

SURVEILLANCE REPORT

Annual Epidemiological Report for 2015

Lymphogranuloma venereum

Key facts

- In 2015, 1 787 cases of Lymphogranuloma venereum (LGV) were reported in 23 countries.
- Three countries (France, the Netherlands and the United Kingdom) accounted for 87% of all notified cases.
- Almost all cases in 2015 were reported among men who have sex with men; among the cases with known HIV status, 69% were HIV positive.
- Compared with 2014, the number of cases reported in 2015 increased by 26%.
- A number of countries have not reported LGV cases over the years, suggesting significant underdiagnosis and underreporting.

Methods

This report is based on data for 2015 retrieved from The European Surveillance System (TESSy) on 9 November 2016. TESSy is a system for the collection, analysis and dissemination of data on communicable diseases. EU Member States and EEA countries contribute to the system by uploading their infectious disease surveillance data at regular intervals.

For a detailed description of methods used to produce this report, please refer to the *Methods* chapter [1].

An overview of the national surveillance systems is available online [2].

Additional data on this disease are accessible from ECDC's online *Surveillance atlas of infectious diseases* [3].

In 2015, the majority of the 14 reporting countries used the standard EU case definitions. Five countries reported using national case definitions, and four countries did not report which case definition they were using. Surveillance systems for LGV in Europe vary: 16 countries reported having comprehensive surveillance systems. Six countries operate sentinel systems which only capture LGV diagnoses from a selection of healthcare providers.

Reporting of LGV infections is compulsory in all countries. Almost all systems are comprehensive, with the exception of the United Kingdom where reporting is not compulsory. Countries with sentinel systems have voluntary reporting, with the exception of Hungary, where reporting is compulsory.

Suggested citation: European Centre for Disease Prevention and Control. Lymphogranuloma venereum. In: ECDC. Annual epidemiological report for 2015. Stockholm: ECDC; 2017.

Stockholm, November 2017

© European Centre for Disease Prevention and Control, 2017. Reproduction is authorised, provided the source is acknowledged.

This report does not calculate LGV infection rates because many LGV surveillance systems do not generate data that are considered representative of the national population. There are also significant differences in the availability of LGV diagnostics across Europe.

Epidemiology

In 2015, 23 countries provided LGV surveillance data. Thirteen of these 23 countries reported a total of 1 787 cases, while the remaining ten countries reported zero cases (Table 1). Slovenia reported its first case of LGV in 2015. Compared with 2014, the number of cases reported in 2015 increased by 26%, with increases of 25% or more being reported in the Czech Republic, France, Portugal and the United Kingdom. Decreases in reported cases were observed in Denmark, Norway, Ireland and Italy.

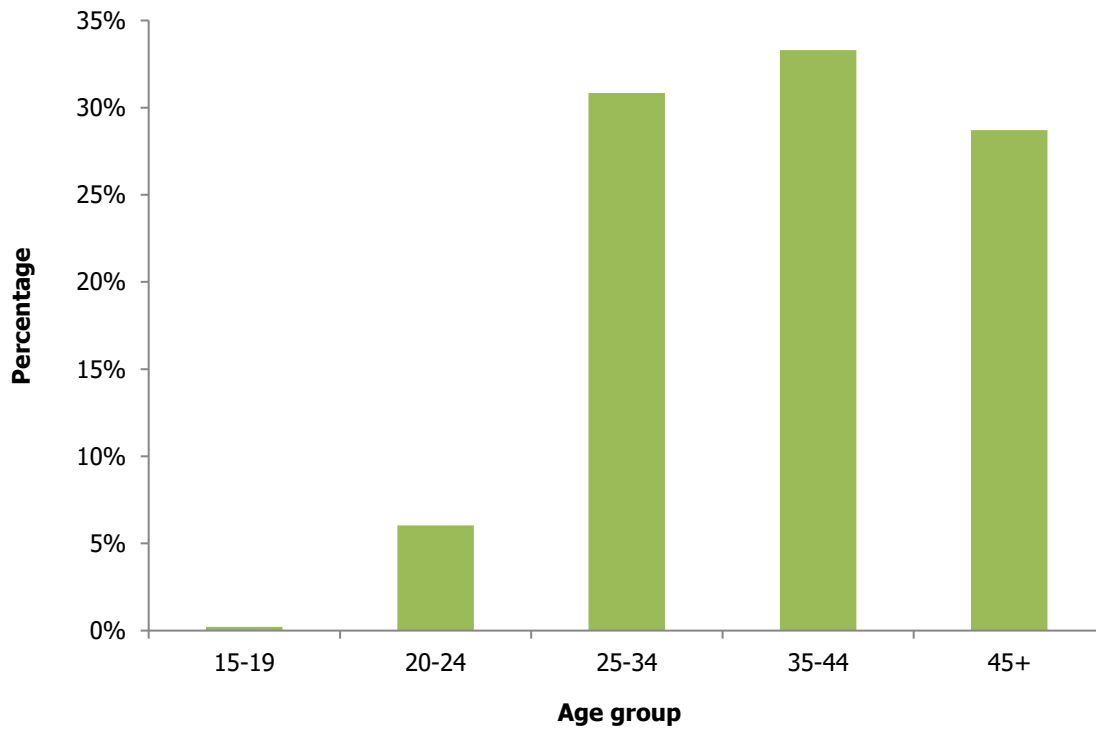
Table 1. Confirmed LGV cases, EU/EEA, 2011–2015

Country	2011	2012	2013	2014	2015	
	Number	Number	Number	Number	Surveillance system	Number
Austria	-	-	-	-	-	-
Belgium	21	23	48	60	Se	62
Bulgaria	-	-	-	-	-	-
Croatia	-	0	0	0	Co	0
Cyprus	0	0	0	0	Co	0
Czech Republic	6	9	8	22	Co	38
Denmark	29	24	32	36	Se	26
Estonia	0	0	0	0	Co	0
Finland	3	5	7	2	Co	2
France	191	197	327	377	Se	480
Germany	-	-	-	-	-	-
Greece	-	0	-	-	Co	-
Hungary	0	1	2	3	Se	3
Ireland	0	3	5	35	Co	20
Italy	11	27	21	12	Se	3
Latvia	0	0	0	0	Co	0
Lithuania	-	-	-	-	Co	0
Luxembourg	0	0	0	0	-	0
Malta	0	0	1	0	Co	0
Netherlands	70	190	112	172	Se	181
Poland	0	0	0	0	Co	0
Portugal	-	-	-	1	Co	10
Romania	-	-	-	-	-	-
Slovakia	-	-	-	-	-	-
Slovenia	0	0	0	0	Co	1
Spain	-	-	-	-	-	-
Sweden	0	0	0	0	Co	0
United Kingdom	408	402	512	678	Co	948
EU	739	881	1075	1398		1774
Iceland	-	-	0	0	Co	0
Liechtenstein	-	-	-	-	-	-
Norway	0	0	0	21	Co	13
EU/EEA	739	881	1075	1419		1787

Source: Country reports

Legend: - = no report

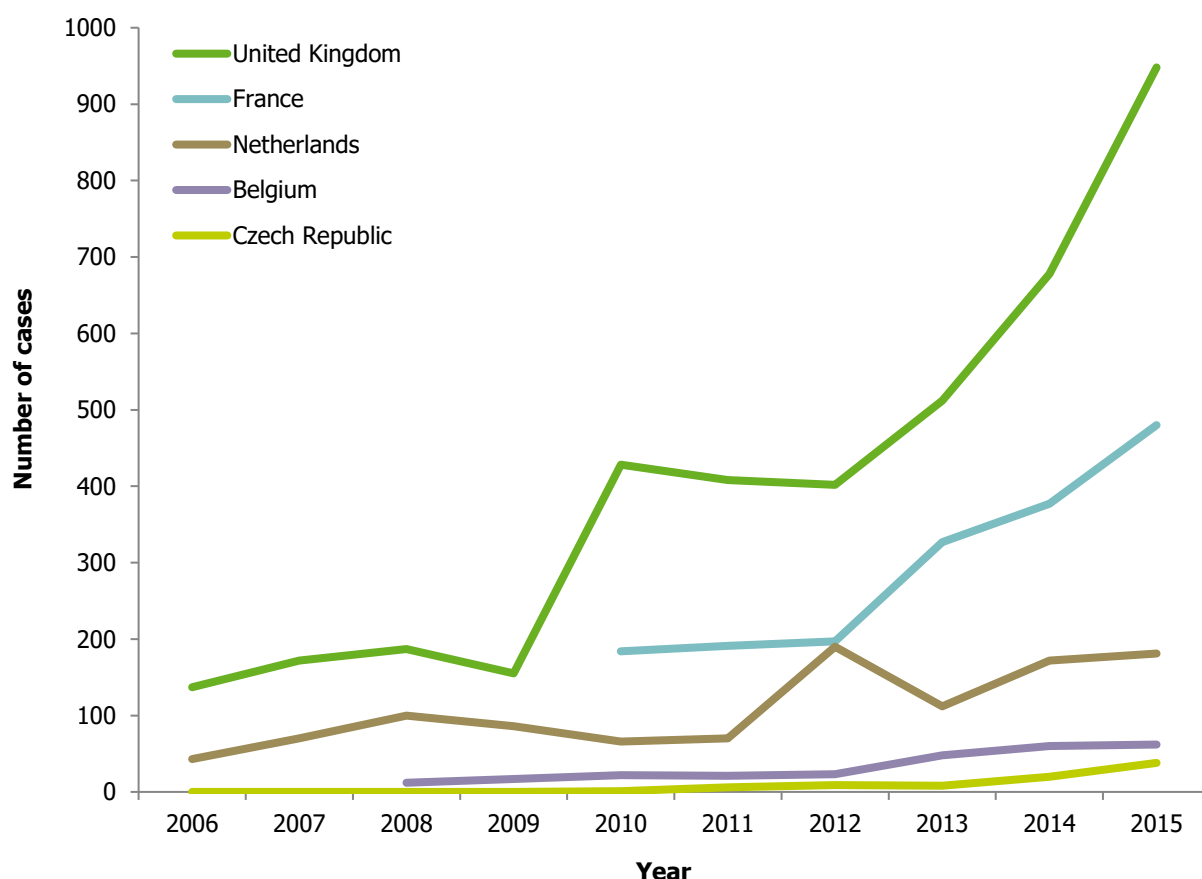
Transmission category was reported for 661 cases in 2015 (37% of all reported cases). All but six were reported among men who have sex with men (MSM). Age was reported for 99% of cases, with the large majority of cases distributed evenly among 25–34-year-olds (31%), 35–44-year-olds (33%) and those aged 45 years or over (29%) (Figure 1).

Figure 1. Age distribution of confirmed LGV cases, EU/EEA, 2015

Source: Country reports

In 2015, information on HIV status was available for 39% of all reported LGV cases (696 cases). Among these cases, 69% were HIV positive. Between 2005 and 2015, HIV status was reported and known for 4 364 cases (56% of all reported cases); among these, 3 493 (80%) were HIV positive.

Between 2005 and 2015, 7 690 cases of LGV were reported in 13 countries, with the majority of cases reported in the United Kingdom (52%; 4 027 cases), France (23%; 1 756 cases) and the Netherlands (14%; 1 090 cases). The overall increasing trend in reported cases of LGV between 2005 and 2015 is due to an increase in the number of reporting countries and an increase in case numbers in most of the reporting countries (Figure 2).

Figure 2. Number of confirmed LGV cases in the five EU/EEA Member States with the largest number of cases in 2015, 2006–2015

Source: Country reports from Belgium, the Czech Republic, France, the Netherlands, and the United Kingdom.

Discussion

In 2015, the number of reported cases of LGV continued to increase in western and central European countries, with the largest increases reported from the Czech Republic [4], Portugal, and the United Kingdom. Slovenia reported its first LGV case in 2015 [5,6]. The number of reported cases is likely to be an underestimate because many countries do not implement national surveillance for LGV (for example Spain [7,8]). In addition, the diagnosis of LGV requires confirmation through genotyping, which is not widely available in some countries. The increase in reported cases indicates that LGV transmission continues; surveillance and other epidemiological investigations suggest that transmission is mainly among HIV-positive MSM engaging in high-risk practices [9–11]. Different, and at times insufficient, testing strategies are believed to be failing to detect a substantial number of asymptomatic cases [12,13].

Public health implications

The increasing number of cases of LGV in Europe mirrors the trend seen in other sexually transmitted diseases, with increases predominantly due to transmission between MSM. Effective interventions need to be identified and targeted at this group of predominantly HIV-positive MSM with high levels of condomless sex. In addition, clinical suspicion and early diagnosis is essential in order to prevent complications which can include chronic colorectal fistulas and strictures. In many parts of Europe, surveillance for LGV is not well developed due to limited diagnostic capacity. Consequently, little information is available on the incidence of the infection. An ECDC project is currently pilot-testing enhanced LGV surveillance in a number of countries by providing support for increased availability of diagnostics.

References

1. European Centre for Disease Prevention and Control. Introduction to the Annual epidemiological report for 2015. In: ECDC. Annual epidemiological report for 2015. Stockholm: ECDC; 2017. Available from: <https://ecdc.europa.eu/en/annual-epidemiological-reports-2016/methods>
2. European Centre for Disease Prevention and Control. Surveillance systems overview [internet]. Stockholm: ECDC; 2017. Available from: https://ecdc.europa.eu/sites/portal/files/documents/Table-surveillance_systems_overview_0.xlsx
3. European Centre for Disease Prevention and Control. Surveillance atlas of infectious diseases [internet]. Stockholm: ECDC; 2017 [Cited 30 May 2017]. Available from: <http://atlas.ecdc.europa.eu>
4. Rob F, Juzlova K, Krutakova H, Zakoucka H, Vanousova D, Kruzicova Z, et al. Steady increase of lymphogranuloma venereum cases, Czech Republic, 2010 to 2015. *Euro Surveill.* 2016;21(11):30165.
5. Mlakar B, Ramsak A. A suspected case of lymphogranuloma venereum (LGV) suggests underdiagnosed LGV infection among Slovenian men who have sex with men. *Acta Dermatovenerol Alp Pannonica Adriat.* 2016;25(2):35-7.
6. Maticic M, Klavs I, Videcnik Zorman J, Vidmar Vovko D, Kogoj R, Kese D. Confirmed inguinal lymphogranuloma venereum genovar L2c in a man who had sex with men, Slovenia, 2015. *Euro Surveill.* 2016;21(5):2-5.
7. Cabello Ubeda A, Fernandez Roblas R, Garcia Delgado R, Martinez Garcia L, Sterlin F, Fernandez Guerrero ML, et al. Anorectal lymphogranuloma venereum in madrid: a persistent emerging problem in men who have sex with men. *Sex Transm Dis.* 2016;43(7):414-9.
8. Parra-Sanchez M, Garcia-Rey S, Pueyo Rodriguez I, Viciano Fernandez P, Torres Sanchez MJ, Palomares Folia JC. Clinical and epidemiological characterisation of lymphogranuloma venereum in southwest Spain, 2013-2015. *Sex Transm Infect.* 2016.
9. Childs T, Simms I, Alexander S, Eastick K, Hughes G, Field N. Rapid increase in lymphogranuloma venereum in men who have sex with men, United Kingdom, 2003 to September 2015. *Euro Surveill.* 2015;20(48):30076.
10. Macdonald N, Sullivan AK, French P, White JA, Dean G, Smith A, et al. Risk factors for rectal lymphogranuloma venereum in gay men: results of a multicentre case-control study in the U.K. *Sex Transm Infect.* 2014;90(4):262-8.
11. Ronn M, Hughes G, Simms I, Ison C, Alexander S, White PJ, et al. Challenges presented by re-emerging sexually transmitted infections in hiv positive men who have sex with men: an observational study of lymphogranuloma venereum in the UK. *J AIDS Clin Res.* 2014;5(8):1000329.
12. Saxon C, Hughes G, Ison C, Group ULC-F. Asymptomatic lymphogranuloma venereum in men who have sex with men, United Kingdom. *Emerg Infect Dis.* 2016;22(1):112-6.
13. Pallawela S, Bradshaw D, Hodson L, Rehill K, Wong F, Rockwood N, et al. Screening for asymptomatic lymphogranuloma venereum co-infection in men who have sex with men newly diagnosed with HIV, hepatitis C or syphilis. *Int J STD AIDS.* 2016;27(8):625-7.