



Dental services at the 25th World Scout Jamboree, 2023 Saemangeum

Hayoung Kim, Jaegon Kim, Daewoo Lee, Yeonmi Yang

Department of Pediatric Dentistry and Institute of Oral Bioscience, School of Dentistry, Jeonbuk National University



INTRODUCTION

The World Scout Jamboree (WSJ) is the world's largest youth international event organized by the World Scout Movement every four years to share cultural exchange and friendship through a wide range of programs and outdoor camping. The 25th Jamboree was held in Saemangeum, Buan, South Korea, with a total of 44,386 participants, including 14-17 year old Scouts and adult leaders, from 171 countries in hot and humid weather conditions.

In this large scale outdoor event, medical care is crucial for participants to safely and comfortably enjoy camping and outdoor activities. However, most studies have focused on systemic diseases such as heat stroke and skin diseases, with limited information on dental care and there are no previous studies that have exclusively examined dental care at Jamborees.

This lack of research makes it difficult for future camp directors to plan and predict the health care needs for a particular camp size, despite the fact that prevention is a major task of health services when planning camps. This is due to the fact that dental records have not been recorded in any standardized form, making analysis impossible.

Therefore, this study analyzes the dental care at the 23rd World Scout Jamboree using pre-designed standardized dental chart to provide reference for the operation of dental emergency clinics at future Jamborees and other large-scale events for youth.

MATERIAL & METHOD

The dental charts of all patients treated in the Jamboree emergency dental clinic during the 25th Jamboree were examined. The dental chart for the Jamboree dental clinic was pre-designed based on the Emergency chart from Jeonbuk National University, which was modified after discussions with the Jamboree Dental team to finalize the format. The chart was divided into two forms: the patient questionnaire to be completed by the patient and a dental record to be completed by the dentist.

In the patient questionnaire, gender, age, language used for consultation, and nationality were collected. In the dental record, date of visit, chief complaint, diagnosis and treatment were collected. Patients were categorized according to age, with 14-17-year-olds as youth scouts and 18-year-olds and older as adult leaders. The visit days were divided into the first half (7/30-8/3) and the second half (8/4-8/8). Continents were divided into Africa, Arab, Asia-Pacific, Europe, Interamerica as in Scout Regions. Chi-square tests were used to analyze differences between youth scouts and adult leaders by gender, visit duration (first half vs. second half), and continent.

CONCLUSION

In this study, we analyzed the demographics and chief complaints of 80 dental visits by 71 patients. We found a higher incidence of dental conditions associated with a hot and humid environment, such as oral ulcers and lesion of lips. Moreover, our findings suggest the need to be prepared for characteristic dental discomfort in adolescents, including orthodontic issues, and dental problems in adults accompanying adolescent participants. Also, the result differed from typical dental emergencies or international events. Therefore, despite adequate preparation, unexpected dental visits may occur and should be considered. For this reason, it is recommended that operations be based in community-based general hospitals to allow for immediate and efficient response in international camps.

RESULTS

Visit Frequencies

80 dental visits for 71 patients

Adult Leader (38, 0.002%)
Youth Scout (33, 0.001%)

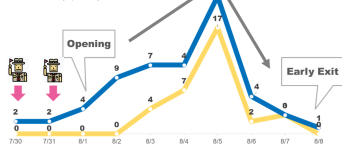


Fig.1 Changes in initial visit frequencies Jamboree emergency Dental Clinic operation.

Regional Distribution

Fig.2.1. Patient's Continent

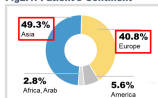


Fig.2.2. Consultation Language

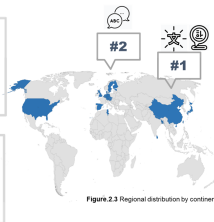
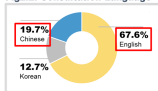


Figure 2.3 Regional distribution by continent

Adult Leader vs. Youth Scout

Table.1 Comparison of adult leader and youth scout by visiting period, sex and continent

Variable	Total (n=83)	Adult Leader (n=38)	Youth Scout (n=45)	p-value		
	N	%	N	%		
Period					0.0006	
First half 7/30-8/3	28	47.2	21	63.6	4	20.0
Second half (8/4-8/8)	28	62.8	12	26.4	16	60.0
Sex					0.0707	
Male	27	50.9	20	60.6	7	35.0
Female	26	49.1	13	26.4	13	65.0
Continent					0.1941	
Africa	2	3.8	2	6.1	0	0.0
Asia	19	36.8	16	45.6	4	20.0
EU	27	50.9	13	26.4	14	70.0
North America	4	7.5	3	6.1	1	5.0
South America	1	1.9	0	0.0	1	5.0

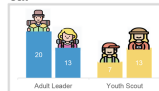
Excluded 11 cases where sex, age missing, continent is missing

Chicago for test

Period



Sex



Chief Complaints

Fig.4. Chief complaints of patients visiting dental emergency clinic

