**Treatment Guidelines FOR HEALTH STAFF**

**Fungal Skin Infections**

Authorized health and wellness staff may treat fungal skin infections as follows:

There are many OTC and prescription antifungal agents available for the treatment of tinea pedis, corporis and cruris. Only one, clotrimazole (e.g., Lotrimin) is mentioned below.

**Athlete’s Foot (tinea pedis)**

1. Clotrimazole 1% cream should be applied to affected areas twice each day for at least 21 days. It may take up to 4 weeks for successful treatment and subsequent maintenance therapy once each day may be necessary.

2. Students should keep feet as dry as possible at all times. Feet should be dried thoroughly after bathing before putting on socks. Socks made of synthetic materials are best at wicking away excess moisture and keeping feet dry. Socks made of wool or cotton tend to trap in excess moisture. When possible, slip-on shoes and open shoes are recommended. When possible, sweaty feet should be washed and dried, and footwear replaced by cool, clean, dry socks and shoes. The infection is contagious and shower shoes are recommended for use in public showers or locker rooms. Light, breathable shoes are best and footwear should be alternated on successive days to give each pair a chance to fully dry between uses. Treatment of shoes with antifungal powder may reduce recurrence.

**Ringworm (tinea corporis)**

1. Clotrimazole 1% cream should be applied to affected areas and one inch around the area twice each day for at least 21 days. It may take up to 4 weeks for successful treatment.
2. It can spread on contact to other parts of the body, or to other people. Students should be told not to share towels, clothing or athletic equipment.
3. If extensive or not improving with topical treatment, consider oral antifungal treatment, such as terbinafine 250 mg once daily for 1-2 weeks, or itraconazole 200 mg once daily for one week.

**Jock Itch (tinea cruris) and other intertriginous fungal infections**

1. Clotrimazole 1% cream should be applied to affected areas twice each day for at least 21 days. It may take up to 4 weeks for successful treatment.
2. It can spread on contact to other parts of the body, or to other people. Students should be told not to share towels, clothing or athletic equipment.
3. Students with jock itch and other fungal rashes in areas where skin meets skin should keep these areas as cool and dry as possible at all times. The areas should be dried thoroughly after bathing and before dressing. Loose fitting underwear and clothing are preferable when possible. Use moisture-wicking synthetic underwear and be sure to shower and put on a fresh pair after working out.

# Tinea Versicolor

1. First line options for treatment include the following:

* Clotrimazole 1% cream applied to affected area once daily for two weeks OR
* Selenium sulfide 2.5% shampoo or lotion applied daily to affected areas for 7 days. Wash off after 10 minutes.

1. Educate student that skin color change (hypo or hyperpigmentation) can continue for months despite effective treatment.

1. If frequent recurrence, widespread involvement or resistant cases (defined as ongoing scale and KOH positive skin scraping), oral treatment options include:

* Itraconazole 200 mg once daily for 5 days **OR**
* Fluconazole 300 mg once per week for two weeks

**Note:** Students should not be excluded from class or recreational activities due to fungal skin infections.

**WHEN TO REFER TO THE CENTER PHYSICIAN**

* If the rash/lesion(s) does not clear after 4 weeks of therapy
* If unsure whether the diagnosis is fungal infection