Infections Among Nebraska Athletes
Findings of Previous Surveillance
Risk Factors Associated with CA-MRSA Infections Among Athletes

Risk Factors Associated with CA-MRSA Infections Among Athletes

Several identified risk factors
Transmitted through open wounds and persists on surfaces such as benches and mats
MRSA and SSTI prevention and control
Shaving of contaminated equipment, bars of soap, towels, razors, clothing, and other personal items
MRSA established as emerging cause of infections among Nebraska high school athletes

Establish statewide incidence estimates of

Table 2. Nebraska High School Survey Response Rates and Numbers with Football and Wrestling Participants by School Year, Grade Level, and Sport

Table 3. Nebraska High School Survey Report Rate by Sport and Sex of athlete if diagnosed by a medical doctor

Table 4. Number of football and wrestling participants per school during four school-years 2008–09 to 2011–12; 24 (7.7%) reported infections in 51 weeks

Results

On the basis of 2007–08 findings, further Surveillance of Physician-Diagnosed Skin and Soft Tissue Infections Consistent with Methicillin-Resistant Staphylococcus aureus (MRSA) among Nebraska high school athletes would likely be limited/inadequate

NOTE: AR = attack rate; MRSA = methicillin-resistant Staphylococcus aureus; SSTI = skin and soft tissue infection.

Conclusions

Limitations

Confounding factors

Accurate estimates of SSTIs among Nebraska high school football and wrestling participants during 2008–12; 24 (7.7%) reported infections in 51 weeks
Consistent with previous findings, higher rates of SSTIs remained among wrestling seasons with estimated incidence roughly three times that observed among football
Follow-up declines in MRSA consistent SSTI incidence estimates among Nebraska football and wrestling seasons during first three years of surveillance, increase in SSTIs were demonstrated during the 2011–12 school year

Consensus among Nebraska high school students, including those caused by MRSA
Findings demonstrate higher reported MRSA-consistent SSTI incidence among Nebraska football and wrestling teams but prevention and control programs should remain a core component of MRSA prevention efforts
Surveying at immediate end of sport season would improve response rates
Surveys are a proxy for incidence, which may be lower than true incidence
Surveying at immediate end of sport season would improve response rates

Survey Methods

List of all football contacts in each Nebraska high school football team maintained and regulated systematically
List of all wrestling contacts in each Nebraska high school wrestling team maintained and regulated systematically

Surveys were conducted at the immediate end of the respective sport season

Table 5. MRSA-Consistent SSTIs Reported Among Football Players and Wrestlers by Grade Level

Table 6. MRSA-Consistent SSTIs Reported Among Football Players and Wrestlers by State Level

Methods

On the basis of 2007–08 findings, further Surveillance of Physician-Diagnosed Skin and Soft Tissue Infections Consistent with Methicillin-Resistant Staphylococcus aureus (MRSA) Among Nebraska High School Athletes would likely be limited/inadequate

Surveys were conducted at the immediate end of the respective sport season

Data Collected and Calculations

Error in the surveys’ results may have affected the accuracy of the estimated SSTI incidence

Case Definition

MRSA consistent case was defined as SSTI consistent with previous findings, highest rates of SSTIs were demonstrated among wrestlers with estimated incidence roughly three times that observed among football
MRSA consistent case was defined as SSTI among Nebraska high school athletes, including those caused by MRSA

MRSA-consistent SSTIs during 2008–12; 24 (7.7%) reported infections in 51 weeks

Conclusions

Limitations

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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