

Low Prevalence of MRSA in Physiotherapy and Gym Facilities in a Greek Refugee Camp

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Abstract:

An etiology of skin and soft tissue infections (SSTI) is commonly associated with *S. aureus* and *S. pyogenes*. A wet environment, physiotherapy procedures, towels and massages are commonest risk factors. Football players often require physiotherapy procedures after a match. The aim of this study was a survey on MRSA among amateur football players in a Greek refugee camp.

Conflict of interest:

The authors whose names are listed in the title of the article certify that they have NO affiliations with or involvement in any organization or entity with any financial interest (such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, or other equity interest), or non-financial interest (such as personal or professional relationships, affiliations, knowledge or beliefs) in the subject matter or materials discussed in this manuscript.

Introduction

Football is a popular outdoor activity often used as a social intervention in refugee camps to prevent cabin fever and promote healthy social and physical interactions. However, sportsmen are at risk of acquiring SSTI usually caused by *S. aureus*. Wet towels, close contact at a match, physiotherapeutic procedures and massages are risk factors. The aim of this study was to assess the proportion of MRSA among football players in the refugee camp at Veria, Greece, which serves about 5,000-7,000 migrants waiting for asylum procedures.

Patients and Methods

Two teams of different nationalities (Iraq and Syria) regularly playing football matches in the camp were screened with skin swabs for MRSA presence. In total, 44 skin swabs were obtained after football matches and physiotherapy procedures. The samples were sent for CLSI-based testing to the National Reference Laboratory for Antimicrobial Resistance in Nitra, Slovakia.

Results and discussion

Among 44 players screened, only 8 pathogenic isolates were cultivated, two of them were *S. aureus* and other 6 *Candida albicans*. All *S. aureus* isolates were susceptible to methicillin. According to recently published surveys, prevalence of MRSA among football players is from 15% to 33%. A probable explanation of our findings is a lower consumption of ATB among the migrant population. Other factors, such as lower towel use, less physiotherapy procedures, decreased overcrowding in the camp and some others, can also contribute to low MRSA prevalence in this sporting community.

Conclusion

The prevalence of MRSA skin colonization in migrants who play football in the refugee camp remains low. Increased hygiene and regular towel changing should be useful measures which will keep resistance levels low in the future.

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