



Chancroid

FACT SHEET

CHANCROID IS REPORTABLE TO THE COOK COUNTY DEPARTMENT OF PUBLIC HEALTH WITHIN 7 DAYS. TO REPORT A CASE OF CHANCROID, CALL 708-492-2150.

What is chancroid?

Chancroid is a highly contagious yet curable sexually transmitted infection (STI) caused by the bacteria *Haemophilus ducreyi*. Chancroid causes ulcers, usually of the genitals.

How common is it?

Chancroid is very common in Africa and is becoming more common in the United States.

How do people get chancroid?

Chancroid is transmitted in two ways:

- *sexual transmission* through skin-to-skin contact with open sore(s).
- *non-sexual transmission* when pus-like fluid from the ulcer is moved to other parts of the body or to another person.

A person is considered to be infectious when ulcers are present. There has been no reported disease in infants born to women with active chancroid at time of delivery.

What are the symptoms of chancroid?

- Symptoms usually occur within 4-10 days from exposure. They rarely develop earlier than three days or later than 10 days.
- Swollen, painful lymph glands in the groin area are often associated with chancroid. The ulcer begins as a tender, elevated bump, or papule, that becomes a pus-filled, open sore with eroded or ragged edges.
- The ulcer is soft to the touch (unlike a syphilis chancre that is hard or rubbery). The term soft chancre is frequently used to describe the chancroid sore.
- The ulcers can be very painful in men but women are often unaware of them.

- Because chancroid is often asymptomatic in women, they may be unaware of the lesion(s).
- Painful lymph glands may occur in the groin, usually only on one side; however, they can occur on both sides.

How is chancroid diagnosed?

A definitive diagnosis of chancroid requires the identification of *H. ducreyi* on special culture media that is not widely available from commercial sources; even when these media are used, sensitivity is <80%.

A probable diagnosis of chancroid, for both clinical and surveillance purposes, can be made if all of the following criteria are met:

- the patient has one or more painful genital ulcers
- the patient has no evidence of *T. pallidum* infection by darkfield examination of ulcer exudate or by a serologic test for syphilis performed at least 7 days after onset of ulcers
- the clinical presentation, appearance of genital ulcers and, if present, regional lymphadenopathy are typical for chancroid
- a test for HSV performed on the ulcer exudate is negative

What is the treatment for chancroid?

Chancroid can be treated with antibiotics. Successful treatment cures the infection, resolves symptoms and prevents transmission to others. Treatment regimens may include the following: azithromycin, ceftriaxone, ciprofloxacin (not recommended for pregnant or nursing females, or people younger than 18 years) and erythromycin base. Left untreated, chancroid may facilitate the transmission of HIV.

In advanced cases, scarring can result, despite successful therapy.

A follow-up examination should be conducted three to seven days after treatment begins. If treatment is successful, ulcers usually improve within three to seven days. The time required for complete healing is related to the size of the ulcer. Large ulcers may require two weeks or longer to heal. In severe cases, scarring may result. Partners should be examined and treated regardless of whether symptoms are present.

How can chancroid be prevented?

- Abstinence (not having sex)
- Mutual monogamy [having sex with only one uninfected partner]

- Latex condoms for vaginal, oral and anal sex. Using latex condoms may protect the penis or vagina from infection, but does not protect other areas such as the scrotum or anal area. Chancroid lesions can occur in genital areas that are covered or protected by a latex condom, but may also occur in areas that are not covered or protected by a condom. Latex condoms, when used consistently and correctly, can reduce the risk of chancroid, genital herpes, syphilis, and genital warts, only when the infected areas are covered or protected by the condom.

If you do get chancroid, avoid contact with the infected area to prevent chance of spreading the infection to other parts of the body.

Why worry?

Chancroid has been well established as a cofactor for HIV transmission. Moreover, persons with HIV may experience slower healing of chancroid, even with treatment, and may need to take medications for a longer period of time. Complications from chancroid include:

- In 50 percent of cases, the lymph node glands in the groin become infected within five to eight days of appearance of initial sores.
- Glands on one side become enlarged, hard, painful and fuse together to form a bubo, an inflammation and swelling of one or more lymph nodes with overlying red skin. Surgical drainage of the bubo may be necessary to relieve pain.
- Ruptured buboes are susceptible to secondary bacterial infections.
- In uncircumcised males, new scar tissue may result in phimosis [constriction so the foreskin cannot be retracted over the head of the penis]. Circumcision may be required to correct this.