



Health Alert Network

Tri-County Health Department

Serving Adams, Arapahoe and Douglas Counties

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John M. Douglas, Jr., M.D. Executive Director

The pages that follow contain information critical to protecting the health of your patients and the citizens of Colorado.

HAN ADVISORY

Number of pages including cover: 3

Subject: **Advisory - Lymphogranuloma Venereum cases in Colorado**

Message ID: 4/20/2018 4:30:00 PM

Recipients: HAN Community Members.

From: TRI-COUNTY HEALTH DEPARTMENT

Adams, Arapahoe and Douglas County, Colorado

Recipient Instructions: **Tri-County Health Department is forwarding you the attached HAN. You may have already received this broadcast if you are on the CDPHE distribution list, however, we wanted to ensure you did not miss this important information. No response is required.**

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You have received this message based upon the information contained within our Health Alert Network Notification System. If you have a different or additional e-mail or fax address that you would like us to use, or if you have additional questions, call 720-200-1477.

Categories of Health Alert Network Messages:

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.

Info Service/Public Health Brief: Provides general information that is not necessarily considered to be of an emergent nature.

You may download a copy of this HAN from the TCHD website at
<http://www.tchd.org/259/Health-Alert-Network>



HEALTH ALERT NETWORK BROADCAST

MESSAGE ID: 04202018 13:00

FROM: CO-CDPHE

SUBJECT: HAN Advisory - Lymphogranuloma Venereum cases in Colorado

RECIPIENTS: Local Public Health Agencies / IPs / Clinical Labs / EDs / ID Physicians

RECIPIENT INSTRUCTIONS: Local Public Health Agencies - please forward to healthcare providers

HEALTH ADVISORY | Lymphogranuloma Venereum (LGV) cases in Colorado | April 20, 2018

Health care providers: Please distribute widely in your office

Key points

- Since July 2017, three confirmed and two probable cases of lymphogranuloma venereum (LGV), an uncommon chronic *Chlamydia trachomatis* infection, have been reported in Colorado.
- Prior to one LGV case in 2017, the last LGV case report was in 2005. Since 1994, only 17 confirmed cases have been reported.
- Two of the recent confirmed cases of LGV reside in Denver County; the third lives in Jefferson County.
- All cases have occurred in men who have sex with men (MSM).
- LGV is associated with HIV and may increase the risk of HIV transmission. Screen all cases for HIV and syphilis.
- The clinical presentation can include genitoanal ulcers, proctocolitis, and/or suppurative inguinal lymphadenopathy.
- If left untreated, LGV can become an invasive systemic infection that can result in serious illness, genital scarring, or, chronic colorectal fistulas and strictures.
- For patients who have clinical features of LGV and chlamydia-positive results, provide empiric treatment according to CDC guidelines (see below) and order further testing for LGV serovars.

Background information

LGV is a sexually transmitted infection associated with *Chlamydia trachomatis* serovars L1, L2, or L3, which can be transmitted through unprotected vaginal, anal, and oral sex. In North America, the disease is uncommon but has been noted in sporadic outbreaks among the MSM population.

The clinical presentation can include genitoanal ulcers, proctocolitis, and/or suppurative inguinal lymphadenopathy. Long-term sequelae of untreated disease can include cutaneous fistulization of infected lymph nodes and rectal fistulas and strictures. Symptoms of proctocolitis include rectal bleeding, discharge, tenesmus, and constipation that can mimic inflammatory bowel disease.

To date, cases in the Denver metro area have occurred in HIV-negative MSM between the ages of 22 and 43 years. Three confirmed cases were characterized by proctocolitis with several weeks of bloody, mucous rectal discharge and tenesmus prior to evaluation and diagnosis. In one case of proctocolitis, diagnostic uncertainty resulted in extensive evaluation and hospitalization. MRI revealed suppurative retroperitoneal lymphadenopathy and colonoscopy demonstrated extensive ulceration in the distal colon. All cases of confirmed LGV proctocolitis have had a positive rectal chlamydia nucleic acid amplification test (NAAT). Subsequent LGV specific polymerase chain reaction (PCR) testing of these isolates has been positive.

Recommendations / Guidance

- Suspect the diagnosis of LGV in MSM patients who present with acute proctocolitis, suppurative inguinal lymphadenopathy, or the presence of anorectal ulcers.
- Test all suspected cases for chlamydia and gonorrhea using NAAT at genital and extragenital sites. Alert the lab to hold positive chlamydia samples for additional testing for LGV. LGV PCR can be ordered through some commercial labs or may be submitted to the CDPHE lab (see instructions below).
- Treat empirically using CDC-recommended therapy: doxycycline 100 mg orally twice daily for 21 days. An alternative treatment is erythromycin base 500 mg orally four times daily for 21 days. Sex partners within the past 60 days should be contacted and treated with either azithromycin (1 g orally once) or doxycycline (100 mg orally twice daily for 7 days). See the CDC 2015 STD Treatment Guidelines for further recommendations (<https://www.cdc.gov/std/tg2015/lgv.htm>).
- Screen all cases for STIs including HIV and syphilis. For cases with genitoanal ulcers or proctocolitis, appropriate evaluation includes lesion evaluation with herpes PCR or culture.
- Advise safe sex practices including consistent condom use, and consider PrEP in HIV-negative patients. Recommend follow up until symptom resolution, and repeat STI testing in three months.
- Report any suspected LGV cases to the CDPHE STI/HIV Laboratory Surveillance Unit, 303-692-2694/2697 or fax confidential morbidity report (CMR) to CDPHE Laboratory Surveillance at 303-782-5393. The CMR is available at <https://www.colorado.gov/pacific/cdphe/sti-hiv-reporting-and-data>.
- Submit residual NAAT specimens to the CDPHE laboratory. Please keep NAAT specimens refrigerated until ready for submission to the CDPHE laboratory. Pack specimens for shipping with an insulated cold pack or freezer pack. Label each specimen with the patient's name and date of birth, clinic name, and anatomical site of specimen collection. Send specimens with a Lab Requisition Form and CDC Dash Form 50.34 (<https://www.cdc.gov/laboratory/specimen-submission/pdf/form-50-34.pdf>) to the following address:

Colorado Department of Public Health and Environment
Laboratory Services Division
8100 Lowry Blvd.
Denver, CO 80230

The state laboratory courier system is offered as a free service to Colorado clinical and public health agencies. Go to <https://www.colorado.gov/pacific/cdphe/courier-information> for system route map, locations for pickup, location contacts, and pick-up schedules. For courier system questions and to obtain the mentioned required requisition forms, contact the CDPHE lab at 303-692-3086.

For more information

- For assistance with LGV testing of NAATs positive for chlamydia or treatment recommendations, please contact the CDPHE STI/HIV Laboratory Surveillance Unit at 303-692-2694/2697 on Monday-Friday from 8am to 5pm.
- After hours, call the CDPHE Disease Reporting Line: 303-370-9395

