

Guidelines for Skin Infection Outbreaks in Contact Sports

Definitions

Case definition: *Probable case:* A case of skin infection in a contact sports team diagnosed by a healthcare provider

Confirmed case: A probable case that is laboratory confirmed

Outbreak Definition: Two or more cases of the same skin infection in a contact sports team within an 8 day period

Prior to Having an Outbreak:

- 1) **School administrators** should assist in preventing skin infections in sports teams by providing:
 - Warm water, soap, and paper towels in locker rooms and bathrooms
 - Environmental Protection Agency (EPA) registered disinfectants
 - Training and education for staff, coaches and athletes
- 2) **All athletes should:**
 - Maintain a good personal hygiene and shower immediately with an antimicrobial soap and water after every competition and practice.
 - Wash all soiled clothing after each practice and disinfect personal gear (knee pads, braces, etc.) daily as per manufacturer's recommendations
 - Not share towels, athletic gear or personal hygiene products (razors, clippers) or water bottles with others
 - Refrain from full body cosmetic shaving (Chest, Arms, and/or Abdomen)
 - Avoid using whirlpools and common tubs if they have open wounds, scrapes, or scratches
 - Notify an athletic trainer, coach, parent or guardian if they have any skin lesions, cuts or abrasions prior to any competition or practice
 - Cover acute, uninfected wounds, such as abrasions or lacerations with a semioclusive or occlusive dressing until healing is complete
- 3) **Athletic trainers** are the first line of defense against spread of these infections in their teams. Athletic trainers should:
 - Be vigilant with their athletes about following infection control policies to minimize the transmission of infectious agents
 - Be able to identify the signs and symptoms of common skin diseases in athletes
 - Be familiar with proper cleansing, treatment, and dressing of minor cuts and abrasions
 - Be able to refer suspected cases of skin infections to a healthcare provider for evaluation before participating in training or competition
- 4) **Hand Hygiene:** is the single most important practice in reducing the transmission of infectious agents. Hands should be decontaminated before and after touching exposed skin of an athlete. Wash hands when visibly dirty. If hands are not visibly dirty you may use alcohol based hand rub
- 5) **Environmental measures:** A clean environment must be maintained in the athletic training facility, locker rooms, and all athletic venues
 - Cleaning and disinfection of frequently touched surfaces (wrestling mats, locker rooms, benches, etc.) must be maintained
 - A detailed documented cleaning schedule should be implemented for all areas and reviewed regularly
 - Type of routinely used disinfectants should be EPA registered and manufacturer's recommendations for amount, contact time, and dilution should be followed <http://www.epa.gov/oppad001/chemreqindex.htm>

When you have a suspected Outbreak:

- 1) Report the suspected outbreak immediately to your local health department.
- 2) Begin a line listing of persons with skin conditions. Update the line list daily or as needed for the duration of the outbreak.
- 3) Use the line listing to track the progress of the outbreak and to adjust your control measures

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- 4) Implement appropriate control measures including:
 - All team members should be evaluated by athletic training staff to identify additional cases and refer to a health-care professional
 - Symptomatic players should be evaluated by a single health-care professional who should be informed about the outbreak
 - Coaches, officials, and health-care professionals must follow the National Collegiate Athletic Association (NFHS) or state/local exclusion and return to play guidelines (See table below)
 - Environmental cleaning should be reviewed, monitored and increased in frequency
 - Special attention should be paid to high touch areas such as wrestling mats, locker rooms, benches, etc.
- 5) Provide supplementary education to athletes, coaches, and custodial staff on hand hygiene, personal hygiene, and equipment sharing

Most Common Communicable Skin Diseases among Athletes in Contact Sports Teams by Causative Agents

Disease/Causative Agent	Diagnostic Procedures*	Return to Play Guidelines	Guidelines for Exposed Athletes
Herpes Gladiatorum (Herpes Simplex Virus Type 1) (HSV-1).	Viral culture of lesion scraping or PCR	<p><u>For primary infection (Initial rash outbreak)</u></p> <ul style="list-style-type: none"> • 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 • No swollen lymph nodes near the affected areas • Active lesions cannot be covered to allow participation <p><u>For secondary infection (Recurrent rash outbreaks)</u></p> <ul style="list-style-type: none"> • If antiviral therapy is initiated, athlete may return if there are no new vesicles and no swollen lymph nodes • If antiviral are not used, athlete may return after all lesions are healed with adherent crust, no new vesicles formation, and no swollen lymph nodes. 	Anyone in contact with the infected individual during the three days prior to rash onset <u>must be isolated from any contact activity for eight days</u> and be examined daily for suspicious skin lesions
Bacterial infection, e.g., Impetigo, folliculitis, MRSA, etc.	Bacterial culture and sensitivity	<ul style="list-style-type: none"> • 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 	All team members should be carefully screened daily for similar infections
Fungal infections (Ringworm, Tinea Corporis)	Culture of lesion scrapings	<ul style="list-style-type: none"> • Minimum of 72 h oral or topical antifungal medications • Clearance by a physician • May be covered with a bio occlusive dressing 	All team members should be carefully screened daily for similar infections

* While clinical diagnosis is often adequate for treatment of individual patient, laboratory diagnosis is crucial in outbreak management. For more information please see http://www.dhhr.wv.gov/oeps/disease/AtoZ/Documents/NATA_position-statement-skin-disease_2010.pdf and http://www.nfhs.org/media/1014740/sports_related_skin_infections_position_statement_and_guidelines-april-2013.pdf

NOTE: These guidelines are not a substitute for literature review, professional judgment and consultation with experienced healthcare providers. REMEMBER: Outbreaks are immediately reportable to your local health department! For further questions or information contact DIDE.