



**PREVENTION OF DENTAL CARIES IN CHILDREN FROM BIRTH THROUGH AGE 5 YEARS  
CLINICAL SUMMARY OF U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATION**

<b>Population</b>	Children age 5 years and younger		
<b>Recommendation</b>	<p><b>Prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride.</b></p> <p><b>Grade: B</b></p>	<p><b>Apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.</b></p> <p><b>Grade: B</b></p>	<p><b>Routine oral screening examinations: No recommendation.</b></p> <p><b>Grade: I statement</b></p>

<b>Risk Assessment</b>	<p>All children are at potential risk for dental caries; those whose primary water supply is deficient in fluoride (defined as &lt;0.6 ppm F) are at particular risk. While there are no validated multivariate screening tools to determine which children are at higher risk for dental caries, there are a number of individual factors that elevate risk, such as low socioeconomic status, being an ethnic minority, frequent sugar exposure or snacking, inappropriate bottle feeding, developmental defects of the tooth enamel, dry mouth, history of previous caries (in the child, a sibling, or mother), lack of access to dental care, and inadequate preventive measures (such as failure to use fluoride toothpaste).</p>		
<b>Preventive Medications</b>	<p>Oral fluoride supplementation prevents dental caries in children with inadequate water fluoridation. All children with erupted primary teeth can benefit from the periodic application of fluoride varnish, regardless of the levels of fluoride in their water.</p>		
<b>Balance of Benefits and Harms</b>	<p>There is a moderate net benefit of providing oral fluoride supplementation at recommended doses in children older than age 6 months who reside in communities with inadequate water fluoride.</p>	<p>There is a moderate net benefit of providing fluoride varnish application to all children starting at the age of eruption of primary teeth to age 5 years.</p>	<p>The evidence on performing routine oral screening examinations for dental caries in children from birth to age 5 years is insufficient, and the balance of benefits and harms cannot be determined.</p>

For a summary of the evidence systematically reviewed in making this recommendation, the full recommendation statement, and supporting documents, please go to <http://www.uspreventiveservicestaskforce.org/>.