LGV in May 2004 [4].

The outbreaks in Europe, which have been concentrated in sexual networks of MSM in large cities, appear to be associated with the sex party scene, and many patients had had numerous anonymous partners abroad. Therefore, contact tracing has been of limited use so far.

Three European countries have recently launched enhanced surveillance programmes: Netherlands in April 2004, the United Kingdom in October 2004 [5], and France in January 2005.

References

1. Vall Mayans, Sanz B, Armengol P, Loureiro E. Outbreak of infectious syphilis and other STIs in men who have sex with men in Barcelona, 2002-3. Eurosurveillance Weekly 2004;8(44):28/10/2004. (http://www.eurosurveillance.org/ew/2004/041028.asp#4)
2. CDC. Lymphogranuloma Venereum Among Men Who Have Sex with Men --- Netherlands, 2003--2004. MMWR Morb Mortal Wkly Rep 2004;53(42):985-8. (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5342a2.htm)
3. Plettenberg A, von Krosigk A, Stoehr A, Meyer T. Four cases of lymphogranuloma venereum in Hamburg, 2003. Eurosurveillance Weekly 2004;8(30):22/07/2004. (http://www.eurosurveillance.org/ew/2004/040722.asp#4)
4. Von Holstein I, Fenton KA, Ison C, on behalf of the ESSTI network. European network for surveillance of STIs (ESSTI) establishes working groups on lymphogranuloma venereum and HIV/STI prevention among MSM. Eurosurveillance Weekly 2004;8 (25):17/06/2004. (http://www.eurosurveillance.org/ew/2004/040617.asp)
5. Simms I, Macdonald M, Ison C, Martin I, Alexander S, Lowndes C, et al. Enhanced surveillance of lymphogranuloma venereum (LGV) begins in England. Eurosurveillance Weekly 2004;8(41):07/10/2004. (http://www.eurosurveillance.org/ew/2004/041007.asp)

Two cases of lymphogranuloma venereum (LGV) in homosexual men in Stockholm

T Berglund[1], G Bratt[2], B Herrmann[3], A Karlsson[2], M Löfdahl[1], L Payne[1,4]

1. Department of Epidemiology, Swedish Institute for Infectious Disease Control (SMI), Solna, Sweden
2. Venhälsan, Department of Infectious Diseases, Karolinska University Hospital, Stockholm South Hospital, Stockholm, Sweden
3. Department of Clinical Microbiology, Uppsala University Hospital, Uppsala, Sweden
4. European Programme for Intervention Epidemiology Training (EPIET)

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Two cases of the sexually transmitted infection lymphogranuloma venereum (LGV) were detected in men who have sex with men (MSM) in Sweden during 2004. LGV, a rare disease in Europe, is caused by serovars L1-L3 of the bacterium Chlamydia trachomatis. Both cases were diagnosed at the Venhälsan gay men's health clinic at Södersjukhuset (Stockholm South Hospital). The first case was clinically diagnosed after reporting symptoms in late January 2004 and the second in November 2004. The patients were 36 and 42 years old respectively and lived in Stockholm. One was HIV positive.

These cases are thought to be connected to the recent outbreaks within Europe, which were reported throughout 2004. Since the first report in January 2004 of an outbreak of LGV in MSM in Rotterdam [1], several outbreaks or cases in MSM in other large cities in western Europe and the United States have been documented [2-5]. The cases in these outbreaks were all affected by severe invasive proctitis, All of these cases included negative urethral swabs, and a majority had previous HIV infection [2,3].

In the previously reported European cases, all patients had proctitis, except for the four cases in Hamburg, who had swollen lymph nodes. The symptoms experienced by the two Swedish patients were different: both men had inguinal lymphadenopathy for one or two weeks before diagnosis; one case had concurrent abscesses. Proctoscopy showed no signs of inflammation. One man had noticed a small painless papule on his foreskin, about 6-8 weeks previously. The men were tested for *C. trachomatis* infection in urethral and rectal swabs. Urethral swabs for both men tested positive. One man had a urine test that was negative. Sequence analysis was performed in both cases, and confirmed the infecting strains to be LGV genotype L2, the same type identified in the ongoing outbreaks of LGV in MSM in several European cities. The patients were also tested for gonorrhoea and syphilis, but were negative for these infections.

Contact tracing was carried out to identify the source of infection and to detect more cases. One of the patients reported having only one sex partner, in Stockholm, who tested negative. He did not report any other sexual contacts in Sweden or abroad, so it is unclear where he acquired his infection. The other patient reported three male sex partners several weeks before the onset of symptoms: one resident in Stockholm, who tested negative, and two partners who were short-term tourists in Stockholm (from Switzerland and Italy). Both these men returned to their countries before the patient developed symptoms, but have been advised by the patient to seek medical testing.

In the light of the ongoing European outbreaks, Smittskyddsinstitutet (the Swedish Institute for Infectious Disease Control, SMI) intensified epidemiological surveillance in June 2004, in cooperation with the Department of Clinical Microbiology at Uppsala University Hospital and gay men's health clinics throughout Sweden. In Stockholm, the majority of urine samples, urethral and rectal swabs for LGV testing are taken at the Venhälsan gay men's health clinic. They are analysed for *C. trachomatis* at Karolinska University Hospital in Huddinge. Positive samples are then sequenced at Uppsala University Hospital. Through EPI-aktuellt, SMI's electronic infectious disease bulletin, SMI informed the medical community that possible or confirmed cases of LGV (positive for *C. trachomatis*) should be notified to SMI by physicians and laboratories, in accordance with the Communicable Disease Act of 1 July 2004 [7-9]. Notifications should be reported as chlamydia cases, with indication of LGV status. Partner notification is mandatory. Epidemiological data collected includes information about age and sex, probable infection date and infection route.

Samples from ten possible cases of LGV in MSM presenting with proctitis, and diagnosed in other Swedish cities, have also been sequenced, but all were other genotypes of *C. trachomatis*.

References

1. Götz H, Nieuwenhuis R, Ossewaarde T, Bing Thio H, van der Meijden M, Dees J, et al. Preliminary report of an outbreak of lymphogranuloma venereum in homosexual men in the Netherlands, with implications for other countries in western Europe. Eurosurveillance Weekly 2004;8(4):22/01/2004 (http://www.eurosurveillance.org/ew/2004/040122.asp#1)
2. Simms I, Macdonald N, Ison C, Martin I, Alexander S, Lowndes C, Fenton K. Enhanced surveillance of lymphogranuloma venereum (LGV) begins in England. Eurosurveillance Weekly 2004;8(41):07/10/2004 (http://www.eurosurveillance.org/ew/2004/041007.asp#4)
3. CDC. Lymphogranuloma Venereum Among Men Who Have Sex with Men-Netherlands, 2003--2004. MMWR Morb Mortal Wkly Rep 2004;53(42):985-8. (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5342a2.htm)
4. Vall Mayans M, Sanz Colomo B, Ossewaarde JM. First case of LGV confirmed in Barcelona. Eurosurveillance Weekly 2005;10(5):03/02/2005 (http://www.eurosurveillance.org/ew/2005/050203.asp#2)
5. Lymphogranuloma venereum – USA (New York City). ProMED-mail 20050203.0369. (http://www.promedmail.org/pls/askus/f?p=2400:1202:1071902981642008030 7:NO:F2400_P1202_CHECK_DISPLAY,F2400_P1202_PUB_MAIL_ID:X,27970).
6. Von Holstein I, Fenton K, Ison C. European network for surveillance of STIs (ESSTI) establishes working groups on lymphogranuloma venereum and HIV/STI prevention among MSM. Eurosurveillance Weekly 2004;8(25):17/06/2004 (http://www.eurosurveillance.org/ew/2004/040617.asp)
7. Berglund T, Herrmann B. Utbrott av Lymfogranuloma venereum (LGV) i Europa. EPI-aktuellt 2004:3(25):17/06/2004. (http://www.smittskyddsinstitutet.se/SMItemplates/BigArticle/3942.aspx#LGV)
8. Berglund T, Löfdahl M, Karlsson A, Herrmann B. Två fall av lymfogranuloma venereum (LGV) i Stockholm. EPI-aktuellt 2005;4(6):10/02/2005. (http://www.smittskyddsinstitutet.se/SMItemplates/BigArticle/4544.aspx)
9. Smittskyddslagen [The Swedish Communicable Disease Act] (2004:168). Stockholm: Sveriges riksdag [Swedish Parliament]; 1 July 2004.(http://www.notisum.se/rnp/sls/lag/20040168.html)