Scrum pox

This condition is more often the result of infection by the herpes simplex virus or cold sore virus. It may also be caused by bacterial infection, usually staphylococcus aureus, with the development of a characteristic 'golden crust' of impetigo. Sometimes a fungal infection may have a similar appearance. All of these infections are highly contagious when active, and mass outbreaks in sports clubs are not uncommon ¹.







Herpes Simplex

Impetigo

Fungal infection

Scrum pox is usually associated with rugby; the presence of skin lesions combined with the abrasive effects of facial stubble whilst scrummaging facilitates the transmission of infection. Other sports associated with this condition include judo and wrestling. Infection may also be spread by sharing towels or equipment.

Treatment may require the use of an antiviral, antibiotic or antifungal agent available as a cream or tablets, which would be prescribed by a doctor. Prevention depends on the exclusion of infected players until the condition has resolved.

Herpes is characterized by a rash with clusters of painful fluid-filled blisters, often on the face and neck. The infection can also be accompanied by swelling of the lymph nodes, fever, sore throat, and headache.¹

Each blister is teeming with infectious viral particles. Close contact, particularly abrasive contact as found in contact sports, causes the infected blisters to burst and pass the infection along.

Autoinoculation (self-infection) can occur through self-contact, leading to infection at multiple sites on the body. ² Proper hygiene is important and RFU guidelines prohibit infected players from returning whilst the site is still infective. The referee may not permit you to play if you still have an obvious rash.

¹ Sharp JCM (1994-06-24). "ABC of Sports Medicine: Infections in sport" (Education and Debate). <u>BMJ</u>: 1702-1706. http://www.bmj.com/cgi/content/full/308/6945/1702.

² Anderson BJ. Skin Infections in Minnesota High School State Tournament Wrestling: 1997-2006. Clin J Sports Med. 2007.17(6):478-480.