

Mononucleosis and Return to Participation Sports Policy

## Purpose

This policy offers guidance regarding safe and timely return to play following an illness of Infectious Mononucleosis (IM or ^ u } v . The policy is intended to ensure the safety of student/athletes, provide guidance to healthcare providers at Health Services and offer a better understanding of IM to those who are involved with student athletes. The policy is based on the natural history of IM, current scientific literature and consensus statements.

## Background

The primary factors governing return to play decisions are: The presence of an enlarged spleen (ie splenomegaly) risks of complication and the resolution of acute illness. Splenomegaly occurs to some degree in about 50% of IM cases (Burroughs 2000). The risk of splenic rupture is increased when splenomegaly is present. Though splenic rupture is uncommon (occurring in 0.1-0.5% of all cases (Putukian, 2008)), it carries potentially serious complications including life-threatening bleeding. When splenic rupture does occur it is mainly seen prior to the 3rd week of illness although it has been reported up to 7 weeks (Putukian 2008). Rupture can be spontaneous or associated with modest trauma. Any activity prior to 3 weeks of illness carries an increased risk of splenic rupture. In ultrasound studies spleen size is within 2 weeks of illness and the majority resolved by 4-6