may have repeated infections indicates that infection does not confer protection.

## ■ EPIDEMIOLOGY AND PREVALENCE

The prevalence of chancroid has steadily declined in the United States and worldwide over the past decade and a half. The infection appears to be more common in developing countries. Transmission is predominantly heterosexual, and cases in males have outnumbered those in females by ratios of 3:1 to 25:1 during outbreaks. Contact with commercial sex workers and illicit drug use are strongly associated with chancroid. Most cases in developed countries are sporadic.

*H. ducreyi* has emerged as a major cause of cutaneous ulcers in children in developing countries, particularly in the South Pacific and Africa. Strains that cause cutaneous ulcers have genome sequences that are nearly identical to class I strains (of two related classes) of *H. ducreyi* that cause genital ulcers.

## ■ CLINICAL MANIFESTATIONS AND DIFFERENTIAL DIAGNOSIS

Infection is acquired as the result of a break in the epithelium during sexual contact with an infected individual. After an incubation period of 4–7 days, the initial lesion—a papule with surrounding erythema—appears. In 2 or 3 days, the papule evolves into a pustule, which spontaneously ruptures and forms a sharply circumscribed ulcer that generally is not indurated **(Fig. 157-2)**. The ulcers are painful and bleed easily; little or no inflammation of the surrounding skin is evident. Approximately half of patients develop enlarged, tender inguinal lymph nodes, which frequently become fluctuant and spontaneously rupture. Patients usually seek medical care after 1–3 weeks of painful symptoms.