

LYMPHOGRANULOMA VENEREUM IN QUEENSLAND, 2010–2020

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Background:

Lymphogranuloma Venereum (LGV) is a sexually transmissible infection caused by invasive *Chlamydia trachomatis* serovars L1–L3. LGV became notifiable in Queensland in 1988. We present a descriptive summary of the LGV epidemiology in Queensland.

Methods:

LGV notification data between 1 January 2010 and 31 December 2020 were extracted from the Queensland Notifiable Conditions System (NoCS). Data were analysed by sex, age group, geographical region, anatomical site of infection, and immunodeficiency virus (HIV), blood borne virus and sexually transmissible infection status.

Results:

There were 148 notifications of LGV in Queensland residents from 2010 to 2020. All notifications were among men. LGV notifications increased four times between the 2010-2016 period (average annual count of 5) and 2017 (n=20), with a peak in 2019 (n=61). Notifications declined to 14 in 2020. The median age of LGV cases was 36 years (range 20–72 years). The majority of cases were reported in residents of Queensland's three largest metropolitan regions (91%). Most diagnoses were made from rectal specimens (98%). Forty one percent of LGV cases were in people living with HIV (n=61), 69% had gonorrhoea notifications, 56% had syphilis notifications (infectious or syphilis >2-year duration), 47% had non-LGV chlamydia notifications, 8% had hepatitis C notifications, and 3% had hepatitis B notifications. The timing of these infections include prior, concurrent and post LGV diagnosis.

Conclusion:

LGV notification counts have increased since 2017. To better understand the epidemiology of LGV and design relevant strategies for its control it is necessary to introduce enhanced surveillance, evaluate testing protocols and use diagnostic techniques for serovar identification.

Disclosure of Interest Statement:

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