SSuN Best Practice Note
Strategy C: LGV Surveillance in STD Clinics

PS19-1907 SSuN Strategy C

**Lymphogranuloma venereum (LGV) surveillance among persons seeking care in STD clinics**

**Conduct enhanced LGV surveillance by:**
- Determining the proportion of Chlamydia trachomatis (CT)-positive rectal specimens that test positive for LGV using remnant swabs routinely collected from patients attending STD clinics.
- Linking patient’s clinical and demographic data to LGV laboratory results

**Why SSuN includes this strategy**

Lymphogranuloma venereum (LGV) is a sexually transmitted disease (STD) caused by an infection with invasive *Chlamydia trachomatis* (CT) serovars L1–L3. The manifestations of LGV infection may vary depending on the site of infection but can cause genital ulcers, infected inguinal lymph nodes (buboes) and proctitis/proctocolitis. Diagnosis and treatment of LGV infections are important for preventing long-term consequences of infection, as well as preventing secondary spread to sexual partners.

Historically, rates of LGV have been low in industrialized countries but outbreaks over the last 15 years have appeared in the United States and other countries in the form of proctitis among men who have sex with men. Moreover, there is a concern for potential LGV enhancement of HIV acquisition or transmission given that LGV proctitis has been identified in human immunodeficiency virus (HIV)–infected persons.

Surveillance for the prevalence of LGV infection has been difficult for a number of reasons including, lack of national reporting, limited availability of diagnostics, and the potentially asymptomatic nature of the infection in a proportion of patients. This strategy is being included in SSuN to enhance surveillance of LGV in healthcare settings that serve a large number of at-risk persons, including gay, bisexual and other men who have sex with men. The objective of this SSuN Strategy C focus project is to determine the prevalence of LGV in remnant rectal specimens in STD clinics and to describe and present linked epidemiologic data including demographic details, and clinical manifestations.

**Summary of activity**

This activity will take place in selected STD clinics participating in SSuN. Specimens collected through the routine course of clinical care should be processed locally per protocol. Those specimens, from both male and female patients, that test positive for *C. trachomatis* by a commercial NAAT test will be sent to the CDC’s Chlamydia laboratory for LGV testing. Protocols for specimen labeling and packaging will be developed post-award. Required information for each specimen sent to CDC may include, date of specimen collection, storage conditions, initial CT tests performed (including manufacturer information), and test results.

Jurisdictions may collect specimens continuously for a specified period, or sequentially until 200 CT positive specimens are collected. Multiple clinics may participate, but each individual clinic will be expected to meet the minimum number of specimens (200 specimens).
Considerations for implementation

- STD clinics participating in SSuN should review the pattern of rectal testing and positivity to determine whether there would be a sufficient volume of rectal CT to provide the required specimens for this activity.

- Jurisdictions funded for this activity agree to collaborate with CDC on the development of the project protocol, including specific data elements required for specimens submitted.

- Data elements that must be present in the associated clinic visit record include
  - Demographics (age, race/ethnicity, sex)
  - Gender of sex partners
  - Anatomic site of sexual exposure
  - Asymptomatic status; if symptomatic, description of symptoms
  - Physical exam findings
  - HIV status

- Rectal swabs may be self-collected or clinician collected. However, assuring the adequacy of specimens for secondary testing is critical.

Evaluation Activities Using best practices...

- Jurisdictions are strongly encouraged to monitor completeness of the required data elements for this activity.
- Jurisdictions should develop a Memorandum of Understanding with either the public health or commercial laboratories performing the initial chlamydia testing to ensure the positive chlamydia rectal swabs are being preserved for secondary testing.

Using remnant specimens allows SSuN recipients to implement LGV surveillance without additional burden to providers or to patients. Clinics implementing this Strategy C activity should be sure to communicate the methods and goals of the activity to their clinicians, clinic staff and to share their progress regularly with all local stakeholders.

Other resources

- SSuN Cycle 4 Protocols: [https://www.cdc.gov/std/funding/ssun/default.htm](https://www.cdc.gov/std/funding/ssun/default.htm)

CDC’s Division of STD Prevention, Surveillance and Special Studies Team created this series of documents for CDC staff working on PS19-1907 STD Surveillance Network (SSuN) and for applicants and recipients of that NOFO, to help clarify strategies outlined there and to support project implementation.