

RINGWORM

HAND, FOOT & MOUTH

COMMUNICABLE
DISEASE



Winter 2016

NEWSLETTER



RINGWORM

Ringworm is caused by a fungal infection that develops on the top layer of the skin. The skin will have a red circular rash ; often with clear skin in the middle. Ringworm gets its name because of its appearance. No worm is involved. The fungus feeds on the keratin in the nails, skin, hair and dead skin cells. The fungus can infect the body (tinea corporis), feet (tinea pedis-athlete's foot), the scalp (tinea capitis) and groin area (tinea cruris-jock itch).

SYMPTOMS

Ringworm typically begins as a flat red scaly area on the skin which develops a raised border that expands outward and forms a circular ring. The contours of the ring may be quite irregular, resembling the wavy outline of a worm. The interior of the ring may be clear, scaly or have red bumps. The rash can be very itchy.

COMMUNICABILITY

Ringworm spreads by direct skin-to-skin contact with an infected person, animal or object. The incubation period for the body is 4-10 days and 10-14 days for the scalp. Your doctor can diagnose ringworm simply by looking at the rash or by examining skin scrapings under a microscope. When a person scratches the affected area, the fungus can then spread to other areas of the body.

TREATMENT

Your doctor will advise you on what type of antifungal medication to use, over the counter or a prescribed medication. Ringworm is very persistent and can take weeks to eliminate. Follow your doctor's orders. The ringworm fungus has been shown to live more than a year on surfaces.

PREVENTION

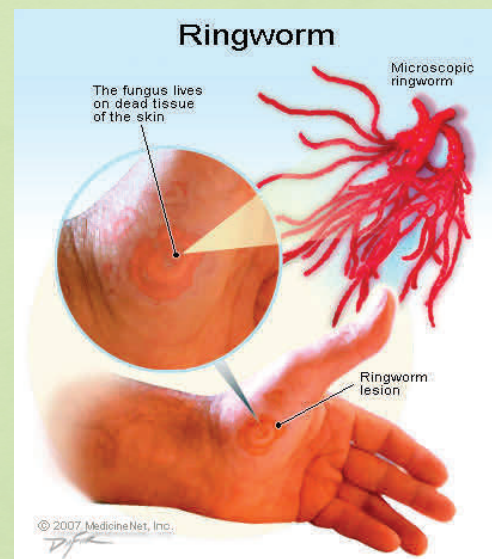
Ringworm is difficult to prevent. The fungus that causes ringworm is common and very contagious even before symptoms appear. You can reduce your risk of contracting ringworm by taking these steps:

- **Keep Clean.** Wash your hands often to avoid the spread of infection. Keep common or shared areas clean, especially in schools and child care centers.
- **Don't Share personal items.** Don't let others use your clothing, towels, combs, etc.
- **Avoid infected animals.** Ringworm on an animal looks like a patch of missing fur. Ask your veterinarian to check your pets for ringworm.
- **Continue treatment for 2 weeks after area appears to be healed.**

RESOURCES

<http://www.mayoclinic.org>

www.cdc.gov



HAND, FOOT and MOUTH DISEASE (HFMD)

Hand, Foot and Mouth (HFMD) is a viral infection that is seen in infants and children; it may also affect adults who have contact with infected children. HFMD is caused by coxsackievirus A 16 which is an enterovirus. HFMD outbreaks are common in summer and early fall. HFMD is not the same as Foot and Mouth disease, which is an animal disease.

SYMPTOMS

Cold like symptoms are fever, sore throat, malaise, nausea and vomiting. Small white blisters appear in the mouth 2-5 days after onset of fever. Blisters may then spread to face, palms of hands, soles of feet and buttocks. The symptoms usually resolve in 7-10-days.

COMMUNICABILITY

HFMD is highly contagious and is spread through contact with respiratory secretions, fluid from the blisters and feces. The infected person is the most contagious during the first week of illness when the only symptoms they may have are cold-like symptoms. Incubation is 3-5 days.

TREATMENT

Palliative care is appropriate for HFMD as there is no treatment or vaccine for the disease. Give patient non-aspirin products for fever, encourage increase in fluid intake, give cold beverages or popsicles and use mouth sprays to numb mouth pain. Cover open blisters on hands and feet.

PREVENTION

HFMD is prevented by avoiding direct contact with an infected person. Washing your hands and using good hygiene will help prevent the spread of HFMD. Disinfecting surfaces with a 10:1 solution of bleach will decrease HFMD transmission to others. People with HFMD are excluded from work and school until fever and blisters are resolved.

RESOURCES

www.cdc.gov

www.mayoclinic.org



**COMMUNICABLE DISEASE
REPORTED FOR SAGINAW COUNTY
FOR THE QUARTER
10/01/2016-12/31/2016**

Disease	No. Reported
AIDS, AGGREGATE	0
ANIMAL BITE	42
CAMPYLOBACTER	3
CHIKUNGUNYA	0
CHLAMYDIA (Genital)	284
CRYPTOSPORIDIOSIS	2
FLU LIKE DISEASE	1724
GASTROINTESTINAL ILLNESS	1206
GIARDIASIS	1
GONORRHEA	114
HEAD LICE	80
HEPATITIS B ACUTE	0
HEPATITIS B CHRONIC	4
HEPATITIS C ACUTE	0
HEPATITIS C CHRONIC	27
INFLUENZA	32
LEGIONELLOSIS	1
MENINGITIS-ASEPTIC	8
MENINGITIS-BACTERIAL OTHER	1
MUMPS	0
MYCOBACTERIUM	0
PERTUSSIS	0
RABIES-ANIMAL	0
SALMONELLOSIS	3
SHIGELLOSIS	5
SHINGLES	0
STREP THROAT	90
STREPTOCOCCUS PNEUMONIA, INVASIVE	4
SYPHILLIS-LATE LATENT	0
TUBERCULOSIS	2
VZ INFECTION, UNSPECIFIED	0
YERSINIA ENTERITIS	0
ZIKA	0

**COMMUNICABLE DISEASE YTD
REPORTED FOR SAGINAW COUNTY**

01/01/2016-12/31/2016

Disease	No. Reported
AIDS, AGGREGATE	0
ANIMAL BITE	165
CAMPYLOBACTER	18
CHIKUNGUNYA	0
CHLAMYDIA (Genital)	1103
CRYPTOSPORIDIOSIS	13
FLU LIKE DISEASE	5853
GASTROINTESTINAL ILLNESS	4064
GIARDIASIS	4
GONORRHEA	396
HEAD LICE	239
HEPATITIS B ACUTE	0
HEPATITIS B CHRONIC	14
HEPATITIS C ACUTE	1
HEPATITIS C CHRONIC	116
INFLUENZA	608
LEGIONELLOSIS	7
MENINGITIS-ASEPTIC	21
MENINGITIS-BACTERIAL OTHER	2
MUMPS	0
MYCOBACTERIUM	4
PERTUSSIS	0
RABIES-ANIMAL	1
SALMONELLOSIS	20
SHIGELLOSIS	54
SHINGLES	7
STREP THROAT	414
STREPTOCOCCUS PNEUMONIA, INVASIVE	24
SYPHILLIS-LATE LATENT	3
TUBERCULOSIS	4
VZ INFECTION, UNSPECIFIED	0
YERSINIA ENTERITIS	0
ZIKA	0



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Please visit our website at www.saginawpublichealth.org

This newsletter is provided to all Saginaw County healthcare providers, hospitals, schools, local colleges, universities, urgent care facilities and local media centers.

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