{LHD Letterhead}

{Date}

TO: {Name of Healthcare Provider}

 {Name of Healthcare Facility}

FROM: {Local Health Officer}

 {Name of Local Health Department}

RE: Evaluation of {Name of Team} Members for Skin Infections

Thank you for agreeing to evaluate {Name of Team} members for skin infections. To assist you in the evaluation, we are including:

* A completed line list so you can see the history of skin infections on this team, to date.
* The “National Athletic Trainers’ Association Position Statement: Skin Diseases,” available at

[oeps.wv.gov/toolkits/documents/team\_infections/NATA-position-statement-skin-disease.pdf](https://oeps.wv.gov/toolkits/documents/team_infections/NATA-position-statement-skin-disease.pdf).

Accurate diagnosis is important for adequate management of the team members and others who have had direct skin-to-skin contact with the individual(s) you are evaluating. General guidelines are summarized in the table below. Additional information is available in the National Athletic Trainers’ Association guidelines.

Table Summary of National Athletic Trainer’s Association Guidelines

|  |  |  |  |
| --- | --- | --- | --- |
| **Disease/Causative Agent** | **Diagnostic Procedures** | **Return to Play Guidelines** | **Guidelines for Exposed Athletes** |
| Herpes gladiatorum or herpes simplex Virus Type 1 (HSV-1) | Viral culture of lesion scraping or PCR | * If no antiviral therapy is used, out of practice/competition for a minimum of 10 days, 14 days if fever and swollen lymph nodes are present.
* No systemic symptoms of viral infection.
* No new lesions for at least 72 hours.
* All lesions must be covered with a firm, adherent crust.
* Minimum 120 hours systemic antiviral therapy.
* 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) | Bacterial culture and sensitivity | * No new lesions for at least 48 hours with no drainage.
* Minimum 72 hours antibiotic therapy.
* No moist, exudative, or draining lesions. If MRSA is present, abscess incision and drainage is recommended for return after 72 hours after drainage.
* 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  | * Tinea corporis: Minimum of 72 hours oral or topical antifungal medications. May be covered with a bio-occlusive dressing once the lesion is considered to be no longer contagious.
* Tinea capitis: Minimum of 14 days oral or topical antifungal. Wash scalp before practice with ketoconazole 1% shampoo and continue until lesions are gone.
* Clearance by a physician is needed.
 | All team members should be carefully screened daily for similar infections. |

While laboratory confirmation may not be necessary for management of skin infections in individual patients, it is extremely difficult to manage outbreaks without laboratory confirmation. Accurate diagnosis may be difficult because of the similar appearance of some skin lesions. Laboratory results influence the choice of therapy, as well as management of the individual team member, teammates and others who have had skin-to-skin contact. Other teams may need to be notified if members had skin-to-skin contact with a confirmed case of herpes gladiatorum.

Again, thank you for agreeing to evaluate {Name of Team} members. If you have any questions, please contact me at {LHO phone}.

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Instructions for use of this letter:

1. Attach a completed line list so the physician has a complete history of all skin infections that have occurred on the team since the beginning of the outbreak.
2. Attach a copy of the article: “National Athletic Trainers’ Association Position Statement: Skin Diseases.” Available at: [oeps.wv.gov/toolkits/documents/team\_infections/NATA-position-statement-skin-disease.pdf](https://oeps.wv.gov/toolkits/documents/team_infections/NATA-position-statement-skin-disease.pdf)
3. Put the letter on local letterhead and complete all yellow-highlighted areas with local health department information.
4. Call 304-558-5358 with any questions.