Guidance for Reporting LGV Cases as Chlamydia to CDC

Background

Lymphogranuloma venereum (LGV) is a specific type of infection with *Chlamydia trachomatis*, caused by serovars L1-L3. As such, LGV positive specimens will be positive for *C. trachomatis* ("chlamydia") on laboratory examination. C. *trachomatis* is a nationally notifiable condition; however, LGV as a condition separate from C. trachomatis is not nationally notifiable.1 **Given that LGV is a type/serovar of C. trachomatis, LGV cases should be reported to CDC as a case of chlamydia.** Most cases of LGV are among men who have sex with men (MSM).

While LGV, separate from *C. trachomatis*, is not nationally notifiable, it is still reportable and of local surveillance interest in many jurisdictions. Because of that, CSTE maintains a surveillance case definition for LGV to assist in keeping its surveillance standardized across jurisdictions. Please refer to the case definitions for chlamydia and LGV for more information on how these cases are defined.[2,3]

Potential issues for conducting local LGV surveillance

There are multiple barriers to local LGV surveillance. First, many laboratories do not have the capability to serotype strains of *C. trachomatis* and thus cannot identify LGV-specific strains. Second, the STD surveillance information system in a jurisdiction may not have the capability to store data on LGV cases where they are identifiable as LGV vs. non-LGV chlamydia.

Potential issues for reporting LGV cases as chlamydia to CDC

In jurisdictions that conduct local LGV surveillance, there may be challenges transmitting these cases to CDC as chlamydia. If LGV cases are stored in STD surveillance information systems separately from non-LGV chlamydia, the weekly transmission file sent to CDC may not appropriately map LGV cases to chlamydia. In this situation, a case of LGV would not be reported to CDC, undercounting true chlamydia morbidity in the jurisdiction. Given the relatively low morbidity of LGV, this undercounting would likely only be by a small amount.

Statement of action to be taken

CDC acknowledges the above issues present challenges for reporting LGV as chlamydia. Depending on the capabilities in your jurisdiction to receive LGV test results, store data identifiable as LGV in your STD surveillance information system, or report LGV to CDC, the action required will be different. See Table 1 for guidance on actions that can be taken.

Table 1. Statement of Action to Be Taken

Receive LGV Test Results	Ability to Store Data for Cases Identifiable as LGV	Ability to Transfer LGV Cases as Chlamydia to CDC	Action to be Taken
Y	*Y*	*Y*	No action is required.
Y	*Y*	*N*	Ensure STD surveillance information system is capable of transferring LGV cases as chlamydia via the weekly transmission to CDC.
Y	*N*	*Y*	If no local LGV surveillance interest exists, no action is required. If there is local LGV surveillance interest, ensure STD surveillance information system is capable of storing LGV cases identifiable as LGV.
Y	*N*	*N*	If there is no local LGV surveillance interest, ensure all LGV cases are entered as chlamydia in local STD surveillance information system and are transferred to CDC as chlamydia via the weekly transmission to CDC. If there is local LGV surveillance interest, ensure STD surveillance information system is capable of storing LGV cases identifiable as LGV and transferring LGV cases as chlamydia via the weekly transmission to CDC.
N	*N*	*N*	If no local LGV surveillance interest exists, no action is required. If there is local LGV surveillance interest, refer to the Appendix for information regarding reference labs that perform LGV testing and ensure STD surveillance information system is capable of storing LGV cases identifiable as LGV and transferring LGV cases as chlamydia via the weekly transmission to CDC.

NOTE: Any updates that need to be made to a jurisdiction's STD surveillance information system to either store cases identifiable as LGV or to ensure transfer of LGV cases as chlamydia in the weekly transmission to CDC may require consultation either with internal IT or informatics staff or with the vendor for the STD surveillance information system. Given the costs associated with making updates to some vendor-based information systems and in the face of either upcoming transitions to a new STD surveillance information system or re-configuring an existing STD surveillance information system to meet the message mapping guide requirements, CDC suggests combining these updates in tandem with other updates that will already be taking place. This will help absorb the cost while ensuring all required updates are being completed.

In the event that guidance, technical assistance, or laboratory testing may be needed for a suspected LGV outbreak, please contact: Alison Ridpath, DSTDP Outbreak Coordinator (etf4@cdc.gov) or the DSTDP Prevention Specialist assigned to your jurisdiction.

References

1. CSTE Position Statement 1994-NSC-02. Available at: http://www.cste2.org/ps/1994/1994-nsc-02.htm
2. National Notifiable Disease Surveillance System. Chlamydia Trachomatis Infection: 2010 Case Definition. Available at: https://wwwn.cdc.gov/nndss/conditions/chlamydia-trachomatis-infection/case-definition/2010/
3. National Notifiable Disease Surveillance System. Lymphogranuloma venereum (Chlamydia trachomatis): 1997 Case Definition. Available at: https://wwwn.cdc.gov/nndss/conditions/lymphogranuloma-venereum/case-definition/1997/

Appendix. Reference Laboratories Performing LGV Testing in the US.

Laboratory	Test Code	Test Description
ARUP Laboratories	2013768	CT L serovars (LGV) by PCR
	2013767	CT/GC by Transcription-Mediated Amplification (TMA) with Reflex to CT L serovars (LGV) by PCR
BioReference Laboratories	6356-0	LGV RT-PCR

Date: January 2019