

**Case definition for suspected *Trichophyton indotineae* dermatophytosis**

This case definition pertains to individuals of all ages, irrespective of immunocompromising conditions.

* A patient with chronic, recurrent or recalcitrant dermatophytosis1 with minimal to negligible improvement following systemic antifungal treatment2.

**OR**

* A patient with dermatophytosis who has received prolonged topical treatment with compounds containing corticosteroids and/or antifungal and/or antibacterial medications.

Clinical specimens (skin scrapings, nail or hair) obtained from patients who meet the above criteria should be sent to local diagnostic laboratories for fungal microscopy and culture3.

Notes:

1. The dermatophyte *Trichophyton indotineae* is associated with extensive or large annular skin plaques. The plaques are scaly, pruritic, and commonly manifest on the face, neck, abdomen, pubic region, and/or buttocks. Hair involvement may or may not be present.
2. In the public sector, fluconazole is the first-line systemic antifungal agent. Clinical response to this agent may be slow. In the private-sector, terbinafine and itraconazole are also available for treatment of moderate to severe dermatophytosis.
3. *T. indotineae* is morphologically indistinguishable from *Trichophyton mentagrophytes* and *Trichophyton interdigitale*.

Local diagnostic laboratories that culture isolates resembling *T. mentagrophytes* or *T. interdigitale* from suspected cases of *T. indotineae* infection should send these isolates to the National Institute for Communicable Diseases (Mycology Reference Laboratory) for phenotypic and genotypic characterisation along with the case investigation form (CIF) below.

Date completed: Click or tap to enter a date. Name of person completing form: Click or tap here to enter text.

**Case investigation form for fungal identification and antifungal susceptibility testing**

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| **LAB DETAILS**  Lab specimen number: Click or tap here to enter text.  Date of specimen collection: Click or tap to enter a date.  Name of doctor who submitted specimen/s to the lab:Click or tap here to enter text.  Specimen type: Skin scrapings:  Nail:  Hair:  Specify body site from which specimen was collected, e.g. neck, perineum, abdomen, groin:  Click or tap here to enter text.  Was a fungus isolated in culture from the specimen/s? Yes  No  Unknown  Lab name:Click or tap here to enter text. Public sector:  or Private sector:  Lab telephone number: Click or tap here to enter text.  Lab contact person: Click or tap here to enter text. |
| **PATIENT DETAILS**  Hospital/ File number: Click or tap here to enter text.  Surname: Click or tap here to enter text. First name: Click or tap here to enter text.  Sex: Male:  Female: Unknown:  Date of birth: Click or tap to enter a date.  Age: Click or tap here to enter text. Unit: Years:  or Months:  or Days:  Unknown age:  Clinic/ Hospital/ Practice name: Click or tap here to enter text.  Province: Click or tap here to enter text. |
| **RISK FACTOR HISTORY**  Immunocompromising conditions: HIV-infection: Yes  No  Unknown  If yes, latest CD4 cell count Click or tap here to enter text.  Malignancy:  Diabetes:  Other:  Specify: Click or tap here to enter text.  Date of symptom onset: Click or tap to enter a date.  Prior exposure:  Topical corticosteroids: Specify name:Click or tap here to enter text. Start date:Click or tap to enter a date.  Topical corticosteroids: Specify name:Click or tap here to enter text. Start date:Click or tap to enter a date.  Topical corticosteroids: Specify name:Click or tap here to enter text. Start date:Click or tap to enter a date.  Topical antifungal: Specify name:Click or tap here to enter text. Start date:Click or tap to enter a date.  Topical antifungal: Specify name:Click or tap here to enter text. Start date:Click or tap to enter a date.  Topical antifungal: Specify name:Click or tap here to enter text. Start date:Click or tap to enter a date.  Oral corticosteroids: Specify name:Click or tap here to enter text. Start date:Click or tap to enter a date.  Oral corticosteroids: Specify name:Click or tap here to enter text. Start date:Click or tap to enter a date.  Oral corticosteroids: Specify name:Click or tap here to enter text. Start date:Click or tap to enter a date.  Oral antifungals: Specify name:Click or tap here to enter text. Start date:Click or tap to enter a date.  Oral antifungals: Specify name:Click or tap here to enter text. Start date:Click or tap to enter a date.  Oral antifungals: Specify name:Click or tap here to enter text. Start date:Click or tap to enter a date.  Recent international travel:  Specify countries and travel dates Click or tap here to enter text.  Exposure to person(s) with similar lesions:  Specify relationship Click or tap here to enter text.  Date of exposure Click or tap to enter a date. |
| **CURRENT TREATMENT**  Oral medicines: Fluconazole:  Terbinafine:  Itraconazole:  Griseofulvin:  Other:  Specify:Click or tap here to enter text.  Topical medicines: Clotrimazole:  Steroids: Terbinafine:  Other:  Specify: Click or tap here to enter text. |
| **CLINICAL DETAILS – BRIEF SUMMARY**  Click or tap here to enter text. |
| **SUSPECTED MOULD ID:** List any clues from the lab to possible identification  Click or tap here to enter text. |