

Covid 19: Additional Medical Information for GAA Clubs on COVID-19

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1. COVID-19 Disease

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by a newly discovered coronavirus called SARS CoV-2. The virus appears to be highly infectious and at present there is no effective treatment or vaccine. Our knowledge of the effect the virus has on the population continues to increase at a rapid pace. It is important to note that this document reflects the information and research gathered as of the time of its circulation. Public health guidance remains fluid and the content may change based on new scientific information and government recommendations.

Most people infected with the COVID-19 virus will experience no symptoms or mild to moderate respiratory illness and recover without requiring special treatment. Those who are infected may be infectious for 48 hours before symptoms appear. Based on current knowledge, younger healthy people are less likely to develop severe symptoms. *However, if infected, they may spread the disease to their families, friends, colleagues and teammates.* Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, obesity and cancer are more likely to develop serious illness.

Governments have introduced measures to suppress transmission of the infection. These include social distancing measures, restrictions on public gatherings, quarantine measures and strict limitations on travel to and from other countries in an effort to slow the spread of the virus and to enable the health services to cope with the increased demands.

The best way to prevent and slow down transmission is be well informed about the virus, how it spreads and what the symptoms are. Protect yourself and others from infection by washing your hands for at least 20 seconds, using an alcohol-based rub frequently and not touching your face.

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important that you always practice respiratory etiquette (for example, by coughing into a flexed elbow) and avoid others. You should contact your doctor if you have symptoms such as a fever, a dry cough or shortness of breath.

Safe return to contact sports requires personal responsibility of each player and backroom team members,

careful monitoring of public health indicators of virus infectivity rates and R0 number, ramping up of the availability of virus PCR testing and contact tracing

2. Personal Risk, Personal Responsibility

Unless and until a successful vaccine or effective antiviral agent is developed, COVID-19 will pose a risk. Young, healthy athletes appear to be less likely to develop severe symptoms, based on findings internationally in the present pandemic. Regular exercise is beneficial for the immune system. Prolonged high-intensity exercise as seen in professional athletes may lead to a degree of immune suppression. The physical, social and psychological benefits of being involved in a team sport are difficult to quantify but are very significant. For players involved in team sports, the vacuum created in their absence can lead to anxiety and depression, and predispose to alcohol abuse and gambling. Players may be concerned about the potential for transmitting infection to a vulnerable relative or contact. Individual players, with the appropriate support and without any pressure, should be free to balance the risks of participation against the benefits.

3. Comparison of Symptoms - COVID-19/Flu/Cold

Symptoms	Coronavirus (SARS CoV2) Symptoms range from mild to severe	Flu Abrupt onset of symptoms	Cold Gradual onset of symptoms
Fever or chills	Common	Common	Rare
Cough	Common (usually dry)	Common (usually dry)	Mild
Shortness of breath	Common	No	No
Fatigue	Common	Common	Sometimes
Aches and pains	Common	Common	Common
Sore throat	Sometimes	Sometimes	Common
Headaches	Sometimes	Common	Rare
Runny or Stuffy Nose	Sometimes	Sometimes	Common
Feeling sick or vomiting	sometimes	Sometimes	No
Diarrhoea	sometimes	Sometimes in children	No
Sneezing	No	No	Common

4. Infected Person

An infected person is a person who has had a positive PCR (laboratory) test confirming the presence of COVID-19.

5. Potentially Infected Person

A potentially infected person is someone who:

- has symptoms or signs suggestive of COVID-19
- is awaiting results of testing following a close contact (see below)

6. Close Contact

A close contact is someone who has:

- had contact with an infected person (being contact within 2 metres and for >15 minutes);
- provided direct care to an infected person without using proper personal protective equipment.
- stayed in the same close environment as an infected person (including sharing a workplace, classroom or household or being at the same gathering) for any amount of time;
- travelled in close proximity with (that is, within 1 m separation from) an infected person in any kind of conveyance.

7. Casual Contact

- Any individual who has shared a closed space with a case for less than two hours.
- Any individual who has shared a closed space with a case for longer than two hours, but following risk assessment, does not meet the definition of a close contact.

8. Contact Tracing

Contact tracing is when health services identify who has been in close contact with someone who has an infection. The public health service will determine if you are at risk of catching it. In the case of coronavirus, it is about:

- Identifying who someone presumed / confirmed to have COVID-19 has been in contact with
- Identifying to what extent they were in contact with the individual presumed / confirmed to have COVID-19
- Establishing if that person is at risk of catching the virus themselves, and providing them with advice

9. Clusters

A confirmed case amongst a club / intercounty team may result in more than 1 positive case which will be deemed a case cluster requiring :

- public health notification
- self-isolation of all squad
- possibly opponents if case arose following a match session.
- Association needs to plan for the same in terms of squad support, best practice and fixture planning and communication channels.

10. R-value

The R-value is the reproductive infection rate (the number of people infected by a single individual with the virus).

11. Testing for COVID-19

Currently, individuals are referred by their GP or Public Health for diagnostic tests.

- PCR testing (test used to confirm presence of COVID-19 virus) – If an individual is suspected to have an acute infection of COVID-19, they may be tested by having a swab of their nose and throat taken. The sample is used to detect the virus and confirm whether the individual is infected or not. It should be
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noted that:

- This testing is not perfect, there are missed cases (false negative)
 - A positive test means the individual must isolate at home
 - **'Close contacts' of an infected person** (defined above), from 2 days prior to the infected person becoming symptomatic, must also be tested.
- Antibody testing – this is a pin-prick test. This test is under development and aims to measure the presence of antibodies (proteins made by the body to fight the virus) in the blood of individuals who have been exposed to the virus. It is hypothesised that the presence of an antibody will indicate that you have had the infection in the past however scientific research is ongoing to determine if the presence of the antibody ensures that you are immune and, if so, how long that immunity lasts. These tests are currently undergoing scientific validation.

These tests may identify individuals who have:

- been exposed and may be immune however this has to be determined by scientific research
- as part of a wider national screening programme to determine the seroprevalence of infection in Ireland

12. Risk Groups

Coronavirus (COVID-19) can make anyone seriously ill. There are 2 categories that are particularly vulnerable:

- [very high risk](#) (also called extremely vulnerable)
- [high risk](#)

13. Very High Risk Group (also called extremely vulnerable)

- are over 70 years of age - even if you're fit and well
- have had an organ transplant
- are undergoing active chemotherapy for cancer
- are having radical radiotherapy for lung cancer
- have cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
- are having immunotherapy or other continuing antibody treatments for cancer
- are having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
- have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- severe respiratory conditions including cystic fibrosis, severe asthma, pulmonary fibrosis, lung fibrosis, interstitial lung disease and severe COPD
- have a condition that means you have a very high risk of getting infections (such as SCID, homozygous sickle cell)
- are taking medicine that makes you much more likely to get infections (such as high doses of steroids or immunosuppression therapies)
- have a serious heart condition

14. Advice for Very High Risk Groups

If you are in a very high-risk group, you need to cocoon.

Players and support teams need to take extra precautions if they have family members in these groups to adhere to public health advice and limit close contact where possible. Hygiene measures outlined above and self isolation in the event of onset of symptoms or being identified as a close contact of someone who is positive will reduce the risk of transmission to anyone in this group.

15. High Risk Groups

The list of people in high risk groups includes people who:

- are over 60 years of age
- have a learning disability
- have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
- have heart disease (such as heart failure)
- have high blood pressure (hypertension)
- have diabetes
- have chronic kidney disease
- have liver disease (such as hepatitis)
- have a medical condition that can affect your breathing
- have cancer
- have a weak immune system (immunosuppressed)
- have cerebrovascular disease
- have a condition affecting your brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis, or cerebral palsy)
- have a problem with your spleen or have had your spleen removed
- have a condition that means you have a high risk of getting infections (such as HIV, lupus or scleroderma)
- are taking medicine that can affect your immune system (such as low doses of steroids)
- have obesity
- are residents of nursing homes and other long-stay settings
- are in specialist disability care and are over 50 years of age or have an underlying health problem

16. Advice for High Risk Groups

Protect yourself from coronavirus by:

- [staying at home](#)
- [social distancing](#)
- [washing your hands regularly and properly](#)

You do not need to self-isolate unless you have symptoms of coronavirus.

17. Masks

Role of masks/face coverings

- Public Health advice on the use of masks in public has been updated. The current recommendation is to use masks in closed space where a distance of 2 metres cannot be maintained.
- Team Doctors/Physiotherapist should wear masks in treatment areas as it is difficult to maintain the 2 metre distance outlined above. Additional PPE should be used in limited situations where there is a concern that an individual is infected or suspected to be infected in line with what happens in a health care setting
- Face masks are not intended to protect the wearer but rather to reduce the risk of spreading the virus
- Surgical or N95 masks may prevent contraction and spread of the disease. Masks of this quality are however, in short supply, and should be reserved for health care workers.
- Hand-made cloth masks help to prevent droplet spread from loud talking, laughing, coughing and sneezing. They also prevent users from touching their faces – preventing spread via surface contact.
- Recent studies have proposed that many infections occur when the individual spreading the virus has no symptoms. There is increasing scientific evidence that, routine use of masks in closed spaces is a helpful, cost-effective step which shows that you and your Club are doing all they can to prevent the spread of the disease.
- People wearing face coverings should be reminded not to touch their face covering and to wash their hands frequently.
- Proper use and removal is important
- It is challenging for children to wear face masks. If there is indoor activity, coaches and supervisors should wear masks as much as possible

18. Immunity and Public Health Infection Rate Indicators

The R0 value is a public health surveillance tool that indicates the infectivity of one individual to others. The lower the number the better. This is tracked by the Department of Health and will determine the need to loosen or tighten restrictions. Sporting activity will be determined by government advice.

Many infections confer immunity on a person who has been infected. This is determined by doing a blood test looking for antibodies to the infection. Efforts are underway to identify the best antibody test as this needs to undergo scientific validation to determine what it means, how strong is the immunity and how long does it last. Once it is proven to be worthwhile it will help determine an individual's immunity and that of our communities and population. It is hoped that there will be a future role for the antibody test in confirming immunity.
