

## CHANCROID

Last revised July 28, 2011

### I. IDENTIFICATION

#### A. CLINICAL DESCRIPTION:

A sexually transmitted infection caused by the bacteria *Haemophilus ducreyi*. It is clinically characterized by single or multiple painful, necrotic ulcers that bleed on contact. It is frequently accompanied by painful inflammatory swelling and suppuration of regional lymph nodes. In women, asymptomatic carriage is rare, but minimally symptomatic or painless lesions may occur on the vaginal wall or cervix. Chancroid ulcers, like other genital ulcers, are associated with an increased risk of HIV infection.

#### B. REPORTING CRITERIA: Laboratory confirmation.

#### C. LABORATORY CRITERIA FOR CONFIRMATION:

- Isolation of *Haemophilus ducreyi* on a selective medium.

#### D. WISCONSIN CASE DEFINITION: A laboratory confirmed infection.

### II. ACTIONS REQUIRED / PREVENTION MEASURES

#### A. WISCONSIN DISEASE SURVEILLANCE CATEGORY II: Report to the patient's local health officer on a Sexually Transmitted Diseases Morbidity and Epidemiologic Case Report ([DPH F-44243](#)) or other means within 24 hours of the identification of a case or suspected case.

#### B. EPIDEMIOLOGY REPORTS REQUESTED:

- Sexually Transmitted Diseases Morbidity and Epidemiologic Case Report ([DPH F-44243](#)).
- WEDSS (Wisconsin Electronic Disease Surveillance System).

#### C. PUBLIC HEALTH INTERVENTIONS:

Patients treated for chancroid should be counseled regarding their risk for HIV infection and in methods to reduce their risk for STDs.

- Investigation of contacts and source of infection: Identify sexual contacts within 2 weeks before and after onset of symptoms and refer them for evaluation and treatment. Women without visible signs may be carriers. Sexual contacts without signs or symptoms should receive prophylactic treatment.
- Follow-up schedules are individualized but should be at weekly intervals until the lesion(s) are clearly resolving. Follow-up should continue until complete resolution has occurred. Patients should understand the importance of abstaining from having sex while any lesion is present. Current sexual partners should receive a routine STD evaluation and treatment with a regimen adequate for uncomplicated chancroid.
- Patients treated for chancroid should be counseled regarding their risk for HIV infection.
- Follow-up of all patients with genital ulcerations and perform serologic test for syphilis.
- Treatment - Successful treatment cures infection, resolves clinical symptoms, and prevents transmission to others. In extensive cases, scarring may result despite successful therapy.

## Wisconsin Division of Public Health Communicable Disease Surveillance Guideline

Treatment information can be found at the CDC website in the current STD Treatment Guidelines (see link below).

### III. CONTACTS FOR CONSULTATION

A. BCDP / COMMUNICABLE DISEASES STD SECTION: (608) 266-7945

B. [REGIONAL AND LOCAL HEALTH DEPT. STAFF](#)

C. WSLH / BACTERIOLOGY: (608) 262-1616

D. MILWAUKEE BUREAU OF LABORATORIES: (414) 286-3526

### IV. RELATED REFERENCES

- Heymann DL, ed. CHANCROID. *Control of Communicable Diseases Manual*, 18th ed. Washington, DC: American Public Health Association, 2004:92-94.
- Pickering LK, ed. Chancroid. In: *Red Book: 2003 Report of the Committee on Infectious Diseases*. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2003:234-237.
- [CDC Sexually Transmitted Diseases Treatment Guidelines 2010](#)
- Wisconsin Administrative Code, Chapter DHS 145.14 – DHS 145.22
- Wisconsin State Statute 252.11

### V. DISEASE TRENDS

Because of a low rate of reported disease there are no current trends for this. Any further information can be found at: [Wisconsin STD Control Section Surveillance and Statistics](#)