



HEALTH ALERT

DECEMBER 22, 2004

LYMPHOGRANULOMA VENEREUM (LGV) INFECTION IN SAN FRANCISCO

Several cases of lymphogranuloma venereum (LGV) have recently been identified among men who have sex with men (MSM) in San Francisco. These are the first cases of LGV in San Francisco since 2001 and follow recent reports of a large outbreak (92 cases) among MSM in the Netherlands and additional cases in Belgium, France, Sweden, and Atlanta, GA. Additional cases may occur. Because this infection is an unusual STD and may have significant morbidity and potentially life-threatening sequelae if untreated, we are alerting clinicians and requesting they follow these recommendations.

This Health Alert and additional information are posted on the SFPDPH City Clinic website (www.sfcityclinic.org/providers) under the LGV section.

ACTIONS REQUESTED OF ALL CLINICIANS:

1. **Be alert** for cases of LGV, especially in men who have sex with men.
2. **Report** suspect cases to **STD Prevention & Control Services at 415-487-5555**. STD Disease Control Investigators can facilitate patient management and identification and treatment of sex partners.
3. **Discuss** LGV with patients who practice unprotected anal intercourse and **inform** them of symptoms, the need to seek medical care promptly and prevention methods (see below).

Description of LGV:

LGV is caused by 3 serovars (L1, L2, and L3) of *Chlamydia trachomatis* that are more invasive than those which cause common chlamydial infections (serovars B-K). Clinical diagnosis of early LGV may be difficult, as primary infection can be asymptomatic or only denoted by a small, painless ulcer occurring 3-30 days post-exposure. More common symptoms include tender inguinal and/or femoral lymphadenopathy (genital exposure), or hemorrhagic proctitis or proctocolitis (anal exposure). Although the clinical presentation may mimic inflammatory bowel disease, acute onset of lower-GI symptoms in MSM should increase suspicion for LGV. Diagnosis may be confirmed by serological tests, including a microimmunofluorescence (MIF) test titer $\geq 1:256$, or a complement fixation test titer $\geq 1:64$.

Treatment:

The CDC-recommended treatment for LGV infection is doxycycline, 100 mg PO bid x 21 days. An alternative treatment is erythromycin base, 500 mg PO qid x 21 days. Another alternative is azithromycin, 1 gram PO q week x 3 weeks; however, clinical data on this regimen are limited. Sex partners within the past 30 days of an LGV-infected patient should be contacted and treated with either azithromycin (1 g PO once), or doxycycline (100 mg PO bid x 7 days). SFPDPH investigators can facilitate identification and treatment of partners.

Prevention:

Individuals may decrease their risk for acquiring LGV by using condoms and being screened for STDs.

Categories of urgency levels

Health Alert: conveys the highest level of importance; warrants immediate action or attention

Health Advisory: provides important information for a specific incident or situation; may not require immediate action

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action