Dear reader,

Unlike with other professions, the closure of a newspaper or magazine, even a competing one, always triggers conflicting emotions for journalists. While we may seem to contend fiercely for the next exclusive story or the most creative headline, there is an unspoken solidarity among all members of the journalistic community. In this respect, the end of Asia’s oldest regional dental newspaper, APDN and its Latin American sister publication is a catastrophe, as fewer publications mean not only more writers and editors without a job but also less diversity, something that has plagued our colleagues in daily newsrooms around the world.

As one of the two remaining dental titles for the Asia Pacific region, we are determined to fill this gap. This commitment, however, is going to make our work a lot more difficult, despite the reduced competition. Therefore, our goal is to keep our standards high and wide minds open to all aspects and the many voices of the dental profession.

We intend to do so with this edition with an interesting and revealing article from Nova Southeastern University by Prof. Steven N. Abel on HIV testing in Southeastern University by Prof. Steven N. Abel on HIV testing in Southeastern University by Prof. Steven N. Abel on HIV testing in Southeastern University by Prof. Steven N. Abel on HIV testing in Southeastern University by Prof. Steven N. Abel on HIV testing in Southeastern University by Prof. Steven N. Abel on HIV testing...

Microbes are all around us. They are one step ahead as new infections emerge and old infections re-emerge potentially in different parts of the world.

It is heartening to note the general improvement in infection control in this community, but I suspect that Taiwan may be an exception rather than the rule.

A few months ago, a dental assistant in Tennessee in the US complained of the dentist not wearing a mask, not washing his hands, not replacing gloves, and of infection-control products for one dentist may amount to US$50,000 (20 patients per day, five days per week, 48 weeks per year).

If cost is the main concern, then the dentist could charge separately for infection-control measures, rather than take infection-control short-cuts. I do believe that patients will gladly pay for such a service and this could be a good practice builder indeed.

“The bottom line is that appropriate infection control is a reality that we have to face head on…”

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