International Paralympic Committee



Illness Prevention in a Winter Sports Environment

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Incidence of Illness

Illness 2 x more common In Paralympians v Olympians

Winter > Summer

Incidence of illness by Social Sport – Sochi Paralympics 20



Incidence of Illness by System

Physiological system	Total number of illnesses	Number of athletes with an illness	Proportion of athletes with an illness	Illness incidence rate illnesses/1000 athlete days (95% CI)	
All	123	95	17.4	18.7 (15.1-23.2)	
Respiratory	37	30	55	<u>5.6 (3.8 – 8.0)</u>	
Eye and adnexa	18	17	3.1	2.7 (1.7 – 4.4)	>
Digestive system	16	14	2.6	2.4 (1.4 – 4.2)	
Skin and subcutaneous	16	13	2.4	2.4 (1.3 – 4.6)	1
Genitourinary	8	8	1.5	1.2 (0.6 – 2.4)	alympic
Mental and brain	8	8	1.5	1.2 (0.6 – 2.4)	د.



Incidence of Illness by System

21% of athletes reporting an illness required <u>one or more d</u>ays of exclusion from training or competition

Illness Prevention – Key Issues

Address Major Risks – all athletes

- URTI
- Gastrointestinal infection
- Eye conjunctivitis, keratitis
- Para sport Specific Issues
- Urinary Tract Infection
- Skin breakdown & Infection Residual Limb & Insensate Areas



Infection Control - Prevention

- Hand hygiene good practices are the mainstay of minimising spread of infection.
- Hand washing helps but some products have 'residual activity' i.e. the effect lasts for a few hours after application e.g. Alcohol Gels, First Defence hand foam, Byotrol Active for 8 hours
- Encourage regular use and make available to athletes and staff





Hand Hygiene



Need to be sure that Medics are not Spreading infection in Non-clinical settings



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Athlete Education

- Sleep essential to recovery and immune health
- Diet diet rich in fruit, vegetables and healthy fats to ensure a plentiful intake of micronutrients.
- □ Bottled water, avoid ice
- Vitamin D3 and vitamin C
 supplements may help prevent colds
- Consider taking zinc supplement while you have a cold
- Probiotics





Prevention - Probiotics May Reduce Infection in Athletes

- Study of the effects of a probiotic supplement during 4/12 of winter training in men and women engaged in endurance-based physical activities on incidence of upper respiratory-tract infections (URTIs) and immune marker
- The proportion of subjects on placebo who experienced 1 or more weeks with URTI symptoms was 36% higher than those on Probiotics
- Saliva IgA concentration was higher on probiotics than placebo

LISTEN TO YOUR GUT

Gleeson M., et al (2011) Daily probiotic (Lactobacillus casei Shirota) reduces infection incidence in athletes. International Journal of Sport Nutrition & Exercise Metabolism 21: 55-64

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Probiotics: Effects on URTI and Illness - Meta-analyses



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Probiotics: Effects on URTI and Illness - Meta-analyses



Fewer URTIs Shorter Duration Severity Unchanged



Proposed mechanisms for reducing illness in gastrointestinal and respiratory tract

- Direct interaction with the gut microbiota
- Promotion of the integrity of the intestinal mucosa
- Interaction with the mucosal immune system
- Immune signalling to a variety of organs and systems including the liver, brain and respiratory tract





Practical issues for athletes considering the use of probiotic supplementation



Published in: David B. Pyne; Nicholas P. West; Amanda J. Cox; Allan W. Cripps; European Journal of Sport Science 2015, 15, 63-72

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Practical issues for athletes considering the use of probiotic supplementation

- Take a daily dose of probiotic containing Lactobacillus and/or Bifidobacterium species containing at least ~10¹⁰ live bacteria
- Probably better than multi-strain probiotics as different strains can produce different effects which may oppose each other.
- Take the probiotic in the morning with breakfast.
- Probiotics may need to be taken for several weeks before positive health effects can be expected



Published in: David B. Pyne; Nicholas P. West; Amanda J. Cox; Allan W. Cripps; European Journal of Sport Science 2015, 15, 63-72



Infection Risks



- Environment Close proximity living
- 🗌 Room
- Apartment
- 🗆 Village
 - Dining
 - Transport
- Sports Venue
- The other team!





Infection Control – Limitation



- Monitor good hygiene practices
- Early detection encourage reporting of symptoms
- Consider early use of First
 Defence nasal spray or zinc
 lozenges (>75 mg zinc/day) for
 cold symptoms
- Team Specific Infection Control
 Policy document





Infection Control Policy





□ Isolate ill athletes

□ Set aside room in village

Infection control monitoring

□ RTP protocol

Neck check



Eye Problems





- Previously unreported in sports med literature
- Increased tear evaporation cold, altitude., air conditioning
- Under uncontrolled exposure to ultraviolet irradiation
- Or associated with URTI?



Eye Problems



Prevention UV Eye Protection Lubricant drops Reduce URTI incidence



Urinary Tract Infection



- Commonest cause of *disabling* (time loss) infection in SCI athletes
- 'Hero to Zero' in hours
- Education
 - Hydration
 - Hand hygiene

Urinary Tract Infection







Urinary Tract Infection









Infection – Early Detection UTI



 Athletes susceptible to urinary tract infections will be offered dipstick testing on entry to camp and village and if positive sent for culture.

Early intervention with correct antibiotics







STD Prevention





















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Thank you for your attention

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