

Chancroid Investigation Guideline

Note: A Disease Intervention Specialist from the Kansas Department of Health and Environment, STD Control Program, will investigate all reports.

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Note: All probable and confirmed cases of chancroid must be reported to KDHE within 24 hours. All reports will be investigated by a Disease Intervention Specialist from the Kansas STD Control Program.

Chancroid

Disease Management and Investigative Guidelines

CASE DEFINITION

A. 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*.

B. Laboratory Criteria for Diagnosis:

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

C. 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.

D. Laboratory Tests:

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 Epidemiology Program before they are processed.

- Remarks: For additional information and/or questions concerning isolate collection, sample transport and laboratory kits call (785) 296-1620. An online manual of laboratory tests is also available at <http://www.kdhe.state.ks.us/labs/links.html>

E. Bioterrorism Potential:

None.

F. Outbreak Definition:

There are no formal outbreak definitions; however, the investigator may consider the possibility of an outbreak when there is an unusual clustering of cases in time and/or space. While outbreaks can occur within all socioeconomic groups they tend to occur among migrant farm workers and low socioeconomic inner city residents.

INVESTIGATOR RESPONSIBILITIES

A. Investigation Tasks and Activities:

- Report all probable and suspect cases to the STD program within 24 hours of initial report at 785-296-5596 or fax a report to 785-296-5590.

Note: All probable and confirmed cases of chancroid must be reported to KDHE within 24 hours. All reports will be investigated by a Disease Intervention Specialist from the Kansas STD Control Program.

- A Disease Intervention Specialist from the Kansas STD Control Program will conduct an epidemiological investigation to identify the possible source of infection and to locate additional cases and/or contacts in the community. Tasks associated with the investigation include:
 - Ensure all identified contacts are interviewed and assessed for chancroid, and
 - Ensure that the case and their sexual partners (*i.e.*, contacts) have access to appropriate medical treatment, and
 - Contacts that have had a sexual encounter with the case ≤ 10 days of diagnosis or treatment should be treated regardless of symptoms.
 - All case person(s) 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.
 - Maintain accurate records of the investigation and individuals involved (*i.e.*, case and contacts).

B. Notifications:

All sexual partner notification services will be completed by a Disease Intervention Specialist from the STD Section of the Kansas Department of Health & Environment.

EPIDEMIOLOGY

In the United States, chancroid usually occurs in isolated outbreaks, although it may be endemic in some areas. It is a cofactor for HIV transmission and high rates of HIV infection are often found among persons who have chancroid. Approximately 10% of persons infected with chancroid are coinfecting with syphilis and/or herpes; this percentage is higher in persons acquiring chancroid outside the United States.

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. Extragenital lesions have been reported. Secondary infections often occur resulting in destruction of the involved tissue.

- **Differential Diagnosis:** Other genital ulcer disease including: herpes, syphilis and lymphogranuloma venereum.

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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 or Ceftriaxone or Ciprofloxacin or Erythromycin. For complete treatment guidelines refer to the current STD Treatment Guidelines CDC Sexually transmitted diseases treatment guidelines 2002. MMWR 2002;51 (No. RR-6) available at <http://www.cdc.gov/std/treatment/rr5106.pdf>

STANDARD CASE INVESTIGATION AND CONTROL METHODS¹

Standard investigation activities include the following: 1) Confirmation of the diagnoses (*i.e.*, case definition), 2) Collection of relevant demographic and clinical data (*e.g.*, age, sex, disease syndromes and/or symptoms), 3) Determination of the setting (*e.g.*, community, hospital, daycare or other facility), and 4) Investigation of possible epidemiologic links among cases (*e.g.*, cluster, family, co-workers). Most of the information can be obtained from the case person, healthcare provider and/or the medical record. The investigator may want to also review previously reported cases in the region and/or state. Additional investigation activities include:

A. Identify Potential Source of Infection:

To help identify the source of the infection the investigator should direct their investigation on the following potential source(s) of infection.

- Sexual partners, if possible, obtain name, address including alternative address, and date(s) of exposure for each sexual partner.

¹ The investigation will be completed by a Disease Intervention Specialists from the STD Section of the Kansas Department of Health & Environment.

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B. Identify Potential Exposed Individuals / Populations (Contacts):

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.

C. Isolation, Work and Daycare Restrictions:

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

D. Follow-up of Cases:

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
- The case is coinfecting with another STD, or
- The case is infected with HIV, or
- The treatment was not used as instructed, or
- The *H ducreyi* strain causing the infection is resistant to the prescribed antimicrobial.

E. Protection of Contacts:

- Contacts will need to be interviewed by Disease Intervention Specialists of the STD Section of the Kansas Department of Health & Environment.
- Contacts should be examined and treated, regardless of whether symptoms of the disease are present, if they had sexual contact with the patient during the 10 days preceding the case's onset of symptoms.

F. Environmental Measures:

None.

G. 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. Reported Incidence Is Higher than Usual/Outbreak Suspected:

A single case is so unusual that it may signify an outbreak. If you suspect an outbreak, consult with the STD Control Program at the KDHE (785-296-5596). They can help determine a course of action to prevent further cases

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and can perform surveillance for cases that may cross county lines that would be difficult to detect at the local level.

ADDITIONAL INFORMATION / REFERENCES

- American Academy of Pediatrics. 2003 *Red Book: Report of the Committee on Infectious Disease, 26th Edition*. Illinois, Academy of Pediatrics, 2003.
- Heymann. D., ed., *Control of Communicable Diseases Manual, 18th Edition*. Washington, DC, American Public Health Association, 2004.
- Case definitions for Infectious Conditions Under Public Health Surveillance, Division of Public Health Surveillance and Informatics, Nationally Notifiable Infectious Diseases, United States 2005. Available at: <http://www.cdc.gov/epo/dphsi/PHS/infdis2005.htm>
- Kansas Department of Health and Environment, Bureau of Epidemiology. *Disease Protocols*, 2001.
- County of Los Angeles, Department of Health, Public Health Programs and Services, *Communicable Diseases Manual*, June 2003.
- Oklahoma State Department of Health, Communicable Diseases Division. *The Epidemiologic Follow-up of Communicable Diseases in Oklahoma*, 2001.
- Missouri Department of Health and Senior Services, Section of Communicable Disease Control & Veterinary Public Health, *Communicable Disease Investigation Reference Manual*. 2001.
- Oregon Health Services Website. Available at <http://www.ohd.hr.state.or.us>
- Commonwealth of Massachusetts, Department of Public Health Website. Available at <http://www.state.ma.us/dph/>
- CDC Website. Available at <http://www.cdc.gov/health/default.htm>

Chancroid Investigation and Documentation Checklist

TASK	DATE	INITIALS
Report Received:	___/___/___	_____
Assigned to Investigator:	___/___/___	_____
Reported to KDHE STD Program:	___/___/___	_____
Met Case Definition: <input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	_____
Case Interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No MOGE: Reason: _____	___/___/___	_____
Contacts Identified and/or Interviewed by KDHE DIS: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None If Yes, Name(s): _____	___/___/___	_____
<hr/>		
Contacts Treated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If No, Name(s): _____	___/___/___	_____
<hr/>		
Letter and Information Sheet Provided: ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	_____
3-7 Day Case Recheck Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	_____
Case Closed and Filed:	___/___/___	_____
Comments: _____		

Case Name: _____ **Number:** _____

Principal Investigator: _____ **Date:** ___/___/___

Case Reviewed By: _____ **Date:** ___/___/___

¹ Mailing STD notification and/or information material is strongly discouraged and should only be used under special circumstances due to the confidential nature of STD investigations.

KANSAS NOTIFIABLE DISEASE FORM

Today's Date: ___ / ___ / ___

Patient's Name: _____
Last First Middle

Day Phone: _____ Evening Phone: _____

Residential Address: _____

City: _____ Zip: _____ County: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

Race: American Indian/Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White Unknown
(Circle all that apply)

Sex: M F Date of Birth: ___ / ___ / ___ Age if DOB unknown: _____

Disease Name: _____

Symptoms:
Onset: ___ / ___ / ___ State the 3 most prominent symptoms:
Symptom 1: _____ Symptom 2: _____ Symptom 3: _____

Outbreak associated? Y N Died? Y N

Institutional Residence? None Nursing Home Correctional Residential Hospital Psych

Physician Name: _____ **Physician Phone:** _____

Laboratory Information:
Specimen Collection Date: ___ / ___ / ___ Date Reported To You: ___ / ___ / ___
Name of Test Performed: _____ Results of Test: _____
Name of Laboratory: _____ Laboratory Results Attached? Y N

Treatment Information:
Date of Treatment: ___ / ___ / ___ Treatment Type and Dosage: _____
Treatment Status: Complete On-going Discontinued

Name of person reporting: _____ Phone: _____

Comments: _____

Mail reports to your local health department or to: BEDP – Disease Surveillance, 1000 SW Jackson, Suite 210, Topeka, KS 66612-1274. Reports can also be *faxed toll free* to: 1-877-427-7318. (Rev. 04/2004)