



Health Alert



City of Chicago
Rahm Emanuel, Mayor

STI PROGRAM

Chicago Department of Public Health
Julie Morita, MD, Commissioner

Date: November 16, 2015 (Updated Lab Contact information March 16, 2016)

To: Primary care providers, Infection Control Practitioners (ICPs), Physicians specializing in Infectious Disease, HIV primary care providers, Internal Medicine, Family Medicine, or Lesbian, Gay, Transgender and Questioning (LGBTQ) Health

From: Ramona Bhatia, MD, MS, Supervising Physician, CDPH STI Specialty Clinics
Irina Tabidze, MD, MPH, STI Epidemiologist, CDPH STI/HIV Surveillance
Dawn Broussard, MPH, DSTDP Regional Management Official – CDC

Subject: Consider Lymphogranuloma Venereum in Differential Diagnosis of Proctitis

Since January 2015, two cases (1 confirmed and 1 probable) of lymphogranuloma venereum (LGV) have been reported to the Chicago Department of Public Health (CDPH). Both cases were diagnosed in men who have sex with men (MSM). **The LGV case definition can be found [here](#).**

During the same time period, 12 cases (2 confirmed, 6 probable and 4 suspect) of LGV have been reported in Michigan among MSM. The majority of these cases have been reported by a single health care facility in Southeast Michigan.¹

Clinical manifestations: LGV is a genital ulcerative disease caused by *Chlamydia trachomatis* (CT) serovars L1, L2, and L3. LGV has been reported as a cause of proctitis in MSM in large outbreaks in Western Europe and North America.²⁻³ Risk factors for LGV proctitis have included HIV infection, concurrent ulcerative disease, prior history of sexually transmitted infections, unprotected anal sex, recent travel abroad, and meeting sex partners on the internet. The primary infection is characterized by an ulcer at the site of inoculation. The secondary stage appears two to six weeks later and is related to direct extension of the infection to regional lymph nodes (ie, inguinal and/or femoral nodes).

Common clinical manifestations include:

- Proctitis or proctocolitis which may be present with symptoms including rectal discharge, bleeding, anal pain on defecation, and tenesmus;
- Tender inguinal/femoral lymphadenopathy, with or without subsequent bubo (inflamed, purulent lymph node) formation

Laboratory diagnostics: In persons with a clinical presentation compatible with LGV infection, nucleic acid amplification testing for CT of the affected area (e.g. anal swabs and/or swabs of ulcers) is indicated. Note that conventional laboratory testing does not differentiate CT serovars. If LGV is suspected, specimens must first be submitted and approved by the State of Illinois Department of Public Health (IDPH) Laboratory. Specimens should be sent to the **IDPH Laboratory, Molecular Diagnostics Section, 2121 W. Taylor Street, Chicago, IL, 60612. Attn: Gary Boyce** (Email: gary.boyce@illinois.gov; Phone: 312-793-5475) or Carlos Morales (Email: Carlosmanuel.Morales@illinois.gov, Phone 312-793-0376) for further referral to CDC for specialized testing. CDC guidance for specimen submission for **laboratory confirmation of LGV can be found [here](#).**

Please find below CDPH recommendations for health care providers:

Order - confirmatory test for suspect clinical LGV cases

Report - suspect cases to the health department

Screen - patients with acute proctocolitis for HIV, syphilis, herpes, gonorrhea, chlamydia, and/or chancroid

Treat - Do not wait for test results before starting empiric LGV treatment in patients for whom clinical suspicion is high

Manage Sex Partner(s) - Sex partners should be offered appropriate partner management services, and prophylactic antibiotic treatment, if exposed.

Treatment:

All patients diagnosed with LGV should be treated according to CDC 2015 STD Treatment Guidelines (i.e. doxycycline 100 mg orally twice a day for 21 days). Sex partners of a probable or confirmed LGV case should be tested for chlamydia infection and presumptively treated with doxycycline 100 mg orally twice a day for 7 days.

<http://www.cdc.gov/std/tg2015/lgv.htm>

Reporting: Report LGV cases to STI/HIV Surveillance. Please fax a confidential morbidity report form to STD/HIV Surveillance at 312- 745-7627. To access the form please click [here](#). If you have any other questions related to LGV, please contact CDPH STI Epidemiologist, Dr. Irina Tabidze at Irina.Tabidze@cityofchicago.org or at 312-747-9867.

References:

1. <https://www.msms.org/AboutMSMS/News/tabid/178/ID/2728/Confirmed-cases-of-Lymphogranuloma-venereum-LGV-in-Michigan.aspx>
2. Blank S, Schillinger JA, Harbatkin D. Lymphogranuloma venereum in the industrialized world. *Lancet* 2005; 365:1607.
3. Nieuwenhuis RF, Ossewaarde JM, Götz HM, et al. Resurgence of lymphogranuloma venereum in Western Europe: an outbreak of *Chlamydia trachomatis* serovar I2 proctitis in The Netherlands among men who have sex with men. *Clin Infect Dis* 2004; 39:996.