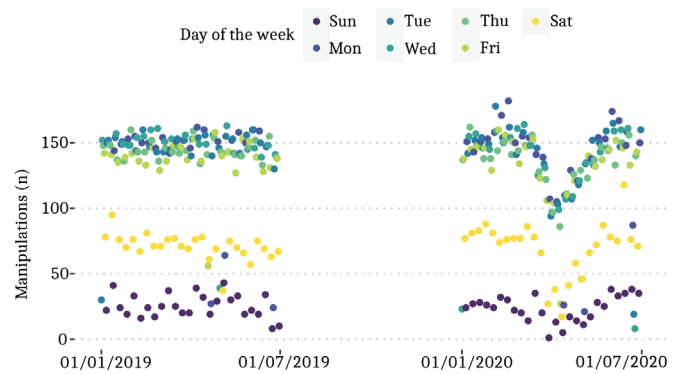


Fig. 1. Number of public dental service patients admitted per day in the first six months of 2019 and 2020.

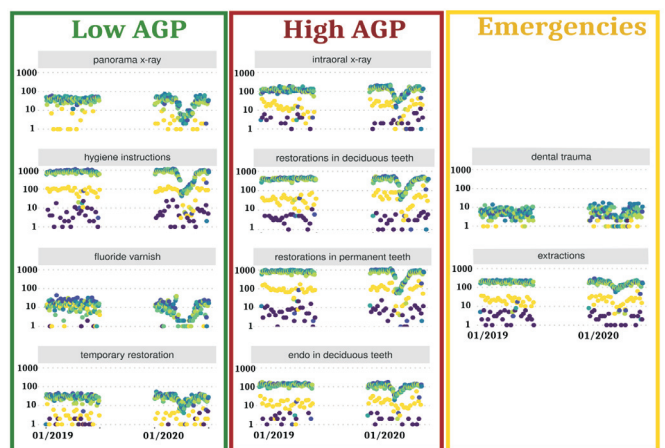


Fig. 2. Number of dental manipulations performed during the first half of 2019 and 2020 are categorised as low aerosol-generating procedures (Low AGP), high AGP or emergencies, which should be performed independently of their aerosol generating risk. Manipulations are indicated for each day of the week on a logarithmic scale.

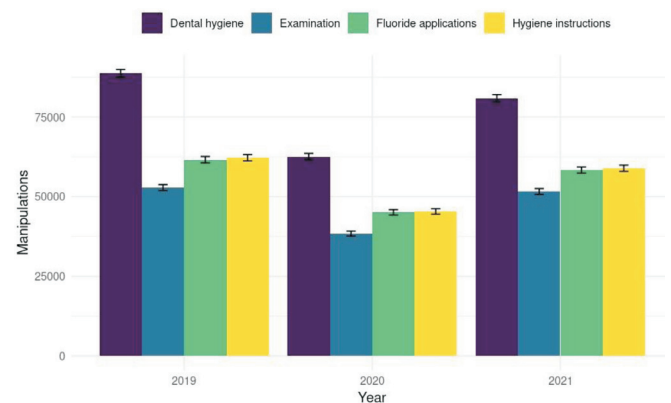


Fig. 3. Number of performed preventive manipulations during the first six months of 2019, 2020 and 2021.

formed in 2020 decreased by 28% compared to 2019. After that, we saw a rise in the number of procedures carried out, however the number did not reach the pre-pandemic level (-6% compared to 2019) (see Table 2).

We analysed how the number of performed manipulations changed in relation to the COVID-19 pandemic situation in Latvia. Up to date, there were three waves of COVID-19 in

Table 2. Changes in the number of preventive manipulations in the first six months of 2020 and 2021 compared to 2019.

Manipulation type	2019	2020	2021	2020 compared to 2019, %	2021 compared to 2019, %
Dental hygiene	88729	62588	80901	-29.46	-8.82
Examination	52853	38395	51622	-27.36	2.33
Fluoride applications	61618	45085	58352	-26.83	-5.30
Hygiene instructions	62224	45382	58933	-27.07	-5.29
Total	265424	191450	249808	-27.87	-5.88

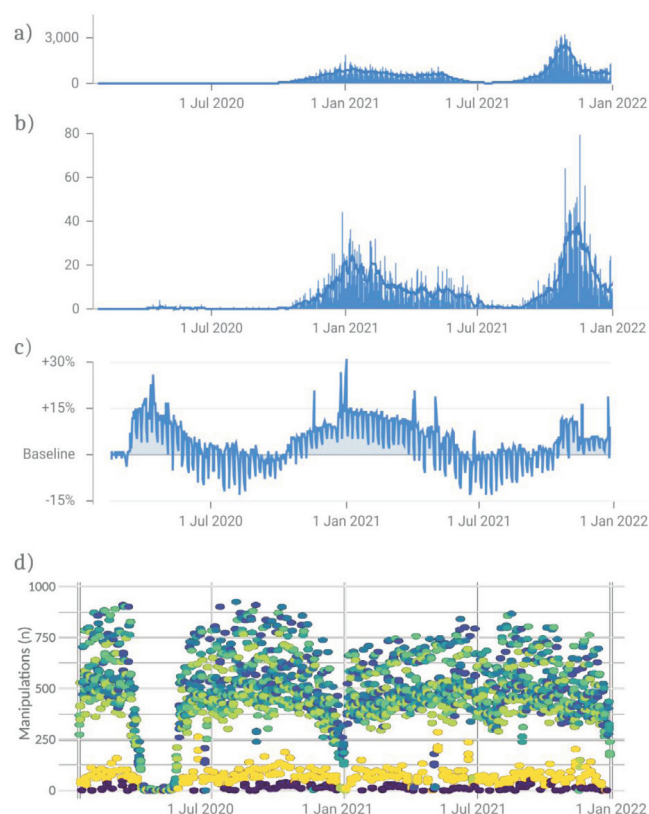


Fig. 4. Changes of the number of manipulations per day (d) in relation to COVID-19 cases per day (a) (COVID-19: Novel Coronavirus (COVID-19) Cases, Provided by JHU CSSE, n.d.), COVID-19 caused deaths per day (b) (COVID-19: Novel Coronavirus (COVID-19) Cases, Provided by JHU CSSE, n.d.) and mobility changes (residential) (c) (Google, 2022).

Latvia. The first wave was relatively small, as can be seen in the graph showing COVID-19 deaths per day (Fig. 4b), but during which restrictions were the most extensive and people spent more time at home (Fig. 4c), and during which there was also a marked decline in the provision of public dental services (Fig. 4d). After the first wave, the number of manipulations provided returned to pre-epidemic levels, but a decline was again observed during the second wave of COVID-19. Afterwards, the number of manipulations provided remained lower throughout 2021 and declined slightly further towards the end of the year, when the third wave of COVID-19 occurred.

DISCUSSION

This study provides evidence about the effect of the restrictions made during the COVID-19 pandemic on the provision of public dental care in Latvia. During the first wave of COVID-19, dental services decreased significantly, while the effects of the second and third waves were less evident.

When comparing the prevalence data for COVID-19, the first wave was virtually invisible in Latvia, with 48 new cases per day at the peak. Still, the impact on dental care is evident due to the political decisions taken at the time. The data suggest that the strongest effect was the restrictions related to the COVID-19 pandemic, which were linked to political decisions rather than the actual number of COVID-19 cases. Comparing the graphs on the number of cases, deaths per day, and mobilisation of people, we observe that decisions in Latvia were taken constructively and effectively. For dental services, the only real constraints were during the first wave, when we also observed a reduction in service provision to a minimum. Therefore, this time was valuable to prepare for work in a high-risk environment. For example, dentists were expecting personal protective equipment in the Netherlands (Persoon *et al.*, 2022). Global experience shows dentists can successfully avoid COVID-19 infection by adopting a good personal protection strategy (Estrich *et al.*, 2020). The qualitative study in Latvia also shows important work toward further improvement of the capacity of clinics to function in the context of the COVID-19 pandemic (Villeruša *et al.*, 2021). The interruption in the healthcare system load and the simultaneous low prevalence of COVID-19 cases allowed health authorities to prepare for future work with reinforced infection control measures such as organisation of patient circulation, increased ventilation, air and surface disinfection, personal protective equipment, etc. Afterwards, there were no real interruptions to dental clinics. However, service provision was slightly reduced during the second and third waves, indicating that people were responsible for their community and cancelled appointments in case of symptoms or illness. Other reasons could be that some patients decided not to visit the dentist because they might be concerned about being infected with COVID-19, and dentists reduced the number of patients admitted to provide additional time disinfection measures. This also resulted in a permanent reduction in the intensity of service provision throughout 2020 and 2021.

We studied preventive manipulations in detail, since literature suggests that the COVID-19 pandemic is already viewed as an opportunity to introduce more evidence-based non-invasive caries treatment approaches (Cagetti and Angelino, 2020). The development of teledentistry (remote consultation) is also possible; in Slovenia, the public service coordinated to implement teledentistry services to perform triage for dental emergencies (Ostrc *et al.*, 2021). However, data show that this did not happen in Latvia, and the frequency of hygiene instructions decreased with the frequency of fluoride applications and with the frequency of dental hygiene manipulations. In addition, aerosol-generating hygiene manipulations remained at a higher intensity

than hygiene instruction or fluoride applications, which are not associated with aerosol generation.

The study's limitations are associated with secondary data, given the absence of an electronic dental register in Latvia for acquiring comprehensive and reliable information on all dental procedures. The available data are solely recorded for the reimbursement of services by the Latvian National Health Service, exclusively representing public dentistry, and the entries are not subjected to validation. Nevertheless, the reliance on data input for payment underscores the presumption that the provided data, to some extent, mirror the dental care rendered in Latvia. It would be important to optimise the processing and storage of NHS data so that existing data sets are available for future research, which in turn can generate knowledge for new decision-making (in line with Action 5 of the draft Public Health Guidelines, points 63–67).

In order to ensure the continuity of dental services even in the event of an unfavourable course of the COVID-19 infection or in the presence of other extreme conditions, the development of teledentistry (remote consultation) should be promoted as it can increase the accessibility of dental care (Tiwari *et al.*, 2022). To ensure the development and increased use of teledentistry, several actions need to be taken to prepare the pathway, which should be the responsibility of the Latvian decision-making authorities. It could be recommended to ensure funding of teledentistry and preventive treatment approaches (inclusion of new codes in the list of manipulations), training new skills for specialists working in the public sector, creating motivation for doctors and patients, and ensure technological solutions.

The goal of good dental practice is a healthy, caries-free child, which is in line with the objective and sub-objectives of Action 5 of the draft Public Health Guidelines in Latvia. We must ensure that dentists and dental hygienists are paid to keep people healthy. Remuneration plays a role in the choice of methods, and only by changing the reimbursement system could dentists gradually change their behaviour by applying evidence-based, effective caries control methods (Mazevet *et al.*, 2021). Preventive and treatment of onsets of the disease are also associated with less aerosol generation and less operational time, and thus are particularly important to limit the spread of COVID-19 or other similar infections.

CONCLUSIONS

The study highlights the enduring impact of the pandemic on dental care, with sustained lower service provision throughout 2020 and 2021. Dental services declined significantly during the first wave, with a significant reduction in the number of patients and manipulations, and this trend was repeated to a lesser extent during the second and third waves. Despite the challenges posed by the pandemic, the dental system in Latvia demonstrated resilience and adaptation. The first wave prompted proactive measures, including

strengthening infection control measures, preparing for a high-risk environment and successfully adapting to the new conditions. This adaptability enabled a rapid return to pre-pandemic service levels after the first wave, underlining the importance of effective healthcare planning and response.

ETHICS

We obtained permission from the Ethics Committee of Riga Stradiņš University (Nr. 6-1/08/9). The study complied with Latvian laws on protecting personal data and international principles on using personal data in research. We analysed the data at the patient and manipulation levels. The data holders were anonymised before sharing it to ensure ethical principles and protection of personal data. The only demographic data included were patient age and sex.

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COVID-19 IETEKME UZ ZOBĀRSTNIECĪBAS PAKALPOJUMU NODROŠINĀJUMU LATVIJĀ

Pētījuma mērķis bija aprakstīt Covid-19 pandēmijas vai ar to saistīto sabiedrības veselības lēmumu ietekmi uz publiski finansētiem zobārstniecības pakalpojumiem. Retrospektīvs novērojuma pētījums veikts, izmantojot anonimizētus sekundāros datus par sniegtajiem Latvijas valsts apmaksātiem zobārstniecības pakalpojumiem (2019–2021). Dati iegūti no Latvijas Nacionālā veselības dienesta un no Slimību profilakses un kontroles centra; izpētīti ar aprakstošās statistikas un datu vizualizācijas metodēm. Covid-19 pirmajā vilnī zobārstniecības plānveida pakalpojumu biežums samazinājās par 81.6% pacientu līmenī. Dati liecina, ka sniegto zobārstniecības pakalpojumu kritums saistāms gan ar pastāvošajiem ierobežojumiem, gan ar Covid-19 infekcijas izplatību Latvijas sabiedrībā, jo tūlīt pēc pirmo ierobežojumu atcelšanas pakalpojumu sniegšana atgriezās iepriekšējā apjomā, bet, sākoties otrajam vilnim, novērojams sniegto manipulāciju skaita samazinājums, kas nepārsniedz 25%. Novērojām visu higiēnas manipulāciju samazināšanos, neatkarīgi no aerosola ģenerēšanas riska, un nebija nevienas manipulācijas, kuras biežums pandēmijas laikā būtu pieaudzis, arī ne tādu, kas nav saistāmas ar fiziska kontakta nepieciešamību. Secinām, ka pakalpojumu pieejamības mazinājums bija tieši saistīts ar pastāvošajiem sabiedrības veselības lēmumiem, tomēr šis periods deva laiku pielāgot klīnikas jaunajām sanitārajām prasībām, kas tālāk nodrošināja pakalpojumu sniegšanas nepārtrauktību.