The prevalence of Neisseria gonorrhoeae negative for proline iminopeptidase in Asturias, Spain

Alexander S et al* have recently reported the prevalence of Neisseria gonorrhoeae negative for proline iminopeptidase (Pip) in England and Wales. This is a considerable problem given that many commercial biochemical test panels (Gonochek II, API NH or RapidID NH) monitor the presence of this enzyme and generate a false-negative identification.1 As data are scarce, we present our findings of the past 4 years.

A total of 143 isolates from consecutive patients were received during a 4-year period (2003–2006) at the Regional Laboratory for Gonococci, Hospital Monte Naranco, Oviedo, Spain. This unit receives all the isolates of N. gonorrhoeae in Asturias, a regional county in the north of Spain with a population of 1 million and with two STI units in the cities of Oviedo and Gijón. All isolates were positively identified as N. gonorrhoeae using commercial kits: API NH (bioMerieux, Marcy l’Étoile, France) and the identity of all isolates was further confirmed definitively using the anti-galactocerebroside monoclonal antibodies specific to N. gonorrhoeae and by the National Reference Centre in Majadahonda, Madrid, Spain.

The overall prevalence of N. gonorrhoeae negative for Pip was found to be 6.9% (10 of 143). There were more Pip-negative strains in the Gijón STI unit (70%; 7 of 10 strains) than in the Oviedo unit (20%; 2 of 10). Eighty per cent of Pip-negative strains were isolated from men and at least 50% of these men have sex with other men. One of the strains isolated in a man was also found in her female partner. All of the isolates were serovar IB (4 subtypes serovar pyos 2 pyos, 1 pyr, 1 oppression, 1 pyr and 1 pyos). The subtypes found by Liminton et al* in Sydney were mainly Bpyos (24.8%) and Bpyr (69.1%). We found two subtypes in 2003 (2 of 29; 6.9%), 4 in 2004 (4 of 21; 19%), 4 in 2005 (4 of 37; 10.8%), and none so far in 2006 (0 of 28).

Until relatively recently Pip-negative strains had not been widely reported, with 0.5% in 1991, but in 2001 17 strains were found in Bristol, UK.2 Blackmore et al* found that between 2002 and 2004 2% of the isolates were Pip negative. Alexander S et al* recorded a prevalence of 4.3%; we found a prevalence of 6.9%. Together these data indicate an increase in prevalence.

For Alexander S et al*, the increase in prevalence may indicate a selective advantage or be an artefact, but the latter is not the case in our report because we used the same methodology during the period of study. The fact that 40% of our subtypes show the same serovar could suggest that they were from the same strain; however, our study period was 4 years and the isolates were identified throughout that time, so we cannot attribute to one specific serovar outbreak.

We believe that it is preferable to use two methods of identification, and alterations to the diagnostic strategies may need to be considered.

Acknowledgements

We are grateful to Dr JA Vázquez in the Reference Laboratory for Gonococi, National Centre of Microbiology, Institute of Health Carlos III, Madrid, Spain, for the definitive characterisation of the gonococci.

L Otero
S. Microbiología, Hospital de Cabueñes, Gijón, Spain

M Álvarez-Argüelles
S. Microbiología, Hospital Central de Asturias, Oviedo, Spain

H Villar
S. Microbiología, Hospital San Agustín, Avilés, Spain

F Vázquez
Area de Microbiología, Facultad de Medicina, Oviedo, Spain

Correspondence to: Fernando Vázquez, Area de Microbiología, Facultad de Medicina, C/ Julian Claveria s/n, 33006 Oviedo, Asturias, Spain

f.vazquez@uniovi.es

Competing interests: None.

References


doi: 10.1093/sti/gdl056

In the December issue of the journal there was an error in an author’s name (Truong H-H M, Kellogg T, Klauserer M, Increases in sexually transmitted infections and sexual risk behaviour without a concurrent increase in HIV incidence among men who have sex with men in San Francisco: a suggestion of HIV serosorting. Sex Transm Infect 2006;82:509–12. The sentence should read “What must not be forgotten is that most laboratories will only report a specimen as truly positive, if on re-testing using a different platform the second result is also positive.”

doi: 10.1136/sti.2006.019950.corr1

In the December issue of the journal there was a mistake in the last sentence on the first page of the article by Dean GL. Near-patient testing will not improve the control of sexually transmitted infections. Sex Transm Infect 2006;82:461–6. The correct name of the first author should be Truong HM.