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,

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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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TABLE *Cultures positive for C trachomatis from CTA and ENT swabs from 294 women*

Cultures from	*No (%) positive*
Both swabs	35 (11·9)
CTA swab only	9 (3·1)
ENT swab only	6 (2·0)
Total	50 (17·0)

We found the new CTA swab to be at least comparable with the ENT swab for collecting specimens to culture *C trachomatis*. The CTA swab detected 88% of positive cases, while the ENT swab detected 82%. An added advantage for use of the CTA swab is its relative inexpensiveness, which is important to hospitals. We therefore feel that the CTA swab can be recommended for use in diagnosing chlamydial infections.

Yours faithfully,

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3. Kallings I, Mårdh P-A. Sampling and specimen handling in the diagnosis of genital *Chlamydia trachomatis* infections. In: *Chlamydia trachomatis in genital and related infection*. Uppsala, Sweden: Almqvist & Wiksell, 1982:21-4.

TO THE EDITOR, *Genitourinary Medicine*

Effect of epidemiological treatment of contacts in preventing recurrences of non-gonococcal urethritis

Sir,

The imaginative study by Fitzgerald (*British Journal of Venereal Diseases* 1984;**60**: 312-5) contains some fundamenal flaws in design and interpretation.

The apparently better results with prolonged (3 week) courses of tetracyclines (mostly triple tetracycline) could have been, and probably were, a manifestation of selection bias for compliance in this group. "Men were all offered three weeks treatment . . . but some defaulted before they had received the whole course." Those who defaulted formed the group taking short (1 to 2 week) courses. They were less compliant to treatment, and were therefore inherently less likely to respond for reasons other than the number of tablets they were given.

Comparison of treatment in 1978 with treatment in 1980 is also potentially erroneous. In this case, the results were similar and agreed with those of other workers, which makes it less likely that an error occurred. Nevertheless, a deterioration in response to tetracycline could have been masked by the epidemiological treatment of contacts and by a lower rate of reinfection.

Finally, when a difference is claimed it is surely mandatory to calculate the probability of this occurring by chance.

Yours faithfully

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Notices

Second World Congress on Sexually Transmitted Diseases (STDs)

The 2nd world congress on sexually transmitted diseases (STDs) will be held at the Centre International de Congres de Paris (CIP), Porte Maillot, Paris, from 25 to 29 June 1986 under the patronage of the World Health Organisation and the International Union against Venereal Diseases and the Treponematoses. The general theme will be "STDs and their social and economic consequences".

Typewritten abstracts of papers should be submitted, in French or English, before 30 June 1985 to the Director, Dr A Siboulet, Institut Alfred Fournier, 25 boulevard Saint-Jacques, 75680 Paris, Cedex 14, France.

For further information concerning registration, travel arrangements, hotels, etc, please contact the Commissariat General, 4 Villa d'Orleans, 75014 Paris, France.

International meeting of dermatological research

The seventh meeting devoted to dermatological research will be held under the auspices of the Société de Recherche Dermatologique at Louvain University in Brussels on September 19 to 21, 1985. This meeting will be organised by the unit of occupational and environmental dermatology (director Professor J M Lachapelle).

Further information and application forms can be obtained from: Docteur D Van Neste, Unité de Dermatologie Professionnelle et de l'Environnement, Université Catholique de Louvain, UCL 3033, Clos Chapelle-aux-Champs, 30-B-1200 Bruxelles, Belgique.

Third International Forum of Andrology

The Third International Forum on Andrology will be held in Paris on 18 and 19 June, 1985. Topics for discussion will be: androgens (on the first day) and the epididymis (on the second day).

For further information please contact Professor G Arvis, Department of Urology, Hôpital Saint-Antoine, 184 rue du Faubourg-Saint-Antoine, 75571 Paris, Cedex 12, France.

Attention — new dates

Monday 17 and Tuesday 18 June.

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