WHEN INFECTED KIDS PLAY SPORTS

How Much Should Parents Worry?

While soccer, softball and gymnastics are joyful rites of passage for many young children, athletic events carry a risk for all children, given the increased chance for mishaps, accidents and blood spills.

For parents of children with chronic, viral infectious diseases, including hepatitis B, hepatitis C and HIV/AIDS, these games often present a number of stressful issues:

- What if my child is hurt and another child is exposed to his or her blood?
- Should I tell the coach about my child's infectious disease if it will spur him or her to practice standard precautions?
- What if the coach or athletic director doesn't know or practice standard precautions?
- Should I attend every game in case there is an accident?
- Should my child even be playing this sport?

The American Academy of Pediatrics tackled this difficult issue in December, 1999, with a policy statement on *HIV and Other Bloodborne Viral Pathogens in the Athletic Setting*. In it, the Academy made clear, "Because of the low probability of transmission of their infection to other athletes, athletes infected with HIV, hepatitis B or hepatitis C should be allowed to participate in all sports."

That participation, however, assumes all athletes and coaches will follow standard precautions to prevent and minimize exposure to bloodborne viruses.

The Academy tackled each infectious disease individually.

HIV/AIDS: The risk of HIV infection through skin or mucous membrane exposure to infected blood or other infectious bodily fluids during sports events is very low. The Academy found the risk from damaged skin or mucous membrane exposure was one in 1,007 exposures or 0.1 percent.

Hepatitis B: While hepatitis B is more easily transmitted through exposure to infected blood than HIV, the Academy found only two documented cases of sports transmission.

A high school sumo wrestler with chronic hepatitis B was found to have transmitted the infection to a team member. Wrestling is the only sport that raised concern because herpes, impetigo and measles have been transmitted through skin-to-skin contact. However, there is no risk of bloodborne pathogens being contracted through wrestling, the Academy found.

An outbreak of hepatitis B occurred within an outdoor orienteering team in Sweden. Doctors believe the team members used a common cup of warm water to clean wounds caused by branches and thorns.

Hepatitis C: The risk of transmission is greater than for HIV but less than with hepatitis B. The Academy reported no documented cases of hepatitis C transmission in sports.

“There is clearly no basis for excluding any student from sports if they are infected," said Dr. Steven J. Anderson, who was chair of the Academy's Committee on Sports Medicine and Fitness when it drafted the Academy's policy, “and we should also try to protect the confidentiality of each athlete.”

Dr. Anderson, a pediatrics professor at the University of Washington and a team doctor for many high school athletic teams, ballet companies and the U.S. Olympic Diving Team, suggests children should have access to any sport, except boxing, which the Academy opposes for all youths because of its physical risks.

Pediatricians can avoid reporting a student's infection, the Academy noted, by making it clear on any participation forms that they support the Academy' s position that all students can participate in all sports and that pediatricians must respect an athlete's right to confidentiality.

“I personally feel parents have no obligation to disclose the infectious status of their children to anyone,” said Dr. Anderson, “that includes their own physicians! While that may seem wrong, it is felt that if standard precautions are used for blood contact or contamination, the risk of contagion is adequately reduced.”

But strict compliance with standard precautions is critical for this open embrace of all athletes, regardless of their infectious status. “As a parent, I would make sure that there is a plan in place to handle blood spills,” said Dr. Anderson, “including latex gloves, occlusive dressings, appropriate sterilizing solutions, disposal bags and even a printed protocol for coaches, athletes and officials.”

“If standard precautions are not followed, I would recommend that the coaches or

instructors are queried as to their familiarity with the precautions," he added. "If they are not familiar with or following procedures, a higher up source needs to be consulted, such as a league office or school administrator."

Parents should also contact the school or athletic league's physician so he or she can act as an advocate to ensure the coaches comply with the department or organization's safety procedures.

But the Academy's policy may not lessen the stress some parents feel when their very young children approach a soccer field for the first time. "When children are young, parents should educate their children about the dangers of blood contact," said Dr. Anderson. "Despite the trauma that can accompany free play, I don't hear of too many cases where two or more bleeding children mix their blood. I would also hope that an adult would be present when children are playing and would be consulted if there were an injury."

Dr. Anderson feels it is not necessary to disclose a child's infectious status to a coach, "…given the low risk of infecting other children, and the high risk of being shunned or ostracized. However, I think a responsible parent would be adamant about standard precautions being in place and followed. I suppose an astute coach might make inferences if a particular parent was a zealot about blood contamination. I would read that as a message that their child was infected and that they wanted their child to participate without creating a risk for others."

Even when a child has an HIV infection, disclosure is not a requirement, explained Dr. Anderson, stating his personal opinion. "However, if a coach is educated about the risks and the necessary precautions and can be trusted to maintain confidentiality, disclosure may be appropriate. Unfortunately, most youth sports coaches are parent volunteers and non-professionals and are unlikely to have a long-term relationship with the athlete."

Dr. Anderson contends active contact sports, such as football, are also not off limits to athletes with infectious viral hepatitis. "However, students with infectious hepatitis A or with liver or spleen enlargement should be restricted from contact or collision sports until the liver or spleen has returned to normal size," he added, "and the person is no longer contagious."

One mother whose son has hepatitis B commented, "I used to worry about my son infecting other children, but eventually I decided to make sports decisions based on what my kids risked catching from others."