

Chancroid

Investigation Guideline

Note: A Behavioral Intervention Specialist from the Kansas Department of Health and Environment, STI/HIV Section, will investigate all reports.

CONTENT:

VERSION DATE:

Investigation Protocol:

- Investigation Guideline

05/2013

Revision History:

Date	Replaced	Comments
05/2013	11/2005	Updated Epidemiology and Treatment recommendations.

Chancroid

Disease Management and Investigation Guidelines

CASE DEFINITION (CDC, 2010)

Clinical Description for Public Health Surveillance:

A sexually transmitted disease characterized by painful genital ulceration and inflammatory inguinal adenopathy. The disease is caused by infection with *Haemophilus ducreyi*.

Laboratory Criteria for Case Classification:

- Isolation of *H. ducreyi* from a clinical specimen.

Case Classification:

- **Confirmed:** A clinically compatible case that is laboratory confirmed.
- **Probable:** A clinically compatible case with both:
 - No evidence of *Treponema pallidum* infection by darkfield microscopic examination of ulcer exudate or by a serologic test for syphilis performed greater than or equal to 7 days after onset of ulcers, and
 - Either a clinical presentation of the ulcer(s) not typical of disease caused by herpes simplex virus (HSV) or a culture negative for HSV.

LABORATORY ANALYSIS

The State Public Health Laboratory does not provide testing and sends all isolates to the CDC. Specimens sent to CDC must have prior authorization from the State STI/HIV Section before they are processed. Prior authorization can be obtained by calling the STI/HIV Section at 785-296-5596.

For additional information and/or questions concerning isolate collection, sample transport and laboratory kits call (785) 296-1620 or refer to the online resource guide at: www.kdheks.gov/labs/lab_ref_guide.htm

EPIDEMIOLOGY

In the United States, most young, sexually active patients who have genital, anal, or perianal ulcers have either genital herpes or syphilis. The frequency of each condition differs by geographic area and population. However, genital herpes is the most prevalent of these diseases. More than one etiological agent (e.g. herpes and syphilis) can be present in a genital, anal, or perianal ulcer. A confirmed case of chancroid has not occurred in Kansas in over twenty years. Chancroid is a documented cofactor for HIV transmission, and high rates of HIV infection are often found among persons who have chancroid.

DISEASE OVERVIEW

A. Agent:

Chancroid is caused by the gram-negative bacillus *Haemophilus ducreyi*.

B. Clinical Description:

An acute infection localized in the genital area characterized by a single or multiple painful necrotizing ulcer(s). Frequently, there is painful swelling and suppuration (the formation of pus) within regional lymph nodes (chancroid bubo). Minimally symptomatic lesions may occur on the vaginal wall or cervix and asymptomatic infections may occur in women. Extra genital lesions have been reported. Secondary infections often occur resulting in destruction of the involved tissue.

C. Reservoirs:

Humans.

D. Mode(s) of Transmission:

Person-to-person transmission by direct sexual contact from an open lesion and/or pus from a bubo.

E. Incubation Period:

Average 3 - 5 days, but may range up to 14 days.

F. Period of Communicability:

Without proper antibiotic treatment, a case may transmit the disease for several weeks or months. With proper treatment a case may transmit the disease for 1-2 weeks.

G. Susceptibility and Resistance:

Susceptibility is general. Uncircumcised males are at higher risk than the circumcised.

H. Treatment:

Recommended antibiotics include: Azithromycin, Ceftriaxone, Ciprofloxacin, or Erythromycin. For complete treatment guidelines refer to the 2010 CDC STD Treatment Guidelines available at www.cdc.gov/std/treatment/2010/default.htm.

NOTIFICATION TO PUBLIC HEALTH AUTHORITIES

Report all confirmed, probable, and suspect cases to the STI/HIV Section within 24 hours of initial report at 785-296-5596 or fax a report to 785-296-5590.

INVESTIGATOR RESPONSIBILITIES

A Behavioral Intervention Specialist (BIS) from KDHE will complete all investigation and case activity. There are no local responsibilities beyond the initial reporting requirements unless additional information and/or help are requested.

STANDARD CASE INVESTIGATION AND CONTROL METHODS**Case Investigation**

The medical provider who reported or ordered testing of the case will be contacted by the BIS to obtain the following:

- Information on symptoms and onset dates.
- Diagnosis date of disease.

- Laboratory testing results and dates.
- Information on hospitalizations, including location and dates
- Current treatment.
- Outcomes: disabilities, survived or date of death
- Case's demographic data and contact information (birth date, county, sex, race/ethnicity, occupation, address, phone number(s))

Contact Investigation

Contacts are defined as individuals that have had sexual contact with the case from the date of diagnosis back to 10 days preceding onset of the case's symptoms.

Isolation, Work and Daycare Restrictions

Cases are to refrain from sexual contact until completion of treatment and healing of lesions.

Case Management

Cases will be managed by attending medical provider.

Individuals should be re-examined 3-7 days after initiation of therapy. If treatment is successful, ulcers usually improve symptomatically within 3 days and objectively within 7 days after therapy. If no clinical improvement is evident, the clinician must consider whether the:

- Diagnosis is correct, or
- Case is co-infected with another STD, or
- Case is infected with HIV, or
- Treatment was not used as instructed, or
- Strain causing the infection is resistant to the prescribed antimicrobial.

Contact Management

Contacts will need to be referred to a Behavioral Intervention Specialists of the STI/HIV Section of the Kansas Department of Health & Environment for contact management.

Environmental Measures

None.

Education

Cases and their contacts should be provided information including:

- The method of transmission of STD's, and
- The importance of taking medication, and
- Complications of the disease, and
- The need to practice safer sex (i.e., condom usage) and/or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

MANAGING SPECIAL SITUATIONS

A. Outbreak Investigation:

- 1) Outbreak definition:
 - A single case is so unusual that it may signify an outbreak. If you suspect an outbreak, consult with the STI/HIV Section at the KDHE (785-296- 5596). They can help determine a course of action to prevent further cases and can perform surveillance for cases that may cross county lines that would be difficult to detect at the local level.
- 2) Active case finding will be an important part of any investigation.
- 3) Recommendations will be made based on the CDC guidance.

DATA MANAGEMENT AND REPORTING TO THE KDHE

- A. Collect and organize data.
- B. Report data by fax (785-296-0792).
 - Local health departments and medical providers should report data using KS Notifiable Disease Form.

ADDITIONAL INFORMATION / REFERENCES

- A. **Treatment / Differential Diagnosis: 2010 CDC STD Treatment Guidelines** available at: www.cdc.gov/std/treatment/2010/default.htm.
- B. **Epidemiology, Investigation and Control:** Heymann. D., ed., Control of Communicable Diseases Manual, 19th Edition. Washington, DC, American Public Health Association, 2009.
- C. **Case Definitions:** CDC Division of Public Health Surveillance and Informatics, Available at: www.cdc.gov/ncphi/diss/nndss/casedef/case_definitions.htm
- D. **Kansas Regulations/Statutes Related to Infectious Disease:** www.kdheks.gov/epi/regulations.htm
- E. **Additional Information (CDC):** www.cdc.gov/std/treatment/2010/genital-ulcers.htm