



TO: San Francisco Medical Providers and Clinical Laboratories
RE: Lymphogranuloma Venereum (LGV) Infection in San Francisco
DATE: December 2, 2004

Dear Providers:

Recently, we identified a gay male patient infected with lymphogranuloma venereum (LGV), an invasive form of *Chlamydia trachomatis* with significant morbidity and potentially life-threatening sequelae. This is the first case of LGV in San Francisco since 2001 and follows recent reports of a large outbreak of (92 cases) among men who have sex with men (MSM) in the Netherlands and additional cases in Belgium, France, Sweden, and Atlanta, GA.

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 complement fixation test titer $\geq 1:64$, or a microimmunofluorescence (MIF) test titer $\geq 1:256$. We remind clinicians and laboratory directors that in addition to reporting positive chlamydia diagnostic tests, reporting positive chlamydia serologic tests for the LGV serovars (L1, L2, and L3) is required (415-487-5555).

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. 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). SFDPH investigators can facilitate identification and treatment of partners.

For further information, please see: www.sfcityclinic.org/providers

Thank you for helping keep San Francisco healthy!

Sincerely,

Handwritten signature of Jeffrey D. Klausner in black ink.

Jeffrey D. Klausner, MD, MPH
Deputy Health Officer
Director

Handwritten signature of Samuel J. Mitchell in black ink.

Samuel J. Mitchell, MD, PhD
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