Evaluation of the effects of Covid-19 in a dentist’s daily routine - A Survey

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ABSTRACT

Covid 19 is considered to be a pandemic virus infection. SARS-Cov-2 causes it. It is a viral infection that is transmitted through aerosol and droplet contamination, cross-infection, etc. Dentists are at a higher risk due to this corona. It has affected daily routines of dentist’s life as they are unavailable to run the clinic and attend to patients. Different search engines like PubMed, and Google Scholar was used. The questionnaire consisting of twenty questions was prepared by using online survey google forms and circulated among the participants. SPSS software was used to evaluate the results and data collection. Statistical analysis was done by chi-square test. Later, results were being tabulated. This survey that is taken among dental students, dentists, and random public, it is seen that the majority of them are well aware of this recent pandemic attack. (COVID-19). It is concluded that dentists are affected to a significant extent due to coronavirus as their daily routine is affected severely. This study aims to identify the effect on dentist life on a routine basis due to the pandemic COVID - 19.

INTRODUCTION

The novel coronavirus family causes illnesses ranging from that of the common cold to more severe diseases like that of an acute respiratory syndrome (SARS) and middle east respiratory syndrome (MERS). The World Health Organisation (WHO) formulated this) [Holmes, 2003]. They tend to circulate in animals, and some can be transmitted between animals and humans. Several species of coronaviruses are circulating in animals that have not yet infected the human race. The newly found coronavirus, the seventh known to affect humans, has been named as COVID-19 (Zhu, 2019). Although human coronavirus causes up to 30 per cent of cold, they rarely cause lower respiratory tract disease. But in contrast, coronaviruses cause devastating epizootics of respiratory on enteric diseases in case of livestock (Hoek, 2004). Respiratory infections can be transmitted through droplet transmission from an infected individual to a healthy person who has less immunity in the body. This process of communication of coronavirus can either be through direct contact as well as indirect contact. Health care professionals, especially the dentist all around the globe, are at higher risk of getting infected due...
to coronavirus by coming into proximity with the infected person. Unfortunately, there is no antiviral vaccine available in the market so far, but the development of the same is under process. Therefore, it can be stated that the infected person relies on supportive therapy like that of vitamin A, C and D. They are also given chloroquine phosphate and general supportive healthcare until the body’s immune system can eradicate the infection.

MATERIALS AND METHODS

This is a survey type study setting. This survey is being conducted among three different groups of the population; this includes dental students, practising dentists and random public. The sample size of this study is 25 in each group. Medical professionals like Dentists play an essential role in this survey, as the review is entirely based on the effect of COVID-19 on their life. Different search engines were used in his studies like PubMed, Elsevier, and Google Scholar accordingly. The questionnaire consisting of 20 questions that have been prepared, and by using online survey google forms it has been circulated among the participants. SPSS software (latest version) was used for results and data collection. A statistical test was used here for descriptive analysis. The method will be the Chi-square test. The results are converted into a pie chart and graph accordingly. Based on the results, the conclusion was formulated.

Structure of Coronavirus

All of the known coronaviruses are found in three serologically unrelated groups. Figure 1 shows the structure of the virion. The message -sense RNA genome and the viral nucleocapsid phosphoprotein form a helical nucleocapsid around the virion. (Weiss and Navas-Martin, 2005; MP and Nallasswamy, 2019). A corona of large, distinctive spikes in the envelope makes possible the identification of coronavirus by electron microscopy. The Spikes, oligomers of the spikes glycoprotein, bind to receptors on host cell membranes. Coronaviruses, in the case of group 2 also have hemagglutinin-acetylesterase (HE) glycoprotein that binds to sugar moieties on cell membranes. (Lai, 2020).

Origin of Pandemic Virus

This virus was formulated in a laboratory in Wuhan, China, according to certain scientists. The outbreak of this virus from China at the end of 2019 has caused a global epidemic and is a significant public health issue. (Huang, 2020) As of 11 February 2002, data collected from the World Health Organization (WHO) have shown that more than 43,000 confirmed cases have been identified in 28 countries/regions, >99%. of cases being detected in China. (Biswas and Sen, 2020) This noted data was considered to have a significant impact on the study of the virus histopathology. (Prashaanthi and Brundha, 2018) SARS-CoV-2 is closely related to two bat-derived severe acute respiratory syndrome-like coronaviruses, bat -SL-COVZC45 and bat -SL-COVZX21. (Memish, 2013) Among patients with pneumonia caused by SARS-COV-2 (novel Coronavirus pneumonia on COVID-19), fever was the most common symptom which was followed by a cough. Bilateral lung involvement with ground-glass opacity was considered to be the most common finding from computed tomography images of the chest. COVID-14 was named as SARS-COV-2 by the International Committee on Taxonomy of Viruses. (Marra, 2003) Dentists are highly infected due to this coronavirus pandemic. Based on the evidence of a rapidly increasing incidence of infections and the possibility of transmission by asymptomatic carriers, the novel Coronavirus has high symptom/potential for a pandemic. (Bai, 2020) The incubation period of this virus was assessed to around 2 to 10 days. COVID-19 or SARS -COV -2 deadly disease transmission occurs during the case of a dental procedure. Dentists are more prone to this virus as they deal with the oral cavity. Coming in contact with the saliva of the infected person/asymptomatic carrier has led to significant difficulties for the daily routine of a dentist. (Lauer, 2020) By the inhalation of aerosol, saliva droplets from the infected individual or direct contact with mucous membrane, other oral fluids are specific ways for transmission of coronavirus during dental procedures (Li, 2020).

Effect of Corona Virus on Non-dental aspects

Some cancer treatments may increase the risk of severe illness from COVID-19 (Brundha et al., 2019). Breast cancer. Effects of the COVID-19 pandemic on the diagnosis and treatment of breast of 12 months of treatment (Balaji et al., 2016) During the COVID-19 epidemic, stress levels have increased dramatically, and Nocturia (frequent nighttime urination) is a common underlying condition. (Kumar and Brundha, 2016) The coronavirus SARS-CoV-2 causes COVID-19 (Coronavirus Disease-2019). Diabetes is a risk factor for hospitalisation and mortality of the COVID-19 infection. Diabetes patients have impaired immune-response to infection. The effect of obesity on lung function is also seen in the case of diabetes. (Preethikaa and Brundha, 2018) (Sowbaraniya and Preejitha, 2020). People of all ages can be infected by the new coronavirus (2019-nCoV) within them. Older people and people who are already suffering from medical conditions (like that
of asthma, diabetes, heart disease) appear to be more vulnerable and prone in becoming severely ill with the virus and transmitting the disease more around the society. WHO advises people of all age groups to take specific steps to protect themselves from this pandemic virus, for example by following good hand hygiene, good respiratory hygiene, consumption of Vitamin C products and maintaining social distancing. (Shreya and Brundha, 2017). Dental anomalies are common congenital malformation that can happen either as isolated findings or as a part of a syndrome. These anomalies have clinical significance concerning the aesthetics of a patient, malocclusion, and more crucial for the development of dental decays and oral diseases. (Harsha and Brundha, 2017) PCOS does arise out of poor lifestyle habits, but it has adverse effects adding that urban Indian women may be at a higher risk due to this. This effect has increased due to the lockdown. (Shenoy and Brundha, 2016).

Stay safe from this virus, and there should be changes in the lifestyle. Maintenance of at least 1 meter (3 feet) distance between yourself and others. When an infected person in particular coughs, sneezes, or speaks they unknowingly spray small liquid droplets from their nose or mouth which may contain viruses. If you are too close to that infected person, there is a great chance of those droplets entering a healthy individual and making him a victim. (Malay et al., 2018) Albuterol Inhaler Shortage Due to COVID-19 has impacted a lot on the patients who have asthma. (Kalaiselvi and Brundha, 2016).

Effect of virus in the life of dentist

Certain different authors have explained the fact that the risk of infection (which can be cross-infection) is very high between dental practitioners/dentists as well as the patients. (Singhal, 2020) The protocol has been fixed by WHO that all dental hospitals must be under strict infection control programs to eradicate the transmission of the novel Coronavirus. Usage of certain chlorhexidine mouthwash is more effective to prevent this virus. Before the treatment procedure, the mouthwash can be used by patients to ensure a shield of safety between the dentist and patient. Endodontists are more prone to risk because their chance of coming with the aerosol is at a high rate. The instrument used in case of different dental procedures must be sterilised completely by an autoclave machine (Dziedzic and Wojtyczka, 2020) The handpiece must be switched on for removal of contaminated microbes at least 15 minutes before the treatment. Hand hygiene precautions are of immense importance to dental practitioners in the prevention of COVID-19. (Health Organization, 2020) The hand hygiene practice can be done by wearing gloves to prevent contact of the infected fluid and saliva. In addition to this removal of protective clothing and decontamination of the environment should also be given immense importance. (Sandle, 2020; Ravichandran and Brundha, 2016) After the usage of dental instruments, it should be sterilised each day with the help of an autoclave machine. Small burs, files used in different dental procedures should be given immense care and precaution before the use of those instruments onto the next patient. Not only for corona the instruments should be autoclaved properly as it may affect the dental stem cells if contaminated. (Timothy et al., 2019) This will help prevent cross-contamination. Dental practitioners should follow proper hand hygiene techniques and should analyse the use of a gel that helps in preventing the transmission of the virus. There should be a minimum of 20 seconds of hand wash required by the dentist to follow during treatment. This time duration of handwashing was being instructed by the WHO (Ferdioz and Brundha, 2016). There is also a great chance of contamination by transfer of infection through the faecal-oral route, which leads to cross-infection of the dentist. So the impact on the life of a dentist may be powerful both medically and economically in the dentist sector. Dental practitioners should have a comprehensive knowledge of the coronavirus and its transmission route and should be their responsibility to take proper precautionary measures during dental treatment. These approaches will be helpful not only to the dentist but also to the patient. The current survey has been conducted to assess the fear and anxiety of getting infected among different sectors & anxiety of dentists while being functional during the outbreak of the corona pandemic. They are assessed, and certain guidelines have to be followed to eradicate viruses in emergency period/treatment or closed down practices for an uncertain period. While the country experiences the coronavirus, the dental practice has almost been shut down. Dentists can be allowed to function at the time of need with the usage of PPE. (Meng et al., 2020) Dentists felt to reduce the fear of spreading COVID – 19 among their patients but were understandably concerned about financial consequences. Most of the dental clinics, both government and private sector, are being affected as it is closed. The CDC has recommended all dental practices and appointments to be postponed until a further update. This includes procedures that are done on the daily routine life of a dentist like scaling of the teeth, wisdom tooth Eruption, RCT, etc. Dentists have decided a specific day each week.
to be functional to withstand the economic loss. Any patient undergoing a dental treatment must undergo the COVID-19 test. The protocol for dental clinics includes four stages during this pandemic. Urgent dental treatments during this corona which include tooth pain, pulpitis, RCT, periapical lesions or abscess, etc. can be done by performing precautionary measures and maintaining social distancing. Routine dental consideration both at home and expertly significant for ideal oral wellbeing. Patients with febrile and respiratory ailments are not taken for dental treatment. Extraoral imaging, for example, an all-encompassing radiograph or CBCT ought to be utilised to maintain a strategic distance from gas or hack reflex that may happen with intraoral issues. Internet facilities have been opted to check on patients with the help of online consultation to prevent the dentist from leaving the house.

For the diagnosis of Coronavirus buccal smear is used for investigation as well as lung biopsy is being done. (Hannah, 2019; Brundha, 2015).

Dental specialists are viewed as the mainline of conclusion as they work with vicinity to the patients. The dental experts must attempt to diminish the usage of the airborne Containing strategies. Pressurised canned products are considered to have organisms, microbes which skim in the earth and inward breath of this prompts the coronavirus if the infection is available noticeable all around (Ge, 2020).

Social distancing and Sanitisation
Social distancing and use of hand sanitisers, especially alcohol-based, must be done to eradicate the virus. Usage of rubber dam isolation technique should be practised to reduce the risk of transmission. All the other additional equipment like the dental chair, dental stool, pilot light, hand rest, and armrest of the dental chair, spittoon, and other dental instruments must be autoclaved or sanitised after every patient’s visit. (Spicciarelli, 2020).

RESULTS AND DISCUSSION
The data obtained was collected and analysed. The results of the survey depict the majority of the population being surveyed were well aware of the COVID-19 pandemic and outbreak. From this survey which was conducted on three groups of the people, it is seen that the majority of them are well aware of social distancing as well as the usage of alcohol-based sanitisers. Most of them suggested those dentists are affected most as they are unable to run the clinic and attend the patient. This has also led to specific job issues for different dentists. Data shows that dentists are mostly affected during this lock-down period as they operate the oral cavity, which is an utmost prone to the transmission of the virus.

The majority of the people being surveyed were aware that COVID-19 (Coronavirus) is a zoonotic infection, and it is almost some of SARS. Therefore, it can be concluded from this survey that the life of a dentist has been challenging and affected as they face problems in practising dental procedures in patients due to coronavirus. The graphs were plotted according to the data collected.

In response to the question regarding qualification Figure 1, shows 48% being dental students and 52% being practising dentists. Figure 2 illustrates the source of coronavirus. According to the people being surveyed, 50% of them chose social media as a source of information about the coronavirus. Almost 30% became aware of the disease from their friends. Nearly 20% of the surveyed people came to know about the pandemic virus (Coronavirus) from other different sources. Figure 3 demonstrates the important procedures done by a dentist in the clinical practice, which are affected due to the COVID-19 pandemic. Almost 22% of the people said the severity of the delay of RCT procedures. Tooth extraction and wisdom tooth pain were viewed as affected by 12.5% by the surveyed people. Almost half of the people surveyed marked all the mentioned procedures as affected during COVID-19 in dentistry. Also, 3.5% of the people remaining were unaware of the dental procedures being affected. Figure 4 illustrates the usage of alcohol-based sanitisers in society due to coronavirus. About 86% gave their agreement towards the effectiveness of sanitisers whereas 9% of people gave a disagreement towards its usage. Another 5.3% of the people being surveyed were unaware of its efficacy.

Figure 5 illustrates the views of the surveyed people on whether social distancing is an effective way to eradicate coronavirus from society or not. The majority of 75% gave their agreements towards it, but another 7% gave their disagreements. Another 17.8% opted for the opinion they don’t know as their option. Figure 6 states the results of the questionnaire which discuss the sensibility of the society towards social distancing. The majority of people who were around 93% practised social distancing to combat the pandemic virus.

On the other hand, 7% of the total people being surveyed denied practising social distancing. Figure 7 states the statistical percentile of survey people regarding the necessity for the patient to undergo COVID - 19 testings to restore dental procedures. The majority of 75% gave their agreements towards...
COVID-19 screenings, whereas 14.2% gave disagreement to it. Another 10.7% were unaware of the appropriate discussion. Figure 8 illustrates the percentile review of the people's views about the ways of transmission of coronavirus in society. Almost 12.5% says it is through droplet transmission followed by 14.2% surveyed people who say it is through sneezing. Another 5.3% and 8.9% surveyed people opted to cough and to spit, such as a mode of transmission of this virus. Majority of 51.4% says all the factors are responsible whereas only 1.7% none as their opinion. Figure 9 illustrates the various ways in which the life of a dentist is affected.

About 10% of the people commented that dentists are unable to run the clinic, and the other 10% of the surveyed people said they were unable to attend to the patient. A Majority of 71% said dentists were unable to attend both patient and clinic, but unfortunately, 7% of the people were also unaware of the works that dentists follow. Figure 10 is an important representation in a dentist's life as it shows the views of the people on the experience of a dentist. During the lockdown, 90% of the dentist's life is affected during the pandemic in people's views. Still, approximately 10% of the total people surveyed opted for 'No' as their opinion for the dentist's life. Figure 11 illustrates the intensity of COVID-19 in the dentist's life. It shows that according to surveyed people, 55% moderately affected, whereas only about 13% says mildly affected, on the contrary, 32% said it was severely affected. Figure 12 illustrates people's understanding of the impact of COVID-19 on the dentist. About 50% of the surveyed people opted for the option that a dentist can overcome problems. Still, on the contrary, about 32% of the people said COVID-19 has a significant disadvantage on the dentist. Another 10% of the people opted that there exist no evident problems with the dentist, and 7% of them gave certain other reasons. Figure 13 illustrates the changes in the daily routine of the people being surveyed. Almost 88% of the people enquired made changes in their work due to pandemic COVID-19; whereas only about 12% of the people stated that they did not make any certain changes in their routine work.

Figure 14 illustrates the various routine works in which people brought specific changes following COVID-19 infection. Overall most of the people brought a difference in all of the works as mentioned in the questionnaire. About 5% of the people did handwashing regularly; 5% of the surveyed people also took social distancing as an important aspect. 16% of people stayed home according to the advice given and nearby 74% people being surveyed opted all of the above as the way to react in this pandemic situation. Figure 15 states the ways through which coronavirus spread to the dentist in society. About 12.5% of the infection spreads through coming in contact with or mucous membranes. Almost 7% is through the possibility of aerosol scattering, and 8.9% of people say it is through inhalation of droplets. The majority of 54% says it spread through all mentioned ways, and unfortunately, 3.5% opted none of the ways. Figure 16 illustrates the statistical result of the questionnaire, and it depicts how people say dentists can present themselves. The majority of 62.5% opted for all of the mentioned ways as appropriate measures for protection, whereas 10.7% opted for the usage of PPE as worldwide protective equipment. Almost 14% chose the usage of masks as important equipment. Only 3.57% were unaware of the protective way. Figure 17 illustrates the statistical result of the questionnaire, and it depicts the mental state of the dentist due to the pandemic. Around 28% opted for psychological stress, whereas 16% of the participants considered the reason for mental stress was due to lack of transport to shift the instruments. 48% of the total people being surveyed their option around 8% of the population being surveyed were unaware of the reason for mental stress. Figure 18. Bar graph showing the correlation between qualification and testing of COVID 19 for which the P-value is found to be 0.274 (p>0.05) indicating data is statistically insignificant. Figure 19. Bar graph showing the correlation between qualification and usage of alcohol-based sanitisers for which the P-value is found to be 0.183 (p>0.05) indicating data is statistically insignificant. Figure 20. Bar graph showing the correlation between qualification and usage of PPE as worldwide protective equipment. Figure 21. Bar graph showing the correlation between qualification and testing of COVID 19 for which the P-value is found to be 0.071 (p>0.05) indicating data is statistically insignificant. Figure 22. Bar graph showing the correlation between qualification and mental state of dentists for which the P-value is found to be 0.071 (p>0.05) indicating data is statistically insignificant. Figure 2 shows Where 44% of the participants were aware of the disease through social media, 34% were aware of the disease from their friends and rest of the 22% were aware of the disease from other sources.

Figure 3 shows where 56% of the participants felt that all the procedures like RCT, wisdom toothache, extraction procedures were equally important, whereas 24% said that RCT procedures were affected, 12% said that wisdom toothache as an
emergency dental procedures and 4% opted that dental extraction was an emergency procedure and 4% were not able to differentiate the dental procedures.

Figure 1: Bar graph represents qualification among the participants, where 48% being dental students and 52% being registered, dental practitioners.

Figure 2: Pie chart represents a source of coronavirus among the participants in the society.

Figure 3: Pie chart represents affected dental procedures due to pandemic among the participants in the society.

Figure 4: Pie chart depicts the sage of sanitisers among the participants in the society, 48% towards the usage of sanitisers after every twenty minutes, 36% used it twice, 10% used it once a day, and 6% never used the sanitisers.

Figure 5: Pie chart shows the effect of social distancing among the participants, 72% opted for the effectiveness of social distancing, 8% denied the same and 20% were unaware of the opinion.

Figure 6: Pie chart depicts Awareness of Social distancing among the participants, 84% practice social distancing and 10% denied the same and 10% were unaware of the opinion.

Figure 15 shows where 12% transmission was by contact with mucous membranes, 2% by aerosol...
Figure 7: The pie chart depicts the Awareness of testing of coronavirus among the participants, 72% as their agreement towards COVID-19 test, 16% gave disagreement to it, and 12% were unaware of the appropriate opinion.

Figure 8: The pie chart depicts the mode of transmission of coronavirus, 8% by droplet transmission, 16% through sneezing, 6% by coughing, 10% opted for spitting, 58% opted for all factors and 2% opted for none of the above.

Figure 9: The pie chart depicts the different ways how daily dentist routine are affected, 12% were unable to run the clinic, 12% were unable to attend to the patient, 68% opted for both, and 8% were unaware of the opinion.

Figure 10: The pie chart depicts the impact of COVID-19 on the life of a dentist, 88% of the dentist’s were affected, and 12% were not affected.

Figure 11: The pie chart depicts the impact of corona on the life of dentist’s, where 54% were moderately affected, 14% mildly affected, and 32% were severely affected.

Figure 12: The pie chart depicts the intensity of effect during COVID-19, 54% opted for the option can be overcome, 32% opted for huge disadvantage on the dentist, and 6% opted for no evident problem, and 8% of them gave specific other reasons.
Figure 13: The pie chart depicts the changes in the daily routine of the participants, where 88% have made changes in their work, and 14% have not made any changes.

Figure 14: The pie chart depicts the different changes opted in the daily routine among the participants, 8% opted for washing hands regularly, 6% opted for social distancing, 18% chose to stay home, and 70% opted for all of the above as their option.

Figure 15: The pie chart depicts the transmission of coronavirus among the dentist.

Figure 16: The pie chart depicts the Protective measures undertaken among the participants, 62% opted for all of the mentioned ways as appropriate measures, 8% opted for the usage of PPE, 10% opted for the usage of masks, and 4% were unaware of the protective way.

Figure 17: The pie chart depicts the mental stress of dentist due to COVID 19.

Figure 17 shows where 28% as psychological stress, 16% as lack of the transport to shift the instrument, 8% were unaware of the mental state, and 48% opted for all of the mentioned reason.

Figure 18: Bar chart showing the correlation between qualification and testing of COVID-19.

Figure 18 shows The X-axis represents qualification, and Y-axis represents the count of participants. Correlation between qualification and testing of COVID-19 was done by chi-square test p-value.
0.274 (p>0.05) indicating it is statistically insignificant. Among dental students, 35% was yes; 4% was no; 8% was don’t know, among dentist, 36% was yes; 12% was no, 36% was yes.

Figure 19: Bar chart showing the correlation between qualification and usage of alcohol-based sanitisers.

Figure 19 shows The X-axis represents qualification, and Y-axis represents the count of participants. Relationship between requirement and usage of alcohol-based sanitisers was done by chi-square test p-value 0.183 (p>0.05) indicating it is statistically insignificant. Among dental students 18% was after every 20 minutes; 6% was never; 4% was once; 20% was twice, among dentist 30% was after every twenty 20 minutes; 6% was once, 16% was twice.

Figure 20: Bar chart showing the correlation between qualification and protective measures.

Figure 20 shows The X-axis represents qualification, and Y-axis represents the count of participants. Correlation between qualification and protective measures was done by chi-square test p-value 0.516 (p>0.05) indicating it is statistically insignificant. Among the dental students, 32% was all of the above; 2% was don’t know; 10% was the usage of gloves; 2% was the usage of masks; 2% was the usage of PPE, among dental students 30% was all of the above; 2% was don’t know; 6% was the usage of gloves; 8% was the usage of masks; 6% was the usage of PPE.

Figure 21: Bar chart showing the correlation between qualification and impact of corona on the life of a dentist.

Figure 21 shows The X-axis represents qualification, and Y-axis represents the count of participants. Correlation between qualification and effect of corona on the life of a dentist was done by chi-square test p-value 0.071 (p>0.05) indicating it is statistically insignificant. Among dental students 4% was mildly affected; 34% was moderately affected; 10% was severely affected, among dentist, 10% was mildly affected; 20% was moderately affected; 22% was severely affected.

Figure 22: Bar chart showing the correlation between qualification and mental state of a dentist Correlation between qualification and mental state of dentists was done by chi-square test p-value 0.072 (p>0.05) indicating data it is statistically insignificant.

Figure 22 shows Among dental students 18% was all of the above; 6% was don’t know; 4% was lack of transport to shift the instruments; 20% was psychological stress, among dentist 30% was all of the above; 2% was don’t know; 12% was lack of transport to shift the instruments; 8% was psychological stress.

CONCLUSIONS

COVID-19 is a pandemic disease that is also known as SARS - COV-2. It is a zoonotic virus that is highly transmissible. Therefore, from this survey analysis, it can be concluded that dentists are more prone to risk and are mostly affected during this lockdown daily because of coronavirus. The majority of people are well aware of the pandemic of COVID – 19. Awareness has created on the effect of coronavirus in the life of a dentist and the severity of the disease. On the other aspect, there should also be proper
Awareness of the difficulties and challenges faced by the dentist because of coronavirus.

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**Conflict of Interest**
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