



Ringworm

What is ringworm?

- Ringworm of the body (also called tinea corporis) is a common fungal skin infection. Despite its name, it is not caused by a worm. It appears as a rash on the skin and is common in children.
- Ringworm is a fungal infection, not a parasite
- It is common, treatable, and usually mild

What does it look like?

- Round or oval rash with raised scaly edges
- Often red or pink on lighter skin and brown, purple, or gray on darker skin
- Center of the rash may look clearer as it spreads outward (a “ring” shape)
- May be itchy, but usually not painful
- Reference pictures can be found at [HealthyChildren.org](https://www.healthychildren.org) or by scanning



How did they get it?

- Ringworm spreads through direct contact with:
 - Another person who has ringworm
 - Animals (especially kittens, puppies, cats, and dogs)
 - Sharing mats, toys, dress-up clothes, or nap bedding
 - Contaminated objects such as towels, clothing, sports equipment, mats, or bedding
 - Moist environments (locker rooms, shared showers)
- The fungus grows best in warm, damp areas of the skin.

Preventing the Spread of Ringworm

- Start treatment (see next page)
- Wash hands often with soap and water. Keep the affected area clean and dry
- Do not share towels, clothing, hats, hair accessories, sports equipment, or bedding.
- Use a clean towel after bathing and avoid using the same towel on infected and uninfected skin.
- Wash towels, bedding, and clothing in hot water and dry on high heat
- Avoid bathing with siblings until treatment has started and is improving.
- Clean and disinfect shared surfaces and items regularly.

How is it treated?

- Most cases are treated with over-the-counter antifungal creams. Examples of options are shown on right:
 - OTC creams contain one of these ingredients **Clotrimazole, Tolnaftate, Butenafine (≥ 12 yrs), or Terbinafine (≥ 12 yrs)**
 - Apply a thin layer to the rash and 1–2 cm beyond the edges
 - Use twice daily for at least 2–4 weeks
 - Continue treatment 1 week after the rash looks gone
- Do not use steroid creams alone (like hydrocortisone). These can make ringworm worse or harder to diagnose.
- For severe, widespread, or non-improving cases, we may recommend referral to a dermatologist and/or prescribe oral antifungal medication.



Contagiousness and return to school/sports:

- Yes. Ringworm can spread skin-to-skin or through shared items. Once treatment is started, the risk of spreading it drops significantly.
- Children can usually return to school or daycare after starting treatment
- For contact sports (wrestling, gymnastics): lesions should be covered and treatment started; some schools require 24–72 hours of treatment before return

Preventing Ringworm in the Future

- Keep skin clean and dry, especially skin folds and between the toes.
- Change socks and underwear daily.
- Wear sandals or flip-flops in locker rooms, public showers, and around pools.
- Keep hairbrushes, combs, and hair accessories clean and do not share them.
- Avoid sharing pillowcases and towels.
- Check pets for areas of hair loss or scaly skin and contact a veterinarian if concerns arise, as pets can carry ringworm.

When should I call PAA?

- The rash is on the face, scalp, or groin
- The rash is spreading quickly or very painful
- There is pus, fever, or you are concerned
- The rash does not improve after 1–2 weeks of proper treatment