

RAIN ROT (DERMATOPHILOSIS)

Medicine and Health Policy Unit, Brief information for counselling services and sauna operators
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Since late 2025, clusters of a rare skin infection caused by the actinobacterium *Dermatophilus congolensis* have been reported in several European countries. Most cases have been associated with visits to gay saunas; a further outbreak has been reported in contact sports. Among cases associated with gay saunas, PrEP users and MSM living with HIV have been particularly common.

Importantly, rain rot is not a sexually transmitted infection (STI). Close skin contact and moist, macerated skin are the key factors. The infection is generally mild and readily treatable. There is no reason to avoid saunas.

What is rain rot – and how is it transmitted?

Dermatophilosis – referred to here as **rain rot** – is a **long-recognised zoonosis caused by *Dermatophilus congolensis* that only rarely affects humans**. It primarily affects animals, particularly horses and ruminants. In horses, it typically occurs when the skin remains wet for prolonged periods – hence the name “rain rot”.

Moisture plays a central role: it promotes the release of the bacterium’s motile infectious forms (“zoospores”) while also macerating the skin. Sweat, friction and shaving may further compromise the skin barrier.

Saunas and contact sports therefore share important conditions: **moist or sweaty, macerated skin + friction + close skin contact**.

The most likely route of transmission is **direct skin-to-skin contact**; indirect transmission via towels, textiles or surfaces is also possible. Sex may provide an opportunity for intensive skin contact but is **not a specific route of transmission**.

“*Rain Rot: Moisture plays a central role –
moist or sweaty, macerated skin + friction + close skin contact.*”

What does rain rot look like?

Typical manifestations include **small papules or pustules, scaling or crusting**, sometimes accompanied by itching. Lesions may occur in the genital or groin area, on the buttocks, trunk, legs or face; mucosal involvement is not characteristic. The few cases observed to date have predominantly been mild and are treatable. Suspicious skin lesions should be medically assessed.

Could doxy-PEP play a role?

Alongside the increasing use of doxycycline für STI treatment and **doxy-PEP**, several unusual clusters of skin infections are currently being observed among MSM, including rain rot, infections with the fungus *Trichophyton mentagrophytes* genotype VII, and folliculitis caused by the bacterium *Klebsiella aerogenes*.

Whether doxy-PEP plays a role has not been investigated, but an association is biologically plausible: repeated antibiotic use can alter the **skin microbiome** and may reduce **colonisation resistance against other microorganisms**. Whether doxy-PEP thereby creates ecological niches for unusual skin pathogens and contributes to the clusters being observed is a **hypothesis that warrants investigation**.

More information on Doxy-PEP, the microbiome and antimicrobial resistance.



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What can be done?

There is no reason to avoid saunas.

- **Dry the skin thoroughly** after using a sauna and showering.
- Use **your own towels** and do not share damp towels.
- **If possible, avoid shaving immediately before visiting a sauna**, particularly in the genital area.
- If pustular, weeping or crusted skin lesions are present, **avoid close skin contact** and seek medical assessment.

The extent to which these measures reduce the risk of infection has not yet been studied.

For sauna operators: Maintain consistent cleaning and hygiene, ensure hygienic handling of towels and other textiles, and provide factual information to guests. Where cases have been identified, additional cleaning measures and targeted information may be appropriate.

BACKGROUND | WHAT ACTUALLY IS AN STI?

Not every infection that can be transmitted during sex is therefore a sexually transmitted infection (STI). STIs are infections whose transmission is typically specifically associated with sexual contact or sexual practices. Sex involves close skin and mucosal contact and can consequently facilitate the transmission of pathogens whose route of transmission is not specifically sexual. Examples include the dermatophyte *Trichophyton mentagrophytes* genotype VII currently being observed among MSM, and possibly the recently observed inflammation of the hair follicles (folliculitis) caused by *Klebsiella aerogenes* ST117. Sex may similarly provide an opportunity for rain rot to be transmitted through close skin contact – this does not make it an STI.

The widespread equation “STI = transmission through body fluids” is equally incorrect. Depending on the pathogen, STIs are transmitted in very different ways: **HIV and hepatitis B** can be transmitted through specific body fluids; **hepatitis C** primarily through blood; **gonorrhoea and chlamydia** through contact with infected mucosa or mucosal secretions; and other infections through **direct contact with infectious skin**.

***Dermatophilus congolensis* is a pathogen of the superficial skin. Body fluids play no role in its transmission; transmission through semen or other sexual secretions is biologically implausible.**