



## Returning to play in the context of COVID-19: The Rugby Europe experience and challenges

### *COVID-19 sürecinde spora dönüş: Avrupa Rugby deneyimi ve zorlukları*

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The COVID-19 pandemic, declared by the World Health Organization in March 2020, has disrupted everyone's lives and has had a significant impact on sport, particularly contact sports such as rugby union (1). Rugby Europe is the European governing body of rugby union and its top fifteen and sevens competitions have just resumed across the continent in February 2021 after being suspended for 11 months. To support the resumption of activity across Europe, Rugby Europe has developed and implemented a robust Return To Play Protocol (2). This protocol, which was developed by the Rugby Europe Player Welfare Steering Group in the summer and autumn of 2020, considers a number of different health and testing issues, most of which are found in other sporting protocols (1).

These protocols need to be broad and inclusive, going beyond testing and achieving the active participation of all stakeholders. Clear definitions of roles, the need to isolate and limit contact, and also preventive measures to be taken (including hand hygiene, use of face masks, clarity on circuits to be used, temperature and symptoms, regular examinations, among others) are as important as the testing protocol to be implemented. Further details can be found on the World Rugby website (2).

However, testing is a very important part of the Rugby Europe RTP protocol. A RT-PCR test is required for all players and support staff, in less than 72 hours prior to playing or traveling to the host country, for both Fifteens internationals and Sevens' tournaments.

In addition, for Fifteen international matches, an antigen test is required to be performed in less than 24 hours before kick-off (2). By the end of March 2021, 2179 SARS-COV2 tests

had been performed at our competitions (1090 RT-PCR and 1089 antigen tests) and only one RT-PCR test was positive (positive rate of 0.1%). Most importantly, despite the identification of this case, none of the players and staff in close contact tested positive in the following 4 weeks and, furthermore, none of the matches were canceled or postponed (3). Later, during the preparation of the international window of July, two teams reported cases in their training camp, which led to the postponement of two Rugby Europe Championship matches. However, this occurred during the isolation period and outside the mandatory testing window as per the RE RTP protocol.

For the sevens' tournaments, where competitions can last up to three days, the protocol calls for an additional PCR test to be conducted in less than 24 hours before the first day of the competition, instead of an antigen test. In June and July, Rugby Europe was able to host 13 international events across Europe. From men's to women's, under 18's to seniors, and lower to upper ranks, all scheduled events took place. In the process, more than 3500 PCR tests were carried out by players, coaches, officials and volunteers. Again, there was only one positive case that did not result in infection (positive rate of 0.028%).

This again highlights the low risk of infection in contact sports, previously reported by Jones et al (4), but also the strength of hygiene protocols as described by DiFiori et al and Cruz-Ferreira AM et al (1,3). If we are able to collaborate with all actors aiming to contain other high-risk activities (e.g., social gatherings, meals, or others) using these protocols, the possibility of detecting and controlling the risk of infection within sports teams increases.

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However, we are facing new challenges regarding risk reduction strategies in sport and how federations and associations, as well as Health Authorities, should address them, as high vaccination rates, especially in developed countries, may influence perceptions of the need for testing and other risk reduction strategies. While it is true that vaccinated individuals can still become infected and transmit the disease, it is also true that the infection rate among vaccinated individuals is only 0.3% (5). Moreover, creating a less stringent framework for vaccinated individuals could help motivate those who have not yet vaccinated to do so. Therefore, most unions and federations that include testing in their return-to-play protocols during the pandemic exempt already vaccinated individuals (or those recovering from the disease) from undergoing testing if they are asymptomatic (6). As of September 2021, Rugby Europe has decided to adapt its protocol to also exempt vaccinated players, staff and officials from undergoing the first PCR test, which must be performed in less than 72 hours before travel or kickoff.

We recognize that the end of the pandemic may not be as close as we would like and that the new variants and low vaccination rates in some countries may present significant uncertainty. However, after 18 months of experience, we believe that individual responsibility and the use of best practices are at least as important as testing protocols and that this should be our primary focus.

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