



# Health Alert



City of Chicago  
Rahm Emanuel, Mayor

STI Program

Chicago Department of Public Health  
Julia Morita, MD, Commissioner

## Status update on lymphogranuloma venereum (LGV) reporting to the Chicago Department of Public Health (CDPH).

**Date:** March 29, 2017

**To:** Primary Health Care Providers, Infection Control Practitioners (ICPs), Physicians Specializing in Infectious Diseases, HIV Primary Care, Internal Medicine, Gastroenterology, Family Medicine, or Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Health

**From:** Ramona Bhatia, MD, MS, Supervising Physician, CDPH STI Specialty Clinics  
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David Kern, Deputy Commissioner, HIV/STI Bureau

This letter provides a status update on the reporting of lymphogranuloma venereum (LGV) cases to the Chicago Department of Public Health (CDPH). LGV is an uncommon sexually transmitted infection caused by 3 serotypes of *Chlamydia trachomatis* and characterized by a self-limited painless genital papule or pustule, followed 2-6 weeks later by regional, often painful inguinal or femoral lymphadenopathy. Untreated, proctocolitis, worsening ulceration, or lymphatic obstruction may occur.

In May 2016, CDPH issued a health alert requesting providers to report suspect LGV cases (1). Per protocol, samples from the symptomatic individuals who tested positive for *Chlamydia trachomatis* were forwarded to the Illinois Department of Public Health (IDPH) and then the Centers for Disease Control and Prevention (CDC) for confirmatory LGV polymerase chain reaction (PCR) testing. From June 30, 2016 – March 23, 2017, a total of **45\* suspect LGV cases** were authorized for submission by CDPH. All authorized suspect cases were among men who have sex with men (MSM). Commonly reported symptoms included anogenital symptoms and inguinal lymphadenopathy. The majority of these cases have been reported by a single institution. As of March 20, 2017, results were available for 38 specimens submitted to CDC for processing. Based on the LGV surveillance case definitions, **13 (34%) were confirmed cases** (1), and **8 (21%) were probable cases** (1). Three (8%) had indeterminate LGV PCR results, and the remaining 14 (37%) samples tested negative for *Chlamydia trachomatis* by LGV PCR.

Among 13 confirmed LGV cases, 5 (38%) were non-Hispanic white, 4 (31%) were non-Hispanic black, and 4 (31%) were Hispanic. The median age was 31 years (range= 20-46 years). Approximately 85% of those diagnosed with confirmed LGV infection were HIV co-infected (median CD4 count=606 cells/ml) on suppressive antiretroviral therapy. All patients were treated according to CDC recommendations with doxycycline 100 mg orally twice a day for 21 days.

Based on these findings, we urge providers to:

- Include LGV in the differential diagnosis of proctitis or proctocolitis, which may present with symptoms including rectal discharge, bleeding, anal pain on defecation, and tenesmus; and/or tender inguinal/femoral lymphadenopathy, with or without subsequent bubo (inflamed, purulent lymph node) formation.
- Report all suspect cases of LGV cases to CDPH. (2)
- Refer to the CDPH Algorithm for Detection, Diagnosis and Management of LGV. (3)
- Treat all patients with suspected LGV according to CDC 2015 STD Treatment Guidelines (**doxycycline 100 mg orally twice a day for 21 days**). Initiate partner services for sexual partners within the past 60 days of a probable or confirmed LGV case. Partners should be tested for chlamydia infection and presumptively treated with doxycycline 100 mg orally twice a day for 7 days. (4)
- All patients diagnosed with LGV should be tested for HIV infection and other sexually transmitted diseases.

### Links:

1. LGV surveillance case definitions can be found here: [https://www.chicagohan.org/documents/14171/37405/LGV\\_Case\\_Definitions.pdf/d47d6d54-5de6-41fa-a975-2e609586b12f](https://www.chicagohan.org/documents/14171/37405/LGV_Case_Definitions.pdf/d47d6d54-5de6-41fa-a975-2e609586b12f)
2. LGV suspect case report form can be found here: [https://www.chicagohan.org/documents/14171/37405/Chicago+LGV+Case+Report\\_2016.pdf/776a5fab-3c6e-4ef1-a329-b5278afba0f3](https://www.chicagohan.org/documents/14171/37405/Chicago+LGV+Case+Report_2016.pdf/776a5fab-3c6e-4ef1-a329-b5278afba0f3)
3. CDPH Algorithm for Detection, Diagnosis and Management of LGV can be found here: [https://www.chicagohan.org/documents/14171/37405/HAN\\_LGV\\_05\\_19\\_2016.pdf/f1e04a2e-66c8-4757-93ca-78ab99a7ce39](https://www.chicagohan.org/documents/14171/37405/HAN_LGV_05_19_2016.pdf/f1e04a2e-66c8-4757-93ca-78ab99a7ce39)
4. CDC treatment guidelines can be found here: <http://www.cdc.gov/std/tg2015/lgv.htm>

All information related to the health alert and clinical and laboratory reports on suspect cases should be directed to Irina Tabidze, MD, MPH, at 312-747-9867 or [irina.tabidze@cityofchicago.org](mailto:irina.tabidze@cityofchicago.org).

\*One specimen was lost.