LETTER

Blood-Borne Pathogens in Sports

Jouko Karjalainen, MD, and Goran Friman, MD

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TO THE EDITOR:

In their timely article, Mast and colleagues [1] stated that the only outbreak of hepatitis B in sports reported in the medical literature was that seen among sumo wrestlers in Japan in 1980. However, a much larger epidemic occurred among Swedish orienteers (track-finders) in the early 1960s [2]. In that epidemic, more than 600 infected competitors had clinical symptoms, and at least as many subclinical cases occurred. Some cases were also found among orienteers in Norway and Finland. Because no serologic test for hepatitis was available at that time, the orienteers’ hepatitis was initially considered a distinct entity and was even given a diagnosis number (070.01 hepatitis silvatica) in the official disease classification used in Scandinavia from 1969 to 1986. Serum samples were stored, and subsequent testing showed the pathogen to be the hepatitis B virus [3].

Orienteering is a sport in which runners, with the aid of a map and compass, try to find control points in the terrain. At the time of the hepatitis outbreak, the clothes worn by the competitors usually consisted of shorts, short-sleeved shirts, socks, and shoes. Competitors rarely used leg shields. During the races, most of the runners received skin scratches on their extremities. Blood contact probably occurred after the competitions, when hundreds of orienteers bathed in stagnant or slow-moving water. The incidence of hepatitis decreased immediately after preventive measures were introduced. All competitions were cancelled for one season, and protective clothing became compulsory. After some time, adherence to these new rules slackened and hepatitis cases reappeared. After rules were re-enforced, no more cases were discovered. With the exception of a small outbreak in 1981, no further hepatitis B epidemics have been reported among orienteers.

Author and Article Information

Central Military Hospital, Helsinki, Finland; Uppsala University Hospital, Uppsala, Sweden

References


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