

although caution should be applied if extrapolating this data to low prevalence settings. Poor confirmation rates from throat specimens is probably due to cross-reactivity with commensal *Neisseria*, and highlights confirmation is essential when testing these samples.

**Abstract O24 Table 1** Confirmatory rates by Specimen site and GC NAAT screening test

	Genital Swab (Female) [n = 119]	Urine (Male) [n = 84]	Rectal [n = 97]	Throat [n = 694]
Probetec GC Qx (Becton Dickinson)	78.7% (37/47)	94% (47/50)	85.1% (23/27)	44.2% (248/587)
Cobas Amplicor (Roche)	83.3% (50/60)	91.3% (21/23)	79.4% (27/34)	48.2% (27/56)
RealTime CT/NG (Abbott)	83.3% (10/12)	72% (8/11)*	80.5% (29/36)	88.2% (45/51)

\*Small numbers – interpret with caution

### O25 USE OF CEFTRIAXONE AND DOXYCYCLINE WHEN TREATING GONORRHOEA: IS IT PRESCRIBED APPROPRIATELY?

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**Background** National gonorrhoea treatment guidelines recommend ceftriaxone with azithromycin as first-line therapy, but doxycycline is recommended instead of azithromycin for patients with gonococcal pelvic inflammatory disease (PID). In 2013, 86.5% of patients in the Gonococcal Resistance to Antimicrobials Surveillance Programme (GRASP) were treated with the recommended therapy, but 3.9% were treated with doxycycline instead of azithromycin.

**Objectives** The objective of this analysis was to determine whether ceftriaxone plus doxycycline were prescribed for appropriate indications.

**Methods** Using GRASP 2013 data, patients prescribed the recommended therapy were compared with patients prescribed ceftriaxone and doxycycline, and associations were assessed using univariate and multivariate logistic regression.

**Results** In 2013, of the 913 patients prescribed ceftriaxone and azithromycin, 45.9% were men who have sex with men (MSM), 20% were women and 34.1% were heterosexual men while, of the 45 patients prescribed ceftriaxone and doxycycline, 64.4% were MSM, 28.9% were women and 6.7% were heterosexual men ( $p = 0.001$ ). Of those prescribed ceftriaxone and doxycycline, 22.2% were MSM with chlamydia co-infection and 17.7% were women with PID. On multivariate analysis, MSM co-infected with chlamydia (aOR 3.4, 95% CI, 2.5–4.6;  $p = 0.001$ ) and women diagnosed with gonococcal PID (OR, 144.8, 95% CI, 24.2–864.0;  $p < 0.001$ ) were more likely to be prescribed ceftriaxone and doxycycline.

**Conclusion** Less than a fifth of prescriptions for ceftriaxone with doxycycline were issued to treat gonococcal PID. Use of ceftriaxone with doxycycline may be preferred to treat MSM co-infected with chlamydia by some clinicians. However, as levels of tetracycline resistance in gonorrhoea are high, this may not provide the dual treatment coverage required.

### O26 GONORRHOEA TEST-OF-CURE BY POST MAINTAINS RETURN RATE

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**Background/introduction** BASHH guidelines recommend test-of-cure (TOC) in all cases of *N. gonorrhoeae* (NG) 2 weeks after treatment. Previously patients re-attended our clinic in person for TOC. To create capacity in the clinic, we introduced NG TOC postal packs for MSM following treatment.

**Aim(s)/objectives** To evaluate TOC return rate and patient satisfaction with the service development.

**Methods** MSM with proven NG were given postal TOC packs at treatment. Each pack contains appropriate NAAT sampling kits for site of diagnosed infection (rectal, throat, urine) and written instructions, patient satisfaction survey and partner notification questionnaire. Patients are instructed to return TOC samples by post in a provided Royal Mail Safebox. We processed samples using our in-house GeneXpert system; results are sent by SMS.

**Results** During November 2014, 136 NG TOC packs were dispensed. 76 (55.9%) patients returned postal packs; 28 (20.6%) attended for TOC in person, giving overall TOC rate, 76.5%. NG TOC rate in October 2014 was 75.8%. The median time from treatment to sending TOC results was 19 d (IQR:16–24d). NG TOC positivity rate was 12.5% (13/104). 65 patient satisfaction surveys were returned. Most responders found postal TOC easy to use (81.5%; 53/65). 24.6% (16/65) responders would have preferred to attend in person for TOC.

**Discussion/conclusion** Postal testing is an acceptable NG TOC method which, when combined with the option to return in person, reduced unnecessary follow-up visits while maintaining TOC return rate. The high TOC positivity rate reinforces the importance of continuing to retest patients with NG after treatment.

### O27 HIGH RATES OF MACROLIDE RESISTANCE IN MYCOPLASMA GENITALIUM

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**Background/introduction** Macrolide resistance has been previously reported in *Mycoplasma genitalium* (MG), however due to limited diagnostics, studies have been mainly restricted to specific geographical areas and small numbers of positive samples.

**Aim(s)/objectives** To determine the rate of macrolide resistance in MG specimens.

**Methods** Eighty-five MG positive specimens (72 from males, 13 from females) that had been referred for MG centralised testing (between 2010–2014), from 17 centres across England and Wales were blinded and anonymised. Specimens were then examined using a 23S rRNA PCR followed by full DNA sequence analysis. The Chi Square test was used to compare data sets.

**Results** 23S rRNA PCR was successful in 86% (73/85) of specimens. Of the specimens examined, 84% (61/73) harboured single nucleotide polymorphisms (SNP) associated with macrolide resistance (Table 1). Significant differences were observed between the rates of macrolide resistance in male [95% (58/61)] and female [25% (3/12)] patients [ $P = < 0.001$ ]. Twelve