Communicable Diseases Protocol

Donovanosis

Last updated: 1 July 2012

Public Health Priority:
Routine
PHU response time:
Enter probable and confirmed cases on NCIMS within five working days of notification.
Case management:
Responsibility of treating doctor.
Contact management:
Responsibility of treating doctor.

1. Reason for surveillance

- To monitor the epidemiology and so inform the development of better prevention strategies.

2. Case definition

Probable case

A probable case requires clinical evidence and epidemiological evidence.

Laboratory evidence

Not applicable.

Clinical evidence

Clinically compatible illness involving genital ulceration.

Epidemiological evidence

- A compatible sexual history in a person from a endemic area, or
- A compatible sexual risk history involving sexual contact with someone from an endemic area.

Confirmed case

A confirmed case requires laboratory definitive evidence AND clinical evidence.

Laboratory definitive evidence

Demonstration of intracellular Donovan bodies on smears or biopsy specimens taken from a lesion, or

- Detection of Calymmatobacterium granulomatis by nucleic acid testing of a specimen taken from a lesion.

Clinical evidence

Clinically compatible illness involving genital ulceration.

Epidemiological evidence

Not applicable.

3. Notification criteria and procedure

Donovanosis is to be notified by:

- Laboratories on microbiological confirmation (ideal reporting by routine mail).

Confirmed and probable cases should be entered onto NCIMS.

4. The disease

Infectious agent
The Gram-negative bacillus Klebsiella granulomatis (previously named Calymmatobacterium granulomatis) is the presumed aetiological agent.

Mode of transmission
Presumed to be by direct contact with lesions during sexual activity, but not all sexual partners become infected. It occurs mainly in remote areas of Northern Australia, Papua New Guinea, India and Southern Africa.

Timeline
The typical incubation period is unknown, but probably between 7 and 112 days.

The period of communicability is unknown, but is probably for the duration of the open lesions on the skin or mucous membranes.

Clinical presentation
The usual clinical presentation is characterised by indurated nodules of the external genitalia, inguinal and anal areas which become exuberant, beefy red ulcerated lesions.

5. Managing single notifications

Response time
Data entry
Within 5 working days of notification enter confirmed cases on NCIMS.

Response procedure
Cases under 16 years

- Where a case of donovanosis is reported in a child <16 years old, the PHU must send a letter to the doctor who requested the test to undertake an assessment of the risk of harm according to the mandatory reporting guidelines and obligations under the Children and Young Persons (Care and Protection) Act, 1998 and resources for clinical management (Therapeutic Guidelines).
- Where a case of donovanosis is reported in a child aged 12 years or under, the PHU must also directly contact the doctor (eg by telephone) to ensure that mandatory reporting obligations have been addressed. If no contact can be made, the PHU should contact the Child Well Being Unit (1300 480 420) or make a direct report to the Department of Community Services.
- All actions should be documented in the NCIMS record.

Case management
Investigation and treatment
In general, the attending medical practitioner is responsible for treatment. Specialist advice is usually required. Refer to Therapeutic Guidelines: Antibiotic.

Education
In general, the case's doctor provides education and counselling. The medical practitioner should provide information to the case about the nature of the infection and the mode of transmission.

Contact management
Identification of contacts
Sexual contacts in the 10 days before the ulcer appeared or since arrival from an endemic area.

Investigation and treatment
The treating doctor is responsible for contact tracing. PHUs should work with Sexual Health Service staff to assist if requested. Contacts require counselling, examination, and culture and treatment of any lesion.

6. Managing special situations

Case clustering
Case clustering, for example among clients of a sex industry establishment, may indicate the need to initiate an education and/or screening program to meet local requirements.