



Bulletin No. 22

November 6, 1992

HIV and Interscholastic Sports Policies for Alaska

Publicity surrounding Magic Johnson's infection with the human immunodeficiency virus (HIV), his participation in the Olympics, and his recent attempt to return to the National Basketball Association has focused attention on the possibility of HIV transmission through participation in sports. Concern among parents, coaches, and athletes is based on the fact that injuries and bleeding often occur during contact sports, and HIV can be transmitted through blood-to-blood contact with an infected individual. This widespread focus on athletic contact as a potential risk factor for HIV infection is misplaced, however, and diverts public attention from the activities repeatedly shown to be involved in HIV transmission: sexual intercourse and sharing contaminated needles and syringes for injection drug use.

As the HIV epidemic continues, we must use our knowledge and resources wisely to prevent transmission of HIV. The risk of HIV transmission through participation in interscholastic sports is infinitesimally small. It is important to remember that HIV is not transmitted through such things as saliva, sweat, tears, urine, respiratory droplets, handshaking, swimming pool water, communal bath water, showers, toilets, food, or drinking water. Numerous organizations including those listed below (1) have carefully reviewed the available scientific evidence and developed recommendations for athletes, coaches, and others who participate in sports. The following recommendations are consistent with the statements of these organizations:

1. Based on current scientific evidence, the risk of HIV transmission due to participation in contact sports is infinitesimally small. There have been no documented instances of HIV transmission between athletes during athletic training or competition.
2. There is no public health basis for excluding a player from participation in any sport because the player is infected with HIV. The decision for an HIV-infected person to continue participation in any sport is a medical decision involving the HIV-infected person and his or her personal physician.
3. There is no medical or public health justification for mandatory or routine HIV testing of participants in any sports activity.
4. Consistent with routine, sound medical practice, all sports teams should employ universal precautions when providing first-aid or cleaning-up blood or body fluids visibly contaminated with blood, as recommended by the National Centers for Disease Control and the Alaska Division of Public Health.
5. Athletes, coaches, and athletic trainers should receive training in prevention of HIV transmission. This training should concentrate on known high-risk behaviors associated with HIV transmission: sexual intercourse and blood-to-blood transmission associated with sharing contaminated drug injection equipment. Risks associated with sharing needles/syringes for anabolic steroid injection should be included in these discussions.

(1)

NCAA Committee on Competitive Safeguards and Medical Aspects of Sports
National AIDS Commission
National Football League
National Basketball Association
United States Olympic Committee Sports Medicine and Science Committee
1992 NCAA Sports Medicine Handbook
National Federation of State High School Associations
American Academy of Pediatrics