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We would like to thank Dr. Osborn for his comments on our article and for highlighting how infection control lapses during assisted monitoring of blood glucose (AMBG) have served as an important mode of transmission of hepatitis B virus (HBV) infection.[1]

As discussed in our article, exposure to AMBG was assessed and the information obtained did not suggest that this was a common factor among the five cases. Neither of the two infected dental clinic volunteers reported exposure to blood glucose monitoring equipment, and neither reported any sharps injuries. The volunteer who worked in maintenance and logistics did not handle sharps but primarily worked on the dental chair units and associated equipment, some of which may have been contaminated with blood and other body fluids.

The other volunteer escorted dental clinic patients but reported no contact with medical equipment. Only one of the three infected dental clinic patients had a history of diabetes documented in medical records obtained from the clinic, and this patient later reported having had a fingerstick for blood glucose monitoring at the clinic. The other two dental clinic patients could not be interviewed about this procedure.

On the other hand, we did identify multiple opportunities for potential exposure to HBV related to provision of dental care at the clinic. Although rare, there is ample precedent for this type of transmission. Both HBV and hepatitis C virus infections have been reported during the provision of dental care, including a recent event at a dental surgery practice in Oklahoma.[2,3]

As described in our article, there were several limitations to our investigation, and a single definitive source for the HBV infections within the clinic could not be identified. However, infection control oversight for the clinic was lacking; written infection control guidelines were not available, and there was no formal policy requiring volunteers to be vaccinated against HBV.

Health care should provide no mechanism for the transmission of bloodborne pathogens, regardless of the setting or level of care provided. Therefore, the key lesson from our article is to incorporate infection control into every stage of planning, implementation and evaluation of mobile clinics. A checklist for planning—the "Infection Control Checklist for Dental Settings Using Mobile Vans or Portable Dental Equipment"—is available online

(www.osap.org/?page=PortableMobile). Those who plan mobile clinics now can use the checklist as a tool to ensure patient and volunteer safety while offering dental services to those most in need. Infection control for ancillary procedures, such as AMBG, also should be considered when planning dental clinics.[4,5]

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