Early Childhood Caries - a major public health problem

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Dental caries is one of the most prevalent diseases. It causes pain, sepsis and is expensive to treat. It affects all ages, occurring from the youngest age. Dental caries is of medical, social and economic importance. Yet the causes of dental caries are well-known and prevention is possible. Why, then, is it not prevented? Because it is a life-style disease with risk factors common to many other non-communicable diseases. Prevention requires changes in behaviour at the individual level but particularly changes in the environment in which families live. Dental caries can destroy teeth of the infant and young child at an alarming rate, and it is now recognised that the factors responsible are rather unique to the environment of the infant and young child. Because of its rapid onset and its diverse aetiology, it has earned the name 'Early Childhood Caries'.

In response to this public health problem, community preventive programmes have been developed and applied. For ease of organisation, many of these operate in the school environment so that they may reach all children. An example of this is the fluoridated milk programme where some 1.3 million children in Thailand drink fluoridated milk each day in school. However, it has become quite clear that much dental caries develops before a child reaches school age, and there is an urgent need to address this considerable health burden in pre-school children - Early Childhood Caries (ECC).

It is the experience of many public health workers that the prevalence and severity of ECC is particularly high in SE Asia. It was decided, therefore, to hold a meeting in Bangkok, inviting representatives from six countries (Cambodia, Indonesia, Myanmar, Lao PDR, Thailand and Vietnam) to discuss one topic - ECC. This was held on 13 to 15 May 2014, hosted and chaired by the team from Thailand. Health representatives from each country presented an overview of ECC in their country. It was clear that ECC was a very significant public health problem in all of these six countries and plans for collaboration were formulated. One of the outcomes was agreement to carry out a review of literature regarding the epidemiology, aetiology, prevention and treatment of ECC, with special emphasis on SE Asia, with Dr Chiraporn Khitdee, Bureau of Dental Health, Department of Health, Thailand, as co-ordinator.

The review of literature was complete by December 2015, and so a Second Early Childhood Caries Forum was held in Siem Reap, Cambodia, 1 and 2 February 2016, under the local organisation of Dr Chher Tepirou, Chief of Oral Health Office, Ministry of Health, Kingdom of Cambodia. Again, the meeting was attended by representatives from the same six countries. The objective of this meeting was to present the review of literature and to inform delegates of progress made in meeting the challenge of ECC in these countries. The meeting decided that the review of literature was a valuable resource and should be published, and this has

been achieved in this Supplement. The important information presented should be of interest to:

- *Those in public health whose task it is to carry out surveillance of the population's health, and plan preventive and curative services for all ages.*
- *Those in the dental services who provide care for infants and young children.*
- *Governments, since the risk factors for ECC are common to many non-communicable diseases (NCDs) and promotion of good health in infancy and childhood requires co-ordinated effort at several levels.*
- *Industry, since sugar, in one form or another, is the main cause of ECC, industry has a responsibility to work with government and public health, to minimise the harmful effects of sugar consumption.*

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