

Substantial increase in cases of lymphogranuloma venereum (LGV) in the UK



Cassandra Powers, Sarah Alexander, Gwenda Hughes, Cathy Ison
On behalf of the LGV Incident Group

Health Protection Agency
Centre for Infections

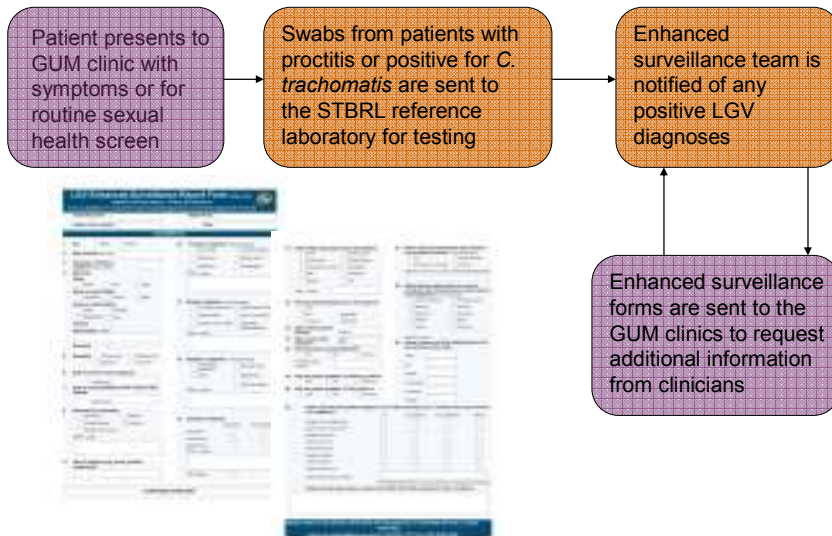
BASHH / BHIVA Spring 2010

What is LGV?

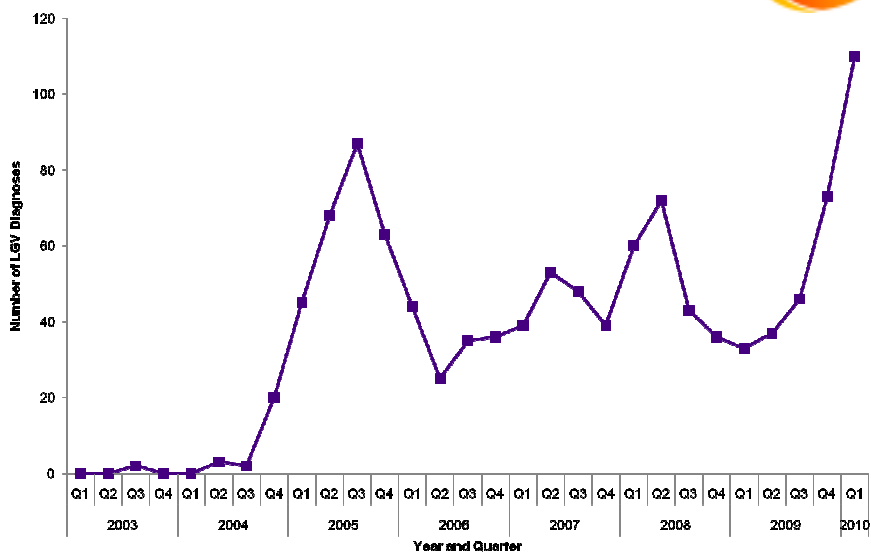


- Caused by *Chlamydia trachomatis* serovars L₁, L₂ & L₃
- Before 2003 considered a 'tropical disease', rare outside resource poor countries
- Emerged as a significant problem in MSM in Europe & North America
- First diagnosed in the United Kingdom in 2003

Enhanced Surveillance Methodology



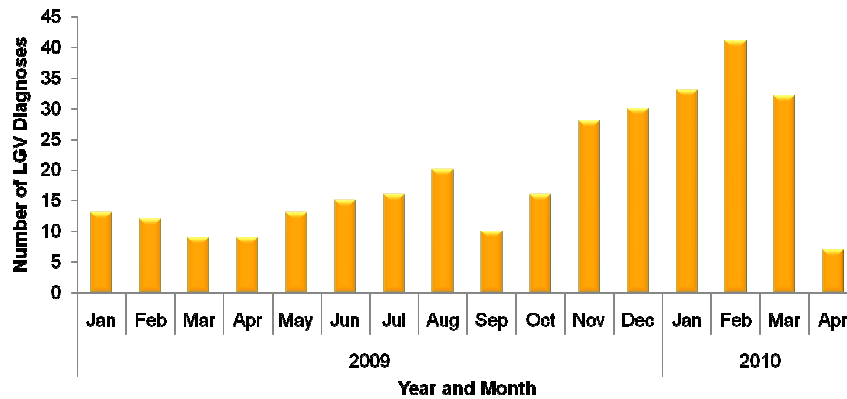
LGV Diagnoses in the United Kingdom: 2003 - 2010



Recent Increase in LGV Diagnoses



- Diagnoses were 93% higher for Nov 2009 to Apr 2010 than in the previous 6 months
- LGV diagnoses in Q1 2010 were 209% higher than the same quarter in 2009

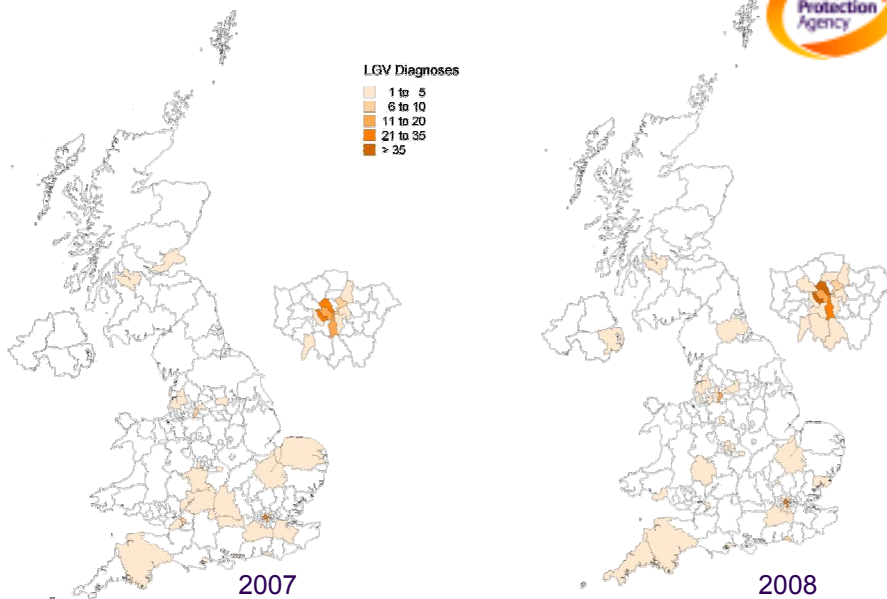


LGV Diagnoses by PCT of diagnosing clinic: 2007 & 2008

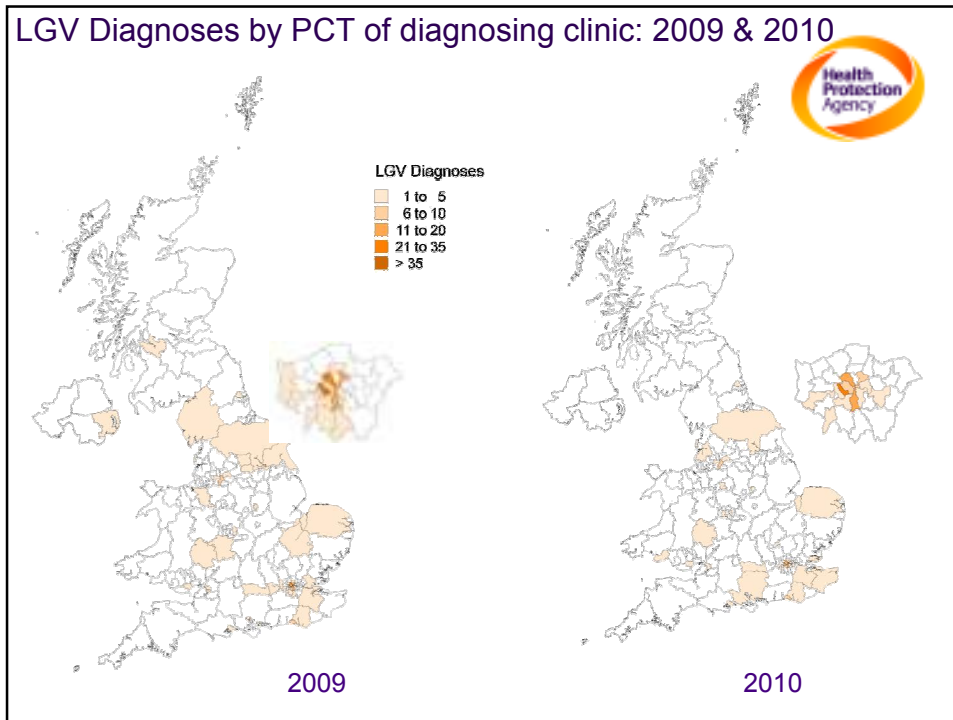


LGV Diagnoses

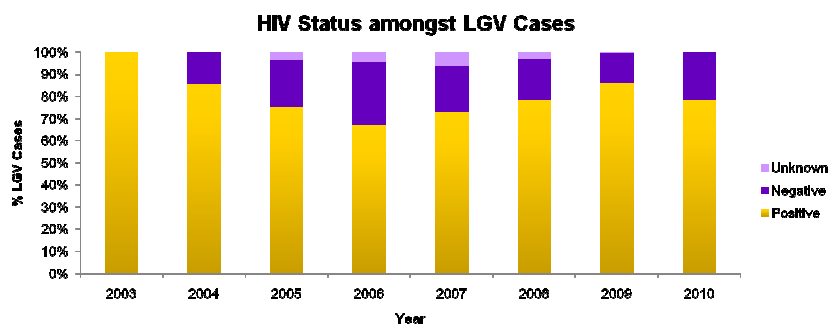
- 1 to 5
- 6 to 10
- 11 to 20
- 21 to 35
- > 35



LGV Diagnoses by PCT of diagnosing clinic: 2009 & 2010



Epidemiological Profile



- 954 (99%) cases in MSM
- 5 cases in heterosexual men, 2 in heterosexual women
- Median age 38 (range 19 to 67)
- 90% White ethnicity, Black (5%), Asian (2%)
- 75% HIV co-infected, 53% of whom were on HAART

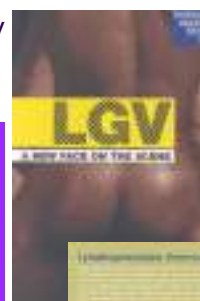
Conclusions and Recommendations



LGV infections are rising in the UK and all GUM clinicians need to be aware of the symptoms of LGV

Key recommendations from the incident group:

1. Testing for LGV should be offered during routine clinical care to HIV positive MSM who have symptoms of LGV infections and a positive test for *C. trachomatis*
2. MSM should have a full sexual health screen annually. This should include testing for HIV where it is not already diagnosed.
3. Behavioural modification is a key component of control strategies. Campaigns that increase awareness and knowledge of STIs and promote safer sex need to be intensified.



Acknowledgements



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LGV incident group

Chair: Prof Cathy Ison

ECDC

Dr Marita van de Laar

More information at:

www.hpa.org.uk