

MLS Laboratory Update: Sexually Transmitted Dermatophyte Outbreak in Minnesota

FRIDAY FEBRUARY 13, 2026

Purpose of this Message:

To inform MLS partners about a sexually transmitted *Trichophyton mentagrophytes* genotype VII (TMVII) outbreak that is being investigated by the MN Dept of Health.

Action Item:

- If an isolate of *Trichophyton* sp., or more specifically *T. mentagrophytes*, is identified in your laboratory or fungal reference laboratory from skin scraping and the provider is suspecting TMVII, send fungal isolates to MDH Public Health Laboratory (PHL) for confirmatory testing. See additional information below.
- Report all suspected cases of TMVII to the Minnesota Department of Health (MDH) either online through the [TMVII Reporting Form](https://redcap.health.state.mn.us/redcap/surveys/?s=LE3L83T7PC4LHRCX) (<https://redcap.health.state.mn.us/redcap/surveys/?s=LE3L83T7PC4LHRCX>) or by phone at 651-201-5414.

Background:

Trichophyton mentagrophytes genotype VII (TMVII) is a recently emerged dermatophyte fungus that can cause tinea (ringworm) associated with sexual contact. The first United States case of genital ringworm caused by TMVII was reported in New York City in June 2024: [CDC MMWR: Notes from the Field: *Trichophyton mentagrophytes* Genotype VII](https://www.cdc.gov/mmwr/volumes/73/wr/mm7343a5.htm) (www.cdc.gov/mmwr/volumes/73/wr/mm7343a5.htm). CDC is aware of other sporadic cases of TMVII among men who have sex with men, primarily in larger cities across the U.S. TMVII can cause severe ringworm, often involving the genitals, buttock, thigh and abdominal areas.

In July 2025, the first case of TMVII in Minnesota was confirmed in a patient who sought care for a genital rash. Since then, more than 30 confirmed or suspected cases have been reported in the metro area, resulting in the largest known outbreak of TMVII in the United States.

Laboratory Information

- Diagnosis of TMVII infection requires obtaining a fungal culture of skin scrapings or biopsy from the rash, with subsequent confirmatory genotyping of a fungal isolate to identify TMVII.

- If your laboratory does not perform fungal ID or you do not have a reference lab to send to, the MDH-PHL can perform the fungal culture. Please email: arlnmn@state.mn.us before sending a specimen.
- If your lab is performing fungal ID or you send to a reference lab, it is requested that you save and submit potential *T. mentagrophytes* isolates to MDH-PHL for further identification and characterization. Please email: arlnmn@state.mn.us before sending an isolate.
- MDH-PHL submission form: Please fill out the Mycology section of the form and request “Fungal ID”. Minnesota Department of Health [IDL Submission Form \(www.health.state.mn.us/diseases/idlab/mdh_lab_submission.pdf\)](http://www.health.state.mn.us/diseases/idlab/mdh_lab_submission.pdf).

Additional Information:

Recommendations for Health Care Providers

- Consider dermatophyte infection in patients with itchy, painful, and/or persistent genital, perianal, buttock or abdominal skin lesions, especially if they have had contact with other individuals with similar rashes. Skin lesion appearance may vary, but can include sharply demarcated, erythematous, scaly, plaques or pustules (refer to links in the “For more information section” for pictures).
- Diagnosis of TMVII infection requires obtaining a fungal culture of skin scrapings or biopsy from the rash, with subsequent confirmatory genotyping of a fungal isolate to identify TMVII.
 - Collect skin scraping and/or biopsy from the rash for fungal culture.

Treat

- Treat suspected TMVII infection empirically with oral terbinafine (250 mg daily) until there is complete clinical resolution. Do not wait for confirmatory testing before starting treatment.
- Treatment should continue until two weeks past symptom resolution.
- Treatment generally lasts six to eight weeks but could last up to 12 weeks.
- Oral antifungal therapy is preferred over topical therapy, as topical antifungals may not adequately penetrate the hair follicle. Topical antifungals may be considered as adjunctive therapy or for small, localized lesions, based on clinical judgement.
- Avoid topical corticosteroids as this might worsen TMVII infection.

Prevent

- Counsel patients on strategies to prevent transmission of, or reinfection with, dermatophyte infections, including:
 - Avoiding sexual contact while experiencing symptoms.
 - Avoiding skin-to-skin contact when there is a rash suggestive of a dermatophyte infection.
 - Avoiding shared use of personal items and clothing.
 - Washing and drying clothing on high heat to kill fungal spores.
- Sexual partners of patients with TMVII should be informed and evaluated if symptomatic.

Report

- Fill out the [TMVII Reporting Form](https://redcap.health.state.mn.us/redcap/surveys/?s=LE3L83T7PC4LHRCX) (<https://redcap.health.state.mn.us/redcap/surveys/?s=LE3L83T7PC4LHRCX>) or call MDH epidemiology at 651-201-5414 to report suspected or confirmed cases of TMVIII.

For more information

- [TMVII For Health Professionals \(www.health.state.mn.us/diseases/tmvii/hcp.html\)](http://www.health.state.mn.us/diseases/tmvii/hcp.html)
- [TMVII Clinical Guideline for MN Providers \(PDF\)](http://www.health.state.mn.us/diseases/tmvii/hcp/tmviihcp.pdf) (www.health.state.mn.us/diseases/tmvii/hcp/tmviihcp.pdf)
- Information on submitting specimens:
[Forms for the Infectious Disease Laboratory](http://www.health.state.mn.us/diseases/idlab/forms.html) (www.health.state.mn.us/diseases/idlab/forms.html)
- TMVII information sheet for clinicians:
[CDC: Recent dermatophyte \(ringworm\) cases associated with sexual contact \(PDF\)](http://www.ncsddc.org/wp-content/uploads/2024/06/dermatophyte-summary-for-NCSD_10_20_2023-UPDATE_6_26_2024.pdf) (www.ncsddc.org/wp-content/uploads/2024/06/dermatophyte-summary-for-NCSD_10_20_2023-UPDATE_6_26_2024.pdf)
- Clinicians can request consultation for challenging STI cases through the STD Clinical Consultation Network:
[STD Clinical Consultation Network: Ask Your Question \(www.stdccn.org/render/Public\)](http://www.stdccn.org/render/Public)

Questions: Please contact: Paula Snippes Vagnone paula.snippes@state.mn.us

Thank you for your assistance in this investigation.

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