

What is tinea corporis or ringworm?

Ringworm of the body is a fungal disease of body skin in general. Ringworm of the scalp is *Tinea capitis*. *Tinea pedis* is ringworm of the foot or athlete's foot. *Tinea cruris* is ringworm of the groin or private area (males are infected more often than females). Treatment often differs with the different types of fungi and the body region affected.

Who gets ringworm?

Anyone can get ringworm.

How is ringworm spread?

The fungus that causes the disease occurs worldwide and is transmittable by direct contact with infected humans, animals, or contaminated objects where the fungi persist (e.g. shower stalls, floors or locker room surfaces such as benches or wrestling mats). Fungi will readily enter skin that has been broken by friction, abrasion (e.g. mat or 'rug burns' on wrestlers), or excessive perspiration (under arms or private areas), especially when environmental temperatures and humidity are high.

What are the symptoms of ringworm?

The fungal disease appears characteristically as a reddish round-shaped lesion with a red raised border. It may occur as a single sore or multiple sores may be present. The sore(s) may look reddish, be fluid filled or may be dry and scaly or moist and crusted. As the circular lesion spreads from the center toward the outer edge, the center often clears and returns to a normal appearance. An itching sensation in or around the sore's border is common.

How soon do symptoms appear?

The first symptoms usually appear from 4 - 10 days after contact with the fungi.

How long can an infected person spread ringworm?

The skin fungus can be spread as long as the lesion(s) are present and live fungus persists on contaminated materials or objects.

Should infected persons be excluded from school or work with ringworm?

While being treated, infected persons should be kept out of gymnasiums, swimming pools and other activities likely to lead to close contact exposure of others. Infected persons do not need to be excluded from work or classroom settings.

What is the treatment for ringworm?

Thorough bathing with soap and water, removal of scabs and crusts, and the application of an effective topical (e.g. creams, lotions or ointments) fungicide such as miconazole, ketoconazole, ciclopiroxole, econazole, naftifine, terbinafine, tolnaftate or ciclopiroxole may be all that is needed to treat the fungus. If topical treatment(s) do not work a doctor may prescribe an anti-fungal pill. A prescription medication, Griseofulvin, given by mouth is effective; oral itraconazole is useful in griseofulvin-resistant ringworm.

How can the spread of ringworm be stopped?

- Children infected with ringworm should not participate in contact sports.
- While being treated, infected school children must be kept from gymnasiums, swimming pools and activities likely to lead to close contact with other children.
- Clothing and bedding must be laundered frequently.
- Investigate for the source of infection. Examine school contacts, household pets and farm animals and treat their infections as needed.
- Launder towels and clothing in hot water and a commercial fungicidal agent. Clean showers and dressing rooms of gymnasiums with frequent hosing and rapid draining of shower rooms. Fungicidal agents should be used regularly to disinfect benches, wrestling mats, and floors.