

# LYMPHOGRANULOMA VENEREUM (LGV)

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<b>Causative organism</b>	<i>Chlamydia trachomatis</i> serovars L1-L3
<b>Incubation period</b>	3-30 days
<b>How far to trace back</b>	3 months
<b>Usual testing method</b>	Nucleic acid amplification testing of swab from anus, genital ulcer or bubo aspirate, confirmed by genotyping
<b>Common symptoms</b>	Proctitis is common among GBMSM with rectal LGV. Genital ulceration and inguinal buboes are seen less commonly.
<b>Likelihood of transmission per act of condomless intercourse</b>	Unknown
<b>Likelihood of long-term sexual partner being infected</b>	Unknown
<b>Protective effect of condoms</b>	Probably high
<b>Transmission by oral sex</b>	Probably rare
<b>Duration of potential infectivity</b>	Uncertain, probably weeks to months
<b>Important sequelae</b>	Chronic proctocolitis, inguinal abscess
<b>Direct benefit of detection and treatment of contact</b>	Cure
<b>Usual management of contacts</b>	<p>Chlamydia testing: urine, pharyngeal and anal swab for GBMSM and at risk trans feminine people;</p> <p>Cervical swab for people with a cervix;</p> <p>Test any genital ulcer or bubo aspirate.</p> <p>Alert the laboratory to the possibility of LGV genotyping is performed on chlamydia-positive specimens to identify LGV.</p> <p>Follow up BBV testing also (HIV, syphilis and hepatitis serology)</p> <p><a href="#">Treat contacts presumptively</a></p>
<b>Contact tracing priority</b>	High as the number of LGV cases reported in Australasia has been limited
<b>Notification</b>	Notifiable by laboratories in some Australian states and territories; not notifiable in New Zealand

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HIV, Viral Hepatitis and  
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