

# MRSA: A SERIOUS CONCERN IN SPORTS

## NEW YORK HIGH SCHOOL CASE REPORTED – MANY MORE REPORTED NATIONALLY

The Spring 2005 Edition of “Scholastic Athletics” included a full page report on Community Acquired – Methicillin Resistant Staphylococcus Aureus as a growing concern in the world of sports nationally. During the 2005-'06 school year MRSA, a staph infection which is extremely contagious and does not respond to common antibiotics, has been diagnosed in numerous high school athletes. Several teams have had to cancel the remainder of their seasons due to MRSA. New York experienced the first “reported” case of MRSA infecting several members of an up-state school’s wrestling team. Although the reporting school reacted appropriately, reporting to school physicians, the medical community and to the County and State Health Departments, it is likely that MRSA was spread among other students and athletes. In today’s health care system, an athlete may see several different health care providers which can eliminate the progression of diagnosis and treatment. It is important that a doctor, or a team of doctors, follow the series of diagnoses and treatments of symptoms which help identify a serious condition.

### SIMPLE MEASURES TO PREVENT OR MINIMIZE THE RISK OF CA-MRSA

- Shower after all competition
- Wash all work-out gear after practice or competition
- Certain sports require cleaning equipment (mats) before each practice or event
- Use liquid soap, not bar soap
- Refrain from cosmetic shaving
- Don’t share towels or hygiene products
- Notify parents and coach about any skin sores and have it evaluated by health care provider before returning to competition

### PLEASE BE AWARE OF THE FOLLOWING

#### *What to do to prevent an outbreak*

All clothing for practice and competition needs to be cleaned daily. Equipment intense sports, ie. football, hockey, need to address means to properly clean these items on a routine basis. Wrestling mats and gymnastics equipment need to be disinfected (1:100 solution of household bleach and water) before each practice and several times a day throughout a tournament. Don’t share any personal sporting equipment, ie. gloves, knee pads.

Individuals need to shower immediately after practice and competition. Consider showering multiple times during tournaments when several events occur each day. Use soap from liquid dispensers, not shared bar soap. Require the use of personal towels and hygiene products. Sharing of these is felt to be a major source of spreading the bacterium to others. Refrain from cosmetic shaving of the skin, ie. chest, back and pubic regions.

Provided there aren’t any outbreaks, carriers of CA-MRSA may continue to compete in sporting events. Proper care of all skin abrasions or cuts will minimize the risk of an infection and its spread. Following the decisions and recommendations of the school physician is imperative, as well as working with a health care specialist in your community.

#### *What to do with an outbreak in an athlete*

As with any skin infection, treat the individual and remove them from competition and practice. All players should be screened for similar infections on a daily basis. If possible, work with one health care provider in your community. Continuity of medical care is of the utmost importance in managing these infections. If suspicious, culturing these infections will be necessary to ensure the proper antibiotics are being used. If multiple outbreaks develop on a team, ie. clusters, then consider having nasal cultures obtained on all team members to determine if any are carriers of the bacteria. With a contact sport, consider treating all infected and carrier individuals with oral antibiotics. Once being treated, performing hexachlorophene (ex: PhisoHex) body washes daily for one week will help to remove or “decolonize” the bacterium from the body.

#### *Risk Factors for CA-MRSA*

Several issues increase the risk for CA-MRSA to develop. History of intravenous drug usage and known contact with individuals with this bacterium serve as the greatest risk. Children and adolescents have a greater preponderance than adults. Other factors are: contact sports; ie. football, wrestling, rugby or soccer, and history of recurrent boils.

