Algorithm for Detection and Management of Lymphogranuloma Venereum (LGV)

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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

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As of February 23rd, 2016, 12 confirmed and 7 suspect cases of lymphogranuloma venereum (LGV), an uncommon chronic Chlamydia trachomatis infection, have been reported in the state of Michigan (MI). The LGV outbreak in MI is predominantly among African American men who have sex with men (MSM). It is important to increase provider awareness and surveillance for LGV in MSM, especially in states that neighbor Michigan.

The Chicago Department of Public Health (CDPH) is asking providers to identify and report all suspected LGV cases in MSM. This letter provides specific guidance for: 1) LGV case classification; 2) specimen collection and submission for LGV-specific testing to Illinois Department of Public Health (IDPH); and 3) CDPH reporting. It also offers guidelines on treatment and partner services.

LGV Clinical Description

LGV is a sexually transmitted infection caused by L1, L2, or, L3 genotypes of Chlamydia trachomatis. These are different Chlamydia genotypes (serovar) than those that typically cause urethritis and pelvic inflammatory disease, which is why more specialized testing is required. Infection typically consists of: 1) genital ulcers which are commonly self-limited; 2) inguinal and/or femoral lymphadenopathy, which may suppurate; and/or 3) proctocolitis, presenting with rectal bleeding, discharge, pain, tenesmus, and/or constipation with mucosal inflammation, and/or ulcers on anoscopy. Asymptomatic rectal LGV infections have been reported.

LGV Case Classification

Confirmed Cases
- A probable case with laboratory confirmation for C. trachomatis genotypes L1, L2, or L3 by genetic analysis (LGV - specific Polymerase Chain Reaction (PCR) or sequencing)

Probable Cases include::
- A clinically compatible case as defined by one or more signs or symptoms compatible with LGV (proctocolitis, inguinal/femoral lymphadenopathy, or genital or rectal ulcers) and other causes of LGV- like symptoms (e.g. syphilis, gonorrhea, HSV) ruled out AND a positive C. trachomatis from culture or nucleic acis amplification test NAAT from a body site associated with symptoms; OR
- A sexual partner of a probable or confirmed case AND a positive C. trachomatis from culture or NAAT

LGV Suspect Cases include::
- A clinically compatible case as defined by one or more signs or symptoms compatible with LGV (proctocolitis, inguinal/femoral lymphadenopathy, or genital or rectal ulcers); OR
- A sexual partner of a probable or confirmed case.
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Sexually active MSM with rectal discharge, bleeding, pain on defecation or tenesmus
Perform anoscopy to visualize and swab lesions
If no lesions present, swab rectal wall
If anoscopy unavailable, collect blind rectal swab

Sexually active MSM with tender inguinal lymphadenopathy or bubo with or without genital ulcer
If genital ulcer or draining lymph node, swab site(s)

TEST above specimens for Chlamydia trachomatis using NAAT, and ensure that the laboratory saves the specimens in the refrigerator.

INITIATE empirical LGV therapy for patients with above symptoms:
- Doxycycline 100 mg po BID x 21 days OR erythromycin base 500 mg po QID x 21 days.
- Advise to abstain from sexual activity until treatment completed.

NOTIFY Chicago Department of Public Health STI Program within 24 - 48 hrs by completing the Chicago LGV Suspected Case Report Form.

SUBMIT if Chlamydia trachomatis NAAT is positive, send the refrigerated specimen to the State of Illinois Department of Public Health (IDPH) Laboratory for approval and further submission to the CDC for LGV serovar genotyping.

The CDC 50.34 DASH form must also accompany the specimens.

LGV CONFIRMED by positive genotyping
LGV EXCLUDED by negative genotyping

INITIATE PARTNER MANAGEMENT SERVICES FOR SEXUAL CONTACT(S) OF CONFIRMED OR PROBABLE LGV CASES IN THE PAST 60 DAYS. IF YOU REQUIRE ASSISTANCE WITH PARTNER MANAGEMENT, PLEASE CONTACT THE CDPH STI PROGRAM AT 312 - 747 - 0697.

Symptomatic patients with positive Chlamydia trachomatis testing are considered probable LGV cases, until LGV can be confirmed or excluded by genotyping. Symptomatic patients should also have an appropriate STI evaluation and treatment for HIV, syphilis, herpes, gonorrhea, chlamydia, and/or chancroid per guidelines.

Further information on LGV including the LGV case definition can be found at: https://www.chicagohan.org/std. If you have any questions or concerns, please contact Dr. Irina Tabidze at Irina.Tabidze@cityofchicago.org or at 312-747-9867.

References and Notes
1. The Chicago LGV Suspected Case Report Form can be found here or at https://www.chicagohan.org/std. Completed forms should be faxed to 312-747-7627, attention: Dr. Irina Tabidze.
2. Submit residual NAAT specimens to the IDPH laboratory. Please keep NAAT specimens refrigerated up until ready for submission to the IDPH laboratory. Pack specimens for shipping with insulated cold pack or freezer pack. Label each specimen with the patient’s clinic ID number, clinic name and anatomical site of specimen collection. To alert IDPH Laboratory staff that you are sending a LGV specimen, call 312-793-5475 or 312-793-0276. Send specimens to the following address, with labelling clearly indicating that they should be forwarded to the CDC:
   Illinois Department of Public Health Laboratory
   Diagnostics Microbiology
   2121 W. Taylor Street
   Chicago, IL  60612
   Attn: Carlos Morales (email:Carlosmanuel.morales@illinois.gov/phone:312-793-0276)
3. The specimen information sheet can be found here or via: https://www.chicagohan.org/std.
4. The CDC 50.34 DASH instructions can be found here or via: https://www.chicagohan.org/std. The CDC 50.34 DASH form is available via email request (email requests to Irina.Tabidze@cityofchicago.org)
5. Symptomatic patients with positive Chlamydia trachomatis testing are considered probable LGV cases, until LGV can be confirmed or excluded by genotyping. Symptomatic patients should also have an appropriate STI evaluation and treatment for HIV, syphilis, herpes, gonorrhea, chlamydia, and/or chancroid per guidelines.

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