Correspondence

TO THE EDITOR, *Genitourinary Medicine*

Penicillinase producing strains of *Neisseria gonorrhoeae* in Madrid

Sir,

Since the emergence in 1976 of penicillinase producing strains of *Neisseria gonorrhoeae* (PPNG),[1] their incidence has steadily risen, some countries reporting an annual increase of 2-6%. In most European countries these strains cause about 1% of gonococcal infections, but in the Netherlands PPNG strains constitute about 10% of all gonococcal isolates.[2] In Spain, gonorrhoea was not a notifiable disease until 1982, so the available data on the isolation of PPNG strains are few and unrepresentative.

During 1983 in our laboratory we isolated 103 strains of *N gonorrhoeae* from 1451 patients; 12 (1·1%) from 1062 who had attended family planning clinics, 82 (23·2%) from 354 who had attended sexually transmitted diseases (STDs) clinics, and the remaining 9 (25·7%) from 35 women who were treated for pelvic inflammatory disease at a general hospital. All patients were from the Madrid region.

Ten PPNG strains were isolated, all from patients who had attended an STD clinic. These represented 12·19% of such patients and 9·7% of all those with gonorrhoea. Six strains were from men and four from women. There were insufficient epidemiological data to assess whether the PPNG isolates were from locally acquired or imported infections.

The table shows minimum inhibitory concentrations (MICs) of penicillin, spectinomycin, tetracycline, ceftazidime, and cefoxitin against the PPNG isolates. All strains were susceptible to spectinomycin. Ceftazidime was the most active antibiotic in vitro against PPNG strains with all isolates inhibited by a concentration of 0·03 mg/l.

Though we studied a small number of patients in a limited urban population, the prevalence of PPNG strains was higher than expected. A more complete surveillance of PPNG isolates must be performed to measure the actual prevalence of PPNG strains in this country and to assess whether alternative treatment regimens are required.

Yours faithfully,

*Julio Vázquez**
*Asunción Fenoll**
*Sonsoles Berrón**
*Alicia Téllez**
Rafael Bilbao†

*Servicio de Bacteriología,
Centro Nacional de Microbiología,
Virología e Inmunología Sanitarias
Majadahonda,
Madrid
†Dispensario Martinez Anido,
Lucha Antivenerea Nacional,
Direccion Provincial de Sanidad,
Madrid, Spain

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2. World Health Organisation. Surveillance of β-lactamase-producing *N gonorrhoeae* (PPNG). *WHO Weekly Epidemiological Record* 1983;**58**:5-12.

TABLE *Susceptibility to antibiotics of 10 strains of penicillinase producing Neisseria gonorrhoeae (PPNG)*

Antibiotic	MIC_{50} *(mg/l)*	MIC_{90} *(mg/l)*	*No of strains with MICs (mg/l) of:* 0·015	0·03	0·06	0·12	0·25	0·5	1	2	4	8	16	32
Penicillin	6	24									4	2	2	2
Spectinomycin	6·66	13·3									1	6	3	
Tetracycline	1·5	3·33						1	2	4	3			
Ceftazidime	0·012	0·026	6	4										
Cefoxitin	0·5	0·9					2	3	5					

TO THE EDITOR, *Genitourinary Medicine*

Comparison of *Chlamydia trachomatis* alginate (CTA) and ear, nose, and throat (ENT) swabs for isolation of *C trachomatis*

Sir,

Successful culture of *Chlamydia trachomatis* depends on optimum conditions for collecting, transporting, and culturing specimens. According to Ripa, cultures usually fail to detect 10-15% of infections in men and at least 20% of infections in women.[1] Mårdh and Zeeberg[2] and Kallings and Mårdh[3] have shown that all swabs used to obtain specimens for culture are toxic for *C trachomatis*. The ear, nose, and throat (ENT) swab (Kallings and Mårdh[3]), however, was found to be the least toxic of those commercially available. We investigated a new commercially available swab, the *C trachomatis* aliginate (CTA) swab, in parallel with the ENT swab to isolate *C trachomatis* from specimens from patients.

ENT swabs were bought from Swedish Hospital Supply, Mölndal, Sweden, who are distributors for Medical Wire and Equipment, Corsham, Wiltshire, England. CTA swabs were obtained from Chemoferm AB/ Biohospital AB, Sollentuna, Sweden. Parallel specimens were taken with the CTA and ENT swabs from 294 consecutive women attending the sexually transmitted disease (STD) clinic of this hospital within one month. Each type of swab was taken first on alternate weeks. All cervical specimens were taken by the same person, and were sent to the laboratory for culture on the same day in 2 SP (sucrose phosphate) transport medium. The laboratory had no knowledge of the order in which the specimens had been taken, nor of the type of swab until the investigation was concluded.

The table shows the results from the parallel cultures. In four of the nine patients yielding cultures from the CTA swab only, it had been taken first. In four of the six patients yielding cultures from the ENT swab only, it had been taken first. The difference in numbers of positive specimens obtained with each type of swab was not found to be significant.

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