performed to detect Atopobium vaginae (Av), Sneathia sanguinegens (Ss), Leptotrichia amnionii (La) and Gardnerella vaginallis (Gv), and with SYBR green assays for BVAB 1, 2 and 3, and Megaphagea phylotype 1 (M1).

**Results** Gv was detected in 93% of cases with UUE and in 37% of controls (p<0.0001). There was no difference in organism load. In the 28 NGU cases Av, Ss and La were found in 3, 2 and 1 samples, respectively, and in 6, 2 and 1 of the control samples, respectively. The median corresponding organism loads were 14, 95 and 51 for the NGU cases and 16, 10,566 and 353 for the controls. All samples were negative for BVAB 1, 2 and 3 and M1, except one control with 10 genome copies of BVAB 1.

**Conclusions** Gardnerella vaginallis was associated with male urethritis in this study, especially in men with asymptomatic urethritis, while BVAB 1, 2 and 3 and M1, except one control with 10 genome copies of BVAB 1.

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**P3-S1.29** EFFECTIVENESS OF GENTAMICIN FOR GONORRHOEA TREATMENT: A SYSTEMATIC REVIEW

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R Kirkcaldy, D Dowell. Centers for Disease Control and Prevention, Atlanta, USA

**Background** The development of resistance to multiple antimicrobials has limited treatment options for gonorrhoea. Potential emergence of cephalosporin resistance in Neisseria gonorrhoeae and cephalosporin allergy in some patients makes it necessary to evaluate the effectiveness of other available antimicrobials. Gentamicin is widely available in the USA and is used for gonorrhoea treatment in several countries.

**Methods** We conducted a systematic review of the medical literature to assess the effectiveness of gentamicin for treatment of uncomplicated urogenital gonococcal infections. Two reviewers assessed relevant articles and independently selected studies that met prespecified selection criteria (including systematic enrolment and assignment to treatment and culture-confirmed diagnosis and outcome). Summary measures for selected studies were pooled using inverse variance-weighted averages with fixed effects. Heterogeneity was assessed using I-squared, which estimates proportion (from 0% to 100%) of variability attributable to heterogeneity between studies. Pooled percentage with negative follow-up culture was compared with CDC criteria for selection of recommended therapy (>95% efficacy with lower 95% CI >95%).

**Results** 18 potentially relevant English-language studies were identified; three met inclusion criteria. Reviewer agreement for initial judgement on meeting selection criteria was substantial (k = 0.68). Two studies used 240 mg, and one study used 280 mg IM gentamicin. Percentages with negative culture after single-dose treatment were 90.7% (n=96), 91.4% (n=220), and 95.0% (n=40). Pooled percentage with negative culture after single-dose treatment was 91.5% (95% CI 88.1% to 94.0%, I-squared = 0%).

**Conclusions** Gentamicin does not meet current CDC criteria for recommended treatment of gonorrhoea. However, if cephalosporin resistance emerges, gentamicin may be a useful alternative agent. Evaluation of additional regimens, including combination therapy, is warranted.

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**P3-S1.30** SUCCESSFUL USE OF NON-INVASIVE SELF OBTAINED GLANS/MEATAL DRY FLOQSWABS (COPAN) FOR CT/NG DETECTION WITH THE BD PROBETEC ET ASSAY IN NORTHERN ITALY

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1D V Ferrero, 2A Biglino. 1University of the Pacific, 2University of Torino, Asti, Italy

**Background** Increasing Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (NG). Self-collection is useful for Sexually Transmitted Infection (STI) screening programs. Dedicated urine collection devices for molecular assay are unsuitable for other molecular assays and for bacteria culture investigation. Urine collection devices that are easy to collect and transport are also used, which can be used for STD screening by culture and molecular assays are essential. Copan has introduced the UniSwab (US), that consists of a leak proof tube with a screw cap containing a plastic stick with sponges attached that absorb and retain the urine sample during transport while preventing bacterial overgrowth. The objective of this study was to compare the Copan UniSwab for collection, transportation and preservation of first catch urine (FCU) specimens to the BD ProbeTec Urine Preservative Transport kit (UPT) for the detection of CT and NG with the BD ProbeTec assay.

**Method** FCU specimens were self-collected from 134 male patients attending an STD clinic or who were residents of a detention center in the Italian city of Asti. Duplicate FCU specimens were collected, one with the US and the other with the UPT. The US specimens were centrifuged and the urine pellets were eluted with

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**P3-S1.31** COMPARISON OF COPAN URISWAB WITH BD PROBETEC URINE PRESERVATIVE TRANSPORT KIT FOR PRESERVATION AND DETECTION OF CT AND NG IN THE PROBETEC ASSAY

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1S Casticiano, 2G Montrucchio, 2R Moglia, 2E Concialdi, 2L Oddone, 2C Bolla, 2A Biglino. 1Copan Italia SpA, Brescia, Italy, 2Cardinal Massaja” Hospital, Asti, Italy

**Background** Urine specimen collection is better accepted by the patients than invasive collection techniques for detection of Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (NG). Self-collection is useful for Sexually Transmitted Infection (STI) screening programs. Dedicated urine collection devices for molecular assay are unsuitable for other molecular assays and for bacteria culture investigation. Urine collection devices that are easy to collect and transport and are leak proof, that can be used for STD screening by culture and molecular assays are essential. Copan has introduced the UniSwab (US), that consists of a leak proof tube with a screw cap containing a plastic stick with sponges attached that absorb and retain the urine sample during transport while preventing bacterial overgrowth. The objective of this study was to compare the Copan UniSwab for collection, transportation and preservation of first catch urine (FCU) specimens to the BD ProbeTec Urine Preservative Transport kit (UPT) for the detection of CT and NG with the BD ProbeTec assay.

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