National STD Conference

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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 <u>KentJ3@michigan.gov</u>



RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Michigan Department of Health & Human Services

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

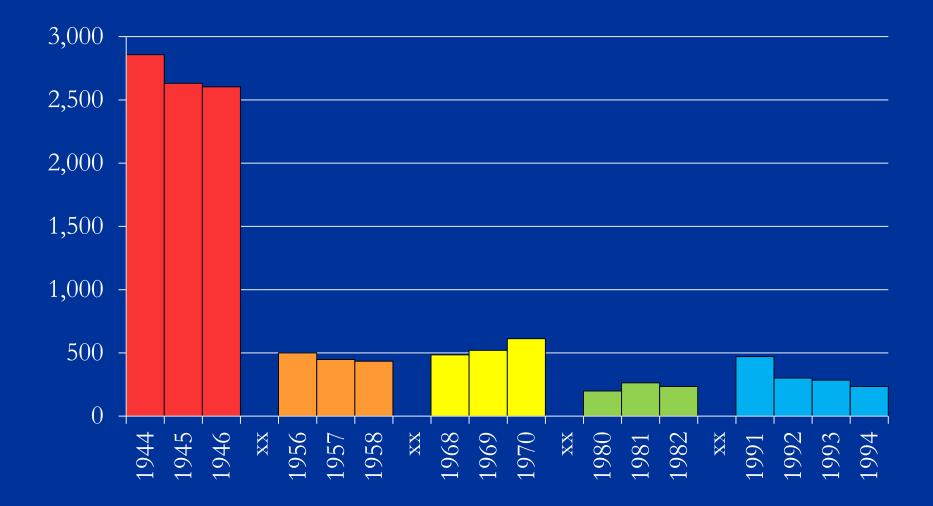
What is LGV?

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)

LGV Reporting in U.S., 1944-94





- 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)

- Wayne State University HIV Clinic
- Debbie Richmond
- Lawrence Crane
- Jonathan Cohn

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Katie Macomber
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Collaboration Team (2)

MDHHS STD Section

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- Sandra Johnson
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- Shawn Odom
- Karen Lightheart

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Collaboration Team (3) Detroit STD Clinic Chris Finch Joe Enos CDC STD / Epidemiology CDC Laboratory Alex deVoux Allan Pillay Laurie Anderson Chen Cheng Ellen Kersh Kyle Bernstein Elizabeth Torrone John Papp

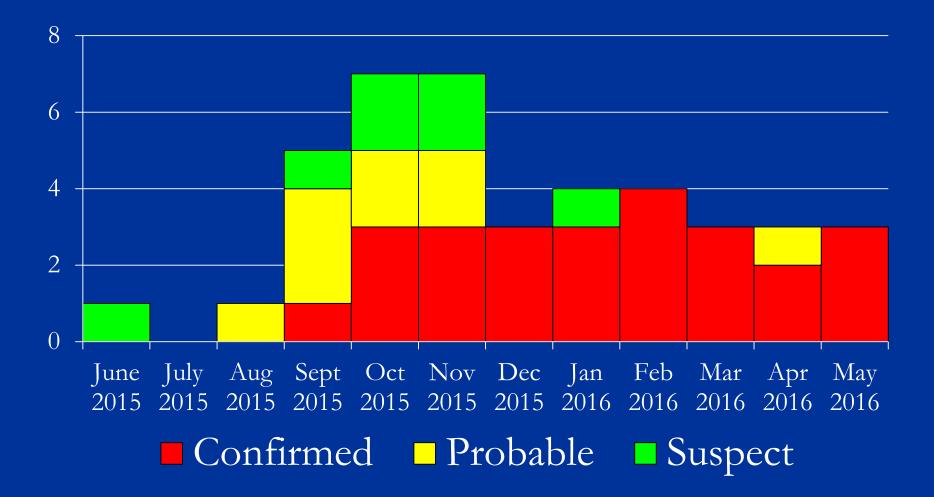
MI Case Definition

- 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



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

LGV Incidence by Definition



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

Diagnosing facility

All 42 cases were diagnosed at clinics that see a high volume of HIV patients:

26 at a major adult HIV clinic

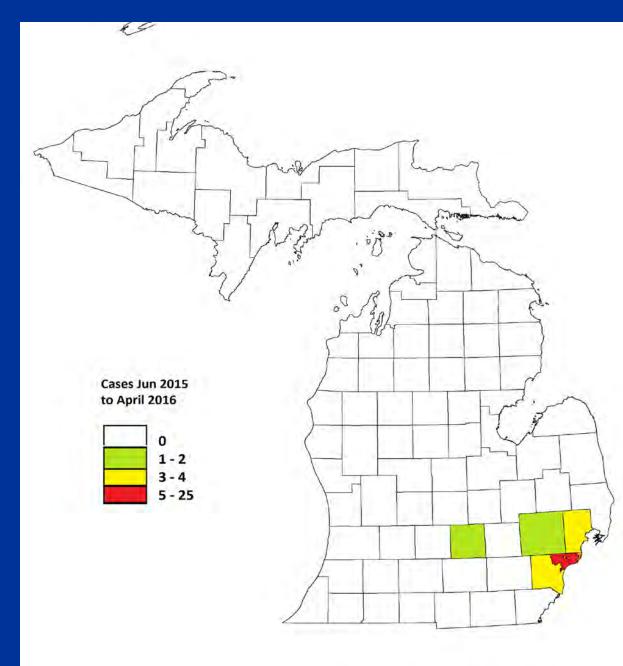
- 4 at a related HIV clinic for young adults
- 7 at the Detroit STD clinic
- I case each at 5 clinics in or near Detroit that serve HIV clients

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)

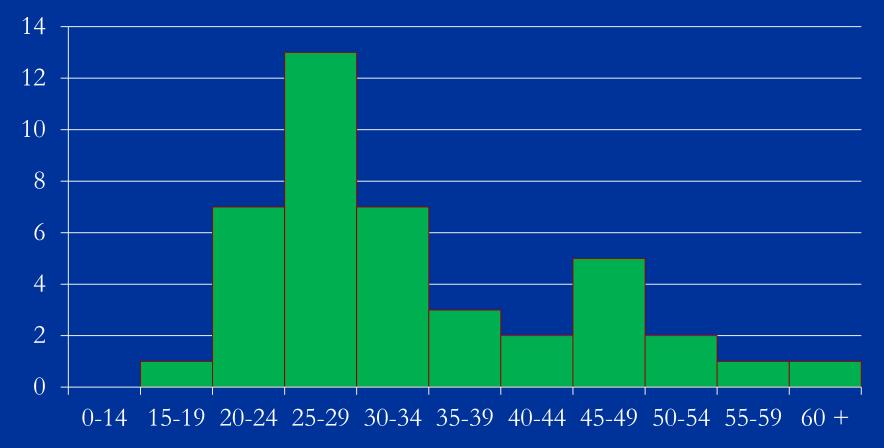
- 31 Detroit
- 4 Wayne Co.
- **3** Oakland Co.
- **2** Macomb Co.
- I Ingham Co.
- 1 Saginaw Co.



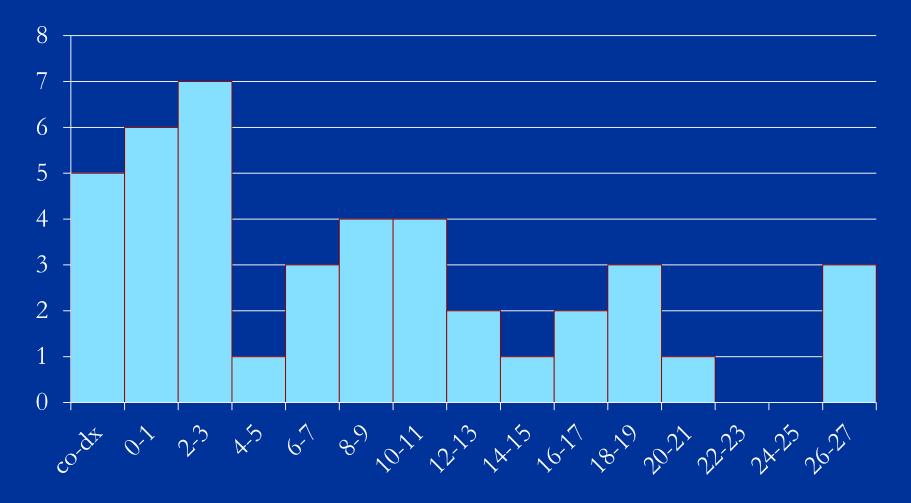
LGV in Michigan June 2015-June 2016, N= 35

LGV Cases by Age Group (n= 42)

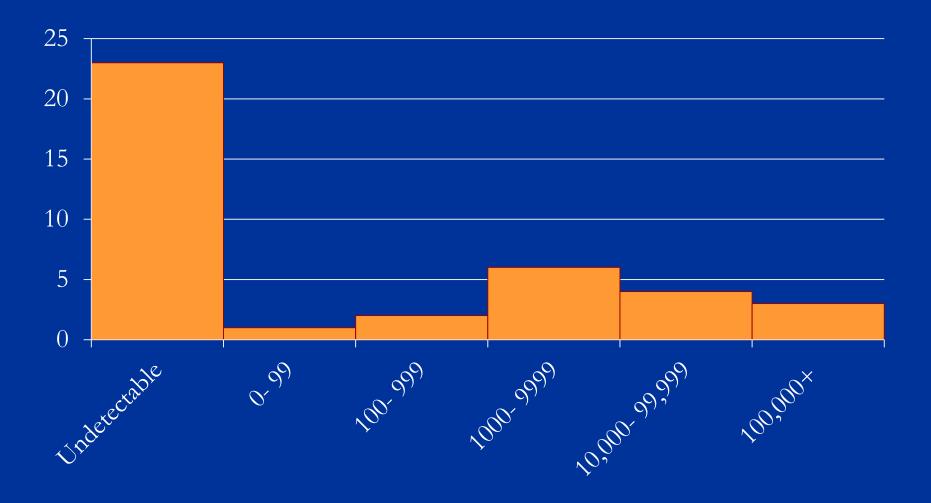
Male



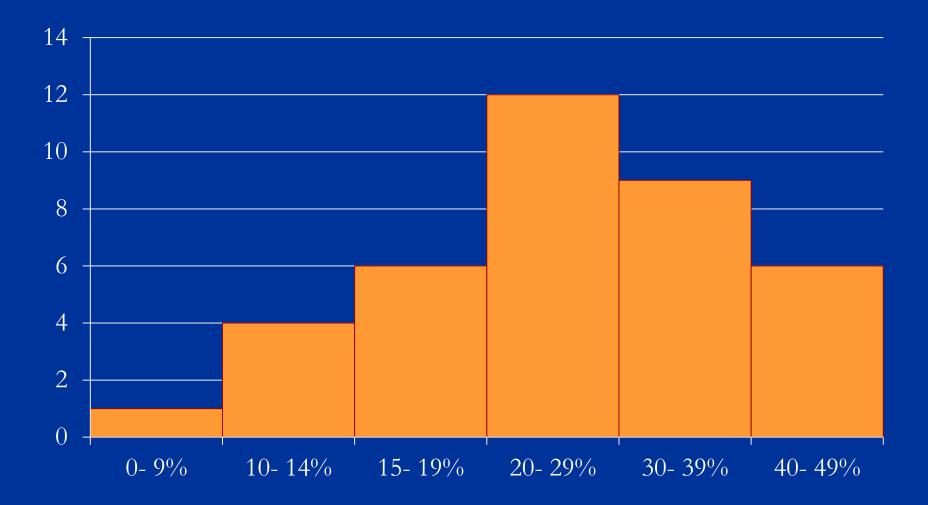
LGV Cases by years since HIV diagnosis



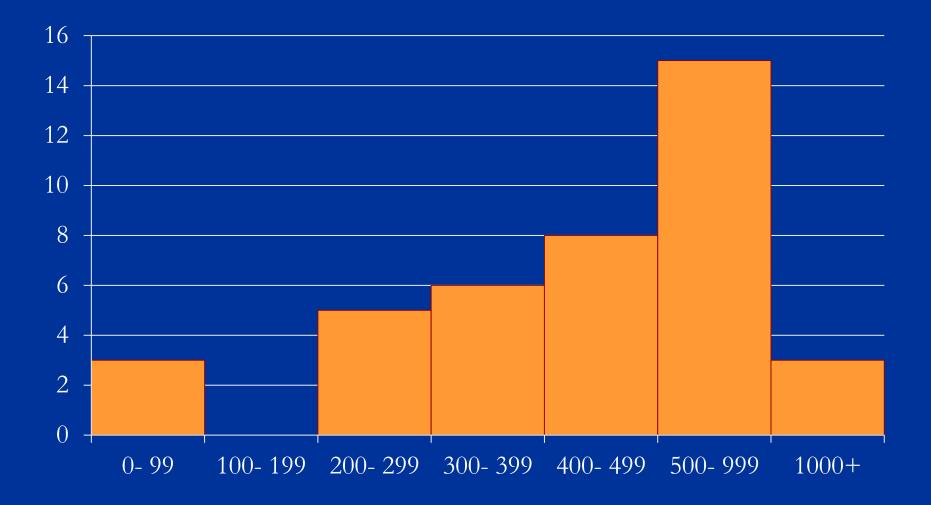
LGV Cases by HIV viral load (n= 42)



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