

Granuloma inguinale (Donovanosis)

Disease Category: Sexually Transmitted Disease

Timeframe to follow-up: 1 week

See the link to the [Disease Investigation Process document](#)

Signs and Symptoms	Painless, progressive, ulcerative lesions that are highly vascular (i.e., beefy red appearance) that bleed easily.
Incubation	Variable, probably between 1 to 16 weeks.
Case Classification	Clinical description: one or more painless or minimally painful granulomatous lesions in the anogenital area. Laboratory criteria: demonstration of intracytoplasmic Donovan bodies in Wright or Giemsa-stained smears or biopsies of granulation tissue. Confirmed: a clinically compatible case that is laboratory confirmed.
Differential Diagnosis	Chancroid, herpes simplex, lymphogranuloma venereum (LGV), pediatric syphilis, pyoderma gangrenosum, syphilis and treponematosi
Treatment	Antimicrobial therapy. See CDC treatment guidelines https://www.cdc.gov/std/treatment-guidelines/
Duration	If untreated, symptoms can persist indefinitely and worsen, destroying genital tissues. With antibiotic treatment, lesions typically take 3 to 5 weeks to heal.
Exposure	Direct contact with lesions during sexual activity.
Laboratory Testing	Confirmatory testing requires visualization of dark-staining intracytoplasmic Donovan bodies on Wright or Giemsa-stained smears or biopsies of granulation tissue. Local Health Authority can arrange testing if an outbreak is suspected OR for contacts: Testing not available to Nevada State Public Health Laboratory.
Control of Contacts	No control of contacts needed. Identify any sexual partners within 60 days prior to onset of symptoms for testing and treatment.
Key areas of focus during investigation	Travel and sexual contacts
Public Health Actions	Reports of granuloma inguinale cases must be made to the Local Health Authority during the regular business hours of the health authority on the first working day following the identification of the case. Local Health Authority to notify Office of State Epidemiology (dpbhepi@health.nv.gov) or call 775-684-5911/775-400-0333 (after hours) if outbreak suspected. For individual confirmed or probable cases: Confirm diagnosis, if possible

	• Identify all sexual partners 60 days prior to onset of symptoms and refer for testing and treatment. • Prepare a case report and submit to the Chief Medical Officer (through OSE) within 7 days after completing the case investigation • Identify potential outbreaks from common sources • Provide education about how to prevent transmission To the best of the local health authority's ability, each step of the investigation should be completed within one working day or in alignment with NAC 441A.
Key Partner Agencies	• Local health authorities • Medical providers • Laboratories

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GRANULOMA INGUINALE (DONOVANOSIS)

I. DISEASE REPORTING

A. Legal Reporting Requirements

A report to the health authority may be made by telephone; telecopy (in the form prescribed by the health authority); or any form of electronic communication identified by the health authority, following the specified format and procedure.¹

1. *Health Care Providers and Health Care Facilities*

Health providers and facilities must notify the health authority where provider is located within the first working day after identifying the case.¹⁻³

2. *Laboratories*

Laboratories must notify the health authority within the first working day after identifying the case.¹ If the lab is located outside of Nevada, notify the Nevada Chief Medical Officer through the Office of State Epidemiology (OSE) within the same timeframe.^{1,4}

3. *Local Health Authority (LHA)*

LHA's must notify the Office of State Epidemiology (OSE) within 7 days after completing the case investigation.⁵

II. THE DISEASE AND ITS EPIDEMIOLOGY

A. Background

Granuloma inguinale (Donovanosis) is rare in the United States; sporadic cases have been described in Papua New Guinea, India, South America, the Caribbean, remote Northern region of Australia, Guyana, and South Africa. Reported cases seem to be correlated with high temperatures and high humidity. Those at risk include travelers to endemic areas, males and people of lower socioeconomic status, multiple sexual partners, unprotected sexual activities, adults ages 20-40 years of age, and while rare, through vertical transmission to infants during childbirth.⁶⁻⁸

B. Etiologic Agent

Klebsiella granulomatis is an intracellular gram-negative bacillus.⁷

C. Description of Illness

Clinically presents as slow spreading painless, progressive ulcerative, or sclerotic lesions. The lesions are typically nonfriable, beefy red granulomas, with fibrous tissue with rolled edges that easily bleed. They typically appear in warm, moist surfaces such as the folds between thighs, perianal area, scrotum, or the vulvar labia and vagina. If neglected, lesions

may result in extensive destruction of genital organs and can spread to other parts of the body through autoinoculation.^{7,8}

D. Disease Burden in Nevada

Granuloma inguinale is not endemic in the United States and associated with travel or immigration from endemic tropical and subtropical areas. No cases have been reported in Nevada.

E. Reservoirs

Humans.⁸

F. Modes of Transmission

Direct contact with lesions during sexual activity (vaginal and anal). Although, some cases have occurred in sexually inactive individuals.⁸

G. Incubation Period

Variable, most likely between 1 and 16 weeks.⁸

H. Period of Communicability

Unknown, probably for the duration of open lesions.

I. Testing

K. granulomatis is difficult to culture and requires microscopic demonstration of dark-staining intracytoplasmic Donovan bodies of a crush preparation of biopsy specimens.⁷

Testing is not available at Nevada State Public Health Laboratory.

J. Treatment

Antimicrobial therapy can include azithromycin or alternately doxycycline, erythromycin, or trimethoprim-sulfamethoxazole.⁷ See CDC for treatment guidelines:

<https://www.cdc.gov/std/treatment-guidelines/donovanosis.htm>.

Provide most current treatment guidelines from [Red Book](#) to the healthcare provider or refer case to physician for proper treatment for granuloma inguinale.

III. EPIDEMIOLOGIC CASE INVESTIGATION

The public health authority should begin investigating the case of granuloma inguinale, step by step, within one working day of notification or in alignment with [NAC 441A](#).

A. Step 1: Review relevant information about the disease.

1. *Review scientific information in Control of Communicable Diseases Manual, most recent edition.*
2. *Review Granuloma inguinale most recent case definition (1997 CDC).*

B. Step 2: Begin investigating the case.

1. *Contact Reporting Source and/or Reported Case*

Upon receiving an initial case report, review lab test results and available clinical details and epidemiologic factors. Please make three attempts to contact the case (text and phone calls) on separate days, at different times of the day (morning, afternoon, late afternoon). Document all attempts to contact a reporting source and/or reported case, preferably in the “Encounters” tab of EpiTrax. Please use case report forms (CRF) to gather accurate information about the case. Focus on the key data elements listed above. Filling out an electronic version of the CRF in EpiTrax (called a Confidential Morbidity Report (CMR) in EpiTrax) is preferred. If used, the completed PDF version should be attached to the CMR in EpiTrax. The CRF should be completed within 7 days of completing the investigation of the case.⁵

C. Step 3: Identify potential sources of infection

The investigation focuses on exposures in the 60 days before onset.⁹ Ask about any risk factors for infection including travel to endemic areas and sexual partners.

D. Step 4: Initiate control measures for case and/or for contacts (see Section IV – Section VI below).

E. Step 5: Provide Education and Prevention messaging to the case and/or contacts (see Section IX below).

IV. CONTROL OF CASE

Granuloma inguinale does not require any control measures of cases. Focus investigation on travel and identifying any sexual partners within the 60 days prior to symptom onset.⁹ Cases should also be tested for HIV and other STDs and avoid all sexual activity until antimicrobial therapy is completed. Please provide cases with education and prevention measures. Follow cases until symptoms are resolved.

Standard precautions are recommended for cases in healthcare settings.

V. CONTROL OF CONTACTS

Any identified sexual contact should be examined and offered therapy. However, the value of empiric therapy in the absence of symptoms has not been established. Exposed individuals should also be tested for HIV and other STDs.

Investigate symptomatic contacts in the same manner as a case.

VI. CONTROL OF CARRIERS

A carrier state has not been documented for granuloma inguinale and thus no carrier-specific control measures are needed.

VII. MANAGEMENT OF SPECIAL SITUATIONS/OUTBREAK CONTROL

Coordinate with senior epidemiology staff to determine if an outbreak is occurring. If so, notify DPBH Environmental Health, local health authorities, or infection control, as appropriate.

VIII. PREVENTION

- Abstinence from sexual activity.
- Avoid sexual activity if you or your partner has any open sores, lumps, or rash in the genital or groin areas.
- Limit sexual partners.
- Use a latex condom or dental dams every time you have sex.
- Get tested regularly for HIV and STDs.

The investigator should reference the most recent disease specific public educational materials from the CDC. The [Nevada OSE website](#) also provides information about granuloma inguinale.

IX. REFERENCES

1. *REPORTING OF COMMUNICABLE DISEASES - 441A.225.* 441A.225. 2021:Section 225. Accessed January 19, 2024. <https://www.leg.state.nv.us/nac/nac-441a.html#NAC441ASec225>
2. *REPORTING OF COMMUNICABLE DISEASES - 441A.230.* 441A.230. 2021:Section 230. Accessed January 19, 2024. <https://www.leg.state.nv.us/nac/nac-441a.html#NAC441ASec230>
3. *REPORTING OF COMMUNICABLE DISEASES - 441A.240.* 441A.240. 2021:Section 240. Accessed January 19, 2024. <https://www.leg.state.nv.us/nac/nac-441a.html#NAC441ASec240>
4. *REPORTING OF COMMUNICABLE DISEASES - 441A.235.* 441A.235. 2021:Section 235. Accessed January 19, 2024. <https://www.leg.state.nv.us/nac/nac-441a.html#NAC441ASec235>

5. *DUTIES AND POWERS RELATING TO THE PRESENCE OF COMMUNICABLE DISEASES - 441A.290.* 441A.290. 2021:Section 290. Accessed January 19, 2024. <https://www.leg.state.nv.us/nac/nac-441a.html#NAC441ASec290>
6. Donovanosis: Definition, causes, symptoms, treatment. April 29, 2022. Accessed September 9, 2026. <https://www.medicalnewstoday.com/articles/flesh-eating-std-donovanosis>
7. Granuloma Inguinale (Donovanosis). Published online May 14, 2024. doi:10.1542/9781610027359-S3_007_003
8. Taylor MM. Granuloma Inguinale. In: *Control of Communicable Diseases Manual*. Control of Communicable Diseases Manual. American Public Health Association; 2015. doi:10.2105/CCDM.2745.073
9. Granuloma Inguinale (Donovanosis) - STI Treatment Guidelines. July 13, 2021. Accessed September 9, 2026. <https://www.cdc.gov/std/treatment-guidelines/donovanosis.htm>

X. ACKNOWLEDGEMENTS

This document was developed based on the content and format of the disease investigation guidelines of several state and local health jurisdictions:

- Oregon Health Authority Investigative Guidelines
- Washington State Department of Health Reporting and Surveillance Guidelines
- Northern Nevada Public Health (formerly known as Washoe County Health District) Epidemiology and Communicable Disease Program Investigation of Communicable Disease Manual

The Nevada Office of State Epidemiology would like to acknowledge the work of these great partners.

XI. UPDATE LOG



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Chief Medical Officer Approval Date

Granuloma inguinale

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