Abstract P3-S1.36 Table 1 Concordance between tests used to diagnosis urethritis among men

Gram stain result	NAAT result			Total
	Gonorrhoea	Chlamydia	Negative	
Gonorrhoea	91	0	0	91
NGU	3*	87*	187	277*
Negative	14	26	195	235
Total	108*	113*	382	600

*Three of these results were positive for both gonorrhoea and chlamydia.

Conclusion Gram stain is a reliable and relatively inexpensive test for the diagnosis of gonorrhoea among men. Men diagnosed with gonorrhoea or NGU using this point-of-care test were treated earlier than those diagnosed with NAAT only. The prevalence of atypical urethritis among this study population was high and further research should be conducted to investigate the possible aetiologies.

P3-S1.37 THE ROLE OF MICROSCOPY IN THE DIAGNOSIS OF PROCTITIS AMONG MEN WHO HAVE SEX WITH MEN (MSM). A RETROSPECTIVE REVIEW OF RECTAL SCREENING

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Background The rectum is a common site of infection with *Chlamydia trachomatis* (CT), *Mycoplasma genitalium* (MG) and *Neisseria gonnorrhoeae* (GC) among men who sex with men (MSM) who engage in receptive anal intercourse (RAI). Whilst the majority of individuals remain asymptomatic, these infections are likely to induce rectal inflammation which may have implications for HIV transmission. Information regarding the association between rectal CT, MG and GC and proctitis is limited.
Objectives To calculate the prevalence of proctitis among a cohort of MSM and investigate the association of proctitis with rectal CT and GC.
Methods Data were collected retrospectively. All MSM attending the clinic between July and December 2010 were included. Proctitis was defined as >5 PMNLs per high power field on microscopy of a Gram-stained rectal smear. Information including sexual history, clinical presentation, microscopy and GC/CT NAAT (Aptima combo 2 (AC2)) results were recorded on a proforma. Data were analysed using SPSS 16.0. Statistical tests of association were performed using Pearson's χ^2 test. OR were calculated using logistic regression.
Results There were 425 MSM who attended for screening in the review period. Of these 83% were UK born. The median age was 32 years (range=16–69 yrs). RAI in the preceding 3 months was reported by 59% (n=251). Of these 64% (n=160) had rectal microscopy performed. Rectal symptoms were reported by 11%. The majority (96%) of samples were collected using a blind rectal swab technique. Proctitis was diagnosed in 23 (14.4%). Of these five were AC2-positive (CT=2, GC=1, CT+GC=1, LGV=1). Rectal AC2 was positive in 19/160 (11.8%) (GC=7, CT=10, CT+GC=1, LGV=1), five of whom had proctitis. Sensitivity and specificity of microscopy for rectal CT/ GC was 26% and 87% respectively. Factors which were predictive of proctitis included rectal symptoms (p=0.001), and being HIV-1sero-positive (p=0.001) but being CT/ GC/LGV positive was not associated (p=0.157 OR 2.4; 95% CI=0.8 to 7.5).
Conclusion Proctitis is common among MSM, particularly HIV-1 seropositive men. The association with GC/CT infection was weak. The causes of and relevance of proctitis remain poorly understood and further research is warranted.

P3-S1.38 MOLECULAR DETECTION OF *CHLAMYDIA TRACHOMATIS* AND *NEISSERIA GONNORHOEA* IN RECTAL SWABS AND (SELF) COLLECTED VAGINAL SWABS WITH THE COBAS 4800 SYSTEM

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Objectives *Chlamydia trachomatis* (CT) and *Neisseria gonnorhoea* (NG) are the most prevalent sexual transmitted diseases worldwide. In recent years molecular diagnostics for the standard sample types like cervical swabs and urines has been highly adapted in most laboratories. Currently more difficult samples types, with regard to inhibition, sensitivity and specificity, like rectal swabs and (self collected) vaginal swabs are received more often in the laboratories. This study describes the performance of the new Cobas 4800 for the detection of CT and NG in these difficult sample types.
Methods A total of 1100 co-collected swabs were tested (900 vaginal; 200 rectal). Informed consent was obtained from all patients included in the study for co-collection. All swabs were tested routinely with the M2000 system (Abbott) and the co-collected samples were tested in the Cobas 4800 system (Roche). All swabs were collected in their corresponding transport buffer and tested blinded. Discrepant results were tested with an independent real time PCR method.
Results In the 900 vaginal swabs 10% (n=90) were positive for CT and 0.5% (n=4) for NG and in the 200 rectal swabs 11% CT positives (n=22) an 6% NG positives (n=12) were identified. In the vaginal samples nine discrepant results between the Cobas 4800 and M2000 system were identified. Five with borderline values and four with clear different results (1 NG, 3CT). Two M2000 positive results (Ct 35.9; 32.3) were available for home brew analysis and could not be confirmed. In the rectal samples 8 discrepant results were found including three clear differences (2 NG; 1 CT). The CT discrepant sample was positive in the Cobas 4800 system (Cp 33.1) and negative in the M2000 system. For NG two samples were negative in the Cobas 4800 system but positive (Ct 23.8; 32.0) in the M2000 system. All three clear discrepant results were available for home brew analysis and confirmed the Cobas 4800 results.
Conclusion Both samples types showed a high concordance between the two systems (κ 0.95 for CT; κ 0.93 for NG). For detection of vaginal swabs some small differences were found both for CT and NG but these were equally spread between the two systems. There is no difference between self collected and clinician taken vaginal swabs. All clear rectal swabs discrepancies confirmed the Cobas 4800 results. This remarkable difference has to be further studied. In general, (self collected) vaginal swabs and rectal swabs show reliable results for routine detection of CT and NG.

P3-S1.39 COMPARISON OF STRATEGIES FOR EMPIRIC *CHLAMYDIA TRACHOMATIS* (CT) TREATMENT IN THE DENVER METRO HEALTH CLINIC: TREAT MPC VS INCREASED WBC ON WET PREP

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Background Our STD stat lab reports WBC on the vaginal wet prep as normal or increased (≥10 WBC/LPF). WBC reflect inflammation and may be associated with CT infection. Mucopurulent cervicitis (MPC) may also result from CT, and is diagnosed by visualising the