

Ringworm

(Tinea)

Clinical Description:

Ringworm is an infection caused by a fungus which can affect the skin on the body (*Tinea corporis*), scalp (*Tinea capitis*), groin area (*Tinea cruris* “jock itch”), or feet (*Tinea pedis* “athlete’s foot”). Ringworm usually begins as a small red bump or papule that spreads outward, so that each affected area takes on the appearance of a red, scaly outer ring with a clear central area. The lesions are frequently itchy and can become infected if scratched.

Incubation Period:

The incubation period varies depending on the type of ringworm. The incubation period for *Tinea capitis* is 10 to 14 days, *Tinea corporis* and *Tinea cruris* is 4 - 10 days, and the incubation period for *Tinea pedis* is unknown.

Mode of Transmission:

Transmission is usually by direct contact with a human or animal source. *Tinea capitis* can also be transmitted by inanimate infected objects such as the back of seats, combs, brushes, or hats. *Tinea cruris*, *corporis* and *pedis* can be contracted from places such as shower stalls, benches, contaminated floors, and articles used by an infected person.

Period of Communicability:

A person can spread ringworm as long as lesions are present and viable fungus persists on contaminated materials and surfaces.

Exclusion/Reporting:

According to the 2009 American Academy of Pediatrics *Red Book*, students with a fungal infection of the skin should be referred to a medical provider for treatment; however, students who fail to receive treatment do not need to be excluded unless the nature of their contact with other students could potentiate spread. Similar guidance would be appropriate for staff as well.

Outbreaks:

According to the ISDH Communicable Disease Reporting Rule (410 IAC 1-2.3) the definition of an outbreak means cases of disease occurring in a community, region, or particular population at a rate in excess of that which is normally expected. The local health department should be notified of suspected and/or documented cases of Ringworm if the number of cases is in excess of what is normally experienced in your school or occur with a common connection (same class, sports team, etc.). For additional information and recommendations regarding the preparation for, and the management of an outbreak situation in a school setting, see Appendix A, “Managing an Infectious Disease Outbreak In a School Setting.”

Prevention/Care:

- Students infected with *tinea pedis* should be excluded from swimming pools, and from walking barefoot on locker room and shower floors until treatment has been initiated.
- Students with *tinea capitis* should be instructed not to share combs, hats, hair accessories, or hair brushes
- Clean and drain school shower areas frequently.

Other Resources:

Indiana State Department of Health Quick Facts Page (found on disease/condition page):

<http://bit.ly/12IJLfD>

National Institutes of Health:

<http://www.nlm.nih.gov/medlineplus/ency/article/001439.htm>

Centers for Disease Control and Prevention:

<http://www.cdc.gov/fungal/diseases/dermatophytes>