



HEALTH ADVISORY # 70

Herpes Gladiatorum in West Virginia Wrestlers

TO: West Virginia Healthcare Providers, School Officials, and Healthcare Facilities

FROM: Marian L. Swinker, MD, MPH, Commissioner for Public Health and State Health Officer, WVDHHR, Bureau for Public Health

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LOCAL HEALTH DEPARTMENTS: PLEASE DISTRIBUTE TO COMMUNITY HEALTH PROVIDERS, HOSPITAL-BASED PHYSICIANS, INFECTION CONTROL PREVENTIONISTS, LABORATORY DIRECTORS, SCHOOLS (PRINCIPALS, SCHOOL NURSES, COACHES AND ATHLETIC DIRECTORS) AND OTHER APPLICABLE PARTNERS

OTHER RECIPIENTS: PLEASE DISTRIBUTE TO ASSOCIATION MEMBERS, STAFF, ETC.

Herpes simplex (herpes gladiatorum) has been isolated from a high school wrestler with rash onset on January 10, 2013. Four other team members with rash onset since December 18 were not cultured when seen by a private physician. This team has recently participated in wrestling matches with multiple other high school wrestling teams. A public health investigation has been initiated to identify and notify other teams who may have been exposed.

In the meantime; because *young athletes infected with herpes simplex may have recurrent infections for the rest of their lives and their sports participation may be adversely affected throughout their careers*; physicians, coaches and athletes should *choose to be responsible to protect the health of other athletes*.

Herpes gladiatorum is spread readily by skin to skin contact and manifests as clusters of painful, vesicular lesions usually on the head and neck. Ocular involvement may also occur. The herpes virus may spread prior to vesicle formation. Anyone in contact with the infected individual during the three days prior to rash onset must be excluded from practice or training for eight days and be examined daily for suspicious skin lesions.

Coaches and other athletic officials should be watchful for any wrestlers with skin lesions and order a full medical evaluation of any athlete with a skin infection.

Physicians should perform viral culture of lesion scraping or direct staining techniques (DFA or Tzank smear) of any suspected lesion to rule out herpes before allowing athletes to go back to practice. Confirmed cases should be excluded from practice or competition until at least 120 hours of systemic antiviral treatment and all lesions are covered by a firm adherent crust. Return to practice guidelines include:

- No systemic symptoms of viral infection
- No new lesions for at least 72 h
- All lesions must be covered with a firm, adherent crust
- Minimum 120 h systemic antiviral therapy
- Active lesions cannot be covered to allow participation

Healthcare providers and school officials responsible for the health of young athletes should be familiar with more detailed guidelines available at www.dide.wv.gov. For more information or to report cases of herpes gladiatorum, contact your local health department or Division of Infectious Disease Epidemiology at (800) 423-1271, Ext. 1.

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments and professional associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.

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