1. **What is ringworm?**
Ringworm is a contagious fungal infection of the skin (tinea corporis), scalp (tinea capitis), feet (tinea pedis), and the nails (tinea unguium). 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.

2. **What are the signs and symptoms of ringworm?**
   - Ringworm of the body shows up as a flat, round patch anywhere on the skin except for the scalp and feet. The groin is a common area of infection. As the rash gradually expands, its center clears to produce a ring and there may be scales on the edges. More than one patch might appear, and the patches can overlap. The area is sometimes itchy.
   - Ringworm of the scalp begins with a small pimple that becomes larger, leaving scaly patches of temporary baldness. Infected hairs become brittle. Yellowish crusty areas sometimes develop.
   - Ringworm of the foot is also called “athlete’s foot.” It appears as a scaling or cracking of the skin, especially between the toes.
   - Ringworm of the nails causes the infected nails to become thicker, discolored, and brittle, or to become chalky and disintegrate.

3. **Incubation period:** Approximately 10 - 14 days

4. **Contagious period:** Unknown, but likely infectious as long as lesions are present with viable fungus.

5. **How does infection with ringworm occur?**
People can get ringworm by direct skin-to-skin contact with an infected person or pet. People can also get ringworm indirectly by contact with objects or surfaces that an infected person or pet has touched, such as hats, combs, brushes, bed linens, stuffed animals, gym mats, and shower stalls. In rare cases, ringworm can be spread by contact with soil.

6. **How can infection with ringworm be prevented?**
The fungus is very common and it is contagious even before symptoms appear. Steps to prevent infection include the following: educating the public about the risk of ringworm from infected persons and pets; keeping common-use areas clean, especially in schools, day-care centers, gyms, and locker rooms; using District-approved disinfecting solutions on sleeping mats and gym mats; and, avoiding the sharing of clothing, towels, hair brushes, or other personal items. Infected persons can prevent infection from spreading by: completing treatment as instructed even after symptoms disappear; avoiding sharing personal items with others; and, minimizing contact with others by covering lesions.

7. **Is there a treatment for ringworm?**
Ringworm can be treated with an anti-fungal medicine. The medicine can be in tablet or liquid form taken by mouth, or as a cream applied directly to the infected area. Anti-fungal creams can be purchased in a pharmacy, without a prescription, for ringworm of the skin and foot. More extensive infections and ringworm of the scalp and nails usually require a prescription medication.

8. **What are the circumstances in which ringworm could be significant?**
Lack of or inadequate treatment can result in an infection that will not clear up.

9. **Exclusion:** Yes, at the end of the school day for treatment.

10. **Readmission:** Once treatment is started, reasonable effort should be made to cover exposed skin lesions. Readmission may be granted by school staff or private physician.