

Lymphogranuloma venereum (LGV) diagnoses made in sexual health services in the United Kingdom: 2003 - 2016

Data are presented by country and English Public Health Centre

Data type:

Service data: STBRU, SBSTIRL, and CTAD

Data supplied by:

Public Health England

Data prepared by:

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Public Health England

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Notes: data sources

- 1 From 2013 to August 2016, LGV data presented in this report were sourced from PHE national reference laboratory, the STBRU in London, and SBSTIRL in Edinburgh.
- 2 From September 2016 going forward,in addition to the above sources LGV data presented in this report also include data sourced from another laboratory submitted through the CTAD dataset.

For further details refer to this research article: 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):pii=30076. DOI: http://dx.doi.org/10.2807/1560-7917.ES.2015.20.48.30076

Glossary:

CTAD: Chlamydia Testing Activity Dataset

GUM: Genitourinary medicine, including integrated genitourinary medicine & sexual & reproductive health services

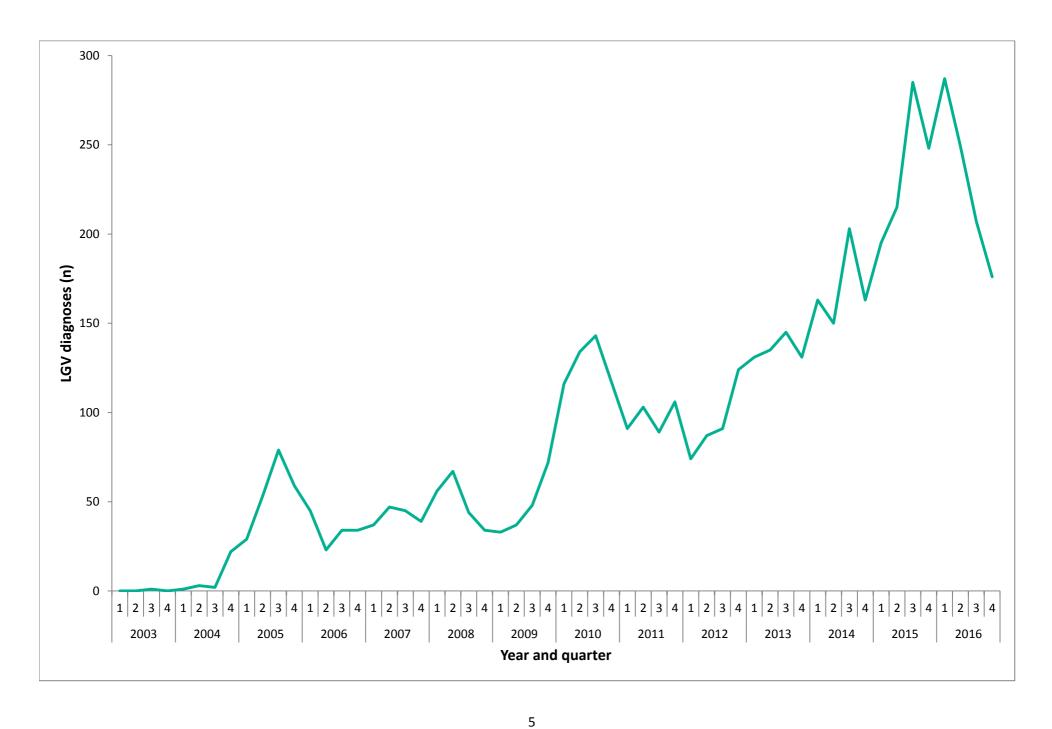
LGV Lymphogranuloma venereum PHE: Public Health England

PHEC: Public Health England centre
STBRU: Sexually transmitted bacteria reference unit

SBSTIRL: Scottish bacterial sexually transmitted infections reference laboratory

Executive summary

Between 1st January 2003 and 31th December 2016 there were 5,302 LGV diagnoses in the UK. Of these, 5,284 (99.7%) were in men. The first cases of LGV in the UK were identified between 2003 and 2004 (1 and 28 cases, respectively). There has been a rapid increase in the number of LGV diagnoses in recent years, with three rapid increases in 2005 (220 cases), 2010 (510 cases) and 2014 (677 cases). The highest annual number of LGV diagnoses in the UK was reported in 2015 (943 cases). However, in 2016 there were 919 LGV diagnoses in the UK. The number of diagnoses continued to rise in the first two quarters of 2016 but this was followed by a subsequent decline. Further investigation is needed to establish whether the fall in diagnoses in 2016, particularly in the last two quarters, represents interrupted transmission. The stable number of chlamydia diagnoses in MSM over the same period suggests that other factors, such as changes in LGV testing referrals or service commissioning, may play a role.



LGV diagnoses in the United Kingdom by year and quarter: 2003 to 2016

Year	Quarter				Total
	1	2	3	4	Total
2003	0	0	1	0	1
2004	1	3	2	22	28
2005	29	53	79	59	220
2006	45	23	34	34	136
2007	37	47	45	39	168
2008	56	67	44	34	201
2009	33	37	48	72	190
2010	116	134	143	117	510
2011	91	103	89	106	389
2012	74	87	91	124	376
2013	131	135	145	131	542
2014	163	150	203	163	679
2015	195	215	285	248	943
2016	287	249	207	176	919
Total	1,258	1,303	1,416	1,325	5,302

Yearly diagnoses of LGV by UK country and English Public Health Centre: 2013 - 2016

Public Health Centre	Year				Total
	2013	2014	2015	2016	าบเลเ
East Midlands	7	11	5	10	33
East of England	10	20	8	10	48
London	354	488	679	617	2,138
North East	2	3	11	9	25
North West	53	29	89	90	261
South East	49	47	48	53	197
South West	9	9	25	17	60
Yorkshire & Humber	12	15	18	28	73
West Midlands	29	44	39	26	138
Scotland, Wales & Northern Ireland	17	13	21	55	106
Total	542	679	943	919	3,083