

# Ringworm

## Dear Parent or Guardian,

Ringworm is a common skin infection amongst school-aged children and can be easily spread to others at home or in the school setting. Below is detailed information on ringworm that you will find helpful. The Ohio Department of Health's Communicable Disease Chart shares that a child with scalp and skin lesion must be excluded for 24 hours after appropriate treatment is initiated. Students are also to be excluded from contact sports until lesions are gone to prevent spread.

## About Ringworm

Ringworm is a common skin infection that is caused by a fungus. It's called "ringworm" because it can cause a circular rash (shaped like a ring) that is usually red and itchy. Anyone can get ringworm. The fungi that cause this infection can live on skin, surfaces, and on household items such as clothing, towels, and bedding.

Most areas of the body seen in school that can be affected by ringworm include:

- Feet (tinea pedis, commonly called "athlete's foot")
- Scalp (tinea capitis)
- Other parts of the body such as arms or legs (tinea corporis)

## Sources of Infection

The fungi that causes ringworm can live on skin and in the environment. There are three main ways that ringworm can spread:

### 1. From a person who has ringworm.

People can get ringworm after contact with someone who has the infection. To avoid spreading the infection, people with ringworm shouldn't share clothing, towels, combs, or other personal items with other people.

### 2. From an animal that has ringworm.

People can get ringworm after touching an animal that has ringworm. Many different kinds of animals can spread ringworm to people, including dogs and cats, especially kittens and puppies. Other animals, like cows, goats, pigs, and horses can also spread ringworm to people.

### 3. From the environment.

The fungi that cause ringworm can live on surfaces, particularly in damp areas like locker rooms and public showers. For that reason, it's a good idea not to walk barefoot in these places.

## Ringworm Risk & Prevention

Who gets ringworm?

Ringworm is very common. Anyone can get ringworm, but people who have weakened immune systems may be especially at risk for infection and may have problems fighting off a ringworm infection. People who use public showers or locker rooms, athletes (particularly those who are involved in contact sports such as wrestling), people who wear tight shoes and have excessive sweating, and people who have close contact with animals may also be more likely to come in contact with the fungi that cause ringworm.

## Symptoms of Ringworm Infections

Ringworm can affect skin on almost any part of the body as well as fingernails and toenails. The symptoms of ringworm often depend on which part of the body is infected, but they generally include:

- Itchy skin
- Ring-shaped rash
- Red, scaly, cracked skin
- Hair loss

Symptoms typically appear between 4 and 14 days after the skin comes in contact with the fungi that cause ringworm.

### **Treatment for Ringworm**

The treatment for ringworm depends on its location on the body and how serious the infection is. Some forms of ringworm can be treated with non-prescription (“over-the-counter”) medications, but other forms of ringworm need treatment with prescription antifungal medication.

**Important Fact: Did you know that steroid creams can make ringworm worse and over-the-counter lotions like Gold Bond do not treat ringworm. See suggestions for treatment below.**

- **Ringworm on the skin** like athlete’s foot (tinea pedis) and jock itch (tinea cruris) can usually be treated *with non-prescription* antifungal creams, lotions, or powders applied to the skin for 2 to 4 weeks. There are many non-prescription products available to treat ringworm, including:
  - Clotrimazole (Lotrimin, Mycelex)
  - Miconazole (Aloe Vesta Antifungal, Azolen, Baza Antifungal, Carrington Antifungal, Critic Aid Clear, Cruex Prescription Strength, DermaFungal, Desenex, Fungoid Tincture, Micaderm, Micatin, Micro-Guard, Miranel, Mitrazol, Podactin, Remedy Antifungal, Secura Antifungal)
  - Terbinafine (Lamisil)
  - Ketoconazole (Xolegel)

For non-prescription creams, lotions, or powders, follow the directions on the package label. Contact your healthcare provider if your infection doesn’t go away or gets worse.

- **Ringworm on the scalp** (tinea capitis) usually needs to be treated with prescription antifungal medication taken by mouth for 1 to 3 months. Creams, lotions, or powders don’t work for ringworm on the scalp. Prescription antifungal medications used to treat ringworm on the scalp include:
  - Griseofulvin (Grifulvin V, Gris-PEG)
  - Terbinafine
  - Itraconazole (Onmel, Sporanox)
  - Fluconazole (Diflucan)

### **You should contact your healthcare provider if:**

- Your infection gets worse or doesn’t go away after using non-prescription medications.
- **Important Fact! *Ringworm on the scalp needs to be treated with prescription antifungal medication.***

### **Exclusion from School:**

- The Ohio Department of Health’s Communicable Disease Chart shares that a child with scalp and skin lesions must be excluded for 24 hours after appropriate treatment is started. Students are also to be excluded from contact sports until lesions are gone to prevent spread.

**Resources/References:**

1. Centers for Disease Control and Prevention,  
<https://www.cdc.gov/fungal/diseases/ringworm/definition.html>, April 6, 2020
2. Ohio Department of Health and Ohio Department of Jobs and Family Services,  
<http://www.odjfs.state.oh.us/forms/num/JFS%2008087/pdf/>