Outbreak of LGV in Michigan 2015-2016
Poster Session WP - These slides include the same basic information as in the poster.

If you have questions about the data in these slides please contact Jim Kent at KentJ3@michigan.gov.
Outbreak of LGV in Michigan 2015-2016

Population Health Administration

Division of HIV and STD Services, STD Section
And Bureau of Epidemiology and Population Health
What is LGV?

- Genital ulcer disease
- Caused by L1, L2 and L3 serovars of *Chlamydia trachomatis*
- Tests positive on CT NAAT
- Endemic among heterosexuals in tropical Africa, Asia, and Caribbean.
What is LGV?

- Nationally notifiable until 1993
- Still notifiable in Michigan
- Last reported MI case was in 2008
- Outbreaks among MSM in Netherlands (2004) and UK (2012)
Symptoms

- Primary symptoms may include a lesion or pimple around the penis or vagina; these may resolve spontaneously.
- Lymphadenopathy often occurs as a secondary symptom.
- Rectal symptoms including proctitis may occur.
Treatment

- CDC recommends treating a presumptive diagnosis of LGV with 7 days of doxycycline.
- A confirmed diagnosis, or presumptive diagnosis among a high-risk individual (e.g., HIV+ MSM) requires 21 days of doxycycline.
Lymphogranuloma venereum (LGV) in Michigan 2015

- 1 case reported August 17
- 3 cases reported September 22
- The first 4 reports were all from one site, all were males, HIV-infected, all were MSM
- Report outbreak to CDC
- Activate Emergency Response Plan
  - First conference call Sept 29
  - First Health Alert Network message Sept 29 A
Collaboration Team (1)

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MDHHS Epidemiology
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MDHHS Lab
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Collaboration Team (2)

MDHHS STD Section

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- Patricia Villegas
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Collaboration Team (3)

Detroit STD Clinic
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CDC Laboratory
- Allan Pillay
- Chen Cheng
- Ellen Kersh
- John Papp

CDC STD / Epidemiology
- Alex deVoux
- Laurie Anderson
- Kyle Bernstein
- Elizabeth Torrone
MI Case Definition

- Clinical diagnosis

- Confirmed:
  - Positive for L1, L2, or L3 markers by molecular testing at CDC

- Probable
  - Chlamydia positive and sex partner of LGV case
  - Or Chlamydia positive and symptomatic

- Suspect
  - Symptomatic and sex partner of LGV case
Diagnosis

- Clinical symptoms are non-specific
  - Lesions
  - Lymphadenopathy
  - Proctitis
- Chlamydia trachomatis from an affected site
- Antibody profiles are non-specific, difficult to interpret
- CDC Molecular techniques are for research only
Clinical Presentation and Diagnosis

- 31 presented with symptoms
  - Some during routine HIV follow up
  - 6 with penile or genital ulcer or lesion
  - 9 with lymphadenopathy
  - 26 with rectal symptoms

- 6 were referred as partners of other cases
- 2 were partners of LGV and had symptoms
- 3 identified through clinical review of sx
All 42 cases were diagnosed at clinics that see a high volume of HIV patients:

- 26 at a major adult HIV clinic
- 4 at a related HIV clinic for young adults
- 7 at the Detroit STD clinic
- 1 case each at 5 clinics in or near Detroit that serve HIV clients
LGV Epidemiology (n=42)

- 100% are men who have sex with men
- 100% are HIV infected
- 6 new HIV infections diagnosed among this population
- 93% of cases are African American
- 74% of cases are residents of the City of Detroit
LGV cases by county

As of May 31 2016 (n= 42)

- 31 Detroit
- 4 Wayne Co.
- 3 Oakland Co.
- 2 Macomb Co.
- 1 Ingham Co.
- 1 Saginaw Co.
LGV in Michigan
June 2015 - June 2016, N=35
LGV Cases by Age Group (n= 42)
LGV Cases by HIV viral load (n=42)
LGV Cases by CD4 percent (n=42)
LGV Cases by CD4 count (n=42)
Partner Services

- 12 / 42 cases were named as partners of other LGV cases
- 29 additional partners named
- Multiple anonymous partners ‘named’
What next?

- Continue surveillance
- Remind clinicians of the ongoing outbreak
- Simplify reporting and submission of laboratory samples
- LGV may be endemic among MSM in southeast Michigan