

SURVEILLANCE & MONITORING

Lymphogranuloma venereum

Annual Epidemiological Report for 2024

Key facts

- Lymphogranuloma venereum (LGV) is a systemic sexually transmitted infection (STI) caused by *Chlamydia trachomatis* serovars L1, L2 or L3.
- In 2024, 21 European Union/European Economic Area countries reported 3 490 cases of LGV, an increase of 12% compared with 2023 and 250% compared with 2015.
- Two countries (the Netherlands and Spain) accounted for 73% of all notified cases.
- Almost all cases in 2024 were reported among men who have sex with men; among cases with known HIV status, 35% were HIV positive.

Introduction

Lymphogranuloma venereum (LGV) is a systemic sexually transmitted infection (STI) caused by a specific type of *Chlamydia trachomatis* bacterium (serovars L1, L2 and L3). In the European Union/European Economic Area (EU/EEA), LGV is primarily seen among men who have sex with men. It is transmitted through anal sex and possibly through practices such as fisting, using sex toys or receiving an enema. LGV is more common among men who have sex with men who are living with HIV [1,2].

The primary clinical features of the disease among men who have sex with men include rectal ulcerations, mucoid or bloody discharge from the rectum, anal pain, constipation, lower abdominal pain and tenesmus (the feeling of needing to pass stool). Complications of prolonged infection include abscesses and fissures around the rectum. Systemic symptoms like fever, malaise, weight loss or fatigue can also be present. Reactive polyarthropathy (pain and swelling in several joints) with or without conjunctivitis (inflammation of the thin membrane that covers the surface of the eye) has also been reported. LGV infection can, however, also be asymptomatic. Among heterosexual populations, LGV can present with one or more ulcers in the genital area, swelling and pain in the urethra, or swollen lymph nodes in the groin [1-3].

Suggested citation: European Centre for Disease Prevention and Control. Lymphogranuloma venereum. In: ECDC. Annual epidemiological report for 2024. Stockholm: ECDC; 2026.

Stockholm, May 2026

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Methods

This report is based on data for 2024 retrieved from EpiPulse Cases on 7 April 2026. EpiPulse Cases is a system for the collection, analysis and dissemination of data on communicable diseases; it replaced The European Surveillance System (TESSy) in October 2024.

For a detailed description of the methods used to produce this report, refer to the Methods chapter of the 'Introduction to the ECDC Annual epidemiological report' [4].

An overview of the national surveillance systems is available online [5]. A subset of the data used for this report is available through ECDC's online 'Surveillance Atlas of Infectious Diseases' [6].

In 2024, most reporting countries (15 EU/EEA countries) used the standard EU case definitions [7]. Four countries reported using national case definitions and two did not report which case definition was used. Surveillance systems for LGV in Europe vary: 16 countries reported having comprehensive surveillance systems, three countries (Belgium, France and the Netherlands) reported that they operate sentinel systems that only capture LGV diagnoses reported by a selection of healthcare providers, and two countries did not report the type of surveillance system.

Reporting of LGV infections is mandatory in 17 countries, 16 of which have comprehensive surveillance systems; one country with mandatory reporting did not specify the coverage of the surveillance system. In the three countries that have sentinel systems, reporting is voluntary. One country did not specify whether reporting of LGV is mandatory or not, nor the coverage of the surveillance system.

The reporting system in France changed in 2020 and data reported from 2020 onwards are based on a smaller sample of laboratories compared with previous years.

This report does not contain information on 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 2024, 21 EU/EEA countries provided LGV surveillance data. Fifteen countries reported a total of 3 490 cases, while the remaining six reported no cases (Table 1). This represents an increase of 12% compared with 2023.

Two countries (the Netherlands and Spain) accounted for 73% of all notified cases (Table 1).

Table 1. Confirmed lymphogranuloma venereum cases by country and year, EU/EEA, 2020–2024

Country	2020	2021	2022	2023	2024
	Number	Number	Number	Number	Number
Austria	NDR	NDR	NDR	NDR	NDR
Belgium	88	91	143	201	240
Bulgaria	NDR	NDR	NDR	NDR	NDR
Croatia	0	0	0	NDR	NDR
Cyprus	0	0	0	0	0
Czechia	20	22	52	13	15
Denmark	24	16	79	94	135
Estonia	0	0	0	0	0
Finland	2	4	10	18	22
France	165	173	197	121	195
Germany	NDR	NDR	NDR	NDR	NDR
Greece	NDR	NDR	NDR	NDR	NDR
Hungary	23	31	33	17	14
Iceland	0	3	5	0	0
Ireland	14	16	28	39	36
Italy	4	13	26	26	56
Latvia	0	0	0	0	0
Liechtenstein	0	0	0	0	NDR
Lithuania	0	0	0	0	0
Luxembourg	0	0	0	0	0
Malta	0	2	1	0	1
Netherlands	267	213	470	577	512
Norway	14	10	36	43	31
Poland	0	0	0	0	2
Portugal	75	55	71	154	199
Romania	NDR	NDR	NDR	NDR	NDR
Slovakia	NDR	NDR	NDR	NDR	NDR
Slovenia	6	2	6	2	6
Spain	628	653	1 025	1 806	2 026
Sweden	NDR	NDR	NDR	NDR	NDR
EU/EEA	1 330	1 304	2 182	3 111	3 490

Source: Country reports

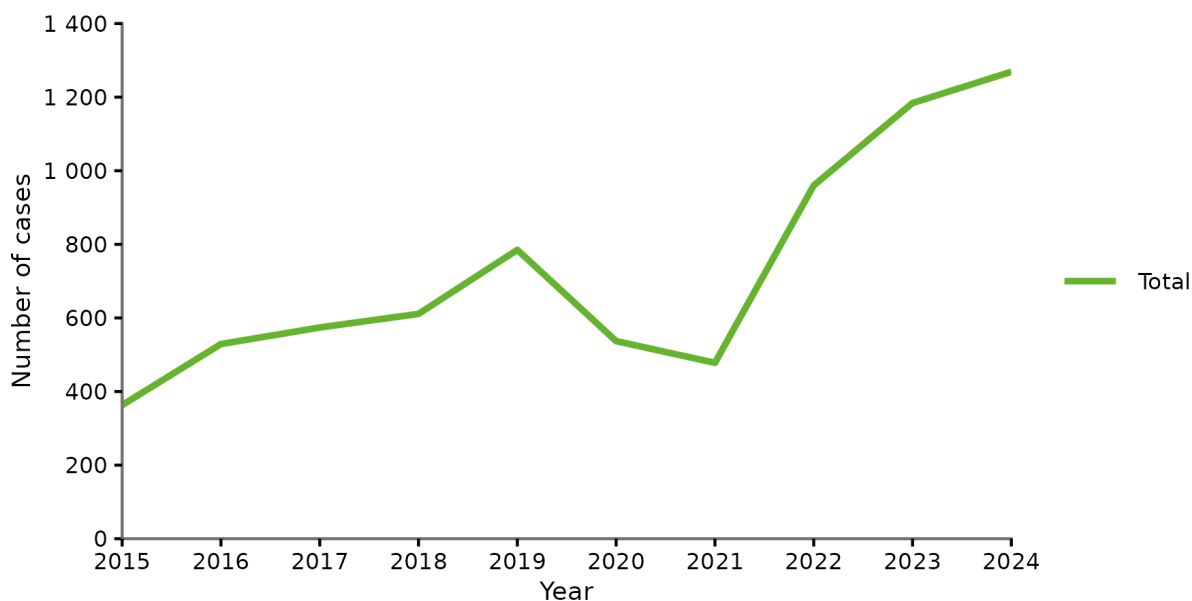
NA: not applicable; NDR: no data reported.

^a The reporting system in France changed in 2020 and data reported from 2020 onwards are based on a smaller sample of laboratories compared with previous years.

Between 2015 and 2024, 17 countries reported 18 517 cases of LGV. Two of these reporting countries provided data for some but not all of the past 10 years. A further five countries submitted reports for at least seven of the last 10 years but reported no cases. Most cases during this period were reported in Spain (40%), France (20%) or the Netherlands (18%).

Among the 18 countries reporting consistently between 2015 and 2024 (Belgium, Cyprus, Czechia, Denmark, Estonia, Finland, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Malta, the Netherlands, Norway, Poland, Portugal and Slovenia), the combined total number of cases reported increased from 363 in 2015 to 785 in 2019 (Figure 1). This number decreased during the COVID-19 pandemic in 2020 (537 cases) and 2021 (478 cases) but rose again starting in 2022, reaching 1 269 cases in 2024. The total number of cases in 2024 represents an increase of 250% since 2015.

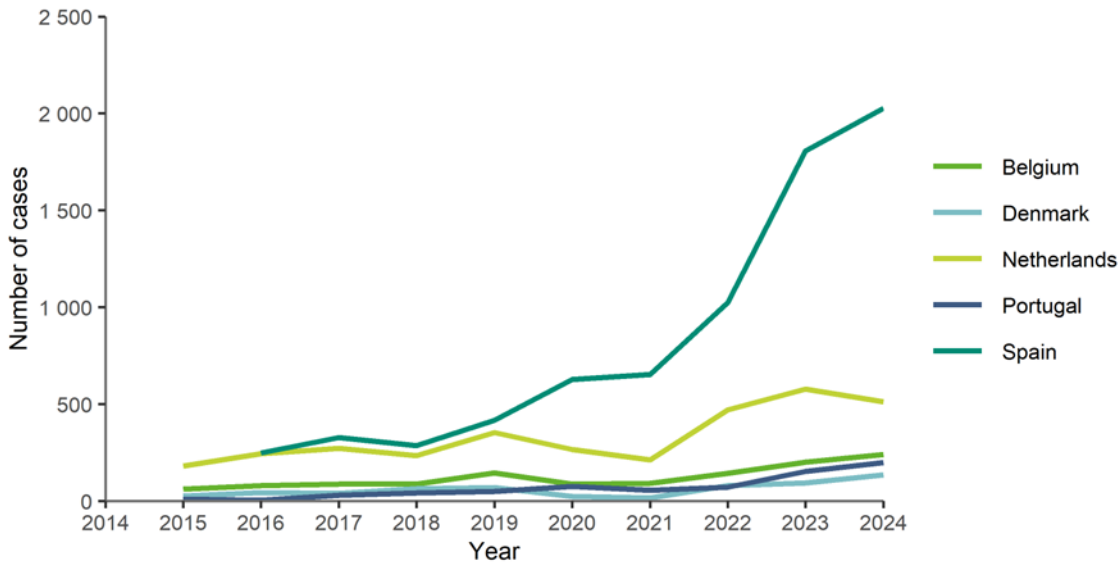
Figure 1. Number of confirmed LGV cases by year in EU/EEA countries reporting consistently, 2015–2024



Source: Data from Belgium, Cyprus, Czechia, Denmark, Estonia, Finland, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Malta, the Netherlands, Norway, Poland, Portugal and Slovenia

In the five countries that reported the highest case numbers in 2024 and reported consistently since 2015 (Belgium, Denmark, the Netherlands, Portugal and Spain), increases in case numbers were generally seen prior to the COVID-19 pandemic. In all countries except Spain, decreases were observed in either 2020 or 2021 – or in both years – followed by an increase in case numbers in 2022 and 2023. Increases were also observed in all countries but the Netherlands in 2024 (Figure 2; France is not included in this graph due to the substantial changes in their surveillance system in 2020).

Figure 2. Number of confirmed lymphogranuloma venereum cases in the five EU/EEA countries with the highest number of cases in 2024 and consistent reporting between 2015 and 2024



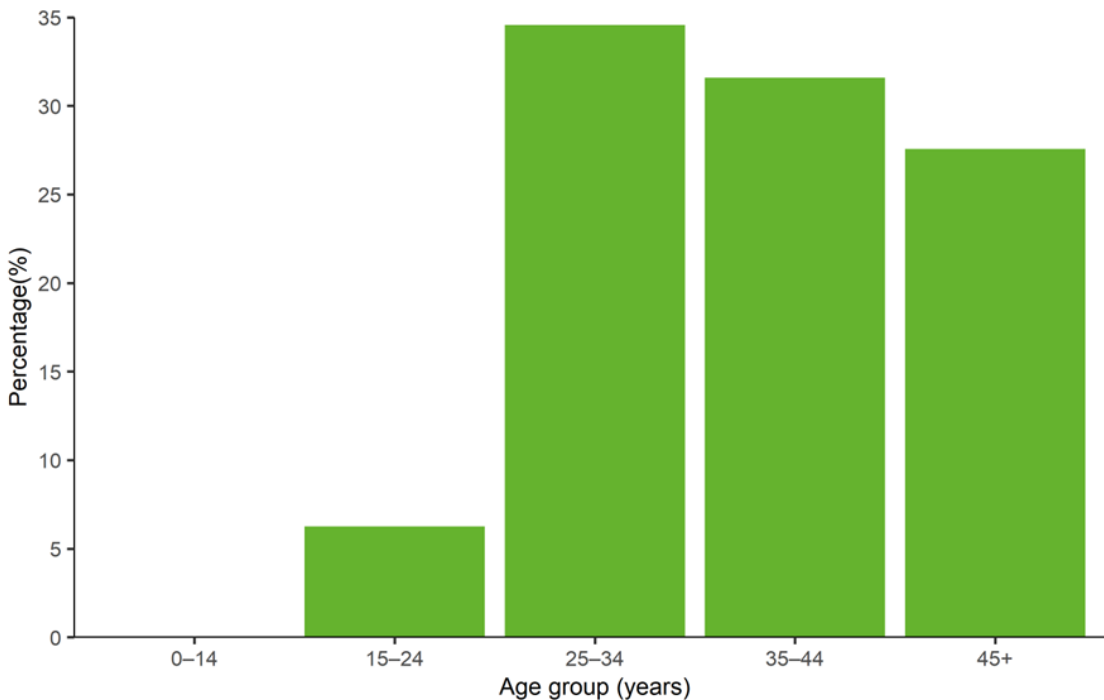
Source: Country reports

Age and gender

Age was reported for more than 99% of cases, with 35% of cases reported among 25–34-year-olds, 32% of cases among 35–44-year-olds and 28% of cases among those aged 45 and over (Figure 3).

Gender was reported for all cases. Most cases (98%) reported in 2024 were among men, with only 63 cases reported among women and 17 cases reported as 'Other'. This represents a 73% increase in the number of cases reported among women in 2024 compared with 2023, when 37 cases were reported among women.

Figure 3. Lymphogranuloma venereum cases by age group, EU/EEA, 2024



Source: Country reports

Transmission category and HIV status

Transmission category was reported for 1 967 cases in 2024 (56% of all reported cases). All but 17 of these cases were reported among men who have sex with men.

In 2024, information on HIV status was available for 1 076 cases (31% of all reported cases). Of these cases, 372 (35%) occurred in people who were HIV positive.

Discussion

After an overall decline in the number of reported LGV cases in 2020 and 2021 – likely due to the COVID-19 pandemic's impact on the availability and accessibility of STI care services, changes in sexual behaviour, reduced testing opportunities and a decrease in STI surveillance capacity [8] – there was a noticeable increase in cases in most reporting countries in 2022. Case numbers continued to increase in 2023 and 2024, although not in all countries.

Across the EU/EEA, there has been a notable inversion of LGV trends. Before 2019, most cases were reported among HIV-positive men who have sex with men. Since 2020, there has been a shift, with more than 60% of cases now reported in HIV-negative members of this population. This change in the epidemiological distribution of LGV cases can be attributed to changes in testing recommendations and public health response measures. Moving from a testing approach more focused on HIV-positive men who have sex with men or individuals with symptoms towards more comprehensive testing strategies (such as universal testing for LGV among all men who have sex with men regardless of HIV status) has resulted in a higher proportion of cases identified in the HIV-negative group [3].

Increasing trends of LGV among HIV-negative and asymptomatic men who have sex with men in the Netherlands are related to changes in testing recommendations in 2015, from selective to universal rectal chlamydia testing for all men in this group and universal LGV testing in all rectal *C. trachomatis*-positive men in this group [9]. A similar rise in LGV diagnoses among HIV-negative and/or asymptomatic men who have sex with men was reported from Belgium, where testing for LGV on all chlamydia-positive samples from this group – irrespective of their HIV status – was indicated as a public health response measure to control an LGV outbreak [10]. In line with such changes in testing practices, the 2019 update to the European guidelines on the management of LGV recommended that all men who have sex with men with anorectal samples positive for *C. trachomatis* be tested for LGV irrespective of symptoms and that HIV-positive men in this group – as well as those who are eligible for HIV pre-exposure prophylaxis (PrEP) – be considered a priority for testing [3].

The case numbers described in this report are likely to be an underestimation, as many countries do not have a national surveillance system for LGV and, in certain countries, confirmation of LGV infection through molecular diagnostics is not widely available. Substantial underdiagnosis of LGV was identified by an ECDC-funded pilot study in the following participating countries: Austria, Croatia and Slovenia [11]. The 2019 update to the European guidelines on the management of LGV also highlighted the need for appropriate LGV molecular diagnostics in all European countries [3]. The lack of appropriate diagnostics means that it is impossible to conduct effective surveillance, provide effective treatment and implement adequate prevention activities.

Public health implications

Increasing proportions of LGV cases among HIV-negative men who have sex with men indicate an increased vulnerability to transmission within this population group. Nonetheless, this trend also illustrates the impact of changes in clinical guidelines and more frequent testing of men in this group who are using PrEP for HIV. The shift in the epidemiological trend highlights the importance of adapting strategies to effectively control and monitor LGV outbreaks. Effective interventions need to be identified and tailored to groups of men who have sex with men who engage in sexual risk behaviour such as condomless sex with multiple partners. In addition, clinical suspicion and early diagnosis are essential to prevent severe complications. In many parts of Europe, there continues to be limited diagnostic capacity for LGV infection, which makes it difficult to control the spread of infection and limits the availability of surveillance data.

The upsurges in bacterial STIs across the EU/EEA are of concern and were discussed at Health Security Committee meetings in 2024. An HSC opinion on this issue was published in January 2025¹. This document outlines the public health actions needed to deal with the increases in STIs at both EU/EEA and national levels [13].

¹ https://health.ec.europa.eu/publications/opinion-health-security-committee-sexually-transmitted-infections_en

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