



Sarpy/Cass Department of Health & Wellness

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FACT SHEET

Ringworm (Tinea)

Ringworm is a fungal infection of the skin that often develops as a circular area. Common medical names are tinea and dermatophytosis. It can affect anyone's scalp (tinea capitis), beard (tinea barbae), body (tinea corporis), groin/perineal area (tinea curis or "jock-itch") or feet (tinea pedis or "athlete's foot"). It lives in the environment on people's skin, surfaces, clothing, towels, and bedding. Treatment is different and will be specific to the different fungi and the affected areas.

<http://www.cdc.gov/fungal/diseases/ringworm/index.html>

Cause: A skin infection caused by a fungus (dermatophytes)

Symptoms: Body: Ringworm appears as single or multiple flat, reddish round-shaped lesion(s) with a red raised border. The edge of the lesion may be dry and scaly or moist and crusted. As it spreads outward, the lesion's center often becomes clear and normal in appearance.

Scalp: Ringworm may be hard to detect in the early stages. It often begins as a small scaly patch on the scalp. Mild redness and swelling may occur. Infected hairs become brittle and break off easily leaving scaly patches of temporary baldness.

Spread: By direct contact with lesions of infected people, pets, or from contaminated objects where fungi survive (shower stalls, floors, changing mats, locker room surfaces—benches, wrestling mats etc.) Ringworm will easily enter when there are breaks in the skin by friction, abrasion (e.g. mat or 'rug burns' on wrestlers), or excessive perspiration (under arms or private areas) especially in warm, humid temperatures. To prevent spread of infection, children should not share hats, combs, towels, clothing or personal items that may be contaminated.

Incubation: The first symptoms may appear within 4-10 days after exposure.

Contagious Period: Contagious as long as infected lesion(s) are present and fungus persists on contaminated material or objects. The fungus can live on contaminated objects for long periods of time if not cleansed and disinfected. Communicability is greatly reduced once treatment has begun.

Exclusion:

During treatment, infected individuals should be excluded from gymnasiums, swimming pools, and activities likely to lead to close contact of others. Infected individuals need not be excluded from school or work 24 hours after treatment is started. Keep area covered when possible.

Treatment and Prevention:

1. Thorough bathing with soap and water, removal of scabs and crusts and application of an effective antifungal ointment (miconazole, ketoconazole, clotrimazole, enconazole, naftifine, terbinafine, tolnaftate or ciclopirox) may be take care of it. Oral medication (griseofulvin) is effective; as are oral itraconazole and oral terbinafine.
2. Launder towels and clothing with hot water and/or fungicidal agent; general cleanliness in public showers and dressing rooms (repeated washing of benches; frequent hosing and rapid draining of shower rooms)
3. Antifungal ointments are often used for treating ringworm. Oral medications may also be necessary when infection of the hair or scalp is more severe.
4. Household contacts, including pets, should be checked for signs of infection. If you suspect ringworm in your household members, contact your physician so that treatment can be started as soon as possible.
5. Observe good hand washing technique among all children and adults.
6. Clean and disinfect bathroom surfaces and sanitize toys daily.

Bleach Disinfectant:

- ¼ cup bleach in 1gallon of water
- 1 Tablespoon bleach in 1 quart of water
- PREPARE FRESH SOLUTION DAILY.

OR

Commercial disinfectant that is EPA approved

Follow directions of the manufacturer.

Bleach Sanitizer (Use non-scented):

- 1 Teaspoon bleach in 1 gallon water
- ¼ Teaspoon in 1 quart of water
- Spray on surface. Do not rinse. Air dry.
- PREPARE FRESH SOLUTION DAILY

