

Management of Chancroid

Introduction

Chancroid is a sexually transmitted genital ulcer disease caused by the bacteria *Haemophilus ducreyi* (*H. ducreyi*). It is extremely rare in the U.S. but associated with sporadic outbreaks. There were four cases reported to the Centers for Disease Control and Prevention (CDC) in 2023.¹ Worldwide, chancroid cases continue to decrease but still occur in certain African regions and the Caribbean.

This document outlines CDC guidance on the diagnosis and management of chancroid.²

Clinical Presentation

The incubation period typically lasts four to 10 days after experiencing a minor trauma or microabrasion during sex. Common sites of infection include the corona, prepuce, or glans of the penis in men and the labia, introitus, and perianal areas in women.

Typically, an erythematous papule develops at the site of inoculation, which quickly becomes a pustule and subsequently develops into an extremely painful ulcer with soft irregular margins, often referred to as a “soft chancre.” Multiple ulcers may present themselves. The ulcer typically has a friable base with yellow-gray exudate, which easily bleeds when abraded. Ulcers vary in size, typically ranging from one to two centimeters. Left untreated, the lesion spontaneously resolves within one to three months.

Tender, often unilateral, regional lymphadenopathy develops in approximately 50% of infected individuals. Approximately 25% of these manifest suppurative buboes within one to two weeks of the initial presenting papule. Suppurative buboes may spontaneously rupture, and, if left untreated, these suppurative regional lymph nodes may become superinfected, leading to deep tissue destruction and disfigurement of external genitalia.³

Diagnostic Consideration

Chancroid has a similar clinical presentation to herpes simplex virus (HSV) and syphilis, which are far more common causes of genital ulcer disease. Diagnosis is based on clinical presentation and laboratory evaluation for HSV, syphilis, and chancroid.

A definitive diagnosis of chancroid requires identifying *H. ducreyi* on special culture media (available through the Texas Department of State Health Services Laboratory (DSHS)). No FDA-cleared nucleic acid amplification test (NAAT) for *H. ducreyi* is available in the U.S. Still, clinical laboratories that developed their own NAAT and conducted CLIA verification studies can perform it.

For clinical and surveillance purposes, providers can make a probable diagnosis of chancroid when meeting the following criteria:

- The patient has one or more painful genital ulcers,
- The clinical presentation, appearance of genital ulcers, and, if present, regional lymphadenopathy are typical for chancroid,
- The patient has no evidence of *T. pallidum* infection by darkfield examination or NAAT (i.e., ulcer exudate or serous fluid) or by serologic tests for syphilis performed at least seven to 14 days after onset of ulcers, and
- HSV-1 or HSV-2 NAAT or HSV culture performed on the ulcer exudate or fluid are negative.

Treatment

The CDC recommended regimens include:

- Azithromycin 1 gm orally in a single dose,
- Ceftriaxone 250 mg IM in a single dose,
- Ciprofloxacin 500 mg orally two times per day for three days, or
- Erythromycin base 500 mg orally three times per day for seven days.

Other Management Considerations

Patients diagnosed with chancroid should receive HIV testing shortly after diagnosis. If a patient initially tests negative for HIV, the provider should consider prescribing HIV PrEP. Uncircumcised men and people living with HIV do not respond as well to chancroid treatment.

Follow-Up

The clinician should re-examine patients three to seven days after therapy initiation. If ulcers do not improve in that timeframe, the clinician should consider whether:

- The diagnosis is correct,
- Another STD is present,
- The client has an HIV infection,
- The client did not use the treatment as instructed, or
- The *H. ducreyi* strain causing the infection is resistant to the prescribed antimicrobial.

The time required for complete healing depends on the size of the ulcer; large ulcers might require two or more weeks. In addition, uncircumcised men may experience slower healing for ulcers under the foreskin. Clinical resolution of fluctuant lymphadenopathy is slower than that of ulcers and might require needle aspiration or incision and drainage despite otherwise successful therapy.

Management of Sex Partners

Regardless of whether disease symptoms are present, sex partners of patients with chancroid should have an examination and receive treatment if they had sexual contact with the patient during the 10 days preceding the patient's symptom onset.

References

1. Centers for Disease Control (September 2025), *Sexually Transmitted Infections Surveillance 2023, Table 1. Sexually Transmitted Infections - Reported Cases and Rates of Reported Cases*, United States, 1941-2023*. Retrieved from [cdc.gov/sti-statistics/media/pdfs/2025/09/2023_STI_Surveillance_Report_FINAL_508.pdf](https://www.cdc.gov/sti-statistics/media/pdfs/2025/09/2023_STI_Surveillance_Report_FINAL_508.pdf). Accessed November 10, 2025.
2. Workowski KA, Bachmann LH, Chan PA, Johnston CM, Muzny CA, Park I, Reno H, Zenilman JM, Bolan GA. [Sexually Transmitted Infections Guidelines-Chancroid](#), 2021. MMWR Recomm Rep. 2021 Jul 23;70(4):1-187. doi: 10.15585/mmwr.rr7004a1. Accessed November 10, 2025.
3. Lisandro Irizarry; James Velasquez; Anton A. Wray. [Chancroid](#). May 22 2023. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan. Retrieved from [ncbi.nlm.nih.gov/books/NBK513331](https://www.ncbi.nlm.nih.gov/books/NBK513331). Accessed on November 10, 2025.

STAFF RESOURCES

Read the CDC's guidelines on chancroid treatment here:
cdc.gov/std/treatment-guidelines/chancroid.htm

Review Texas DSHS Management of Chancroid:
dshs.texas.gov/haemophilus-ducreyi-isolation-and-identification

Report suspected or confirmed chancroid cases within seven days:
dshs.texas.gov/hivstd/reporting

DSHS HIV/STD Program

737-255-4300
dshs.texas.gov/hivstd

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