Lymphogranuloma Venereum (LGV) Surveillance Project

Lymphogranuloma venereum (LGV) is a systemic, sexually transmitted disease (STD) caused by a type of *Chlamydia trachomatis* (serovars L1, L2, L3) that rarely occurs in the United States and other industrialized countries. However, a recent outbreak in the Netherlands (*MMWR* Oct. 29, 2004) and reported cases in Europe suggest there may be an increase in cases in the U.S., especially among men who have sex with men (MSM).

To evaluate LGV infection in the U.S., the Centers for Disease Control and Prevention's (CDC), Division of STD Prevention (DSTDP) is tracking the number of cases of LGV. We are asking clinicians of patients with clinical symptoms consistent with LGV to report these cases to their local health departments and to CDC. Symptoms of LGV include: mucous or purulent anal discharge, rectal bleeding, constipation, inguinal/femoral lymphadenopathy (buboes), genital or rectal ulcer or papule, anal spasms, and tenesmus.

In states that lack laboratory capacity to perform LGV diagnostic testing, the CDC's Chlamydia Laboratory will provide laboratory support at CDC. Specimens will be tested for *C. trachomatis* (if not available locally), and if positive, will be typed for LGV.

Clinicians and laboratories may submit specimens to CDC's Chlamydia Laboratory by following the procedures for collection and shipment of clinical specimens as described in the specimen collection form .

We are also asking clinicians to complete a questionnaire for any patient suspected of having LGV . Completion of the questionnaire will greatly enhance our understanding of the characteristics of persons with LGV in the United States and will contribute to local disease control activities.

The MMWR article describes the Netherlands' LGV outbreak, clinical signs and symptoms of LGV, and summarizes CDC's Treatment Guidelines for LGV. (part of 2002 STD Treatment Guidelines)

Please contact both your local health department and CDC if you have patients you suspect of having LGV. If you have additional questions about CDC surveillance activities, please contact Dr. Catherine McLean (CMclean@cdc.gov). Thank you in advance for your efforts to assist in prompt LGV identification and disease control efforts in the United States.

For recent CDC update on *Lymphogranuloma venereum and treatment recommendations for symptomatic patients and sex partner contacts*, see the October 29, 2004 MMWR http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5342a2.htm.

Instructions for Collection of Specimens for *Lymphogranuloma venereum* Testing

I. Purpose: To provide guidance for collection and shipping of specimens from patients you suspect may have LGV.

II. Symptoms of LGV:

- Genital or rectal papule or ulcer
- Tender, unilateral or bilateral inguinal and/or femoral adenopathy +/- local ulceration
- Proctocolitis, hemorrhagic or non-hemorrhagic
- Manifestations similar to inflammatory bowel disease
- Tenesmus

III. Specimen Collection Procedures (Clinicians)

Please submit both rectal specimens and serum from patients you suspect may have LGV.

1) Rectal specimen collection

a. Equipment

For *immediate* collection (i.e. the patient is in clinic now or will be in the next day): Use the small swab in the tube included in a standard DNA hybridization (GenProbe) or DNA amplification test (BD, GenProbe, TMA, Roche) for specimen collection *not* the large tipped cleaning swab. If these test kits are not available, you may use a sterile, DRY swab. Place the swab into a specimen collection tube (no fluid or jelled medium should be included in the tube).

b. Collection Technique

Blind rectal specimens should be collected prior to anoscopy or sigmoidoscopy. Insert swab 3-5 cm into rectum, rotate against rectal wall several times. Discard swabs grossly contaminated with feces and repeat collection. If anoscopy or sigmoidoscopy is performed, collect specimen from visible mucosal ulceration. Specimens obtained during direct visualization when performing anoscopy or sigmoidoscopy are preferable.

2) Serum collection

a. Collect approximately 5 mL of blood in red top vacutainer tube, and send to your local laboratory. Laboratory processing should include the following: prepare serum by incubating freshly drawn blood at 37º C for 30 minutes for clot to form. Then move to 4º C overnight to allow clot to contract. Serum should be separated by centrifugation at 10,000g for 10 minutes at 4º C. Your state PHL may assist with this procedure.

3) Sex partner contacts

For asymptomatic sex partner contacts of a suspected or confirmed LGV case, you may also submit specimens for LGV testing if local lab urethral/urine testing is positive for *C. trachomatis*. Residual specimens can be reflex tested for genotype determination. The minimal volume of urine required for reflex genotyping is 1 mL but larger volumes are encouraged (up to 20 mL). Please also submit a serological specimen from these patients.

4) Other specimens

Other specimens may also be accepted. Please call John Papp or Catherine McLean to discuss first.

IV. Specimen packaging, storage, and shipping procedures

1) Labeling and Packaging

Package as typically packaged for sending specimens to your state lab. Specimens must be shipped to CDC following the Department of Transportation's Guidelines for shipping "Diagnostic specimens".

2) Specimen Storage Instructions

- Swabs can be stored at 2 to 8°C for up to 7 days. For longer storage, swabs should be frozen at -70°C and tested within 60 days of collection.
- Urine specimens should be frozen at -20°C and held in that condition during transit to CDC. Shipment to CDC should be arranged within 7 days of collection.
- Pack specimens for shipping with insulated cold pack or freezer pack.
  - ✓ Label each specimen with patient's clinic ID#, clinic name and anatomical site of specimen collection.
  - ✓ Please include a separate specimen information sheet for each specimen submitted in the shipment. Specimen information sheets are included at the back of this form and may be copied as necessary.

3) Shipping Instructions

- Specimens should be sent to your state public health laboratory with labeling that clearly indicates that the specimens should be referred to CDC.
- The state public health lab will need to complete DASH forms and follow the usual submission procedures for sending referral specimens to CDC. The state public health labs are familiar with these procedures.
- The state lab can then send the specimen(s) to CDC at the following address:

Centers for Disease Control and Prevention
Data and Specimen Handling Activity (DASH), Unit 32
BLDG 4, RM B35—G12
1600 Clifton Road NE
Atlanta, GA 30333
Attn: John Papp, Chlamydia Laboratory

- **Note:** Reference testing specimens are accepted from State Health Department and Federal Agencies only. Specimens are sent to DASH first, and then will be transferred to Dr. Papp's laboratory.
- For questions regarding specimen handling and shipping, contact John Papp (404-639-3785) or Email: JPapp@cdc.gov.
- When specimens are shipped, please email Catherine McLean, CMclean@cdc.gov to notify the LGV Surveillance team

4) If you have a patient you suspect may have LGV or you have questions regarding these procedures, please contact:

Catherine McLean, MD, Division of STD Prevention (CDC)
Phone: (404) 639-8467, Fax: (404) 639-8610, Email: CMcLean@cdc.gov

Specimen Information Sheets: Please cut apart to use, or make duplicate copies as needed.

Your Name _____
Clinic Name _____
Clinic Address _____
Contact phone number _____
Fax number _____
Email _____
Clinic Patient Identification Number _____
Patient Name_____ Birthdate__ ___/__ __/__ __
Anatomic site of specimen(s)_____
Specimen Collected Under Direct Visualization: ☐ yes ☐ no
Date of specimen collection _____

☐ Check here if Catherine McLean, CMclean@cdc.gov has been emailed specimen shipment notification

Your Name _____
Clinic Name _____
Clinic Address _____
Contact phone number _____
Fax number _____
Email _____
Clinic Patient Identification Number _____
Patient Name_____ Birthdate__ ___/__ __/__ __
Anatomic site of specimen(s)_____
Specimen Collected Under Direct Visualization: ☐ yes ☐ no
Date of specimen collection _____

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Your Name _____
Clinic Name _____
Clinic Address _____
Contact phone number _____
Fax number _____
Email _____
Clinic Patient Identification Number _____
Patient Name_____ Birthdate__ ___/__ __/__ __
Anatomic site of specimen(s)_____
Specimen Collected Under Direct Visualization: ☐ yes ☐ no
Date of specimen collection _____

☐ Check here if Catherine McLean, CMclean@cdc.gov has been emailed specimen shipment notification

Lymphogranuloma Venereum (LGV) Suspected Case-Patient Information

If you have a suspected LGV case or questions about this form, please contact Dr. Catherine McLean at the Centers for Disease Control and Prevention's Division of STD Prevention at (404) 639-8467, Fax # (404) 639-8610 or CMcLean@cdc.gov.

Today's Date : M M - D D - Y Y

Name of Person Completing this Form:_____

Affiliation (e.g. clinic, health department) :_____

Phone # :_____ Fax # :_____ Email :_____

Clinic Where Patient was Seen for Suspected LGV :_____

Clinic Location : City_____ State :_____

Clinic Type: ☐ STD Clinic ☐ Primary Care
☐ HIV/AIDS/ID Clinic ☐ Emergency Department
☐ Other (Specify Type):_____

Patient's Clinic ID#:_____

Was your local or state health department informed of this suspected case? ☐ yes ☐ no ☐ unk
If no or unknown, please contact your local health department.

Patient's Demographic Information

1. Sex: ☐ Male ☐ Female ☐ Transgender (☐ M-to-F or ☐ F-to-M)

2. Age:_____ 3. State Where Patient Resides: _____ 4. Patient's Zipcode: __ __ __ __ __

5. Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

6. Race (Check all that apply): ☐ American Indian/Alaskan Native ☐ White
☐ Native Hawaiian/Pacific Islander ☐ Black
☐ Asian ☐ Other:_____
☐ Don't know

Clinical Information

7. Date of Initial Health Care Visit for Suspected LGV: M M - D D - Y Y

8. What was the patient's chief complaint(s) at the initial clinic visit for suspected LGV ?
_____

9. Is this patient the sex partner of a person diagnosed with proven or suspected LGV ?
☐ yes ☐ no ☐ unknown

10. Does the patient report having a sex partner with symptoms consistent with LGV?
☐ yes ☐ no ☐ unknown

Lymphogranuloma Venereum (LGV) Suspected Case-Patient Information

11. **Symptoms:** Did the patient report having any of the following symptoms?

Symptom		Duration (# Days)	Still Present?
Anal Discharge	□ yes □ no □ unk		□ yes □ no □ unk
Rectal Bleeding	□ yes □ no □ unk		□ yes □ no □ unk
Constipation	□ yes □ no □ unk		□ yes □ no □ unk
Lymph node enlargement in groin	□ yes □ no □ unk		□ yes □ no □ unk
Ulcer Painful? □ yes □ no Site:_____	□ yes □ no □ unk		□ yes □ no □ unk
Papule Painful? □ yes □ no Site:_____	□ yes □ no □ unk		□ yes □ no □ unk
Fever	□ yes □ no □ unk		□ yes □ no □ unk
Weight Loss	□ yes □ no □ unk		□ yes □ no □ unk
Anal Spasms (cramping)	□ yes □ no □ unk		□ yes □ no □ unk
Other:_____	□ yes □ no □ unk		□ yes □ no □ unk

12. **Clinical Exam Findings** (*Check all that apply) :*

□ Inguinal Lymphadenopathy (Bubo) □ unilateral □ bilateral □ tender at adenopathy site	□ Mucous or purulent anal discharge	Rectal exam (digital), findings (if done): _____ _____ _____
□ Ulcer Tender? □ yes □ no Site:_____	□ Rectal bleeding	Anoscopy/Proctoscopy Done ? □ yes □ no □ unk Findings/Visualization :_____ _____ _____
□ Papule Tender ? □ yes □ no Site:_____	□ Fever	
□ Other (List) :_____	□ Weight loss	Sigmoidoscopy Done? □ yes □ no □ unk Findings/Visualization :_____ _____ _____

13. Was treatment given for suspected LGV ? □ yes □ no □ unknown
Drug:_____ Dose:_____ Frequency:_____ #Days:_____

14. Does the patient have a history of chlamydial infection in the past year (not including current diagnosis)? □ yes □ no □ don't know
14a. If yes, #1 Anatomic Site:_____ Date: M M - D D - Y Y Tx:_____
#2 Anatomic Site:_____ Date: M M - D D - Y Y Tx:_____

15. Patient's HIV Status : □ positive □ negative □ unknown Last Test, if known: M M - D D - Y Y

15a. If HIV+, Most recent CD4 Count:_____ Date: M M - D D - Y Y
Most recent Viral Load: _____ Date: M M - D D - Y Y

16. Check other STDs for which tests were conducted at the initial LGV clinic visit and test results, if available *(Check all that apply)*.

STD	Test Results	Test Type
☐ **Gonorrhea--Urine**	☐ positive ☐ negative ☐ unk	☐ NAATS ☐ unk
☐ **Gonorrhea--Rectal**	☐ positive ☐ negative ☐ unk	☐ culture ☐ unk ☐ NAATS
☐ **Gonorrhea--Oropharyngeal**	☐ positive ☐ negative ☐ unk	☐ culture ☐ unk ☐ NAATS
☐ **Trichomonas**	☐ positive ☐ negative ☐ unk	☐ culture ☐ unk ☐ wet mount
☐ **Syphilis—Non-Treponemal Test**	☐ reactive ☐ non-reactive ☐ unk Titer: _____/_____	☐ RPR ☐ VDRL ☐ Other_____ ☐ unk
☐ **Syphilis—Treponemal Test**	☐ reactive ☐ non-reactive ☐ unk	☐ FTA-ABS ☐ TP-PA ☐ Other_____ ☐ unk
☐ **Syphilis Ulcer/Chancre**	☐ positive ☐ negative ☐ unk	☐ Darkfield ☐ unk
☐ **Genital/Rectal Herpes**	☐ positive ☐ negative ☐ unk	☐ culture ☐ unk ☐ other_____
☐ **Other**		

17. Chlamydia Diagnostic Tests at Visit for Suspected LGV :

CT Specimen Type/Lab Used	CT Test Results	Test Type (if known)
☐ **Urine** **Lab Name:** _____	☐ positive ☐ equivocal ☐ negative ☐ unknown	☐ GenProbe Aptima ☐ Roche Amplicor ☐ BD ProbeTec ☐ Other:_____
☐ **Urethral Swab** **Lab Name:** _____	☐ positive ☐ equivocal ☐ negative ☐ unknown	☐ Culture ☐ GenProbe Aptima ☐ GenProbe PACE ☐ BD ProbeTec ☐ Roche Amplicor ☐ unknown ☐ Antigen detection(specify):_____ ☐ Other(specify):_____
☐ **Rectal Swab #1** **Lab Name:** _____	☐ positive ☐ equivocal ☐ negative ☐ unknown	☐ Culture ☐ GenProbe Aptima ☐ GenProbe PACE ☐ BD ProbeTec ☐ Roche Amplicor ☐ unknown ☐ Other (specify): _____ **Was specimen collected under direct visualization during anoscopy or sigmoidoscopy ?** ☐ yes ☐ no ☐ unknown
☐ **Rectal Swab #2** **Lab Name:** _____	☐ positive ☐ equivocal ☐ negative ☐ unknown	☐ Culture ☐ GenProbe Aptima ☐ GenProbe PACE ☐ BD ProbeTec ☐ Roche Amplicor ☐ unknown ☐ Other (specify): _____ **Was specimen collected under direct visualization during anoscopy or sigmoidoscopy ?** ☐ yes ☐ no ☐ unknown
☐ **Serology** **Lab Name:** _____	Titer (if known):____/____ Optical Density (if done):_____	☐ CF ☐ MIF ☐ EIA ☐ Other
☐ **Other:_____** **Lab Name:_____**	Describe Results :	Describe Test Type:

Lymphogranuloma Venereum (LGV) Suspected Case-Patient Information

Patient's Sexual and Travel History (if available)

18. Did patient exchange sex for drugs or money in the past 60 days?
□ yes □ no □ unknown

19. Number of **male sex partners** the patient had in the past 60 days :_____

19a. Did the patient have sex (anal, vaginal) without a condom with any of these male partners? □ yes □ no □ unknown

19b. Did the patient have receptive anal intercourse with any of these male partners?
□ yes □ no □ unknown

19c. For male patients only: Did the patient have insertive anal intercourse with any of these male partners? □ yes □ no □ unknown

20. Number of **female sex partners** the patient had in the past 60 days :_____

For male patients only:

20a. Did the patient have insertive anal intercourse with any of these female partners?
□ yes □ no □ unknown

21. Did the patient travel outside the state where the clinic is located in the past 60 days (including international travel)? □ yes □ no □ unknown

21a. If yes, where did the patient travel (include dates)?

Location : _____ Dates :_____
Location : _____ Dates : _____
Location :_____ Dates :_____

21b. Did the patient have sex with a person from that area or another traveler while there?
□ yes □ no □ unknown

If yes, which location and indicate if sex was with someone from the local area or a fellow traveler for each:

Location : _____ and contact:_____
Location : _____ and contact: _____
Location :_____ and contact:_____

Additional Comments You Have (e.g. other history, risk factors, or behaviors of relevance for this suspected case:

Thank you for your time. Please fax this form to Dr. Catherine McLean at (404) 639-8610