Attitudes Towards HIV-Infected Patients, Knowledge Related to HIV/Universal Precautions, and Infection Control Practices of Japanese Dentists

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Abstract: The aim of this study was to explore factors influencing attitudes towards HIV-infected patients, knowledge related to human immunodeficiency virus (HIV)/universal precautions, and infection control practices (ICPs) of Japanese dentists, and to analyze the relationship between the attitude toward HIV-infected patients and knowledge related to HIV/universal precautions, and infection control practices in a population of Japanese dentists. Data on attitudes towards HIV-infected patients, knowledge related to HIV/universal precautions, and ICPs were obtained from 3,316 dentists in Aichi Prefecture, Japan, through questionnaires, which were then statistically analyzed. Overall, an age of 49 years or younger, specialist in oral surgery, and seeing 36 or more patients per day were positive significant predictors for attitudes towards HIV-infected patients, knowledge related to HIV/universal precautions, and ICPs. Those aged 49 years or younger were more likely to report desirable responses for all attitude items than older dentists. Those seeing 36 or more patients per day were more likely to report desirable ICPs in all but one item than those seeing 35 or less. In addition to being younger, specialty in oral surgery, seeing 36 or more patients per day, and having a higher knowledge index were significant positive associating factors for a higher infection control practice index. Dentists who are younger, have a specialty in oral surgery, or see more patients per day showed positive attitudes for dental care provision toward HIV-infected patients, greater knowledge related to HIV/universal precautions, and better compliance for ICPs. Knowledge related to HIV/universal precautions was positively related to ICPs.

Key words: Dentist, Infection control practice, Attitude, Knowledge, Infectious disease

Introduction

The number of newly reported human immunodeficiency virus (HIV)-infected patients and newly reported AIDS patients has been increasing every year (HIV infection: 397 in 1997 to 1,021 in 2009; AIDS: 250 in 1997 to 431 in 2009), and, at present, there are more than 10,000 HIV-infected patients in Japan3. Furthermore, the number of hepatitis C virus (HCV) carriers is estimated to comprise about 2% of the entire population in Japan, the highest incidence among developed countries. Given these circumstances, dental care for patients with infectious diseases is of marked concern in Japan. Japanese dentists now have a higher risk of exposure to pathogens via blood or saliva while providing dental care than ever before. The provision of dental health care to persons infected with HIV has been deemed an ethical responsibility2–5. The necessity for dentists to be willing to provide dental care for patients with infectious disease and to perform infection control practices (ICPs) has been increasing.

In many countries, there have been reports documenting the status of dentists’ attitudes, knowledge of HIV/AIDS patients, and ICPs6–19. Factors influencing attitudes and ICP compliance have been analyzed20–27. However, little information is available about the influence of demographic factors on dentists’ attitude toward HIV-infected patients, knowledge related to HIV/