CHANCROID

WARNING: CHANCROID MAY BE A SEXUALLY TRANSMITTED DISEASE; THERE MAY BE SOME GRAPHIC PHOTOGRAPHS

CONTROL OF COMMUNICABLE DISEASES MANUAL, 2004
NAVEDTRA 14295B, HOSPITAL CORPSMAN MANUAL, JAN 2010
MEDSCAPE.COM, OCT 2014
UNIFORM CODE OF MILITARY JUSTICE
FAMILY ADVOCACY PROGRAM (SECNAVINST 1752.3B AND OPNAVINST 1752.2B)

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FUNDAMENTALS:

• Chain of Transmission; Chancroid, as any other Sexually Transmitted Disease or Infection (STD or STI) may be broken by breaking an of the six links in the chain of transmission.

- Infectious Agent: Haemophilus ducreyi
- Susceptible Host
- Route of Entry: Small micro abrasions from skin irritation
- Mode of Transmission: Skin on Skin contact
- Reservoirs
- Route of Exit: Sores/Micro abrasions
DEFINITION:

• An acute bacterial infection localized in the genital area and characterized clinically by single or multiple painful, necrotizing ulcers at site of infection, frequently accompanied by painful swelling and suppuration of regional lymph nodes.

• Males typically have more of the symptoms.

• Females may have minimally symptomatic lesions of the vaginal wall or cervix. Some females may even be asymptomatic.

• Patients may have extragenital lesions.

• Patients with Chancroid ulcers have an increase risk of HIV infections.
INFECTIONOUS AGENT:

- The infection is caused by the *Haemophilus ducreyi* bacteria

DIAGNOSIS:

- Is obtained by isolation of the organism from lesion exudate on a selective medium incorporating vancomycin into chocolate, rabbit or horse blood agar enriched with fetal calf serum.
- Gram’s Stain of lesion exudates may suggest the diagnosis if numerous Gram-negative coccobacilli are seen “streaming” between leukocytes.
OCCURRENCE AND SUSCEPTIBILITY:

• Most often diagnosed in males, especially sex workers. *(Note: Service members are prohibited to use the services of sex workers, violations of Article 82 – Solicitation and/or Article 92 – Failure to obey order or regulation.)*

• Most prevalent in tropical and subtropical regions, the rate of infection may be greater than Syphilis but not quite as high as Gonorrhoea.

• Humans are the only known carriers.

• In the USA and other industrialized nations, outbreaks have occurred principally among migrant farm workers and poor inner city residents.

• Uncircumcised men are at a higher risk than circumcised men.
COURSE OF THE INFECTION:

• Direct contact with discharge from open lesions and pus from buboes.
• Auto-inoculation to non-genital areas may occur.
• Beyond the neonatal period (where a newborn may come into contact with Chancroid ulcers) sexual abuse must be considered when Chancroid is found in children. (*Note: Notification of Family Advocacy Program [FAP] is required if suspicion of sexual abuse of children*)
• From initial contamination, generally 3 to 5 days later but up to 14 days later symptoms; ulceration will begin.
• The patient is contagious until healed AND as long as the infectious agents persists in the original lesion or discharging lymph regional nodes – up to several weeks or months without antibiotic therapy.
TREATMENT AND CURE:

• Antibiotic therapy eliminates the Haemophilus ducreyli bacteria, specifically Azithromycin (Zithromax)

• Azithromycin kills the bacteria and lesions heal in 1-2 weeks.

Treatment for Chancroid Infection

Azithromycin (Zithromax)
1 gram PO x 1
TERMINOLOGY:

- Bubo(es); the swelling of the lymph node(s).
- Suppuration; formation of pus.