

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on screening and interventions to prevent dental caries in children under age 5. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from May 11, 2021 to June 7, 2021. The Task Force welcomes your comments.

Screening and Interventions to Prevent Dental Caries in Children Younger Than Age 5 Years

The Task Force issued a **draft recommendation statement** on *Screening and Interventions to Prevent Dental Caries in Children Younger Than Age 5 Years*.

The Task Force recommends two ways that primary care clinicians can help prevent cavities in young children:

- All infants and children should have fluoride varnish applied to their teeth.

- Children 6 months and older whose water supply doesn't contain enough fluoride should receive fluoride supplements.

The Task Force also determined that there is not enough evidence to recommend for or against primary care clinicians screening for tooth decay in young children.

The recommendation statement applies to all children younger than 5 years old.

What are dental caries?

Dental caries, more commonly known as cavities or tooth decay, are caused by a breakdown of the tooth enamel. This breakdown is the result of bacteria on teeth that break down foods and produce acid that destroys tooth enamel.

Facts About Screening and Interventions to Prevent Dental Caries in Children Younger Than Age 5 Years

Dental caries, often referred to as cavities or tooth decay, are the most common chronic disease in children in the United States. If left untreated, they can lead to pain, loss of the affected teeth, and can negatively affect a child's speech, appearance, and growth

Any child whose teeth have come in is at risk for tooth decay. Other factors that increase a child's risk for tooth decay include frequent sugar exposure, the level of fluoride in their water, previous tooth decay, and developmental defects of their tooth enamel. Certain communities are also at increased risk, including Hispanic and Black children and children in low-income households.

Facts About Screening and Interventions to Prevent Dental Caries in Children Younger Than Age 5 Years

For this recommendation, the Task Force reviewed the evidence on how primary care clinicians can prevent tooth decay in young children. Many young children do not see a dentist but do see a primary care clinician. Primary care clinicians can complement the work of dental practitioners to keep children's teeth healthy.

Fluoride is a mineral that helps prevent tooth decay. Fluoride can be administered in different ways including supplements (drops, tablets, or lozenges) or a varnish applied directly to a child's teeth. Both fluoride supplements and varnish are preventive services that primary care clinicians can easily provide in their offices.

In the studies reviewed by the Task Force, screening for tooth decay consisted of examining children's teeth. However, there is limited research on screening in a primary care setting.

Potential Benefits and Harms of Screening and Interventions to Prevent Dental Caries in Children Younger Than Age 5 Years

The evidence shows that fluoride supplements decrease the risk of tooth decay in children who have low levels of fluoride in their water and that fluoride varnish can benefit all children regardless of the level of fluoride in the water.

The harms of fluoride supplements and fluoride varnish are likely to be small. A potential harm of supplementation may be discoloration to a child's tooth enamel.

The Task Force found very little evidence on the benefits and harms of routine screenings for tooth decay in young children. However, any harms are likely to be small since screening is not invasive.

The Draft Recommendation on Screening and Interventions to Prevent Dental Caries in Children Younger Than Age 5 Years: What Does It Mean?

Here is the Task Force's draft recommendation on screening and interventions to prevent dental caries in children under age 5. It is based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. It is also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force issues a **B Grade**, it recommends screening or intervention because it has more potential benefits than potential harms. An **I Statement** means that there is not enough evidence to recommend for or against the preventive service.

Before you send comments to the Task Force, you may want to read the [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

- 1** The USPSTF recommends that primary care clinicians prescribe [oral fluoride supplementation](#) starting at age 6 months for children whose water supply is [deficient in fluoride](#). **(B Grade)**
- 2** The USPSTF recommends that primary care clinicians apply [fluoride varnish](#) to the primary teeth of all infants and children starting at the age of [primary tooth eruption](#). **(B Grade)**
- 3** The USPSTF concludes that the current [evidence is insufficient](#) to assess the balance of benefits and harms of routine screening examinations for [dental caries](#) performed by primary care clinicians in children younger than age 5 years. **(I Statement)**

Notes

- 1** [oral fluoride supplementation](#)
Drops, tablets, or lozenges that contain fluoride to help prevent tooth decay.
[deficient in fluoride](#)
Water sources that lack fluoride (<0.6 ppm).
- 2** [fluoride varnish](#)
A safe substance containing fluoride that can be applied to the teeth using a small brush.
[primary tooth eruption](#)
When baby teeth start to come in.
- 3** [evidence is insufficient](#)
There is not enough information to make a recommendation.
[dental caries](#)
Cavities or tooth decay.





What is the U.S. Preventive Services Task Force?

The Task Force is an independent, non-federal, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a [draft recommendation statement](#). All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force website](#).

USPSTF Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

Click Here to Learn More About Preventing Dental Caries in Children

-  **Take Care of Your Child's Teeth**
(MyHealthfinder)
-  **Child Dental Health**
(MedlinePlus)
-  **Children's Oral Health**
(Centers for Disease Control and Prevention)
-  **Dental Caries (Tooth Decay) in Children Age 2 to 11**
(National Institutes of Health)

[Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between May 11, 2021 and June 7, 2021.



All comments will be considered for use in writing final recommendations.