

TINEA Corporis (Ringworm of the Body)

What is Tinea Corporis?

Tinea Corporis or ringworm of the body is a fungal disease of the body skin in general. Ringworm of the scalp is Tinea Capitis. Tinea Pedis is ringworm of the foot or athlete's foot. Tinea cruris is ringworm of the groin and perianal region (males are infected more often than female). Treatment often differs with the different types of fungi and the body regions affected.

Who gets Tinea Corporis or ringworm?

Anyone can get ringworm.

How is Tinea Corporis or ringworm spread?

The fungi that causes the disease occurs worldwide and are transmissible by direct contact with infected humans, lesion of animals or contaminated objects where the fungi persists (e.g. shower stalls, floors or locker room surfaces such as benches or wrestling mats). Fungi will readily enter non-intact skin that has been broken by friction, abrasion, (e.g. mat or "rug burns" on wrestlers) or excessive perspiration (under arms or inguinal areas), especially when environmental temperatures and humidity are high.

What are the symptoms of Tinea Corporis or ringworm?

The fungal disease appears characteristically as a well-defined reddish round-shaped lesion with a defined border. It may occur as a single lesion or more than one lesion may be present. The lesion(s) may look reddish, be fluid filled and/or may be dry and scaly or moist and crusted. As the circular lesion progresses from the center toward the outer border, the central area often clears and returns to a normal appearance. Itching sensation in or around the lesion border is common.

How soon do symptoms appear?

The first symptoms usually appear from four to ten days after contact with the fungi.

How long can an infected person spread Tinea Corporis or ringworm?

The skin fungus is considered communicable as long as the lesions(s) are present and visible fungus persists on contaminated materials or objects.

Should infected persons be excluded from activities?

While under treatment, infected persons should be excluded from gymnasiums, swimming pools and activities that are likely to lead to contact exposure to others. Infected persons do not need to be excluded from work or classroom settings.

What is the treatment for Tinea Corporis or ringworm?

Thorough bathing with anti-bacterial soap and water, removal of scabs and crusts and application of an effective topical fungicide such as miconazole, ketoconazole, iclopiroxzole, econazole, naftifine, tervinafine, tolnaftate or ciclopiroxzole may suffice. If topical treatments do not work, a doctor may prescribe an anti-fungal pill. A prescribed medication called, griseofulvin given by mouth is effective; oral itraconazole is useful in griseofulvin-resistant ringworm.

How can the spread of Tinea Corporis or ringworm be stopped?

- Report infection of any wrestler or family member to a coach
- While under treatment, infected wrestlers should not participate
- Concurrent disinfection: Effective and daily laundering of clothing
- Investigation of contacts and source of infection; treat infections as indicated
- Launder towels and clothing in hot water and/or fungicidal agents
- Shower/bathe every night and use anti-bacterial soap
- Disinfect wrestling mats daily

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## **MRSA (Methicillin-Resistant Staphylococcus Aureus)**

### WARNING SIGNS

- Signs of a staph infection resemble a pimple, boil or even spider bite that becomes swollen. Treat the boil with a warm compress, but if it does not go away, or becomes more swollen, see a doctor, especially if it becomes very swollen, red and painful in a relatively short period of time.
- It's best to have the boil lanced so a doctor can get a culture of the wound and identify it.
- Most are treatable with antibiotics, but make sure to take all medicine, even if you are feeling better.

## KEYS TO PREVENTION

The steps for preventing a staph infection are similar to another bug prevalent in the winter: influenza. Staph infections are common where people live and work in close environments, such as locker rooms, military boot camps, day care, prisons and gyms.

- Wash hands often with plain soap and water. If not in a place where you can use soap and water, use an alcohol gel sanitizer. Limit use of antibiotic soap.
- Cover cuts and scrapes with bandages until well-healed and don't touch other people's wounds. Clean any wounds with soap and water and use an antibacterial ointment, such as Neosporin, before bandaging.
- Don't share personal items such as razors, towels or equipment. If equipment has to be shared, it should be cleaned with Lysol or a bleach solution in between users. Exercise mats should also be wiped down with a bleach solution.
- Wipe down gym equipment with a disinfectant before using and put a towel between yourself and the equipment, if possible.

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PREVENTING MRSA

- **Wash hands frequently** with soap and warm water or use an alcohol-based hand sanitizer.
- **Report cuts, scrapes, wounds or skin lesions.** Alert coaches, school nurses and wellness center staff to injuries or wounds, especially if health professionals advise exclusion from sports.
- **Cover draining wounds** with clean, dry bandages. Pus from infected wounds can contain staph and MRSA. Follow care instructions. Discard bandages or tape with the regular trash.
- **Do not share personal items** such as towels, washcloths, razors, clothing, or uniforms that possibly contacted the infected wound or bandage. Launder soiled sheets, towels and clothes. Dry clothes in a hot dryer, rather than air-drying, to kill bacteria.

Source: Delaware Division of Public Health

STAPH AND MRSA AT A GLANCE

WHAT IS IT? Staphylococcus aureus ("staph") bacteria often live in the nose or on the skin of healthy people. Staph infections result when staph bacteria penetrate the skin or invade other parts of the body. The staph bacterium resistant to methicillin and related antibiotics is methicillin-resistant Staphylococcus aureus, or MRSA.

WHAT CAN IT DO? Staph infections can cause surgical wound infections, urinary tract infections, bloodstream infections and pneumonia. These more serious infections occur most frequently among individuals with weakened immune systems who are admitted to hospitals, nursing homes and other health care facilities where the bacteria is often present.

However, staph and MRSA infections are increasingly occurring outside health care facilities. These have been called community-acquired MRSA (CA-MRSA) infections and usually cause only pimples and boils in otherwise healthy people.

HOW IS IT TREATED? Early diagnosis and treatment are crucial. In the case of pimples or boils, doctors drain them and most people recover within a few days.

Despite MRSA's resistance to commonly prescribed antibiotics such as methicillin, oxacillin, penicillin and amoxicillin, several other antibiotics can be prescribed.

According to Jeff Hageman, an epidemiologist with the U.S. Centers for Disease Control and Prevention, "The infections we hear happening in schools are MRSA skin infections which may not need antibiotics at all."

Source: Delaware Division of Public Health