



Health Alert



City of Chicago
Rahm Emanuel, Mayor

STI Program

Chicago Department of Public Health
Julia Morita, MD, Commissioner

Algorithm for Detection and Management of Lymphogranuloma Venereum (LGV)

Date: May 19, 2016

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
Irina Tabidze, MD, MPH, STI Epidemiologist, CDPH STI/HIV Surveillance

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 ulcerations 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)

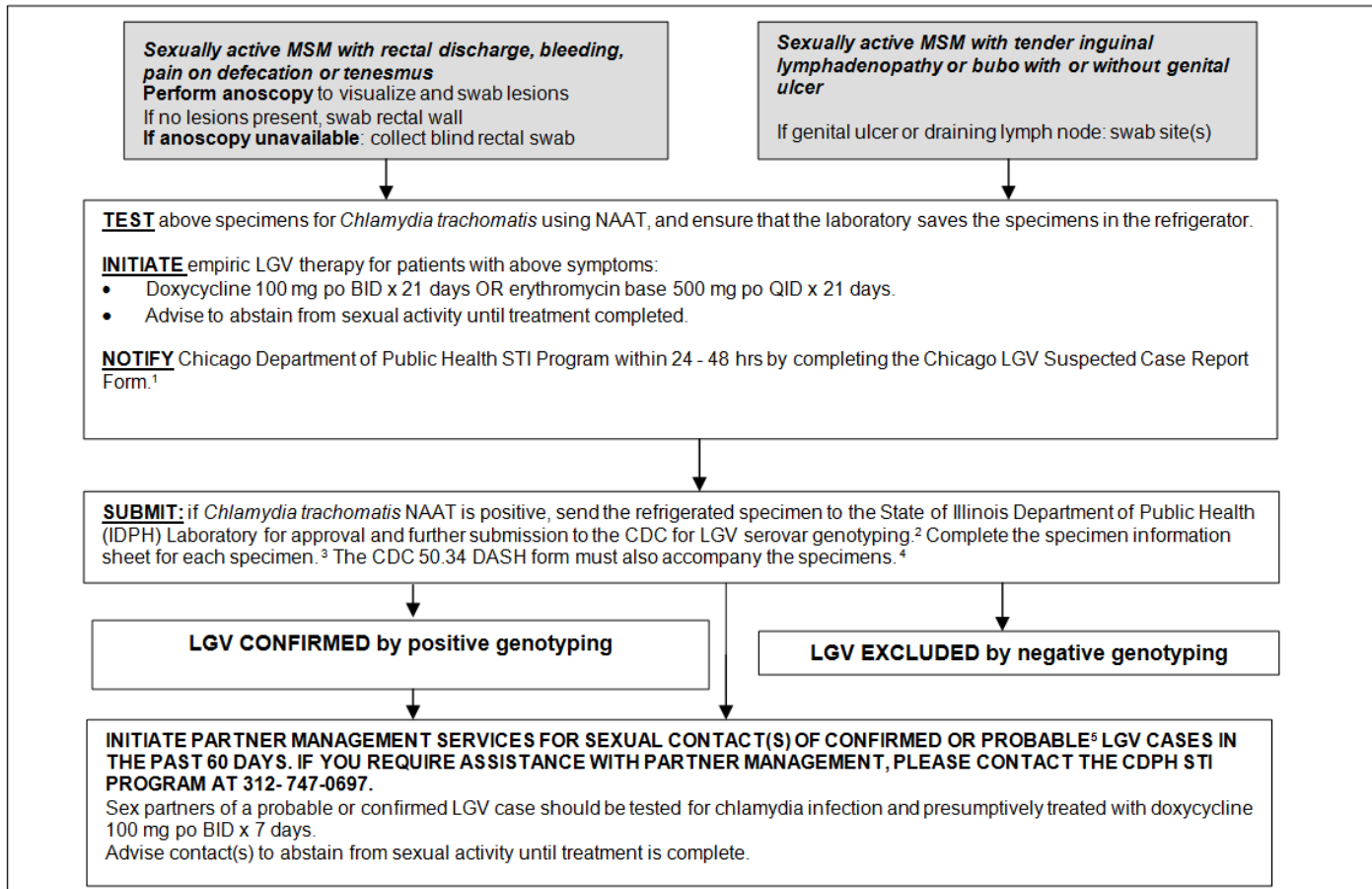
Probable Cases include::

- 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 acid 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.

Algorithm for Detection and Management of Lymphogranuloma Venereum (LGV)



References and Notes

¹The 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)

³The specimen information sheet can be found [here](#) or via: <https://www.chicagohan.org/std>.

⁴The 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)

⁵Symptomatic 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 here: <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.