Washington State Department of Health

DOH 347-655 March 2020

Lymphogranuloma Venereum

1. DISEASE REPORTING

A. Purposes of Reporting and Surveillance

1. To assess trends in epidemic patterns, understand the impact of the burden of disease on populations and the health care infrastructure, and to better target population-level disease prevention efforts;
2. To assure the adequate treatment of infected individuals in order to reduce the duration of infectiousness and prevent sequelae of infection;
3. To identify cases in a timely fashion in order to interrupt the chain of infection through patient-level interventions such as management of sexual contacts and behavioral risk reduction counseling.

B. Legal Reporting Requirements

1. Health care providers: notifiable to local health jurisdiction within three (3) work days. Cases should be reported using the Sexually Transmitted Disease (STD) Morbidity Report Form: https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/SexuallyTransmittedDisease/CaseReports
2. Hospitals: notifiable to local health jurisdiction within three (3) work days. Cases should be reported using the STD Morbidity Report Form: https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/SexuallyTransmittedDisease/CaseReports
3. Laboratories: no requirements for reporting.
4. Local health jurisdictions: notify the Washington State Department of Health (DOH), STD Services Section within seven (7) days of case investigation completion; summary information required within 21 days for all reported cases. Enter case report information into the Public Health Issue Management System – Sexually Transmitted Disease (PHIMS-STD).

C. Investigation Responsibilities

1. Lymphogranuloma venereum (LGV) cases should be reported to DOH using the PHIMS-STD system to enter investigation information including provider case report, laboratory, interview, and partner management data.
2. Local health jurisdiction staff should initiate an investigation of the index patient within three (3) work days of receiving a report indicative of an LGV case.
3. Local health jurisdiction staff should inform health care providers of the importance of instructing patients to refer sex partners for evaluation and treatment.

2. THE DISEASE AND ITS EPIDEMIOLOGY

A. Etiologic Agent

Chlamydia trachomatis serovars L1, L2, or L3.

B. Description of Illness

The disease is rare in the United States. Outbreaks have occurred among men who have sex with men (MSM). Women and MSM may have proctolitis or inflammatory involvement of perirectal or perianal lymphatic tissues resulting in fisulas and strictures. A self-limited genital ulcer sometimes occurs at the site of infection.

C. Lymphogranloma venereum in Washington State

LGV is uncommon in Washington State. Most cases occur among immigrants from, or travelers to, endemic areas. To view the most recent morbidity information on reported LGV cases, see here: https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/SexuallyTransmittedDisease/MorbidityReports

D. Reservoir

Humans.

E. Modes of Transmission

Direct contact with open lesions of infected people, usually during sexual activity.

F. Incubation Period

Incubation period is variable, with a range of 3-30 days for a primary lesion; if bubo is the first manifestation, 10-30 days to several months.

G. Period of Communicability

Variable, from weeks to years, during presence of active lesions.

H. Treatment

Treatment options include doxycycline and erythromycin. See full CDC treatment guidelines: https://www.cdc.gov/std/tg2015/tg-2015-print.pdf

3. CASE DEFINITIONS

A. Clinical Criteria for Diagnosis

Infection with L1, L2, or L3 serovars of *C. trachomatis* may result in a disease characterized by genital lesions, suppurative regional lymphadenopathy, or hemorrhagic proctitis. The infection is usually sexually transmitted.

B. Laboratory Criteria for Diagnosis

1. Isolation of *C. trachomatis*, serotype L1, L2, or L3 from clinical specimen, or
2. Demonstration by immunofluorescence of inclusion bodies in leukocytes of an inguinal lymph node (bubo) aspirate, or
3. Positive microimmunofluorescent serologic test for a lymphogranuloma venereum strain of *C. trachomatis*.

C. Case Definition

Probable: a clinically compatible case with one or more tender fluctuant inguinal lymph nodes or characteristic proctogenital lesions with supportive laboratory findings of a single C. trachomatis complement fixation titer of $\geq$ 1:64.

Confirmed: a clinically compatible case that is laboratory confirmed.

4. DIAGNOSIS AND LABORATORY SERVICES

A. Diagnosis

Diagnosis of lymphogranuloma venereum is usually made serologically or by exclusion of other causes of inguinal lymphadenopathy or genital ulcers. Complement fixation titers $\geq$ 1:64 are consistent with the diagnosis of LGV.

B. Tests Available at PHL

Not available.

C. Criteria for Testing at PHL

Not applicable.

D. Specimen Transport

CDC will provide laboratory support for states that lack laboratory capacity to perform LGV diagnostic testing. For additional information, see the following: https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5342a2.htm

5. ROUTINE CASE INVESTIGATION

A. Evaluate the Diagnosis

Confirm diagnostic and laboratory results as described in Section 4 above. This is a rare disease in the US.

B. Identify Source of Infection

Persons who have had sexual contact with a patient who has LGV within the sixty (60) days before onset of the patient's symptoms should be examined, tested for urethral or cervical chlamydia infection, and treated.

C. Managing Potentially Exposed Persons

Persons who have had sexual contact with a patient who has LGV following the onset of the patient's symptoms should be examined and offered therapy. Exposed persons should also be offered testing for HIV and other sexually transmitted infections when they are evaluated for exposure to LGV.

D. Environmental Evaluation

None applicable.

6. CONTROLLING FURTHER SPREAD

A. Infection Control Recommendations

1. Health care setting

Standard Precautions are a set of protocols designed to reduce the risk of (or prevent) transmission of pathogens. Standard precautions synthesize the major features of Universal (Blood and Body Fluid) Precautions (designed to reduce the risk of transmission of blood borne pathogens) and Body Substance Isolation (designed to reduce the risk of transmission of pathogens from moist body substances). Under standard precautions blood, all body fluids, and all body substances of patients are considered potentially infectious (CDC, 1997).

For more information, see CDC Program Guidelines:
http://www.cdc.gov/std/program/med&lab.pdf

2. General

When used consistently and correctly, condoms are effective in preventing the sexual transmission of STDs.

B. Case Management

See routine case investigation in Section 5 above.

C. Contact Management

Examination of sexual partners should occur within 60 days before onset of patient's symptoms.

D. Environmental Measures

None applicable.

7. MANAGING SPECIAL SITUATIONS

Call the DOH Infectious Disease Mainline for special situations (360-236-3444), or reach out to your regional Infectious Disease Field Services point of contact:
https://www.doh.wa.gov/AboutUs/ProgramsandServices/DiseaseControlandHealthStatistics/InfectiousDisease/SexuallyTransmittedDiseaseStaff

8. ROUTINE PREVENTION

A. Vaccine Recommendations

No vaccine currently exists for lymphogranuloma venereum.

B. Prevention Recommendations

Key individual STD prevention messages include:

Abstinence

Abstain from sex (do not have oral, anal, or vaginal sex) until you are in a relationship

with only one person, are having sex with only each other, and each of you knows the other's STD, including HIV, status.

If you have, or plan to have, more than one sex partner:

- Use a latex condom and lubricant every time you have sex.
- Get tested for asymptomatic STDs including HIV.
- If you are a man who has had sex with other men, get tested at least once a year.
- If you are a woman who is planning to get pregnant or who is pregnant, get tested for syphilis and HIV as soon as possible, before you have your baby. Ask your health care provider about being tested for other STDs.
- Talk about STDs, including HIV, with each partner before you have sex.
- Learn as much as you can about each partner's past behavior (sex and drug use).
- Ask your partners if they have recently been treated for an STD or have been tested for HIV; encourage those who have not been tested to do so.

Key STD prevention strategies include:

STD prevention counseling, testing, and referral services – Individuals at risk for STD should be offered counseling regarding methods to eliminate or reduce their risk and testing so that they can be aware of their status and take steps to protect their own health and that of their partners.

Partner Services (or Partner Notification) with strong linkages to prevention and treatment/care services – Sexual partners of STD-infected persons have been exposed to an STD and are at-risk of being infected. Partner services locate these individuals based on information provided by the patient and provide counseling and education about the exposure as well as services to prevent infection or, if infected, linkages to care.

Prevention for high-risk populations – Prevention interventions for high-risk populations at high-risk for STDs, including HIV-infected persons, are critical to reducing the spread of STDs and HIV and ensure that those at highest risk of acquiring or transmitting these diseases are given the tools necessary to protect themselves and others from HIV infection. Prevention includes targeted health education and risk reduction, health communication programs, and public information programs for at-risk populations and the general public.

School-based STD Prevention – Schools have a critical role to play in promoting the health and safety of young people and helping them establish lifelong healthy behavior patterns. Washington State requires schools to teach medically accurate comprehensive sex education if such is provided by the school district.

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We would like to acknowledge the Oregon Department of Human Services for developing the format and select content of this document.

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).