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Table 3: OHCW and their knowledge of the risk of HIV transmission in the dental clinic

OHCW	The risk of transmission of HIV/AIDS in the dental clinic is very low			Total
	Agree	Disagree	Not sure	
Student (%)	9 (18.8)	36 (75)	3 (6.2)	48 (42.5)
House officer (%)	1 (7.1)	11 (8.6)	2 (14.3)	14 (12.4)
Resident doctor (%)	6 (20.5)	17 (70.8)	1 (4.2)	24 (21.2)
Dental nurse (%)	3 (25)	8 (66.7)	1 (8.3)	12 (10.6)
Consultant (%)	5 (33.3)	9 (60)	1 (6.7)	15 (13.3)
Total (%)	24 (21.2)	81 (71.7)	8 (7.1)	113 (100)

HIV: Human immunodeficiency virus, AIDS: Acquired immunodeficiency syndrome, OHCW: Oral health-care workers

care of these patients[6] and the role of OHCWs in meeting the health-care needs of patients infected with HIV/AIDS is imperative.[7] Nonetheless, the oral health-care environment has become a helpful setting for early detection as most lesions of HIV infection present orally during the first stages of the disease.[13] Ignorance of the risk of HIV transmission during dental procedures may have led many dentists to refuse to treat HIV-positive individuals. In addition, infected dental professionals have sometimes been prevented from practicing dentistry. Some factors, which might be responsible for these misconceptions are the inaccurate perception of occupational risk, i.e., over estimating the chances of acquiring an infection from the dental practice, poor attendance at dedicated seminars or workshops on the management of HIV/AIDS. This is confirmed by the desires of the respondents that they needed "special" trainings on the management of PLWHA. Since HIV/AIDS is still endemic in this country and its oral manifestations a very common presentation, it can be expected that there would be the need for OHCWs to address these concerns. As such, efforts to demystify the myths concerning HIV in oral health should be pursued to encourage a selfless, discrimination free service to the population of patients living with HIV/AIDS.

Reports had shown in samples of health-care professionals including physicians, midwives, nurses, medical students and nursing auxiliaries that scientific knowledge about transmissibility of HIV infection was poor: Transmission was believed possible by living together without having sex (7%), by breastfeeding a HIV-positive child (9%), by using toilets after a HIV-positive patient (13%) and by blood donation (76%).[4,14] In Saudi Arabia, not only did many physicians have misinformation about modes of transmission of HIV (e.g., 13.8% identified mosquito bites and 49.7% implicated casual kissing), 33.8% were unaware that tattooing is a known mode of transmission.[15] This study also confirms such reports as some of the respondents erroneously affirmed that exposure of intact skin to infected blood and body fluids, casual kissing and mosquito bites are sources of HIV transmission. Reports of studies on oral health-care providers in the Pacific showed that the major reasons for their unwillingness to provide care to PLWHA was fear of HIV transmission in the dental clinics, inadequate infection control procedures in the clinics to prevent cross transmission and that they lacked knowledge about HIV patient management in dental clinics.[16] The respondents in this study were also of the view that the infection control procedures available in the hospital may not be sufficient to avoid the transmission of the virus.

At the 6th World Workshop on Oral Health and Disease in AIDS, which took place from 21 to 24 April 2009 in Beijing, China, the participants from over 30 countries having analyzed the scientific evidence that has become available over the last 20 years relating to the transmission of HIV in the dental setting from oral health-care professionals to patients; noted and considered the inconsistencies in the regulation of the ability of an HIV positive oral health-care professional to continue the practice. They concluded that the evidence now supports the view that oral health-care professionals with HIV do not pose a risk of transmission to patients in the dental setting (provided adequate universal infection control practices are followed).[17]

The fact that the study did not cover the entire intended study population (due to outside and rotational postings to other departments) is a limitation of the study in the sense that the response from the other (unavailable) OHCWs could have had some significant influence on the findings. The study is also limited to an institution in Lagos and therefore cannot be said to be representative of all OHCWs in the state and by extension, in the country. Nevertheless, it had been able to give a snapshot of the knowledge of OHCWs in a Teaching Hospital on dental practice, HIV transmission and occupational risks

Conclusion

This study has shown that there are still some misconceptions about the true nature and transmission of the HIV among OHCWs. The poor knowledge of the respondents in this study concerning the low risk of HIV transmission and lower risk comparatively between the dental care worker and other health-care professional could lead to potential stigma and discrimination of PLWHA and thus hindering efforts geared at curtailing the spread of the virus. Continuous in-service training should be instituted to dispel misconceptions about HIV transmission in dental practice.

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