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May 28, 2026

SUBMITTED VIA EMAIL TO: CARB@HHS.GOV

Re: Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria, 27th Public Meeting, Comments on the 2026-2031 National Action Plan on Combating Antibiotic-Resistant Bacteria

Dear Members of the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria and Federal Inter-Agency Combating Antibiotic-Resistant Bacteria Task Force:

As the nation's leading advocate for oral health, the American Dental Association (ADA) is committed to advancing the oral and overall health of the public. The ADA appreciates the opportunity to provide written comments as the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (PACCARB) and the Federal Inter-Agency Task Force develop the 2026-2031 National Action Plan on Combating Antibiotic-Resistant Bacteria. The Federal Register notice states that the June 16, 2026, meeting will inform the next five-year iteration of the National Action Plan.[1]

The ADA strongly recommends that the next National Action Plan build on its existing outpatient stewardship objectives by expressly recognizing dentistry as a distinct and important component of outpatient antibiotic stewardship. Dental prescribing represents a meaningful share of antibiotic use in the United States, with the Centers for Disease Control and Prevention (CDC) reporting that general dentists prescribe more than 10% of outpatient antibiotics.[2] A recent analysis published in *The Journal of the American Dental Association* similarly found that general dentists prescribed between 9.8% and 12.1% of all outpatient antibiotics from 2018 through 2022.[3] These data underscore the importance of engaging dentistry as a constructive partner in national stewardship efforts and ensuring that federal strategies support practical implementation of evidence-based guidance in dental practice.

Dentistry is therefore an important partner in outpatient antibiotic stewardship. At the same time, stewardship strategies must be practical for the dental delivery system. Most dental care is delivered in community-based practices, including small and solo practices, rather than large hospital systems with dedicated antimicrobial stewardship infrastructure. Federal strategies should account for that operational reality by prioritizing education, clinical decision support, patient-facing resources and quality improvement tools that are feasible in dental practice.

The ADA has already taken a leadership role in this area. The ADA's 2019 evidence-based clinical practice guideline on antibiotic use for the urgent management of pulpal- and periapical-related dental pain and intraoral swelling, endorsed by the American College of Emergency Physicians, addresses antibiotic use in immunocompetent adults. The guideline recommends against antibiotics for most dental pain and intraoral swelling associated with pulpal and periapical infections and instead emphasizes definitive, conservative dental treatment and, when needed, in combination with over-the-counter pain relievers such as acetaminophen and ibuprofen.[4] The guideline recognizes that antibiotics may be appropriate when there is systemic involvement, such as fever or malaise, or other evidence-based clinical indications.[5]

The National Action Plan should also recognize the distinction between inappropriate antibiotic use and appropriate prescribing for patients who meet evidence-based criteria. For example, current guidance supports antibiotic prophylaxis for a relatively small subset of patients at the highest risk of adverse outcomes from infective endocarditis, while generally recommending against prophylactic antibiotics for patients with prosthetic joint implants prior to dental procedures.[6] Stewardship policies should preserve clinical judgment and avoid blunt measures that could discourage appropriate prescribing for high-risk patients.

The ADA recommends that the 2026-2031 National Action Plan:

1. Identify dentistry as a priority outpatient stewardship partner. Given dentistry's share of outpatient prescribing, the plan should include dental-specific strategies, resources and partnerships.

2. Promote implementation of evidence-based dental prescribing guidance. Federal agencies should incorporate and amplify the ADA's antibiotic guideline for dental pain and intraoral swelling, as well as CDC's dental stewardship resources, including its prescribing checklist and "Be Antibiotics Aware" materials for dental pain and swelling.[7]

3. Support definitive dental treatment as an antibiotic stewardship strategy. Antibiotics may be prescribed when patients cannot access timely dental care. Strengthening communication between and referral pathways from emergency departments, urgent care settings, community health centers and other points of entry where definitive dental treatment is provided can reduce unnecessary antibiotic use.

4. Advance practical stewardship tools for small and community-based dental practices. The plan should support dental-specific continuing education, patient communication resources, chairside tools and model quality improvement approaches that can be implemented without excessive administrative burden in community-based settings.

5. Encourage voluntary, data-informed quality improvement. Federal agencies should work with dentistry to improve understanding of dental prescribing patterns while avoiding punitive or one-size-fits-all policies. Data should be used to support education, appropriate prescribing and patient safety.

6. Support interprofessional collaboration. Dentists, physicians, pharmacists, public health agencies and health systems all play a role in ensuring that patients receive the right care at the right time. The National Action Plan should encourage collaboration and regular communication that supports appropriate dental prescribing while improving access to definitive dental care.

Evidence suggests that dental stewardship interventions can work when they are designed for dental practice. In one study of private practice dentists, antibiotic stewardship education combined with audit and feedback helped dentists optimize prescribing behavior, including reducing antibiotic duration and decreasing clindamycin use.[8] These findings reinforce that practical, profession-specific stewardship interventions can improve antibiotic use without undermining patient care.

The ADA stands ready to serve as a resource to PACCARB, the Department of Health and Human Services (HHS), CDC and other federal partners as they strengthen the nation's response to antibiotic resistance. Including dentistry in the 2026-2031 National Action Plan would help advance responsible prescribing, protect patients, preserve antibiotic effectiveness and support the broader federal effort to combat antibiotic-resistant bacteria. Please contact Krishna Aravamudhan, Senior Vice President of the Practice Institute, at aravamudhank@ada.org to facilitate further discussion.

Sincerely,

/s/

Richard J. Rosato, D.M.D.
President

/s/

Nader A. Nadershahi, D.D.S., M.B.A., Ed.D.
Executive Director

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[1] Department of Health and Human Services, "Meeting of the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria," *Federal Register*, May 19, 2026, https://www.federalregister.gov/documents/2026/05/19/2026-09987/meeting-of-the-presidential-advisory-council-on-combating-antibiotic-resistant-bacteria.

[2] Centers for Disease Control and Prevention, *Antibiotic Use and Stewardship in the United States, 2025 Update: Progress and Opportunities*, 2025, https://www.cdc.gov/antibiotic-use/hcp/data-research/stewardship-report.html.

[3] Chynna V.T. Huynh et al., "Outpatient Antibiotic Prescribing by General Dentists in the United States, 2018-2022," *The Journal of the American Dental Association*, 2025, https://jada.ada.org/article/S0002-8177(24)00697-4/abstract.

[4] American Dental Association, "Antibiotics for Dental Pain and Swelling Guideline," 2019, https://www.ada.org/resources/research/science/evidence-based-dental-research/antibiotics-for-dental-pain-and-swelling.

[5] American Dental Association, "Antibiotic Stewardship," https://www.ada.org/resources/ada-library/oral-health-topics/antibiotic-stewardship.

[6] American Dental Association, "Antibiotic Prophylaxis Prior to Dental Procedures," https://www.ada.org/resources/ada-library/oral-health-topics/antibiotic-prophylaxis.

[7] Centers for Disease Control and Prevention, "Checklist for Antibiotic Prescribing in Dentistry," https://www.cdc.gov/antibiotic-use/media/pdfs/dental-fact-sheet-508.pdf.

[8] Debra A. Goff et al., "Private Practice Dentists Improve Antibiotic Use After Dental Antibiotic Stewardship Education From Infectious Diseases Experts," *Open Forum Infectious Diseases*, 2022, https://academic.oup.com/ofid/article/9/2/ofab653/6501809.