

BLOOD-BORNE PATHOGENS AND ATHLETICS

INTRODUCTION

With the HIV/AIDS epidemic affecting 33.2 million people around the world¹, attention given to HIV-positive athletes and their participation status has dramatically increased over the last 20 years. Rudy Galindo, Tommy Morrison, Greg Louganis, Roy Simmons, Earvin “Magic” Johnson and the late Arthur Ashe are just a few of high-profile athletes who have been diagnosed with HIV. The fact that HIV is a blood-borne pathogen (an infection spread through blood contact), poses serious questions to the athletic world: Should an athlete who has contracted a blood-borne pathogen be allowed to engage in competitive athletics? More importantly, should athletes who test positive for blood-borne pathogens be allowed to participate in contact sports? The following is the Women’s Sports Foundation’s position statement regarding blood-borne pathogens in athletics.

A. TYPES, DEFINITIONS, AND LIKELIHOOD OF DEVELOPMENT

1. WHAT IS A BLOOD-BORNE PATHOGEN?

A blood-borne pathogen is a microorganism that may be present in human blood and can cause disease in humans. These pathogens include but are not limited to Hepatitis B (HBV), Hepatitis C (HCV) and human immunodeficiency virus (HIV).

ⁱⁱ Blood-borne pathogens are transmitted through sexual contact, direct contact with infected blood or blood components, and unsterilized intravenous needles, as well as perinatally from mother to baby.ⁱⁱⁱ

2. WHAT IS THE DIFFERENCE BETWEEN HBV, HCV AND HIV?

HBV is a blood-borne pathogen that can cause infection of the liver. Those who are infected will have no symptoms or a mild flu-like illness. Chronic complications of HBV include liver cancer and cirrhosis of the liver.

HCV is another blood-borne pathogen that causes infection of the liver. Long-term complications of HCV are liver cancer, cirrhosis and even death.^{iv}

HIV is a retrovirus that causes Acquired Immunodeficiency Syndrome (AIDS). HIV attacks white blood cells in the immune system, thus making the body more susceptible to infection. Symptoms include a flu-like illness, swollen neck and armpit glands, and extreme weight loss. In some cases, those infected with HIV may remain asymptomatic for many years, while others can quickly develop AIDS symptoms (multiple skin lesions, thrush — a thick white coating in the mouth, shingles — severe blisters, and pneumonia).^v

3. WHAT IS THE LIKELIHOOD FOR DEVELOPING A BLOOD-BORNE PATHOGEN VIA SPORT PARTICIPATION?

The risk of contracting HIV, HBV or HCV during athletic competition is extremely low. To date, there have been no documented cases of HIV or HCV transmission during athletic activity. There has only been one reported episode of HBV transmission during sports—occurring among high school sumo wrestlers in Japan when one wrestler failed to cover his open wounds.^{vi}

B. WOMEN'S SPORTS FOUNDATION POSITION

I. CAN ATHLETES WITH BLOOD-BORNE PATHOGENS BE PROHIBITED FROM PARTICIPATING IN SPORTS?

POSITION: No. Athletes with blood-borne pathogens cannot be denied athletic participation solely on the basis of their illness. The decision regarding participation should be made by the athlete in conjunction with his/her healthcare provider. In general, the decision to allow an HIV-, HBV- or HCV-positive athlete to participate in athletics should be made on the basis of the individual's health. If the athlete is asymptomatic and does not have immune deficiencies, then the presence of infection does not mandate removal from athletic participation. In fact, moderate exercise not only strengthens the immune system, but also reduces depression and fatigue. Exercise provides a focus on health instead of illness.^{vii}

II. DO ATHLETES HAVE AN OBLIGATION TO INFORM THEIR TEAM PHYSICIAN OR COACH IF THEY HAVE OR DEVELOP HIV, HBV OR HCV?

POSITION: The obligation for athletes to report blood-borne pathogen conditions should be no different than the obligations of the athletes to inform their team physician or coach of other medical conditions.

An athlete's right to privacy is the same for blood-borne pathogens as it is for any other personal medical information. The decision to inform a coach about the existence of a blood-borne pathogen condition should remain at the discretion of the athlete, in accordance with the school's or association's rules regarding the release of medical information to coaching personnel. If the athlete chooses to confide his/her medical history with a coach, teammate or team physician, the information revealed should remain confidential. Unless the athlete chooses to make the fact public, confidentiality by all personnel is a must.^{viii} However, for the health and safety of the athlete and other competitors, the Women's Sports Foundation advises HIV-, HBV- and HCV-positive athletes to inform their team physicians regarding their medical condition. Universal precautions should be used in the handling of all blood and body fluids, regardless of knowledge of an athlete's HIV, HBV or HCV status.

III. WHAT ARE THE ELEMENTS OF SOUND SCHOOL AND PROFESSIONAL ATHLETIC ORGANIZATION POLICIES ON BLOOD-BORNE PATHOGENS AND ATHLETICS?

POSITION: High school, college and professional sport organizational policies should contain the following elements:

- Information on blood-borne pathogens and eligibility and participation rights
- Assurance of confidentiality regarding the athlete's medical conditions
- Prohibition against coaches counseling athletes on issues relating to blood-borne pathogens
- Clearly defined policies regarding who controls access to information regarding the athlete's medical conditions and how that information is secured
- Clearly defined procedures on who is subject to the policy
- Penalties for unauthorized disclosure

In order to prevent the transmission of blood-borne pathogens in athletics, universal precautions must be taken by every coach and athletic trainer. Athletes must cover existing cuts, abrasions, wounds and areas of broken skin before athletic participation. Disposable medical gloves should be worn to avoid contact with blood. Athletes with active bleeding should be removed from competition. Wounds should be cleaned and dressed before returning to competition. Equipment and playing areas contaminated with blood must be cleaned until all visible blood is gone and disinfected with germicide. For more information regarding blood-borne pathogens and athletic participation, please review the [NCAA Sports Medicine Handbook](#) and *Together for HIV and Aids Prevention: A Toolkit for the Sports Community*.

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Endnotes

ⁱ UNAIDS, 2007 Aids Epidemic Update, December 2007.

ⁱⁱ UVM Environmental Safety Facility, ECP Appendix C: Definitions, July 2003.

ⁱⁱⁱ NCAA Guideline 21: Blood-Borne Pathogens and Intercollegiate Athletics, August 2004.

^{iv} Center for Disease Control, Viral Hepatitis C Fact Sheet, March 2008.

^v HIV Symptoms, AIDS Symptoms, www.hivsymptoms.org/aids-symptoms.html.

^{vi} "An Outbreak of Hepatitis B in Members of a High School Sumo Wrestling Club", JAMA, 1982 as cited in "Transmission of Blood-Borne Pathogens During Sports: Risks and Prevention." Annals of Internal Medicine. February 1995.

^{vii} "Together for HIV and AIDS Prevention: A Toolkit For the Sports Community." International Olympic Committee and UNAIDS. 2005.

^{viii} NCAA Guideline 21: Blood-Borne Pathogens and Intercollegiate Athletics, August 2004.