

Supplementary statement for the management of Lymphogranuloma venereum (LGV) cases and contacts

October
2017

This Statement is a supplement to the 2010 LGV chapter. It replaces the 2014 Supplementary statement. The guidance in this statement should be used in place of the current *Diagnosis* and *Treatment of partners* sections of the LGV chapter.

Issue

Since 2004 there have been sporadic LGV outbreaks in Canada, predominantly in men who have sex with men (MSM). These have been confined to major urban centres in the provinces of Alberta, British Columbia, Ontario and Québec.

- In Canada, the United States, and Europe, the subpopulation at highest risk of LGV is MSM—particularly those who are infected with hepatitis C (HCV), HIV or other STIs, and those who engage in unprotected anal or oral group sex.
- National enhanced surveillance of LGV was conducted from 2004-2012. During this time, 104 confirmed and 66 probable cases were reported to the Public Health Agency of Canada by the provinces and territories.

Screening and diagnostic testing

- The diagnosis of LGV is not always straightforward, and is often based on the history and clinical presentation, supported by laboratory testing.
- Clinicians should have a high index of suspicion for LGV if a patient presents with consistent signs/symptoms (e.g., proctitis and/or marked inguinal or femoral lymphadenopathy or buboes) **AND/OR** if patient history suggests [exposure](#).
- Commercial NAATs are approved in Canada for *C. trachomatis* testing of urethral, cervical and vaginal swabs, and for urine. However, current literature indicates that NAATs can be used to detect rectal and oropharyngeal infections if performance specifications have been established for the assay in use.^{1,2}
- Serology is not recommended for the diagnosis of non-LGV and LGV genital chlamydia infections, given cross-reactions with other chlamydia species, and difficulties interpreting variations in titres.

Diagnostic procedures/specimen collection

- Collect the following specimens, as clinically indicated for the detection of *C. trachomatis* using NAAT/culture:
 - swab of the lesion (if present);
 - first-void urine;
 - urethral, cervical, vaginal, rectal, and/or oral swabs;
 - fluid from buboes (if present).

Canadian Guidelines on Sexually Transmitted Infections

LGV genotyping for *C. trachomatis* positive results

Definitive diagnosis of LGV requires serovar-specific testing (i.e., genotyping). This testing is only available through provincial/territorial laboratories or the National Microbiology Laboratory (NML).

- For symptomatic individuals and sexual partners of individuals diagnosed with LGV, request that *C. trachomatis* positive specimens be forwarded to the provincial/territorial laboratory or the NML for LGV genotyping.
- For asymptomatic MSM presenting with [risk factors for LGV](#), consider requesting that *C. trachomatis*-positive rectal specimens be forwarded to the provincial/territorial laboratory or the NML for LGV genotyping.
 - Published data on LGV in MSM have found that when *C. trachomatis* is identified in urogenital specimens, few samples test positive for LGV.³⁻⁶
 - A 2017 study conducted in the Netherlands found that a high proportion of chlamydia-positive rectal specimens tested positive for LGV in asymptomatic MSM,⁵ in contrast to findings from earlier studies where rectal LGV was primarily identified in symptomatic patients.^{2-4,7}

Treatment of suspected, probable and confirmed cases

Suspected, probable and confirmed cases should receive treatment for LGV as per the recommendations in Table 4 of the [LGV chapter](#).

- Suspect LGV if patient presents with proctitis, or inguinal or femoral lymphadenopathy, or buboes, or if patient history suggests [exposure](#).
- A **probable case** is defined as any individual with:
 - a positive *C. trachomatis* test result by NAAT or culture PLUS the presence of proctitis or inguinal or femoral lymphadenopathy;OR
 - a sexual partner with LGV.
- A **confirmed case** is defined as any individual testing positive for *C. trachomatis* by NAAT or culture confirmed to be serovar L1, L2 or L3.

Treatment of partners

- Sexual partners of confirmed or probable cases should be tested and empirically treated for LGV.
- Sexual partners of individuals testing positive for non-LGV *C. trachomatis* who are not considered [high risk](#) for LGV themselves, should be tested and empirically treated with an effective regimen for the treatment of non-LGV chlamydia [C-III] as outlined in Table 3 of the [Chlamydial Infections](#) chapter.

Canadian Guidelines on Sexually Transmitted Infections

References

- (1) Papp JR, Schachter J, Gaydos CA, Van Der Pol B. Recommendations for the laboratory-based detection of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* -2014. *MMWR Recomm Rep* 2014;63(RR-02):1-19.
- (2) Annan NT, Sullivan AK, Nori A, Naydenova P, Alexander S, McKenna A, et al. Rectal chlamydia--a reservoir of undiagnosed infection in men who have sex with men. *Sex Transm Infect* 2009 Jun;85(3):176-179.
- (3) Nieuwenhuis RF, Ossewaarde JM, Gotz HM, Dees J, Thio HB, Thomeer MG, 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 Oct 1;39(7):996-1003.
- (4) Ward H, Alexander S, Carder C, Dean G, French P, Ivens D, et al. The prevalence of lymphogranuloma venereum infection in men who have sex with men: results of a multicentre case finding study. *Sex Transm Infect* 2009 Jun;85(3):173-175.
- (5) de Vrieze NHN, Versteeg B, Bruisten SM, van Rooijen MS, van der Helm JJ, de Vries HJC. Low Prevalence of Urethral Lymphogranuloma Venereum Infections Among Men Who Have Sex With Men: A Prospective Observational Study, Sexually Transmitted Infection Clinic in Amsterdam, the Netherlands. *Sex Transm Dis* 2017 Sep;44(9):547-550.
- (6) Desclaux A, Touati A, Neau D, Laurier-Nadalié C, Bébéar C, de Barbeyrac B, et al. Extra-rectal lymphogranuloma venereum in France: a clinical and molecular study. *Sex Transm Infect* Published Online First 11 July 2017;doi: 10.1136/sextrans-2017-053126.
- (7) Saxon C, Hughes G, Ison C, UK LGV Case-Finding Group. Asymptomatic Lymphogranuloma Venereum in Men who Have Sex with Men, United Kingdom. *Emerg Infect Dis* 2016 Jan;22(1):112-116.