

# Chancroid

Last updated: 1 July 2012

**Public Health Priority:**

Routine

**PHU response time:**

Enter on NCIMS within five working days of notification.

**Case management:**

Responsibility of treating doctor.

**Contact management:**

Responsibility of treating doctor. PHUs should assist if requested.

## 1. Reason for surveillance

- To monitor the epidemiology of the disease and so inform prevention strategies.

## 2. Case definition

A confirmed case requires:

- Isolation of *Haemophilus ducreyi* from a lesion exudate.

Factors to be considered in case identification

Diagnosis is made by isolation of the organism on a specific medium. The laboratory should be notified if chancroid is suspected.

## 3. Notification criteria and procedure

Chancroid is to be notified by:

- Laboratories on diagnosis (ideal reporting by routine mail).

Only confirmed cases should be entered onto NCIMS.

## 4. The disease

***Infectious agent***

The bacillus *Haemophilus ducreyi*.

**Mode of transmission**

By direct sexual contact with discharges from open lesions and pus from buboes. Autoinoculation to nongenital sites may occur in infected people.

**Timeline**

The typical incubation period is 3 to 5 days, but can be up to 14 days.

Chancroid may be communicable from infection until the lesions are healed. Discharging lymph nodes can persist for several months without treatment. Effective antibiotic therapy eradicates the organism, and lesions heal in 1 to 2 weeks.

**Clinical presentation**

The usual clinical presentation is characterised by single or multiple painful necrotising ulcers in the genital area, frequently accompanied by painful swelling and suppuration of the regional lymph nodes (buboes).

## 5. Managing single notifications

**Response time****Data entry**

Within 5 working days of notification enter confirmed cases on NCIMS.

**Response procedure****Cases under 16 years**

- Where a case of chancroid is reported in a child <16 years old, the PHU must send a letter to the doctor who requested the test to undertake an assessment of the risk of harm according to the mandatory reporting guidelines and obligations under the Children and Young Persons (Care and Protection) Act, 1998 and resources for clinical management (Therapeutic Guidelines).
- Where a case of chancroid is reported in a child aged 12 years or under, the PHU must also directly contact the doctor (eg by telephone) to ensure that mandatory reporting obligations have been addressed. If no contact can be made, the PHU should contact the Child Well Being Unit (1300 480 420) or make a direct report to the Department of Community Services.
- All actions should be documented in the NCIMS record.

**Case management****Investigation and treatment**

In general, the attending medical practitioner is responsible for treatment. Specialist advice is usually required. Refer to Therapeutic Guidelines: Antibiotic.

**Education**

In general, the case's doctor provides education and counselling. The medical practitioner should provide information to the case about the nature of the infection and the mode of transmission.

**Contact management****Identification of contacts**

Sexual contacts in the 10 days before the ulcer appeared or since arrival from an endemic area.

**Investigation and treatment**

The treating doctor is responsible for contact tracing. PHUs should work with Sexual Health Service staff to assist if requested. Contacts require counselling, examination, and culture and treatment of any lesion.

**6. Managing special situations****Case clustering**

Case clustering, for example among clients of a sex industry establishment, may indicate the need to initiate an education and/or screening program to meet local requirements.