

Ringworm

Dear Parent or Guardian,

You are being provided with this fact sheet:

- because you or your child may have been exposed to ringworm. If you believe your child has developed ringworm, contact your medical provider. Notify your child care provider, school, or preschool immediately after the diagnosis has been made.
 - for informational purposes only.
-

What is ringworm?

Ringworm is a common fungal infection. Despite its name, it has nothing to do with worms. The name comes from the characteristic red ring that can appear on an infected person's skin. This fungal infection can affect the skin on the body, scalp, feet, groin area, and under the nails. When it is on the feet, it is called "Athlete's Foot".

What are the symptoms of ringworm?

Ringworm begins as a small round red spot on the skin that grows in size. As it reaches the size of a pea to a dime, the center clears and the lesions begin to have a ring shape. The edges of the ring are red and can be dry and scaly or wet and crusty. When ringworm is on the scalp, infected hairs may become brittle and break off easily. A bald patch of scaly skin might also develop. Yellowish crusty areas sometimes develop on the scalp. When it is on the feet, the skin is scaly and cracked, particularly between the toes. The time between exposure to the fungus and symptoms is usually 4 to 10 days for ringworm of the body, and 10 to 14 days for ringworm of the scalp.

How is ringworm spread?

Ringworm is spread when a person has direct contact with the rash from an infected person or indirect contact with contaminated surfaces such as gym mats, floors, towels, clothing, or shower stalls. Dogs and cats that have ringworm can easily spread the fungus to people. Cows, goats, pigs, and horses can also pass ringworm to people. In rare occasions, it can be spread via soil.

Where does ringworm live?

The fungus that causes ringworm can live in humans, dogs, cats, other animals, and soil. The fungus can survive on contaminated objects for long periods of time, sometimes up to 18 months.

Who is at risk for ringworm?

Anyone who is exposed to the fungus can get an infection.

How is ringworm diagnosed?

Your doctor will diagnose ringworm primarily based on the appearance of the skin. The diagnosis may be confirmed by inspecting scrapings from the skin under a microscope or by a culture. If the infection involves the scalp, observation of the scalp with a special blue light can provide the diagnosis.

Child Care Health Program

401 Fifth Avenue ■ Seattle, WA 98104-1818 ■ tel: 206.263-8262 ■ fax: 206.205.6236

Adapted from the Snohomish Health District

How is ringworm treated?

Treatment for ringworm of the skin may include antifungal ointments. Over-the-counter antifungal ointments that contain miconazole, clotrimazole, or similar ingredients are often effective. Prescription antifungal skin medications, such as ketoconazole, are stronger than over-the-counter products and may be needed. Infections of the scalp or nails are treated with oral medications. Early recognition and treatment are needed to slow the spread of infection and to prevent re-infection. It can take several weeks for the infection to clear. Lack of or inadequate treatment can result in an infection that will not clear up.

How is the spread of ringworm reduced?

- Keep the infected area covered with bandages or clothing.
- Keep affected skin clean and dry.
- Disinfect all solid surfaces with a solution of bleach and water or a commercial disinfectant with a fungicide. If using bleach on toys or food contact surfaces, use a sanitizer according to product instructions. Diaper changing stations and bathrooms should be disinfected according to product instructions.
- Disinfect sleeping mats and gym mats after each use.
- Vacuum carpets daily and discard the vacuum bag daily. If using a bag-less vacuum, empty and clean the canister outside daily.
- Wash sheets, clothes and pajamas every day while infected. Wash in hot water and use a hot dryer.
- Take infected pets to a veterinarian to get appropriate treatment. Avoid close contact with infected pets. Frequently groom pets to avoid infection.
- Wash hands thoroughly after applying fungal ointment and touching animals.
- Properly dispose of bandages.
- Wear sandals or shoes at gyms, lockers, and pools.
- Do not share clothing, towels, pillows, hair brushes, hats, or other personal items.
- Remove stuffed animals, dress-up clothes, and other soft items from the child care room during an outbreak. Cover couches, chairs, and other cloth furniture. Wash items in hot water and use a hot dryer.
- Keep rooms well ventilated. Open windows regularly.

Exclude from group setting?

At the end of the day, the child should see a health care provider and, if ringworm is confirmed, the child should start treatment before returning. If treatment is started before the next day, no exclusion is necessary. However, the child may be excluded until treatment has started. Skin lesions should be kept covered. Athletes with ringworm of the body in sports with person-to-person contact cannot participate in matches for 72 hours after starting treatment unless area can be covered.

Reference: *American Academy of Pediatrics*

- [Managing Infectious Diseases in Child Care and Schools](#) pages 141-142

This document was printed from the Seattle King County Child Care Program website by your child care or school. It is for information only and is not meant as a substitute for consultation with your health care provider. This document is not valid after 07/2020.

Child Care Health Program

401 Fifth Avenue ■ Seattle, WA 98104-1818 ■ tel: 206.263-8262 ■ fax: 206.205.6236

Adapted from the Snohomish Health District