I. IDENTIFICATION AND DEFINITION OF CASES
   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. Laboratory Criteria: A confirmed case of chancroid is defined by isolation of *Haemophilus ducreyi* from a clinical specimen on a selective medium.

   C. Wisconsin Surveillance Case Definition: A laboratory confirmed infection.

II. REPORTING
   A. Wisconsin Disease Surveillance Category II – Methods for Reporting: This disease shall be reported to the patient’s local health officer or to the local health officer’s designee within 72 hours of recognition of a case or suspected case, per Wis. Admin. Code § DHS 145.04 (3) (b). Report electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), or mail or fax a completed Sexually Transmitted Diseases Morbidity and Epidemiologic Case Report F-44243 or other means within 24 hours of the identification of a case or suspected case.

   B. Responsibility for Reporting: According to Wis. Admin. Code § DHS 145.04(1), persons licensed under Wis. Stat. ch. 441 or 448, laboratories, health care facilities, teachers, principals, or nurses serving a school or day care center, and any person who knows or suspects that a person has a communicable disease identified in Appendix A.

   C. Clinical Criteria for Reporting: Clinically compatible illness.

   D. Laboratory Criteria for Reporting: Laboratory evidence of infection by culture on selective medium. All positive results should be reported.

III. CASE INVESTIGATION
   A. Responsibility for case investigation: It is the responsibility of the local health department (LHD) to investigate or arrange for investigation of suspected or confirmed cases as soon as is reasonably possible. A case investigation may include information collected by phone, in person, in writing, or through review of medical records or communicable disease report forms, as necessary and appropriate.

   B. Required Documentation:
      1. Complete the WEDSS disease incident investigation report, including appropriate, disease-specific tabs.
      2. Upon completion of investigation, set WEDSS disease incident process status to “Final” and resolution status to “Confirmed.”

   C. Additional Investigation Responsibilities: Determine whether the case is potentially outbreak-related and notify the Wisconsin Division of Public Health (DPH), Bureau of Communicable Diseases (BCD).

IV. PUBLIC HEALTH INTERVENTIONS AND PREVENTION MEASURES
B. Patients treated for chancroid should be counseled regarding their risk for HIV infection and in methods to reduce their risk for STDs.

C. Investigation of contacts and source of infection: Identify sexual contacts within two 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.

D. 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.

E. Patients treated for chancroid should be counseled regarding their risk for HIV infection.

F. Follow up with all patients with genital ulcerations and perform serologic test for syphilis.

G. Treatment: Successful treatment cures infection, resolves clinical symptoms, and prevents transmission to others. In extensive cases, scarring may result despite successful therapy.

H. Treatment information can be found at the CDC website in the current STD Treatment Guidelines 2015 (see link below).

V. CONTACTS FOR CONSULTATION
A. Local health departments and tribal health agencies: 
   https://www.dhs.wisconsin.gov/lh-depts/index.htm

B. Bureau of Communicable Diseases, Sexually Transmitted Disease Control Section: 608-266-7365

C. Wisconsin State Laboratory of Hygiene / Bacteriology: 608-262-1616

D. Milwaukee Bureau of Laboratories: 414-286-3526

VI. RELATED REFERENCES


C. Centers for Disease Control and Prevention Sexually Transmitted Diseases Treatment Guidelines 2015: https://www.cdc.gov/std/tg2015/chancroid.htm

D. Wisconsin Administrative Code, Chapter DHS 145.14 – DHS 145.22

E. Wisconsin State Statute 252.11

F. Centers for Disease Control and Prevention, National Prevention Information Network: 
   https://npin.cdc.gov/disease/STD

VII. DISEASE TRENDS
Because of a low rate of reported disease, there are no current trend data for this condition. Further information can be found at Wisconsin STD Control Section Surveillance and Statistics: https://www.dhs.wisconsin.gov/std/data.htm