

GUIDANCE: INCLUDING INFORMATION ON LYMPHOGRANULOMA VENEREUM IN CHLAMYDIA CASE NOTIFICATIONS PROVIDED TO CDC

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BACKGROUND

Lymphogranuloma venereum (LGV) is a specific type of infection with *Chlamydia trachomatis*, caused by serovars L₁-L₃. LGV became nationally notifiable in 1941 but was removed from the Nationally Notifiable Conditions list as a separate notifiable condition in 1995 when chlamydia was added¹. During 1996–2021, LGV was nationally notifiable as chlamydia (i.e., identified LGV cases were reported to CDC as a case of chlamydia), but there was no way to distinguish between LGV and non-LGV infections in the national chlamydia case notification data². **Effective January 2022, the revised Council for State and Territorial Epidemiologists (CSTE) case definition for *C. trachomatis* infection allows jurisdictions to distinguish between LGV and non-LGV infections in chlamydia case notifications sent to the Centers for Disease Control and Prevention (CDC)**³. Allowing for the distinction between LGV and non-LGV infections in *C. trachomatis* infection national case notification data will help strengthen national LGV surveillance.

To facilitate national LGV surveillance, the National Notifiable Diseases Surveillance System (NNDSS) modified the STD Message Mapping Guide (MMG) to include a repeating block of variables to capture clinical complications of reported STDs, including LGV. Table 1 specifies which NNDSS STD case notification methods support national LGV surveillance. Jurisdictions that have implemented Health Level 7 (HL7) STD case notification to CDC using the [STD MMG v1.1.x series](#) can denote for each reported case of chlamydia whether the infection is identified as LGV; however, the value set for the clinical complications variable in the STD MMG v1.1.x series does not support the specificity outlined in the CSTE case definition. **The [STD MMG v1.2.x series and subsequent STD MMGs](#) include an updated clinical complications indicator value set that captures the level of evidence described in the 2022 *C. trachomatis* infection case definition. Jurisdictions newly onboarding the STD MMG should onboard [the current version](#).** Definitions for the value set codes used to denote LGV status in HL7 chlamydia case notifications are captured in Table 2.

Although the case definition and NNDSS STD MMG have been updated to facilitate national surveillance, there are multiple barriers to local LGV surveillance. First, many laboratories do not have the capability to serotype strains of *C. trachomatis* and thus cannot identify LGV-specific strains. It is likely that laboratory capacity will increase over time and ensuring the surveillance infrastructure is in place is a critical first step for LGV surveillance. Reference laboratories performing LGV testing in the United States are displayed in Table 3. Second, in some jurisdictions, chlamydia reporting is primarily laboratory based; identification of LGV requires clinical information from providers. Third, the STD surveillance information system in a jurisdiction may not have the capability to store clinical complications of reportable STDs, such as whether the chlamydia case was due to LGV. Given these challenges, national case data on LGV will be considered the minimum burden of LGV disease in the United States.

ACTION ITEMS

To strengthen LGV surveillance, beginning in 2022, jurisdictions should indicate whether each case of chlamydia reported was identified as LGV in case notifications transmitted to CDC (see Table 1). Recognizing the current barriers to local LGV surveillance, a jurisdiction's action items for providing LGV information to CDC in chlamydia case notifications will vary based on the ability to receive LGV test results, store data identifiable as LGV in the STD surveillance information system, and report LGV to CDC. Below are potential action items that a jurisdiction should consider in order to eventually transmit LGV surveillance data to CDC in accordance with the CSTE 2022 *C. trachomatis* infection case definition:

- Revise local reporting mandates
- Amend case report forms or online case reporting portal
- Modify surveillance information system (see Table 2 for LGV indicator values)
- Onboard to send STD case notifications using the most [current STD MMG version](#)
 - Jurisdictions are strongly encouraged to onboard the [current STD MMG version](#) because the value set for clinical complications indicator aligns exactly with the 2022 case definition for *C. trachomatis* infection.

RESOURCES

Table 1. NNDSS STD case notifications methods^{4,5} required to denote LGV in chlamydia case notifications

STD case notification method	Can jurisdiction distinguish between LGV and non-LGV in chlamydia case notifications to CDC?	LGV value set aligns with 2022 <i>C. Trachomatis</i> case definition?
NETSS (all versions)	No	N/A
STD MMG v1.0.x series	No	N/A
STD MMG v1.1.x series	Yes	No
STD MMG v1.2.x series and subsequent STD MMGs	Yes	Yes

Table 2. LGV indicator values in the current STD MMG version for cases meeting chlamydia case definition

LGV Indicator	Definition
Yes, Verified	a person with a positive test result for LGV-specific antigen or nucleic acid in a clinical specimen
Yes, Likely	a person with no test result for LGV-specific antigen or nucleic acid in a clinical specimen (including persons not tested) AND who has documented clinical symptoms or signs consistent with LGV
No	a person with a negative test result for LGV-specific antigen or nucleic acid in a clinical specimen
Unknown	a person with no test result for LGV-specific antigen or nucleic acid in a clinical specimen (including persons not tested) AND who does <u>not</u> have documented clinical signs and symptoms consistent with LGV (including persons missing information on signs and symptoms)

Note: LGV indicator values for the STD MMG v1.1.x series are incompatible with the 2022 CSTE case definition for *C. trachomatis* infection.

Table 3. Reference laboratories performing LGV testing in the United States (as of July 2021)

Laboratory	Test Code	Test Description
ARUP Laboratories	2013768	CT L serovars (LGV) by PCR
BioReference Laboratories	6356-0	LGV RT-PCR

REFERENCES

1. CSTE Position Statement 1994-NSC-02. Available at: <https://www.cste.org/page/PositionStatements>
2. National Notifiable Disease Surveillance System. *Chlamydia Trachomatis* Infection: 2010 Case Definition. Available at: <https://ndc.services.cdc.gov/case-definitions/chlamydia-trachomatis-infection-2010/>
3. CSTE Position Statement 21-ID-06. Available at: https://cdn.ymaws.com/www.cste.org/resource/resmgr/ps/ps2021/21-ID-06_ChlamydiaLGV.pdf
4. National Notifiable Disease Surveillance System. STD Message Mapping Guide. Available at: <https://ndc.services.cdc.gov/mmgs/std-message-mapping-guide/>
5. The National Electronic Telecommunications System for Surveillance (NETSS) CDC Implementation Plan for STD Surveillance Data (January 2018). Available at: https://www.cdc.gov/std/program/std-netssimpln-v5_2018jan.pdf

Document Version History

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