Initial results of enhanced surveillance for lymphogranuloma venereum (LGV) in England

N Macdonald¹, C Ison²³, I Martin², S Alexander², C Lowndes¹, L Simms¹, H Ward¹⁴

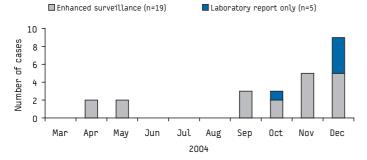
- 1 HIV and Sexually Transmitted Infections Department, Health Protection Agency, Centre for Infections, London, England
- Sexually Transmitted Bacteria Reference Laboratory, Health Protection Agency, Centre for Infections, London, England
- Project lead (microbiology), European Surveillance of Sexually Transmitted Infections (ESSTI)
- 4. Imperial College, London, England

Published online 27 January 2005 (http://www.eurosurveillance.org/ew/2005/050127.asp#5)

Following the launch of an initiative by the England and Wales' Health Protection Agency to raise awareness and improve the diagnosis and surveillance of lymphogranuloma venereum (LGV) in England in October 2004 [1], 24 cases of LGV in the United Kingdom (UK) have been confirmed by genotyping specimens submitted to the Sexually Transmitted Bacterial Reference Laboratory [see Figure] [2]. All of the cases have been of the L2 serovar.

FIGURE

Number of laboratory confirmed cases of LGV and enhanced surveillance reports. 26 January 2005



To date, additional information has been provided on 19 of the cases through enhanced surveillance follow-up of confirmed cases by clinicians. All 19 were homosexual men with a median age of 40 years (range 24-52). Seventeen were HIV positive. Most were referred or presented to genitourinary medicine/HIV clinics with symptoms suggestive of LGV. Anorectal symptoms (typically rectal pain, discharge and bloody stools) were reported for 18 patients. Systemic symptoms (typically general malaise) were reported for 7 patients. Two had inguinal LGV symptoms (swollen or painful lymph nodes in the groin). Concurrent sexually transmitted infections were reported for 8 patients (warts, gonorrhoea, herpes and nonspecific urethritis). Four patients were hepatitis C antibody positive. Probable country of LGV infection was reported for 15 patients, 5 of whom reported countries in mainland Europe (the Netherlands, Spain, Germany and Italy) and probable acquisition within the UK was reported for the remaining 10. Thirteen men reported unprotected anal intercourse in the 3 months before LGV symptoms appeared, and 4 of these men reported having engaged in unprotected ano-brachial intercourse ('fisting', both insertive and receptive) as well. The use of unprotected sex toys was reported for two men. Most patients were treated with a 21-day course of doxycycline.

The majority of cases have been reported from London, and others have been identified in cities widely dispersed across the UK. From the laboratory confirmed cases and probable retrospective cases, for whom confirmation by genotyping has not been possible, it appears likely that LGV infection may have been present in homosexual men in the UK since at least the beginning of 2004. The recent increase in cases may in part reflect increased awareness amongst clinicians and

microbiologists following the alert in October, as well as increased awareness amongst gay men following a publicity campaign conducted by the Terrence Higgins Trust Gay Men's Health Promotion Team. This campaign included a leaflet targeted at men at increased risk and a fact sheet (contact info@tht.org.uk), and was featured widely in the gay press in December. The HPA is currently convening an LGV incident team in response to these findings.

The UK data is consistent with those reported elsewhere in Europe [3-7], with HIV positive homosexual men presenting with LGV associated proctitis following unprotected anal sex with numerous sexual partners, often involving international sexual networks. While individual countries respond to raise awareness, develop diagnostic, surveillance and control measures for LGV within their own borders, concerted action will be required to control the current outbreak of LGV in Europe and beyond.

Further information, including the LGV enhanced surveillance protocol for England, can be found at: http://www.hpa.org.uk/infections/topics_az/hiv_and_sti/LGV/lgv.htm.

The European Surveillance of Sexually Transmitted Infections network (ESSTI, http://www.essti.org) established two working groups for information exchange on LGV at a meeting in May 2004 [8], and is organising a European conference on LGV outbreaks on 15 April 2005 at RIVM in the Netherlands. Further details will be announced shortly on the ESSTI website.

This article was adapted from reference 2 by the authors.

References

- Simms I, Macdonald N, Ison C, Martin I, Alexander S, Lowndes C, et al. Enhanced surveillance of LGV starts in England. Eurosurveillance Weekly 2004;8(41):07/10/2004. (http://www.eurosurveillance.org/ew/2004/041007.asp)
- Health Protection Agency. Initial results of enhanced surveillance for lymphogranuloma venereum (LGV) in England. CDR Weekly 2005;15(4):news. (http://www. hpa.org.uk/cdr/index.html)
- Götz H, Nieuwenhuis R, Ossewaarde T, et al. Preliminary report of an outbreak
 of lymphogranuloma venereum in homosexual men in the Netherlands, with
 implications for other countries in western Europe. Eurosurveillance Weekly
 2004;8(4):22/01/2004. (http://www.eurosurveillance.org/ew/2004/040122.asp)
- CDC. Lymphogranuloma Venereum Among Men Who Have Sex with Men --Netherlands, 2003--2004. MMWR Morb Mortal Wkly Rep 2004;53(42):985-8.
 (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5342a2.htm)
- 5. Institut de Veille Sanitaire. Emergence de la Lymphogranulomatose vénérienne rectale en France: cas estimés au 31 mars 2004. Synthèse réalisée le 1er Juin 2004. Institut de Veille Sanitaire. Emergence de la Lymphogranulomatose vénérienne rectale en France: cas estimés au 31 mars 2004. Synthèse réalisée le 1er Juin 2004. (http://www.invs.sante.fr/presse/2004/le_point_sur/lgv_160604/)
- Berglund T, Herrmann B. Utbrott av Lymfogranuloma venereum (LGV) i Europa. EPI-aktuellt 2004;3(25):17/06/2004. (http://www.smittskyddsinstitutet.se/ SMItemplates/BigArticle/3942.aspx#LGV)
- Robert Koch-Institut. Zum gehäuften Auftreten von Lymphogranuloma venereum in Hamburg im Jahr 2003. Epidemiologisches Bulletin 2004;(25):18/06/2004. (http://www.rki.de/INFEKT/EPIBULL/2004/25_04.PDF)
- Von Holstein I, Fenton KA, Ison C. European network for surveillance of STIs (ESSTI) establishes working groups on lymphogranuloma venereum and HIV/STI prevention among MSM. Eurosurveillance Weekly 2004;8(25):17/06/2004. (http://www.eurosurveillance.org/ew/2004/040617.asp#4)

FINAL ANALYSIS OF NETHERLANDS AVIAN INFLUENZA OUTBREAKS REVEALS MUCH HIGHER LEVELS OF TRANSMISSION TO HUMANS THAN PREVIOUSLY THOUGHT

A Bosman¹, A Meijer^{1,2}, M Koopmans¹

- 1. Rijksinstituut voor Volksgezondheid en Milieu (RIVM), Bilthoven, the Netherlands
- 2. Nederlands instituut voor onderzoek van de gezondheidszorg (NIVEL), Utrecht, the Netherlands

Published online 6 January 2005 (http://www.eurosurveillance.org/ew/2005/050106.asp#2)