



HEALTH ADVISORY

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Rash Illness in West Virginia Wrestlers

TO: West Virginia Healthcare Providers, School Officials, and Healthcare Facilities

FROM: Marian L. Swinker, MD, MPH, Commissioner for Public Health and State Health Officer, WVDHHR, Bureau for Public Health

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LOCAL HEALTH DEPARTMENTS: PLEASE DISTRIBUTE TO COMMUNITY HEALTH PROVIDERS, HOSPITAL-BASED PHYSICIANS, INFECTION CONTROL PREVENTIONISTS, LABORATORY DIRECTORS, SCHOOLS (PRINCIPALS, SCHOOL NURSES, COACHES AND ATHLETIC DIRECTORS) AND OTHER APPLICABLE PARTNERS

OTHER RECIPIENTS: PLEASE DISTRIBUTE TO ASSOCIATION MEMBERS, STAFF, ETC.

Leading up to the state wrestling tournament Local Health Departments (LHDs) have received reports of rash illness outbreaks among high school wrestlers. Differential diagnosis of rash illness outbreaks in sport teams includes viral, bacterial and fungal infections. It is crucial to immediately rule out herpes gladiatorum because control measures require exclusion from practice or competition until at least 120 hours of systemic antiviral treatment and all lesions are covered by a firm adherent crust. Additionally herpes is a lifelong infection that may significantly impact the career of the young athlete. As the herpes virus may spread prior to vesicle formation, anyone in contact with the infected individual during the three days prior to rash onset must be excluded from practice or training for eight days and be examined daily for suspicious skin lesions.

The following table compares diagnosis and return to play guidelines for bacterial and viral skin infection among athletes participating in contact sports. Any healthcare provider or school official responsible for the health of young athletes should be familiar with more detailed guidelines available at <http://www.dhhr.wv.gov/oeps/disease/AtoZ/Pages/HerpesGladiatorum.aspx>

Disease	Diagnostic procedures	Return to play guidelines
Herpes Gladiatorum	Viral culture of lesion scraping OR Tzanck smear	No systemic symptoms of viral infection No new lesions for at least 72 h All lesions must be covered with a firm, adherent crust Minimum 120 h systemic antiviral therapy Active lesions cannot be covered to allow participation
Bacterial infection, e.g., Impetigo, folliculitis, MRSA, etc.	Bacterial culture and sensitivity	No new lesions for at least 48 h Minimum 72 h antibiotic therapy No moist, exudative, or draining lesions Active lesions cannot be covered to allow participation

For more information contact your LHD or Division of Infectious Disease Epidemiology at (800) 423-1271, Ext. 1.

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments and professional associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.

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