RINGWORM

What is Ringworm?

A fungal infection that may affect the body, scalp or hair. It starts as a tiny, red spot, which slowly grows in a circular fashion, clearing in the center as it enlarges. The edge remains red and scaly. No scabs, pus or crusts are formed as in impetigo. Most children have a single lesion, but on occasion, a child develops additional lesions. It is usually seen on arms, face or neck, but may occur elsewhere on the body. Flakes similar to dandruff or scaly places on the scalp may be seen, or places where the child has lost hair.

How is it spread?

Ringworm is spread by direct skin to skin contact, or by using items such as clothes, towels or hairbrushes that were used by someone with the infection.

Gyms, shower stalls or floors can be a source for transmission of fungus if used by someone with ringworm.

Animals can carry some types of fungi on their fur or skin without showing signs of an infection. This could be a source of infection.

How is Ringworm treated?

Follow your doctor’s advice for proper treatment. Treatment may include antifungal cream applied to the site of infection, and/or oral medication.

Period of Communicability:

Communicability lasts as long as lesions are present, but is reduced once treatment has begun.

The student is to be excluded from school until treatment has begun. The infected area should be covered when the student returns to school. Scalp lesions do not have to be covered, but a dandruff shampoo should be used to reduce shedding of infectious material.

How is Ringworm prevented?

Direct contact should be avoided. Children should be instructed not to share clothing, towels, hairbrushes or other personal items. Keep skin, hair and nails clean and dry. Scratching spreads the infection and should be discouraged. Proper laundering of clothes, bedding and towels is essential.