Correspondence

Letters should not exceed 400 words and should be typed double spaced (including the references) and be signed by all authors

TO THE EDITOR, *Genitourinary Medicine*

Monoclonal antibodies in identifying *Neisseria gonorrhoeae*: cautionary note

Sir,

Many bacteriology laboratories identify isolates of *Neisseria gonorrhoeae* by the rapid carbohydrate utilisation test¹ and the Pharmacia Phadebact monoclonal GC test (Blomquist *C et al*, unpublished observation). The latter test recognises the serogroups W1 and WII/WIII, which have epidemiological and clinical importance.

Since June 1985 we have examined 1509 consecutive isolates of *N gonorrhoeae*. Fifteen (nine from men and six from women) did not react with the Pharmacia monoclonal reagents. The first such isolate was noted in April 1986. These isolates were subjected to serovar analysis using two different sets of monoclonal coagglutination reagents, Genetic Systems (GS) and Pharmacia (Ph).² All 15 strains gave the same serological pattern, which corresponded to the serovar combination Bj/Bro (GS/Ph). In both analyses the upper case letter B corresponded to groups WII/WIII and the lower case letters represented positive reactions with the corresponding coagglutination reagents. Bj/Bro isolates are unusual in that they do not react with the Pharmacia monoclonal reagents; this serovar has been linked epidemiologically with Singapore.³

Contact tracing has shown links between eight of the patients. There was no obvious connection between the remaining seven patients, but all reported casual sexual contacts in the Glasgow area. There may therefore be further, as yet undetected, isolates with this serovar combination in this area. The index case has not been identified.

The manufacturers claim that the Phadebact monoclonal GC test identifies 99.7% of all isolates of *N gonorrhoeae*. In this study, 1% (15/1509) isolates did not react in the test. From our findings, we advocate caution in using only this test to confirm the identity of an isolate of *N gonorrhoeae*. Furthermore, we conclude from this small study that serovar analysis is a valuable and potentially useful tool in the microepidemiology of gonococcal infection. To date, however, the diversity and distribution of gonococcal serovar patterns has been established only in Edinburgh, where the occurrence of Bj/Bro isolates is rare.⁴

We thank Dr Hugh Young, Department of Bacteriology, University of Edinburgh for performing the serovar analysis.

A Christine McCartney,*
John L Winning,*
Ivan B Tait†

Departments of *Bacteriology
and †Genitourinary Medicine,
Royal Infirmary,
Glasgow G4 0SF

References

- 1 Young H, Paterson IC, McDonald DR. Rapid carbohydrate utilisation test for the identification of *Neisseria gonorrhoeae*. *British Journal of Venereal Diseases* 1976;52:172-5.
- 2 Bygdeman SM, Gillenius E-C, Sandstrom EG. Comparison of two different sets of monoclonal antibodies for the serological classification of *Neisseria gonorrhoeae*. In: Schoolnik GK, Brooks GF, Falkow S, *et al*, eds. *The pathogenic neisseriae*. Washington DC: American Society for Microbiology, 1985:31-6.
- 3 Bygdeman SM. Polyclonal and monoclonal antibodies applied to the epidemiology of gonococcal infection. In: Young H, McMillan A, eds. *Immunological diagnosis of sexually transmitted diseases*. New York, Marcel Dekker, 1987:117-65.
- 4 Coghill DV, Young H. The serological classification of *Neisseria gonorrhoeae* with monoclonal antibody coagglutination reagents. *Genitourin Med* 1987;63:225-32.

TO THE EDITOR, *Genitourinary Medicine*

How to maximise a limited chlamydial culture service

Sir,

Many departments of genitourinary medicine (GUM) in the United Kingdom still have only a limited chlamydial culture service, though the need for such a service was documented eight years ago.¹ We think that a complete chlamydial service is essential, but for clinics working within the constraints of a limited service we have tried to define criteria for making optimum use of chlamydial cultures.

A retrospective study in this department during a three month period showed 88 women, two men, and one child with conjunctivitis who all yielded chlamydiae. We

Table 1 *Numbers of women with ectopy of 88 yielding chlamydiae (patients) and 16 controls*

Reason for attending	Patients:		Controls:	
	No	No with ectopy	No	No with ectopy
Contacts with non-specific urethritis	31	23	18	4
Vaginal discharge	14	6	11	3
Abdominal pain	10	5	6	2
Contacts with gonorrhoea	9	7	1	1
Others	24	12	54	16

looked further at the notes of the women a recorded the presenting symptoms of each and of 100 controls who did not yield chlamydiae. Table 1 shows the results, which confirmed the association of a high yield chlamydiae in the presence of ectopy, described by Burns *et al*.²

Table 2 shows the reasons that the patients attended the department. The most common reason for attending was associated with warts, but only two of these patients yielded chlamydiae.

On the basis of these findings we would suggest that priority for testing should be given to women with ectopy who are sexual contacts of men with non-specific urethritis (NSU), women with abdominal pain, sexual contacts of men with gonorrhoea, a women with vaginal discharge. We realise that sexual contacts of men with NSU are usually treated epidemiologically, and using "valuable" chlamydial cultures may therefore be thought to be unnecessary, but defining a high risk group with a high positive yield—namely, women with ectopy who are sexual contacts of men with NSU—these patients can be carefully followed up to ensure microbiological cure. We would also add women patients whose sexual partners

Table 2 *Reasons that 88 women yielding chlamydiae attended GUM department*

Reason for attending	No (%)
Warts or contact with warts	21 (24)
Contacts with non-specific urethritis	18 (21)
Vaginal discharge	14 (16)
Pruritis vulvae	8 (9)
Abdominal pain	5 (6)
Other	22 (25)

Notices

Organisers of meetings who wish to insert notices should send details to the editor (address on the inside front cover) at least eight months before the date of the meeting or six months before the closing date for application.

Second international lesbian and gay health conference

The second international lesbian and gay conference and AIDS forum will be held on 20–26 July 1988 at the Boston Park Plaza Hotel and towers in Boston, Massachusetts, USA. The conference is sponsored by the British Gay Medical Association and the American National Lesbian and Gay Health Foundation, the American Association of Physicians for Human Rights, and the George Washington University Medical Centre.

The overall goal of the conference is to constitute an international and national agenda for the next decade and will include topics such as sexual health, mental health issues, and holistic health care.

Further details can be obtained from: NLGHF/AAPHR Programming Committee, P O Box 65472, Washington DC 20035, USA.

Australian and New Zealand conference on sexually transmitted diseases

An Australian and New Zealand conference on sexually transmitted diseases will be held on 25 to 27 August 1988 at the University of Melbourne, Melbourne, Victoria, Australia.

For further information please contact: The Manager, National Australia Bank Ltd Travel Groups/Incentives, 271 Collins Street, Melbourne, Victoria, Australia 3000.

Courses on the acquired immune deficiency syndrome (AIDS)

The Royal College of Physicians of London is organising courses to train general physicians who will be concerned in the care of patients with AIDS. Each course will last for one week (Mondays to Fridays); mornings will be spent at the College and afternoons at one of four hospitals with major AIDS centres in London (St George's, St Mary's, St Stephen's, and the Middlesex). Numbers on each course will be limited to 20, with groups of five attending each hospital. The fee will be £90, and buffet lunch at the college each day and coffee or tea are included.

Starting dates and closing dates for applications are as follows:

Week starting	Closing date for applications
1988	
5 September	26 July
21 November	10 October

For further details and application form, please contact: The Assistant Registrar, Royal College of Physicians, 11 St Andrew's Place, Regent's Park, London NW1 4LE (tel: 01 935 1174).

Institut Alfred Fournier Prix de l'Association des Anciens Élèves et Compagnons, 1988.

Deux prix d'un montant de fr 15 000 chacun destinés à récompenser un travail original ou un ensemble de travaux, dans le domaine des maladies transmises par voie sexuelle (MST), —l'un en sciences fondamentales —l'autre concernant le ou les sujets suivants: Épidémiologie—Biologie—Clinique—Thérapeutique

Les candidats devront adresser le texte de leur travail définitif, dactylographié et rédigé en français, présenté sous forme d'une publication, en six exemplaires, avant le 15 Septembre 1988.

La remise solennelle des Prix 1988 se fera lors de l'Assemblée Générale de l'Association des Anciens Élèves et Compagnons d'Alfred Fournier, en Novembre 1988.

Pour toute demande de renseignements et envoi de candidature, s'adresser au: Secrétariat de l'Association, Institut Alfred Fournier, 25 Boulevard Saint-Jacques, 75680 PARIS CEDEX 14, (Tel: (1) 45 65 27 77).

Corrections

We regret that errors occurred in three letters from P Fisk and colleagues. Corrections are as follows.

Aetiology of urinary symptoms in sexually active women

(April 1987;63:137)

Specimens were taken from the urethra and cervix for *Neisseria gonorrhoeae* and *chlamydiae* and from the vagina for *Trichomonas vaginalis* and *Candida* spp.

How to maximise a limited chlamydial culture service

(December 1987;63:398–9. Coauthor DTP Evans.)

The heading of table 1 should have shown the reason for the chlamydial test being performed, not the reason for patients attending, and the number of controls was 90, rather than the 100 mentioned in the text.

Penicillinase producing gonococci: a spent force?

(February 1988;64:64. Coauthor Andrew Lewis.)

The chemotherapy given was spectinomycin or ampicillin, probenecid, and augmentin.

Authors of letters for publication are reminded that correspondence should be presented in the same way as papers, as outlined under **Advice to authors** on the inside front cover of the journal. It should be double spaced (including references), tables should have headings and be typed on separate pages, and it should be sent with a separate covering letter.