

**What is ringworm?**

Ringworm is not an actual worm. It is a fungal infection that may affect the body, feet or scalp.

**Who is at risk for ringworm?**

People of all ages are at risk; however, it is most common in children. Animals can also develop ringworm and can pass the infection to people or other animals.

**What are the symptoms of ringworm?**

On the body, skin develops one or more red, circular patches with raised edges and central clearing. The skin of the feet may be cracked and the skin between the toes may be scaly. The scalp develops patchy areas of dandruff-like scaling with or without hair loss and redness and scaling of scalp with broken hairs or patches of hair loss. For all types of ringworm, patches may begin small and grow in size as the infection progresses.

**How soon do symptoms appear?**

- With ringworm of the body (*Tinea corporis*), the symptoms usually appear in 6 days to three weeks after infection.
- It is unknown how soon symptoms appear after a person has been infected with ringworm of the foot but is thought to be one to three weeks after infection (*Tinea pedis* and *Tinea unguium*).
- With ringworm of the scalp (*Tinea capitis*), the symptoms usually appear in one to three weeks after infection.

**How is ringworm spread?**

Ringworm can be spread by contact with infected humans, animals or contaminated surfaces or objects. Examples include touching the scaly patches of infected people or pets or sharing combs, brushes, towels, clothing or bedding.

**When and for how long is a person able to spread the disease?**

People can spread ringworm for as long as patches on the skin are present. However, it is unknown how long the fungus may persist on contaminated materials and surfaces.

**How is a person diagnosed?**

Laboratory testing can be used to diagnose ringworm.

**What is the treatment?**

Depending on the type of ringworm you have, anti-fungal medications that are applied to the affected skin or

taken orally may be prescribed. Antibiotics will not work against ringworm.

### **Does past infection make a person immune?**

No.

### **Should children or others be excluded from day care, school, work or other activities if they have ringworm?**

No. However, they should be excluded from certain activities that are likely to expose others to the fungus, such as using communal swimming pools or showers, sharing towels, sharing gym equipment or wrestling.

Children receiving treatment for ringworm of the scalp may attend school once they start taking medication.

All others may attend work, school and other activities provided good hygiene and hand-washing is practiced.

### **What can be done to prevent the spread of ringworm disease?**

Preventing the spread of ringworm disease will depend on the type of ringworm a person has been diagnosed as having.

- For ringworm of the body, general recommendations include treating infected people early, keeping infected area clean and avoiding direct contact with skin lesions.
- For ringworm of the feet, general recommendations include treating infected people early, keeping infected area clean, avoiding public areas where ringworm can be spread easily (e.g., swimming pools, gym showers) and maintaining proper foot hygiene.
- For ringworm of the scalp, general recommendations include treating infected people early; keeping infected area clean; examining siblings and other household contacts; and not sharing ribbons, combs or hairbrushes.

### **Additional Information:**

Additional information is available by calling the North Dakota Department of Health at 800.472.2180.

### **Resources:**

- 1) *Red Book: 2015 Report of the Committee on Infectious Diseases*. 30<sup>th</sup> ed. [Children in Out-Of-Home Care]. Kimberlin, DW; Brady, MT; Jackson, MA; Long, SS. American Academy of Pediatrics. 2015: 132-151.
- 2) *Red Book: 2015 Report of the Committee on Infectious Diseases*. 30<sup>th</sup> ed. [Tinea Corporis]. Kimberlin, DW; Brady, MT; Jackson, MA; Long, SS. American Academy of Pediatrics. 2015: 781-783.
- 3) *Red Book: 2015 Report of the Committee on Infectious Diseases*. 30<sup>th</sup> ed. [Tinea Pedis and Tinea Unguium]. Kimberlin, DW; Brady, MT; Jackson, MA; Long, SS. American Academy of Pediatrics. 2015: 784-786.
- 4) *Red Book: 2015 Report of the Committee on Infectious Diseases*. 30<sup>th</sup> ed. [Tinea Capitis]. Kimberlin, DW; Brady, MT; Jackson, MA; Long, SS. American Academy of Pediatrics. 2015: 778-781.
- 5) Control of Communicable Disease Manual, 20th Edition-2015, Heymann, David, MD ed.