



MRSA in Contact Sports (Football, Soccer, Basketball, Wrestling, etc.)



Staphylococcus aureus, often referred to simply as “staph,” is a bacteria commonly found on the skin and nares of healthy people. According to the Centers for Disease Control and Prevention, *S. aureus* colonizes the nostrils of approximately 30% of the population without causing disease. When *S. aureus* gains entry into the body through a break in the skin, infection can occur. Approximately 1% of the population is colonized with community acquired methicillin-resistant *Staphylococcus aureus* (CA-MRSA). CA-MRSA is more aggressive than other types of staph and is also resistant to the antibiotic commonly used to treat staph infections, methicillin (a type of penicillin). CA-MRSA infections are becoming more common. As a new sports season unfolds, athletes, especially those involved in high-contact sports, can become infected with this bacteria.

CA-MRSA, like all staph bacteria, are transmitted to people from infected skin lesions or colonized nasal discharge. Transmission occurs from one person to another via direct physical contact or indirectly through contaminated objects, such as towels, bar soaps, wound dressings, clothes or sports equipment. As most athletes are in frequent physical contact with others during both training and competition, they represent an “at risk” group for both typical staph and CA-MRSA infections.

Infections caused by *S. aureus* are typically minor in healthy people, producing superficial skin lesions such as “pimples” or boils. These lesions occasionally become red, swollen and painful, forming abscesses or cellulites. CA-MRSA is more likely to cause an infection and produces a more severe infection than other types of staph after gaining entry into the body. CA-MRSA skin infections are often mistaken for spider bites due to their acute onset, localization, and excruciating pain. Professional medical care may be required for proper treatment, including drainage of pus and possible oral or intravenous antibiotic therapy.

High-contact sports inevitably bring about scrapes, cuts and bruises, in addition to the potential for more serious sports-related injuries. With the emergence of CA-MRSA, the term “staph infection” in sports has changed significantly. While previous staph infections were grouped with other common athletic nuisances, like athlete’s foot and jock itch, CA-MRSA infections have a higher potential of leading to team outbreaks and possible debilitating infections if not managed properly. The common scrape or cut must now receive prompt wound care to avoid potential infection.

As CA-MRSA infections become more common among athletes, please do your part to prevent transmission by promoting awareness and ensuring the below guidelines are practiced in your athletic department. When it comes to “athletically acquired” CA-MRSA, the best defense is a good offense!

Guidelines to Prevent the Spread of Staph (including MRSA) Among Athletes Involved in Contact Sports:

- Cover all wounds and change bandages frequently to assure containment of any drainage. If a wound cannot be covered adequately, consider excluding players with potentially infectious skin lesions from practice or competitions until the lesions are healed or can be covered adequately.
- Encourage good hygiene, including showering and washing with soap after all practices and competitions.
- Ensure availability of adequate soap and hot water.
- Encourage frequent washing of practice and game uniforms. Be sure to dry these articles of clothing on the hottest possible cycle to kill the bacteria.
- Discourage sharing of towels and personal items, such as clothing or equipment.
- Establish routine cleaning schedules for shared equipment, including mats, with a bleach:water solution of 1:10.
- Train athletes and coaches in first aid for wounds and recognition of wounds that are potentially infected.
- Encourage athletes to report skin lesions to coaches and encourage coaches to assess athletes regularly for skin infections.