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LEGAL LIABILITY ASSOCIATED WITH THE SPREAD OF HERPES GLADIATORUM

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Wrestling coaches have always had to manage problems associated with various skin diseases. Until recently, however, they have not had to deal with rather virulent skin conditions and the legal ramifications associated with negligent exposure of third parties to such diseases. It seems clear that coaches have a legal as well as a moral obligation to control the spread of certain conditions including most particularly "herpes gladiatorum".

The problem of controlling skin disease has been exacerbated by the alarming rate at which herpes gladiatorum, one of the contagious diseases associated with the sport of wrestling, seems to be spreading throughout the wrestling community. The **American Journal of Sports Medicine** reported in 1988 that 65% of U.S. college wrestling teams and 25% of high school teams had at least one member with herpes gladiatorum (Becker, et al.,1988). This research data doubled what had been reported in a previous study twenty years earlier (Sharp, 1990). The extent to which this problem permeates the wrestling community is further expressed by Jack Spain the head trainer for USA wrestling who estimates that 15% to 25% of all wrestlers at the post collegiate level have herpes gladiatorum (Sharp,1990).

Herpes gladiatorum is a skin infection attributed to herpes simplex virus type 1 (HSV-1), the same virus that causes cold sores. It can be contracted during wrestling through skin-to-skin contact with an infected opponent or skin-to-mat contact. It is characterized by blister-like lesions which occur most often on the head and neck. The primary infection may cause the symptoms of fever, malaise, weight loss, and swelling of lymph nodes.

Some infected wrestlers never develop anything more serious than feeling slightly under the weather but some develop very serious complications. After the initial infection, the symptoms disappear but the virus continues to reside in the person's body for the rest of that person's life. Physical or mental stress often causes subsequent outbreaks usually characterized by less severe symptoms; however, the wrestler is contagious during these outbreaks. There are medicines available to control these outbreaks (oral acyclovir [Zovirax]) but no vaccine is available to prevent the initial infection (see White, Jan., 1992) .

Championship wrestling tournaments often produce the type of stress which can cause infected wrestlers to have herpes outbreaks. This presents a difficult dilemma for wrestling coaches who are on the "first line of defense" and who have the major responsibility for preventing the spread of this disease in the wrestling community. To make sound decisions while preventing legal entanglements it behooves coaches to understand the legal implications associated with potential deviations from the accepted standard of care for dealing with this rather contagious virus. There are several pending court actions, in which coaches and others are being sued for failures to properly handle these skin disease problems. These cases will hopefully serve as guides to illustrate how coaches, trainers and team physicians should appropriately manage skin infections, protect their athletes, and avoid legal liability problems.

The first of these cases involved a wrestler (P. Nelson v. B. Nelson ,1991), who, just prior

to a tournament, had an outbreak of herpes gladiatorum on his forehead. His coach allegedly knew of the outbreak, but rather than remove him from competition it is contended that he allowed the lesion to be covered and encouraged the athlete to compete. During the course of one of the wrestler's matches, the bandage came off exposing his opponent to the infection. According to the complaint, this happened twice during the tournament and as a result two wrestlers allegedly contracted the disease. One of the infected wrestlers brought suit against the coach and the wrestler of the opposing school for failure to warn of the danger of contracting the disease through skin contact and the damage caused by the infection.

The second case (Hulett vs. Robinson's Intensive Camp, Inc. ,1990) involved a wrestler who attended a summer wrestling camp. During the camp, the wrestler noticed a rash on several other wrestlers. These wrestlers were allegedly allowed to continue to have contact with other participants even with obvious open lesions. Subsequently, the wrestler noticed a rash on himself. He was told by one of the trainers at the camp that he had a staph infection and was sent to a physician for an examination. He was diagnosed as having folliculitis, which is an inflammation of hair follicles most likely caused by staphylococci germs.

He was told not to wrestle until the lesion had completely dried and scabbed over. He relayed this information to the trainer; however, it is alleged that the trainer allowed him to continue to wrestle immediately. The trainer allegedly wrapped his wounds with an ace bandage, which actually made matters worse as the tape opened the wounds further.

The wrestler and the other campers continued to wrestle and the infections continued to worsen and spread. One week later, the wrestler was again seen by a physician and diagnosed as having herpes gladiatorum along with folliculitis. He told the wrestler to avoid wrestling until the lesions had scabbed over. The suit claims that the message was once again given to the trainer, but that the young wrestler talked the trainer into allowing him to continue wrestling. The wound was bandaged but came off during wrestling contact.

The disease spread throughout the camp as more and more wrestlers contracted the disease. As a result, the camp had to be halted several days early after the state health department investigated the problem. Subsequent investigation indicated that 60 (35%) of the 175 wrestlers at the camp were infected. (U.S.Depart. Of Health & Human Services, 1990)

Several months following the camp the young wrestler who contracted herpes became extremely ill. He was hospitalized for approximately six weeks as his physicians tried to diagnose the problem. Finally, the doctors identified the problem as a pelvic abscess and pelvic rim osteomyelitis. They surmised that the bacteria which subsequently seeded into the wrestler's pelvis entered his body through a burst vesicle which resulted from the herpes gladiatorum. The herpes acted as a portal of entry for the organism into the wrestler's bloodstream and without having contracted herpes the osteomyelitis would not have developed.

After several extensive surgeries the wrestler was released from the hospital. His ordeal left him with his right leg at 60% of the strength of his left and his ability to participate in athletics severely hampered. The parents of the athlete sued the camp claiming improper medical care and failure to warn of the dangers.

Although both of these cases are pending in the Minnesota court system, they provide the opportunity to make certain recommendations for wrestling coaches as well as trainers and other sports medicine personnel which are hereinafter provided.

Practitioners who follow these steps will go a long way toward adherence to the appropriate standard of care while also diminishing the possibility for spreading the condition and their own exposure to suit. The outcome of the two previously mentioned Minnesota cases may well dictate a more widespread adoption of such practices by all coaches dealing with these conditions.

RECOMMENDATIONS FOR PRACTITIONERS DEALING WITH HERPES GLADIATORUM

1. Wrestlers should be required to undergo a pre-participation physical examination including a dermatological check of all skin areas and completion of an accurate health status questionnaire.

2. Athletes should be warned as to the possibility of contracting the infectious disease and the complications associated with it. Athletes should be given clear instructions as to what to do if they notice a rash either on themselves or others. Regular daily skin checks should be part of every wrestling coach's pre-practice, pre-competition routine.

3. Wrestling mats and clothing should be cleaned and disinfected prior to every practice and competition.

4. Coaches must be trained to recognize the characteristics of the infection and its early symptoms. If a suspicious rash appears, particularly on the head or neck of an athlete, the athlete should be removed immediately from physical contact until a definite diagnosis can be made.

5. Knowledgeable trainers/physicians should be available for referral of potentially infectious wrestlers.

6. A wrestler who has been diagnosed as having contracted a contagious infection should not be allowed to return to practice or compete until he has been released by a physician in writing.

7. Wrestlers who have the condition should be encouraged to engage in self-examinations on a daily basis during season and to recognize the early onset of symptoms. They should take preventive doses of medication as ordered by their physician and remove themselves from competition and practice when their condition is in doubt.

8. Bandage cover-ups or the taping over of an infection site must not be permitted as such devices will not stop the spread of the condition and can indeed exacerbate the infection.

References

Becker, Kodsi and Baily, et al. (1988) "Grappling with herpes: herpes gladiatorum," American Journal of Sports Medicine 16:665-9.

Hulett vs. Robinson's Intensive Camp, Inc. (1990) (this case has not gone to court; it is being handled by: Robins, Kaplan, Miller & Cirsi, 1500 Landmark Towers, 345 St. Peter Street, St. Paul, MN.

Patrick Nelson v. Bryan Nelson (1991) (this case has not gone to court; it is being litigated by: Randall & Parmater, Ltd. (Tim McCarthy), 601 Lakeshore Parkway, Suite 1290, Minnetonka, MN 55343.

Sharp, D. (1990) "Grappling with a persistent virus," Sports Illustrated 3 (7).

U.S. Department of Health and Human Services, (February 9, 1990)."Herpes Gladiatorum at a High School Wrestling Camp - Minnesota," Morbity and Morality Weekly Report 39(5) .

White,J. (January, 1992). "Vigilance vanquishes herpes gladiatorum," The Physician and Sports Medicine 20(1):56, (which reports that once an athlete feels an "itchy" or "tingly" sensation near the side of the original outbreak the wrestler should begin taking oral acyclovir (Zovirax) which response can greatly reduce the length of the outbreak - from 2 weeks normally to perhaps 2 days).