



Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor

2 Peachtree Street NW, 15th Floor
Atlanta, Georgia 30303-3142
dph.ga.gov

Dear Provider,

As we shared with you in September of this year, pediatricians in the Atlanta metropolitan area have identified a cluster of preschool and school-aged children with cervical and/or submandibular lymphadenitis and/or osteomyelitis of the mandible. All of the children identified to date had a history of a previous dental procedure, pulpotomy with crown placement. The etiologic agent in a majority of the children is a non-tuberculous mycobacterium, *Mycobacterium abscessus*. The source of infection has been determined to be contaminated water in dental units.

The Georgia Department of Public Health continues to investigate these infections. Due to the variable incubation period of up to four months for this infection, it is likely that additional children will be identified.

We ask that clinical providers remain vigilant and continue to question parents of preschool and school-aged children in the Atlanta metropolitan area with oral abscesses or cervical or submandibular lymphadenitis about a history of pulpotomy and/or extraction in the preceding six months.

If a history of these dental procedures is obtained, we ask that the provider contact the Children's Healthcare of Atlanta Transfer Center, 404-785-7778, and request to speak with the infectious disease service on call at either the Scottish Rite or Egleston campus to discuss the patient and assist with management.

Refer information on possible cases or questions about the investigation to the Georgia Department of Public Health, Acute Disease Epidemiology Section, 404-657-2588.

If you are a current practicing dentist, we would appreciate a moment of your time to please complete the following anonymous, short survey (1 minute) related to dental waterline practices.

<https://sendss.state.ga.us/sendss/!dynamicsurvey.surveypublicprompt?pQATemplateId=3598>

Survey short link:
sendss.state.ga.us/survey/form/3598



We Protect Lives.

Dental Water Survey

I. Facility Type

1. What is your type of dental practice?

- Dental Public Health
- Endodontics
- Oral And Maxillofacial Pathology
- Oral And Maxillofacial Radiology
- Oral And Maxillofacial Surgery
- Orthodontics And Dentofacial Orthopedics
- Pediatric Dentistry
- Periodontics
- Prosthodontics

2. If 'Other', please specify the type of dental practice:

II. Facility Water Type

1. What type of water is used at your facility's dental stations? (check all that apply)

- Municipal
- Filtered
- Distilled
- Sterile
- Other

2. If 'Other', please specify the type of water:

III. Waterline Treatment

1. Does your facility treat waterlines with a disinfectant? (examples: bleach, commercial waterline disinfectants)

- Yes
- No
- N/A Continuous Chemical Release (I.E. Iodine, Silver, Other Disinfectant)

2. If 'Yes', how often?

- Daily
- Weekly
- Monthly
- Other

3. If 'Other', please specify how often:

IV. Water Quality Monitoring

1. Does your facility monitor water quality to ensure it meets the CDC recommended ≤ 500 CFU/mL?

- Yes
- No

2. If 'Yes', what method(s) do you use to monitor water quality? (check all that apply)

- In-office testing kit
- Commercial laboratory
- Other

3. If 'Other', please specify the method:

4. If you use an in-office testing kit, please specify the type/brand:

5. How often do you monitor water quality?

- Weekly
- Monthly
- Other

6. If 'Other', please specify how often:

V. Pulpotomy Procedures

1. If your practice performs pulpomies on deciduous (baby) teeth, what type of water do you use for the procedure?

- Municipal
- Filtered
- Distilled
- Sterile
- Other
- N/A

2. If 'Other', please specify the type of water:

Save