Indigenous children are more likely than non-Indigenous children to suffer from skin infections such as scabies, impetigo (school sores), tinea and ringworm. Aboriginal children in NSW are 2.8 times more likely to be admitted to hospital for skin conditions than non-Aboriginal children. Skin conditions can be highly contagious, and require thorough assessment and often ongoing treatment.

**Ringworm**

Ringworm is a fungal infection which is very contagious and can affect the scalp, face, body, feet or nails. Ringworm affects both humans and animals. Ringworm gets its name from the circular, raised pattern the infection forms on the skin.

**Symptoms**

- On the scalp, ringworm starts as a small pimple that grows larger and creates patches of dry, bald skin. The hair can become brittle and break off and sometimes yellowish, crusty areas develop. This form of ringworm is most common in children. Scalp ringworm usually appears 10 to 14 days after contact with an infected person, pet or surface.

- When occurring on the fingernails the nail bed becomes thick, brittle and discoloured.

- Ringworm on the feet may also be called athlete’s foot or tinea. Here it causes dry, cracked skin, most often between the toes.

- On other skin areas such as the groin, genitals, inner thighs and buttocks, ringworm causes a red, itchy rash in the moist skin folds. As the rash gradually expands its centre clears to produce a ring. Skin ringworm usually appears 4 to 10 days after contact with an infected person, pet or surface. The skin is the most common place to find ringworm.

**Spread**

- Humans are most likely to get infected from contact with other people who already have ringworm, school playgrounds, gyms, contaminated clothing, bath mats, towels, damp floors and showers.

- Ringworm can be contracted from animals.

- Ringworm is difficult to prevent spreading as it is very common and contagious even before the symptoms appear.

**Treatment**

- Early treatment is important – seek advice from a doctor or pharmacist.

- Ringworm can be treated effectively with most anti-fungal medications. Good hygiene is important – wash hands well with soap and water and dry thoroughly.
Impetigo

Commonly called ‘school sores’, Impetigo is a skin infection caused by Staphylococcus or Streptococcus bacteria. Impetigo is easily spread and contagious and occurs more commonly during the warmer months. Impetigo occurs in two forms; blistering and crusted.

Symptoms blistering

- The skin itches and reddens.
- A collection of blisters forms, commonly around the nose and mouth.
- The blisters pop and weep a yellow, sticky fluid.
- The area develops a raised and wet-looking crust.
- The scab dries and falls off.
- The skin completely heals after a few days.

Symptoms crusted

- Thick soft yellow crust.
- Beneath crust red and moist.
- Spots grow slowly and are always smaller than blistering impetigo.

Spread

- Scratching spreads the infection to surrounding skin.
- The fluid and crust of the impetigo contain bacteria. Direct contact with the blisters or indirect contact with clothing or other items that have had direct contact can spread infection.

Treatment

- Review by doctor to diagnose and prescribe treatment – usually with an oral antibiotic
- Wash clothing and linen separately in hot water and hang in sunshine.
- Wash toys in mild disinfectant.

Sources

- NSW Ministry of Health 2012, Centre for Aboriginal Health, Aboriginal Health Report Card.
- The Children’s Hospital at Westmead, Fact sheet: Impetigo.
**Scabies**

Scabies is caused by a small, eight legged mite called *Sarcoptes scabiei*. Scabies is common in school-age children. The mites and their eggs may live on clothes or bed linen for 1-2 days.

**Symptoms**

- The likely first sign is very itchy skin especially after getting warm in bed. This may be 3 to 4 weeks after contact. For people who have had scabies before, the itch may start within 1 to 4 days.
- Scabies mites mostly live on hairless parts of the body – commonly on the wrists, hands, fingers, elbows, buttocks, feet, genital areas, nipples and around the waist. On children under 2 years old they can be on any part of the body.
- The tiny burrows may be visible but these are often hidden by scratches. An allergic rash can occur on other parts of the body. Both the sites of the mite burrows and the rash are very itchy.
- Additional skin problems can accompany scabies as scratched skin provides an ideal site for other infections.

**Spread**

- Scabies is mainly spread by close skin-to-skin contact with a person who has scabies. It spreads readily to family members and sexual partners. Spread from one person to another person can happen before the first person has any itching.
- Scabies does not mean that people are unclean.
- Occasionally it is spread by contaminated bedding, towels and clothes.
- Scabies is not spread by pets or other animals.

**Treatment**

- Seek advice from a doctor as scabies can be wrongly diagnosed as another skin problem. Consultation with a doctor is a particular imperative for treating women who are pregnant or breastfeeding, and babies less than 12 months old.
- As the itch and rash can be located separately on the body to where the scabies mites are, the whole body must be treated, not just the itchy spots.
- The treatment with the lotion must comply with the particular product instructions. If hands are washed during the treatment period the lotion needs to be applied again. Treatment should be repeated after 5 to 7 days.
- All family members and other close contacts should be treated at the same time, even if they are not itching.
- Bedding and clothing should be washed in hot water and if possible, dried in a machine on a hot setting or hang clothing in the sun.
• Items that cannot be washed and dried this way can be put in air-tight containers or bags for 36 hours to kill any mites or eggs.

• Infected children can return to school when two treatments have been completed.

Source

• The Royal Children's Hospital Melbourne, Fact sheet: Scabies symptoms and treatment.