



To: CAHAN San Diego Participants

Date: February 3, 2026

From: Public Health Services

Health Advisory: *Trichophyton mentagrophytes* genotype VII (TMVII)

#### Key Messages

- Two cases of *Trichophyton mentagrophytes* genotype VII (TMVII) were identified in San Francisco in 2025.
- Health care providers should have a high suspicion for TMVII in patients presenting with extensive, inflammatory, painful, or persistent skin lesions affecting the genitals, buttocks, or face, particularly if there is no response to standard topical antifungal therapy.
- TMVII is an emerging dermatophyte infection that is often spread through skin-to-skin or intimate, often sexual, contact and can be spread through sharing of clothing, towels, and bedding.
- Providers who suspect TMVII should collect skin scrapings in a sterile container and submit them for fungal culture. If *Trichophyton* species is identified by culture, Public Health Services should be contacted at (619) 692-5500 to assist with genotyping (available at select labs) and for situational awareness.
- Providers who suspect TMVII should treat empirically with oral terbinafine 250 mg daily until infection has resolved.

#### Situation

Two cases of *Trichophyton mentagrophytes* genotype VII (TMVII), an emerging dermatophyte infection, were identified in San Francisco in March and December 2025, according to a [health update](#) released by the San Francisco Department of Public Health on January 20, 2026. Both patients were male, and neither reported contact with a known TMVII case or international travel. County of San Diego Public Health Services has not received notification of any TMVII cases in the region, although it is not a reportable disease. The purpose of this advisory is to increase healthcare provider awareness of TMVII, encourage providers to notify Public Health Services about suspected or confirmed TMVII cases, and provide guidance regarding testing and management of TMVII.

#### Background

TMVII is a rare dermatophyte (e.g., ringworm or tinea) infection that causes highly inflammatory, painful, and persistent lesions, often affecting the anogenital or perioral areas (see **Figure 1**), and may not respond to standard topical antifungal treatment. It is associated with close skin-to-skin and sexual contact and can also be spread through sharing clothing, towels, and bedding. TMVII has been circulating in Europe for several years, primarily within sexual networks of men who have sex with men (MSM), and there have been some cases associated with sex tourism in Southeast Asia. The first United States (U.S.) case was reported in New York City in June 2024. A [health advisory](#) from the California Department of Public Health released on June 19, 2024 provides additional information about the New York City case and general background and clinical information about TMVII. Additional cases have been reported there and in other parts of the U.S. since then.



**Figure 1:** Clinical appearance of TMVII in men in France, 2022 (Source: Jabet, Arnaud, et al. “Sexually transmitted *Trichophyton mentagrophytes* genotype VII infection among men who have sex with men.” *Emerging Infectious Diseases* 29.7 (2023): 1411.

Potassium hydroxide (KOH) preparation can identify the presence of fungal elements, and fungal culture can identify *Trichophyton* species. However, definitive diagnosis requires genotyping, which is available at the following reference laboratories:

- [Wadsworth Mycology Laboratory of the New York State Department of Health](#) (Albany, NY)
- [Fungus Testing Laboratory of the University of Texas Health](#) (San Antonio, TX)
- [Center for Medical Mycology of the University Hospitals Cleveland Medical Center](#) (Cleveland, OH)

The San Diego County Public Health Laboratory can facilitate submission of specimens to these reference laboratories for confirmatory testing.

### Actions Requested

1. **Suspect** TMVII in patients presenting with inflammatory, painful, or persistent skin lesions affecting the genitals, buttocks, or face, especially if severe/extensive, not responding to standard topical antifungal therapy, and/or associated with fungal elements identified on KOH preparation.
2. **Confirm** TMVII diagnosis by collecting skin scrapings in a sterile container for fungal culture. If a *Trichophyton* species is identified by culture, **contact** County of San Diego Public Health Services at (619) 692-5500 for assistance in submitting the specimen for genotyping through one of the reference laboratories listed above.
3. **Notify** the HIV, STD, and Hepatitis Branch about any suspected or confirmed TMVII cases by calling (619) 692-5500.
4. **Treat empirically** for TMVII with oral terbinafine 250 mg daily if clinical suspicion is high and lesions do not respond to standard antifungal topical therapy. Treatment should be continued until infection has resolved and could take ≥6 weeks. If there is no clinical improvement with terbinafine after 2-4 weeks of treatment, consider referring the patient to an infectious disease specialist or dermatologist or switching to oral itraconazole 200 mg once daily.

### Resources

#### National

[Trichophyton mentagrophytes genotype VII](#) | American Academy of Dermatology  
[Information for Healthcare Providers: Emerging Ringworm](#) | [Ringworm](#) | CDC

#### State

[Health Advisory – Reports of Rare, Severe Dermatophyte Infections Associated with Sexual Contact in the United States \(6/19/2024\)](#) | CDPH

[Health Update – \*Trichophyton mentagrophytes\* genotype VII \(TMVII\) \(1/20/26\)](#) | SFDPH

Thank you for your participation.

**CAHAN San Diego**

County of San Diego Health & Human Services Agency

HIV, STD, and Hepatitis Branch

Phone (for providers, M-F 8AM-5PM): (619) 692-5500 (referrals for mpox evaluation, testing, and/or treatment), (619) 609-3245 (clinical consultations for challenging cases); Fax: (619) 692-8541

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