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FROM:

**STD and Hepatitis Prevention Program
Public Health Services
Health and Human Services Agency
County of San Diego**

Contents – STDHEP Update #14

Lymphogranuloma venereum among men who have sex with men – The Netherlands, 2003 – 2004

The CDC has just released information about an outbreak of Lymphogranuloma Venereum (LGV) among men who have sex with men (MSM). The full text of the article will appear in this week's *Morbidity and Mortality Weekly Report* (MMWR), released on Thursday, Oct 28th. A summary of the article is provided:

Lymphogranuloma venereum among men who have sex with men – The Netherlands, 2003-2004

Public health officials in the Netherlands have noted a sharp increase in cases of the sexually transmitted disease (STD), Lymphogranuloma venereum (LGV), among men who have sex with men (MSM). Thirty cases of LGV were reported among MSM in the Netherlands in 2003, and 62 cases have been reported so far in 2004. Preliminary analyses indicate that most of the men were HIV positive, and almost all the men reported risk behavior such as unprotected anal intercourse in the past year. LGV is a little-known infection caused by certain types of the chlamydia bacterium, *C. trachomatis*. Symptoms of these LGV cases included gastrointestinal problems such as bleeding and inflammation of the colon and rectum – symptoms not commonly associated with STDs or with LGV, which is rarely diagnosed in the U.S. and other industrialized countries. Researchers believe that MSM in the U.S. are probably at risk for LGV, due in part to contact with MSM from Europe, where LGV outbreaks have also been noted. Thus, U.S. health care providers should be aware of the symptoms of LGV among MSM and evaluate and treat these patients appropriately.

LGV appears to remain very infrequent in California. However, poorly standardized laboratory testing issues make it difficult for us to measure true incidence.

LGV varies in its clinical presentation. It may present, albeit rarely, as a genital ulcer, or more commonly as tender lymphadenopathy, with or without subsequent bubo formation. However, the recent Dutch series of LGV cases in MSM involved the anorectal syndrome of infection, characterized by rectal bleeding, discharge, and inflammation. As such, LGV should be considered in those at risk for sexually transmitted diseases – especially men who have sex with men and those reporting unprotected anal intercourse – who present with rectal complaints.

Laboratory diagnosis of LGV is not well standardized. We hope that older serologic tests will be replaced by direct molecular assays performed by reference laboratories.

The diagnosis of LGV is usually made serologically and by exclusion of other causes of inguinal lymphadenopathy or proctitis. Complement fixation titers greater than or equal to 1:64 are consistent with the diagnosis of LGV. The diagnostic utility of serologic methods other than complement fixation is unknown. At this time, the CDC treatment guidelines recommend, in patients diagnosed with symptoms suggestive of LGV, that serologic testing be performed using the complement fixation method.

The CDC Chlamydia reference laboratory will perform molecular testing on specimens from suspicious lesions or rectal swabs in a reference capacity. This test not been cleared by the Food and Drug Administration (FDA), and results may not be available in a timely fashion to assist in-patient management. Further details about reference lab services will be made available in coming weeks. In the interim, clinicians may contact CDC directly to discuss suspected cases of LGV and available laboratory tests by calling Hillard Weinstock at (404) 639-2059 or John Papp at (404) 639-3785.

Recommended treatment is a 21-day course of doxycycline in most instances. Chlamydia trachomatis is a reportable condition, and LGV cases should be reported as such.

As has been noted before, providers need to continue to assess risk of sexually transmitted infections among MSM. Providers should additionally consider LGV among those patients who present with colo-rectal symptoms.

County of San Diego STD and Hepatitis Prevention Program Services

STD clinic services, which include a dark-field examination of any suspect primary syphilis lesion, complete STD screening, and selective risk-based Hepatitis vaccination, are available 5 days a week on a walk-in basis. Call 619-692-8550 for times and locations. Field and Community Services staff members are available to assist in any way, including transportation of clients to the clinic. Please call 619-692-8501 for assistance.