

abuse may require the assistance and coming together of different specialities in the hospital.

**Case history:** A seven year old girl presented to the Dermatology and Venereology OPD of a tertiary hospital in New Delhi, India with chief complaints of vaginal discharge for last 4 years. The vaginal swab(s) on Gram stain revealed numerous pus cells with GNDC, intracellular as well as extracellular. The child was treated based on clinical suspicion of gonorrhoea. However, RCUT put up from suspected colonies on modified Thayer Martin medium was positive for *Neisseria meningitidis*. In addition, *crpA* gene PCR from DNA extracted from the swab as well as the isolate was positive for *N. meningitidis* while *opa*-gene PCR for *N. gonorrhoeae* was negative. Although she was initially treated for suspected gonococcal infection, the clinical diagnosis was refuted by the results of culture and PCR.

**Discussion & conclusion:** The findings of the present case emphasise the importance of careful culture techniques for isolation of organisms & their correct identification which is the cornerstone of appropriate therapy. It also drives home the necessity of using lactose in Rapid Carbohydrate Utilization Test (RCUT), which is crucial to differentiate between *N. meningitidis* and *N. lactamica*. It is also important for the laboratory (especially one that is considered a referral laboratory) to have capacity to perform molecular tests to confirm or refute presumptive findings, as was done in the present case. This observation stresses that an interdisciplinary approach appears to be a valuable tool for evaluating such children.

## P2.009 PROPOSAL FOR CASE DEFINITIONS FOR CHLAMYDIA TRACHOMATIS TREATMENT FAILURE

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**Background** *In vivo* antimicrobial resistance in *C. trachomatis* is still to be confirmed however there have been anecdotal reports of treatment failure. Traditionally failure has been attributed mostly to re-infection and/or non-compliance with treatment regimens. Clinical and behavioural information collected from a cohort of patients persistently infected with *C. trachomatis* was used to propose a case definition for treatment failure to aid patient management.

**Methods** Patient information was collected using a detailed clinical questionnaire. Patients were assigned to categories of most to least likelihood of treatment failure based on their self-declaration of sexual contact since initial diagnosis. Analysis and comparison within and across these categories of the clinical management and patient behaviour was performed.

**Results** Recruitment from a number of different settings resulted in referral of thirty-nine patients who fell into five categories based on their sexual behaviour since initial diagnosis (Table 1). Twenty declared no sexual contact (category 1), and a further thirteen declared contact that was considered low risk of re-infection (categories 2–4). The remaining six patients either did not provide enough information for accurate categorisation or had had unprotected sexual contact with a partner of unknown history (category 5) and so were excluded from further analysis.

**Conclusion** Using the information collected we propose a case definition of probable treatment failure for *C. trachomatis* as a patient with (a) at least two consecutive positive *C. trachomatis* specific tests e.g. NAATs, (b) full compliance with all treatment regimens prescribed in line with current national guidelines including any recommended abstinence periods and (c) no unprotected sexual contact since initial diagnosis; and confirmed failure as (a), (b), (c)

and two courses of treatment with the same antimicrobial. In addition confirmation of ongoing viable infection by tissue culture methods where possible should be considered to allow antimicrobial susceptibility testing.

## Abstract P2.009 Table 1 Categorisation of the sexual behaviour of patients who had persistent *C. trachomatis* infections

Category 1	no sexual contact since initial diagnosis	20
Category 2	protected sexual contact only	4
Categories 3 & 4	unprotected sexual contact with a regular partner who had also tested positive and had been treated or a partner that did not test positive (cat 3) or unprotected oral sex only (cat 4)	9
Category 5 & Outliers	unprotected sexual contact with a partner of unknown history (cat 5) or patients with unknown sexual contact behaviour since initial diagnosis (outliers)	6

## P2.010 PERFORMANCE OF XPRT® CT/NG ASSAY USING RESIDUAL PROBETEC ET SYSTEM™ RECTAL SAMPLES

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**Background** Nucleic acid amplification testing (NAAT) is the optimal method for detection of *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (GC), but no commercial tests are cleared by the US Food and Drug Administration for use with rectal swabs. The objective of this study was to evaluate the Xpert® CT/NG assay using residual ProbeTec ET rectal samples.

**Methods** 150 samples previously tested using the ProbeTec ET System and the APTIMA COMBO 2® Assay for the detection of CT and GC were tested using the Xpert® CT/NG. The rectal swabs were collected from volunteers aged 18–64 years, who reported having had at least one episode of anal receptive intercourse. APTIMA COMBO 2® Assay was used as the gold-standard for the present analysis as it was found to be superior to ProbeTec.

**Results** From the 150 samples, ProbeTec ET detected 23 (15%) CT positive and 16 (11%) GC positive. Xpert® CT/NG detected an additional 11 CT and 2 GC which were not detected by the ProbeTec ET System, for a total of 34 (23%) positive CT and 18 (12%) positive GC. All samples that were true negatives for CT or GC by ProbeTec ET System were also negative by Xpert® CT/NG. The diagnostic sensitivity and specificity of the CT test was 58% and 100% for ProbeTec and 85% and 100% for Xpert® CT/NG, respectively, compared to the Aptima COMBO 2®. The diagnostic sensitivity and specificity of the GC test was 70% and 100% for ProbeTec and 78% and 100% for Xpert® CT/NG, respectively, compared to the APTIMA COMBO 2®.

**Conclusions** Xpert® CT/NG is superior to the ProbeTec ET System for the detection of CT and GC from rectal swabs. Further studies to assess the sensitivity and specificity of the Xpert® CT/NG system using the swab collection kits designed for this system are warranted.

## P2.011 INTEREST OF THE CEPHEID XPRT CT/NG ASSAY TO RAPID DETECTION AND DIFFERENTIATION OF CHLAMYDIA TRACHOMATIS (CT) AND NEISSERIA GONORRHOEAE (NG) URO-GENITAL INFECTIONS

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