



RECOMMENDATIONS FOR LABORATORY CONFIRMATION
OF LYMPHOGRANULOMA VENEREUM (LGV)
WASHINGTON STATE
FEBRUARY 2005

Recently there has been a resurgence of lymphogranuloma venereum (LGV) caused by *Chlamydia trachomatis* serovars L1, L2 and L3 among men who have sex with men (MSM) in the Netherlands. Three cases of LGV were reported in the US in 2004. The Centers for Disease Control and Prevention (CDC) has created a website on LGV: www.cdc.gov/std/lgv. It includes information sheets, patient workup sheets and exact instructions for specimen collection.

If a person at risk for LGV (MSM exposed to persons from Europe and MSM with symptoms compatible with LGV, e.g., proctitis, proctocolitis, inguinal/femoral lymphadenopathy) exhibits symptoms of LGV as described in the October 29, 2004 MMWR (see website above) the Washington State Department of Health (DOH), in accordance with CDC, requests the following actions be taken:

- Collect rectal and serum specimens from the patient (see CDC procedures at the website above).
- If the client agrees, collect a rectal specimen for culture to be sent to the University of Washington Chlamydia Laboratory for concurrent testing (optional). Call (206) 341-5300 for instructions.
- Complete specimen information sheet and patient information sheets and **include them with the specimens to be sent to the state lab.**
- Notify your local health jurisdiction and CDC that you have a suspect case of LGV using the confidential DOH STD case report for the county and the patient information sheet for CDC.
- Within two (2) days send non-culture specimens (rectal swab and serum) to the Washington State Public Health Laboratory, 1610 NE 150th St., Shoreline, WA 98155 with clear, obvious notation that the specimens should be forwarded to CDC for LGV testing.
- Provide treatment to the suspected case and evaluate sex partners who had contact with the patient within 30 days of the onset of the patient's symptoms. Recommended treatment for LGV is doxycycline 100mg twice a day for 21 days. Alternative treatment is erythromycin base 500 mg orally 4 times a day for 21 days. Sex partners who have symptoms consistent with LGV should be tested in the same manner as the initial patient. Those with no symptoms should be treated with 1 g azithromycin in a single dose or 100 mg doxycycline twice a day for 7 days. See page 18 in the 2002 CDC STD Treatment Guidelines for information on pregnant women and HIV positive patients.

The UW Chlamydia Laboratory is one of the nation's top *Chlamydia* research labs. Providing them with a specimen for culture (growing the bacterium) could aid in the understanding of LGV and may also afford the clinician with faster confirmed results than the specimens sent to CDC. Please follow the procedures requested by CDC and consider submitting a rectal specimen for culture to the UW lab. Please call (206) 341-5300 for instructions on culture specimen collection and transport.

For more information on public health issues related to LGV contact the Department of Health STD Program at (360) 236-3460. For clinical consultation contact Matthew Golden, MD, MPH at (206) 731-6829. Thank you very much for your assistance!