Ringworm of the Scalp (Tinea Capitis)

Tinea capitis is also called ringworm of the scalp, but it’s not caused by a worm. It’s a fungus infection. A fungus is a germ that is too small to see.

Ringworm is very contagious (spreads easily) among children. It most often happens in children 4 to 7 years old. However, it can happen in children as young as 1 year of age. It is rare in adults.

How the Infection Spreads

The fungus usually spreads when a child:

- Comes in direct contact with the head or hairs of someone who has ringworm.
- Uses a comb, brush, hat, stuffed toy, towel, or pillowcase of an infected person.
- Comes in contact with an infected animal.

Symptoms

- Ringworm can be on parts of the scalp or all of it. The scalp will have:
  - Round, bald patches with black dots where the hair has broken off (Picture 1). Blonde-haired children will have blonde dots.
  - Dry raised scales and crusty bumps. These might drain pus and be tender.
  - Itchiness.
- Sometimes a child may have lumps (swollen glands) in the neck and back of the head.
- Ringworm usually doesn’t cause fevers.

Picture 1  The scalp will have round, bald spots.
Diagnosis

Your child’s doctor or health care provider can tell if they have ringworm by the way their scalp looks. Sometimes, they may send a bit of the scaly skin and/or hairs for testing. It usually takes 2 to 3 weeks to get the test results back.

Treatment

Ringworm won’t go away on its own. Medicine and a special antifungal shampoo can cure it. Treatment should start early to prevent scarring or damage to the scalp. It may take many weeks to go away.

- Your child’s doctor or health care provider will prescribe a medicine to be taken by mouth for 1 to 3 months. The medicine goes through the blood to the scalp and into the growing hairs to stop the fungus from growing.
  - With some medicines, your child may need to eat fatty foods, such as whole milk, cheese, ice cream, or yogurt to help the medicine work better.
  - The infection may come back if your child stops the medicine too early.

- Do not use over-the-counter (OTC) creams or ointments. These might work for ringworm on the body or athlete’s foot, but they do not work for ringworm of the scalp.

- Your child’s doctor or health care provider will suggest or prescribe a special antifungal shampoo (Picture 2). The shampoo will make it harder for the fungus to spread to others. It is not a cure by itself.
  - Do not shave your child’s head.
  - All household members, even those not infected, should also use the antifungal shampoo to reduce their risk of infection. They should use it 2 to 3 times a week for about 6 weeks.

Prevention

- No one should share combs, hairbrushes, hats, stuffed toys, towels, or pillowcases with others.

- Soak combs and hairbrushes in a mixture of half bleach and half water for 1 hour each day. Do this for the first 3 days after you start giving the medicine and using the antifungal shampoo.
• Wash towels in warm, soapy water after each use. Rinse and dry.
• Wash your hands after touching pets and animals.
• Some OTC dandruff shampoos (Selsun Blue® or Head and Shoulders®) can help prevent the spread of the fungus. Ask your doctor or health care provider about these.

More Information

• Some children who have ringworm need to stay home from school. Your child’s doctor or health care provider will tell you when they may go back.
• If your child takes the medicine for longer than 6 to 8 weeks or needs to repeat the course of treatment, they may need blood tests to check for side effects of the medicine.
• The places where hair has fallen out will usually grow back after your child finishes their treatment. It may take several months.

When to Call the Doctor

Call your child’s doctor or health care provider if:
• The infection is not getting better after 4 weeks of therapy.
• Patches on their scalp drain pus and are painful.
• They have a fever or temperature:
  – Of 104°F Fahrenheit (F) or 40°C Celsius (C) or above.
  – Above 102°F (38.9°C) for more than 2 days or it keeps coming back.
These things could mean that your child may also have a bacterial infection.