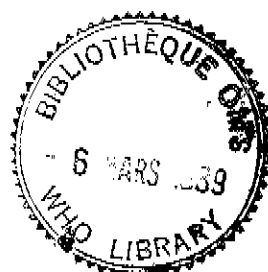

GLOBAL PROGRAMME ON AIDS

CONSENSUS STATEMENT FROM CONSULTATION ON AIDS AND SPORTS

GENEVA
16 JANUARY 1989



WORLD
HEALTH
ORGANIZATION

IN COLLABORATION WITH
INTERNATIONAL FEDERATION
OF SPORTS MEDICINE



Consensus statement from consultation on AIDS and sports

Introduction

Sports medicine practitioners, officials of sports organizations and public health professionals are frequently asked about AIDS and sports activities. To provide guidance on these questions, a consultation on AIDS and sports was convened in Geneva on 16 January 1989 by the World Health Organization's Global Programme on AIDS and the Cardiovascular Diseases Unit of the Division of Noncommunicable Diseases. The Consultation was organized in collaboration with the International Federation of Sports Medicine. Participants included representatives of the Medical Commission of the International Olympic Committee, the International Federation of Sports Medicine, the International Federation for Wrestling, the International Rugby Football Board and several experts on epidemiological and public health aspects of AIDS.

The consultation developed the following consensus statement:

1. No evidence exists for a risk of transmission of the human immunodeficiency virus (HIV) when infected persons engaging in sports have no bleeding wounds or other skin lesions. There is no documented instance of HIV infection acquired through participation in sports. However, there is a possible very low risk of HIV transmission when one athlete who is infected has a bleeding wound or a skin lesion with exudate and another athlete has a skin lesion or exposed mucous membrane that could possibly serve as a portal of entry for the virus.
2. The possible very low risk of HIV transmission through sports participation would principally involve the combative sports with direct body contact and other sports where bleeding may be expected to occur. In such sports, the following procedures should be considered:
 - a. If a skin lesion is observed, it should be immediately cleansed with a suitable antiseptic and securely covered.
 - b. If a bleeding wound occurs, the individual's participation should be interrupted until the bleeding has been stopped and the wound is both cleansed with antiseptic and securely covered or occluded.
3. As in other health care settings, for the safety of personnel drawing blood samples from athletes, protective gloves should be worn.
4. Sports organizations, sports clubs and sports groups have special opportunities for additional meaningful AIDS education of athletes, sports officials and ancillary personnel.

The following should constitute the core of information provided:

- a. HIV can be transmitted through sexual intercourse, blood, and from infected mother to child. Sexual transmission can be either man to woman, woman to man or man to man, and transmission by blood can include any injection practice in which non-sterile needles and/or syringes are used.
 - b. For transmission of HIV through blood to occur during sport, the blood of an infected person must contaminate a lesion/wound or mucous membrane of another person. It should be the responsibility of any athlete participating in a combative sport with direct body contact who has a wound or other skin lesion to report it immediately to a responsible official, and to report for medical attention.
 - c. HIV is not transmitted through saliva, sweat, tears, urine, respiratory droplets, handshaking, swimming pool water, communal bath water, toilets, food or drinking water.
5. There is no medical or public health justification for testing or screening for HIV infection prior to participation in sports activities.
 6. Persons who know they are HIV infected should seek medical counselling about further participation in sports in order to assess risks to their own health as well as the theoretically possible risk of transmission of HIV to others.
 7. Sports organizations, sports clubs and sports groups should be aware of the above recommendations and ensure that all participants, sports officials and ancillary personnel are aware of them. In addition, this may provide the opportunity for reviewing general hygienic practices relating to sports.
 8. National level sports organizations are urged to contact national AIDS committees or programmes for further information regarding HIV infection and AIDS.