# Guidelines for Skin Infection Outbreaks in Contact Sports

West Virginia Department of HEALTH

# 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:

- An adequate infection control plan, policies, and procedures.
- Warm water, soap, and paper towels in locker rooms and bathrooms.
- U.S. Environmental Protection Agency (EPA) registered disinfectants.
- Training and education for staff, coaches, and athletes.

**2)** ***All athletes should:***

- Maintain good personal hygiene and shower immediately with an antimicrobial soap and water after every competition and practice.
- Clean hands with an alcohol-based gel or soap and water before and after every practice.
- Wash all soiled clothing after each practice and clean/wash personal gear (knee pads, braces, etc.) at least weekly or as per manufacturer's recommendations.
- Do not share towels, athletic gear, 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 semi-occlusive or occlusive dressing until healing is complete.

**3)** ***Athletic trainers*** are the first line of defense against the 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.

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Updated May 2024

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 your 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.
   - Types of routinely used disinfectants should be EPA-registered and manufacturer's recommendations for amount, contact time, and dilution should be followed: www.epa.gov/pesticide-registration/list-h-registered-antimicrobial-products-label-claims-against-methicillin.

**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.

4) Implement appropriate control measures including:
   - All team members should be evaluated by athletic training staff to identify additional cases and refer to a healthcare professional.
   - Symptomatic players should be evaluated by an appropriate healthcare professional who should be informed about the outbreak.
   - Coaches, officials, and healthcare 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 education to athletes, coaches, and custodial staff on hand hygiene, personal hygiene, and equipment sharing.

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## 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 1 or HSV-1). | Viral culture of lesion scraping or PCR | **For primary infection (Initial rash outbreak)**<br>● Athletes should be out of practice/competition for a minimum of 10 days; 14 days if fever and swollen lymph nodes are present.<br>● If treatment is initiated, all lesions must be covered with a firm, adherent crust, and no new lesions.<br>● If no treatment is initiated, no systemic symptoms of viral infection or swollen lymph nodes near the affected areas, all lesions must be covered with a firm, adherent crust, and no new lesions for at least 72 hours.<br>**For secondary infection (Recurrent rash outbreaks)**<br>● If antiviral therapy is initiated, athlete must be excluded for a minimum of 120 hours.<br>● If antivirals are **not** used, athletes may return after all lesions are healed with adherent crust, no new vesicles formation, and no swollen lymph nodes.<br><br>**Prophylactic oral antivirals for the remainder of the season should be considered for primary and secondary infections.**<br><br>**Active lesions cannot be covered to allow participation** | Anyone in contact with the infected individual during the three days prior to rash onset must be isolated from any contact activity for eight days and be examined daily for suspicious skin lesions. |
| Bacterial infection, e.g., impetigo, folliculitis, MRSA, etc. | Bacterial culture and sensitivity | ● No new lesions for at least 48 hours.<br>● Minimum 72 hours antibiotic therapy.<br>● No moist, exudative, or draining lesions. If MRSA is present, abscess incision and drainage is recommended for return after 72 hours after drainage.<br>● Active lesions cannot be covered to allow participation. Lesions are considered infectious until scabbed over and can be covered with a bio-occlusive dressing until resolution. | All team members should be carefully screened daily for similar infections. |
| Fungal infections (ringworm, tinea corporis, tinea capitis) | Culture of lesion scrapings | ● Minimum of 72 hours (tinea corporis) and two weeks (tinea capitis) of oral or topical antifungal medications.<br>● Clearance by a physician.<br>● For tinea corporis: May be covered with a bio-occlusive dressing.<br>● For tinea capitis: Scalp must be washed before practice with ketoconazole 1% shampoo and continue until lesions are gone. | All team members should be carefully screened daily for similar infections. |

*** While clinical diagnosis is often adequate for treatment of individual patients, laboratory diagnosis is crucial in outbreak management.**

For more information please see oeps.wv.gov/toolkits/documents/team_infections/NATA-position-statement-skin-disease.pdf and www.nfhs.org/media/5546438/2022-nfhs-general-guidelines-for-sports-hygiene-skin-infections-and-communicable-diseases-final-3-8-22.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 at 304-558-5358.**

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