

### ***LGV Clinical description***

LGV is caused by infection with L1, L2, or, L3 genotypes of *Chlamydia trachomatis* and is typically characterized by 1) a lymphadenopathy syndrome consisting of genital ulcers which are commonly self-limited, inguinal and/or femoral lymphadenopathy which is commonly tender and unilateral and may suppurate, or 2) proctocolitis syndrome presenting with rectal bleeding, discharge, pain, tenesmus, and constipation with mucosal inflammation, granulomas and/or ulcerations on anoscopy. Asymptomatic rectal LGV infections have been reported. LGV is a sexually transmitted infection.

### ***LGV Case Classification***

#### Confirmed Case

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

#### Probable Case

One or more of the following:

- 1) 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 NAAT from a body site associated with symptoms
- 2) Sexual partner of a probable or confirmed case AND a positive *C. trachomatis* from culture or NAAT

#### Suspect Case

Both of the following:

- 1) 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)
- 2) A sexual partner of a probable or confirmed case

Serologic testing is generally not helpful to inform clinical management of LGV because of suboptimal sensitivity and specificity. However it may be useful as supportive information in this outbreak investigation of LGV.