

Skin Infections in Athletics

4 Skin Infections To Be Aware Of:

Staphylococcus aureus (“Staph”)

Folliculitis and Boils

Caused By: *Staphylococcus aureus* bacteria

Appearance: Folliculitis appears as tiny white-headed pimples appear at the base of hair shafts, sometimes with a small red area around each pimple. Sometimes folliculitis progresses to become boils. As a boil forms the skin turns red and begins to swell over the infected area. Finally, the skin above the infection becomes very tender and a whitish "head" may appear. The head may break, and the boil may begin to drain pus, blood, or an amber-colored liquid.

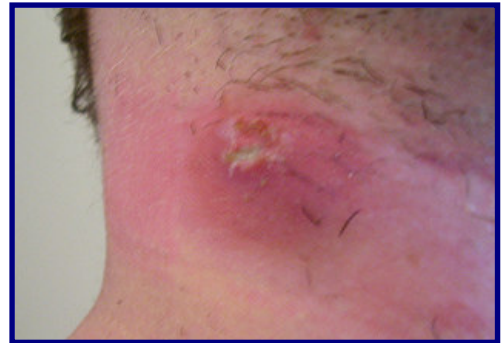
Treatment: washing the skin with an antibacterial cleanser, applying an antibiotic ointment prescribed by a doctor, and covering the skin with a clean dressing. Occasionally an antibiotic will be prescribed. In rare cases Methicillin-Resistant *Staphylococcus aureus* (MRSA) infections occur. MRSA infections are resistant to antibiotics and can be very difficult to treat.

Impetigo

Caused By: *Staphylococcus aureus* bacteria

Appearance: large blisters containing fluid that is first clear, then cloudy. The blisters may burst, ooze fluid, and develop a honey-colored crust. Impetigo may itch, and it can be spread by scratching.

Treatment: topical antibiotic ointment or oral antibiotic medication.



Boil (can often be misdiagnosed as a spider bite)



Impetigo

Tinea (“Ringworm”)

Caused By: Fungus

Appearance: reddish to brownish raised or bumpy patch of skin that may be lighter in the center, giving the appearance of a 'ring'. The most usual places of infection are the scalp, face, arms, trunk, and feet (athlete's foot).

Treatment: topical antifungal creams, such as miconazole (Tinactin) or clotrimazole (Lotrimin).

Other Information: Those with eczema or other skin problems get ringworm more easily because the protective barrier of the skin's outer layer is less intact.



Herpes Gladiatorum

Caused By: A virus

Appearance: causes a rash that commonly appears on the face, neck, shoulder, and arms. The rash is usually a cluster of blisters that may or may not be painful. The rash typically lasts 7 to 10 days. A sore throat, fever, and swollen lymph nodes may occur

Treatment: a prescription antiviral medication such as acyclovir (Zovirax) may speed recovery of an outbreak

Other Information: Once a person has become infected with Herpes Gladiatorum they will have outbreaks throughout their life.



“These diseases are spread by skin-to-skin contact and infected equipment shared by athletes. Due to the nature of competitive sports at the high school level, there is increased risk for the spread of infectious diseases.”

■ National Athletic Trainers’ Association (2007)

Preventing Skin Infections:

 <p>Wash hands</p> <p>Clean hands often with soap and water. Use alcohol hand rub if soap is not available and hands do not look dirty.</p>	 <p>Shower</p> <p>Shower on site immediately after every practice and game. Use soap and warm water. Do not share towels.</p>	 <p>Cover wounds</p> <p>Cover all breaks in skin with a water proof bandage. Change the bandage if it gets wet.</p>	 <p>Wash clothes</p> <p>Wash clothes and towels after every practice and game. Use detergent and dry thoroughly.</p>
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- ✓ Immediately shower after practice
- ✓ Wash all athletic clothing worn during practice or competition daily
- ✓ Clean and disinfect gym bags and/or travel bags if the athlete is carrying dirty workout gear home to be washed and then bringing clean gear back to school in the same bag. This problem can also be prevented by using disposable bags for practice laundry
- ✓ Wash athletic gear (such as knee or elbow pads) periodically and hang to dry
- ✓ Clean and disinfect protective equipment such as helmets, shoulder pads, catcher’s equipment and hockey goalie equipment on a regular basis
- ✓ Do not share towels, equipment, or personal hygiene products with others
- ✓ All skin lesions should be covered before practice or competition to prevent risk of infection to the wound and transmission of illness to other participants. Only skin infections that have been properly diagnosed and treated may be covered to allow participation of any kind
- ✓ All new skin lesions occurring during practice or competition should be properly diagnosed and treated immediately.
- ✓ Playing fields should be inspected regularly for animal droppings that could cause bacterial infections of cuts or abrasions
- ✓ Athletic lockers should be sanitized between seasons
- ✓ Rather than carpeting, locker or dressing rooms should have tile floors that may be cleaned and sanitized
- ✓ Weight room equipment, including benches, bars and handles should be cleaned and sanitized daily
- ✓ Promote the use of liquid soap during showering. Do not share bars of soap

When A Skin Infection Is Suspected:

- Athletes need to report any skin problems to the athletic trainer, school nurse, coach, or health care provider
- Athletes need to tell health care provider that they participate in competitive sports
- Check league rules if you have any questions about participation
- After being checked by a health care provider, completely cover all sores, lesions, rashes, and wounds with a water-proof bandage so no fluid can drain from it

For More Information On Skin Infections Please Visit:

Minnesota Department of Health - www.health.state.mn.us/divs/idepc/dtopics/athlete/ (Skin Infections in Athletes)

Minnesota State High School League - <http://www.mshsl.org/mshsl/news/2007-08HygieneStatement.pdf> (Sports Hygiene)

- <http://www.mshsl.org/mshsl/news/2007-08HerpesStatement.pdf> (Herpes Gladitorium)

- <http://www.mshsl.org/mshsl/news/2007-08CommunicableStatement.pdf> (Communicable Skin Conditions)

- <http://www.mshsl.org/mshsl/news/2007-08nfhsStatement.pdf> (MRSA in Athletics)

National Athletic Trainers’ Association - http://www.nata.org/statements/official/Communicable_Diseases.pdf (Skin Infections in High Schools)

- http://www.nata.org/statements/official/MRSA_Statement.pdf (MRSA)