VDH VIRGINIA DEPARTMENT OF HEALTH

09/22/2026

Emerging Dermatophyte: Trichophyton mentagrophytes Genotype VII (TMVII)

TMVII is an emerging dermatophyte infection which causes painful, itchy, and inflamed lesions and can be spread through both sexual contact and sharing contaminated household objects such as bedding, towels, and clothes.

Healthcare providers should:

- Consider TMVII when evaluating patients with persistent or severe tinea involving the genitals, groin, buttocks, perianal area, face, beard, or other hair-bearing sites, especially if the patient:
- Reports intimate skin-to-skin or sexual contact with someone who had or subsequently developed a rash or other skin symptoms
- Reports intimate skin-to-skin or sexual contact while traveling internationally in the past two months, particularly if the encounter occurred while traveling in Europe or Southeast Asia
- Presents with rash/lesions that have not resolved despite use of OTC antifungals.
- Review guidance for laboratory identification and treatment, provided below.
- Report suspect cases of TMVII to your local health department.
- Counsel patients on strategies to prevent transmission of or reinfection with dermatophyte infections.

TMVII can have a similar clinical presentation to other conditions which cause skin symptoms. Coinfections with other sexually transmitted infections (STIs) have also been reported. Evaluate patients with genital, anal, or perianal lesions, or diffuse rash for STIs, including mpox. Assess current or prior history of corticosteroid use, as these can alter the characteristic features of untreated infectious and non-infectious rashes or cause a new steroid associated rash to form.

Laboratory Identification of TMVII

Confirm dermatophyte infection with KOH preparation using skin scrapings from affected areas when microscopy is available. Routine culture available through commercial laboratories can identify if a sample belongs to *T. mentagrophytes* or another trichophyton. Specialized molecular testing is required to differentiate TMVII from other TM genotypes. Inform your local health department if you suspect a case of TMVII for instructions on submitting fungal culture or fungal isolates for confirmatory genotyping.

Treating Suspected TMVII

Do not delay treatment if clinical suspicion of TMVII is high. Begin oral terbinafine 250 mg daily as empiric therapy—typically for 6–8 weeks or longer until lesions fully resolve. Clinicians may consider prescribing treatment to continue for two weeks past the resolution of symptoms. Avoid topical steroids or antifungal-steroid combination products, which can worsen symptoms. Consider baseline liver function testing especially for patients with higher risk of hepatotoxicity.

Patients receiving empiric therapy should be assessed after 4 weeks for adherence and clinical response. Alternative antifungals (such as itraconazole) can be considered if there is concern for resistant fungal infection. Additional evaluation may be necessary if there is superimposed bacterial infection or lack of response to appropriate treatment. If there is partial improvement, continue therapy and monitor, as prolonged treatment (e.g., 6–12 weeks or longer) may be

required for complete resolution. Refer to dermatology or infectious disease if lesions fail to respond or worsen with continued therapy, or to primary or emergency care if the patient develops signs of a secondary bacterial infection.

Patient Counseling

Counsel patients to avoid skin-to-skin contact, including sexual contact, and avoid sharing personal items until lesions are gone. Clothes or other garments that come in contact with suspected TMVII lesions should be laundered on high heat. Patients should also be counseled to avoid touching or scratching lesions, and to wash hands thoroughly after contact with affected skin.

Additional Resources

- Clinical overview of TMVII from the Centers for Disease Control and Prevention
- Dear Colleague letter with updates on TMVII from the Centers for Disease Control and Prevention
- Trichophyton mentagrophytes genotype VII from the American Academy of Dermatology
- Recognizing Trichophyton indotinae from the American Academy of Dermatology
- Clinicians seeking assistance with clinical management or diagnostic testing can email FungalConsult@cdc.gov