The Brussels Statement on the Future Needs for Caries Epidemiology and Surveillance in Europe

Following debate and discussion prompted by a focussed, day long pre-ORCA Symposium in July 2015, the Alliance for a Cavity-Free Future Pan-European Chapter, the Platform for Better Oral Health in Europe, and the European Association of Dental Public Health have agreed this statement on the future needs for caries epidemiology and surveillance in Europe. Each organisation agreed to support the planned publication of the Statement, and will make it available on their Organisation's websites and strive to implement its recommendations.

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-based on the position at 2015

- Caries is still a public health problem with a high burden. This is particularly among adults and deprived and vulnerable groups across the life-course and despite improvements seen in the prevalence among some children.
- There is a need to establish *Quality Assurance* for the: sampling, training and reporting of National Surveys or Programmes. Those that meet specified criteria (to be agreed) can be “approved” by the three Organisations for the results to be shared on a joint web-site.
- We will aim to copy the recently published Periodontology “Criteria for Reporting” document example for Caries (Holtfreter et al., 2015).
- We need to preserve (1) backward compatibility whilst (2) where needed, incorporating innovations - such as coding enamel caries.
- We acknowledge the increasing use across a number of European Countries of the epidemiological formats of ICDAS/ICCMS™ criteria for this purpose.
- We need to agree and use relevant reporting measures to more appropriately reflect the changing distribution of caries across populations.
- In that respect, sole reliance on using mean values is no longer appropriate, the median and values for quintiles should also be reported.
- The issues around health inequalities must be considered at the design stage (with the sampling of a range of socioeconomic groups), as well as in the reporting stages.
- In addition to clinical measures, the data collection systems should also include validated measures of socio-economic markers, behavioural factors and subjective measures of oral health and quality of life.
- Ideally age groups should include 3, 5, 12, 15, 18, 35-44, 65-74 as a core – but we recognise that this will have to be adapted locally, and that sample size - age groups - costs “trade-offs” need to be made in many circumstances.
- We note with interest the use of comprehensive caries registration data, opening up the possibility of longitudinal analyses. This may not be feasible in many countries, but presents a unique opportunity wherever achievable.
- We highlight the importance of developing the epidemiological surveys / surveillance programmes through dialogue / consultations with a wide range of stakeholders throughout the process.

Reference: Holtfreter B., Albnadar JM., Dietrich T., Dye B.A., Eaton K.A., Eke P.I., Papapanou P.N., Kocher T. (2015). Standards for reporting chronic periodontitis prevalence and severity in epidemiologic studies. Journal of Clinical Periodontology; 42: 407 – 412