



ALERT: LGV outbreak in men who have sex with men, metro Sydney

Several men have recently been diagnosed with lymphogranuloma venereum (LGV) in metropolitan Sydney. Many appear to have acquired the infection locally. For MSM presenting with proctitis please:

1. Perform proctoscopy and take a swab for LGV testing
2. Treat presumptively with doxycycline for 21 days
3. Educate the patient about safe sex
4. Initiate contact tracing with the case's recent sexual partners

Background information

- Lymphogranuloma venereum (LGV) is a form of *Chlamydia trachomatis* infection that typically causes severe proctitis in men who have sex with men (MSM). Without appropriate treatment LGV can result in rectal scarring, perirectal or perianal fistulas and strictures.
- LGV is spread through unprotected sexual intercourse, especially if there is trauma to the skin or mucous membranes. It can also be spread via sharing of sex toys between partners.
- Other infections such as HIV and hepatitis C commonly co-exist with LGV, and LGV may increase the risk of transmission of HIV.

Clinical presentation

- MSM with LGV typically present with proctitis (rectal pain, mucoid and/or haemorrhagic rectal discharge, bloody stools, tenesmus, constipation). Inguinal lymphadenopathy or genital ulcers are rarely seen.
- Symptoms typically begin within days but possibly up to a month after exposure.
- Asymptomatic infection is rare.

Testing and diagnosis

- MSM with proctitis need proctoscopy and any abnormal mucosa should be swabbed. Other causes of proctitis in MSM include chlamydia (non LGV type), gonorrhoea, herpes simplex virus and syphilis.
- Self-collection of an anal swab is effective at detecting anal gonorrhoea and chlamydia for *screening of asymptomatic men*. However, those with proctitis should have samples taken at proctoscopy as a good specimen is needed for LGV detection.
- Note the features of the clinical presentation on the request form and request LGV testing.
- Specialist LGV testing (NAAT and genotyping) is done at ICPMR and SEALS laboratories. Most private pathology laboratories can test for chlamydia but a DNA extract needs to be sent on for LGV testing at a reference laboratory.

Treatment

- The treatment of choice for LGV is **doxycycline** 100 mg orally, 12-hourly for 21 days. Commence this treatment in any MSM with proctitis. Cases should be re-assessed 2 weeks after treatment is completed to ensure that proctitis symptoms are resolving.

Patient education

- Reinforce safe sex prevention messages, including using condoms and lubricant and limiting the number of sexual partners. Sex toys should not be shared. A new condom or glove should be used with each new partner if the patient practices group sex.
- Men diagnosed with LGV infection should be advised to abstain from sex until the full course of antibiotic treatment has been completed.
- Reinforce importance of regular STI/HIV screening (i.e. every 3-6 months for MSM with high risk sexual practices).

Contact tracing & treatment of contacts

- Notifying recent sexual partners is a joint responsibility of the patient and the clinician.
- Clinicians can assist the patient with contacting sexual partners from 30 days before the patient's onset of symptoms. Test contacts for chlamydia and treat them presumptively with azithromycin 1g orally (single dose). Contacts with symptoms of proctitis should be tested and treated for LGV as above.
- The merits of contact tracing are acknowledged by many MSM and they are willing to assist when prompted. The names of partners may not be known but can be contacted via online profiles or mobile telephone numbers. Most MSM make direct contact but SMS, email or social networking websites are other commonly used mechanisms.
- Patient information and anonymous SMS or emails can be sent from www.whytest.org

Public Health issues

- LGV is notifiable by laboratories to NSW Health under the Public Health Act (1991).
- Public health unit staff routinely follow up cases with the clinician and/or patient to collect information about exposures. Information is collected confidentially and used to guide prevention and control measures for populations.

Clinical support

- Your local sexual health service can give specialist advice about management of cases, including contact tracing.

For more information contact

NSW Sexual Health Information Line: 1800 451 624