Abstract P68 Table 1  Management of chlamydia positive patients

<table>
<thead>
<tr>
<th>Year</th>
<th>Site</th>
<th>Age: median (range) years</th>
<th>CT positive (%)</th>
<th>PN complete (%)</th>
<th>Untreated (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>80/20</td>
<td>22 (19–40)</td>
<td>13/847 (2)</td>
<td>4/13 (31)</td>
<td>5/13 (38)</td>
</tr>
<tr>
<td>2011/2012</td>
<td>79/22</td>
<td>33 (14–84)</td>
<td>16/889 (1.8)</td>
<td>12/16 (75)</td>
<td>3/16 (18.7)</td>
</tr>
</tbody>
</table>

**Results**

Aims We will compare the effect of an extended azithromycin (2 g of over several days) vs 1 g stat for those where >50 WCs per hi power field were found.

Methods We have reviewed all cases of NSU over a 3-month period following the introduction of extended treatment with azithromycin for those with hi levels of WCs per hpf. We will review the records of those patients diagnosed with NSU in previous years (over the same months) who were treated with regimes of either doxycycline 100 mg twice daily for 7 days or azithromycin 1 g stat.

Results Following the change in policy half of all patients treated for NSU received an extended course. In the group who had hi levels of WC’s 13% were subsequently found to be chlamydia positive by PCR and 87% were chlamydia negative. In the group with low levels of WC’s 10% were chlamydia PCR positive and 90% were chlamydia negative. Of those with hi levels of WCs per HPF treated with a total of 2 g of azithromycin 18% returned to clinic complaining of continuing symptoms. This compares to 20% with low levels of WCs per hi powered treated with the standard 1 g of azithromycin who suffered persistence/recurrence following treatment. We will present data on those patient treated in previous years with both doxycycline and azithromycin at a dose of 1 g.

Discussion So far we have analysed only those cases following the change in policy. We will present data that will demonstrate any change in response to extended azithromycin. The results will demonstrate whether the extended course has any benefits and at what cost.

**Discussion**

These data describe that up until November 2010, *N gonorrhoeae* ST26 in Scotland was predominantly found in men, indicating its association with MSM networks. The spike of ST26 strains in 2010/2011 in both men and women within our local Health Board area imply its introduction to a heterosexual network. These data demonstrate the utility of NG-MAST for the epidemiological study of GC infection. In particular, the data describe the manner in which gonococcal STs can become established and transferred between different regions and population groups, which may be assumed to have separate sexual networks.

**NEISSERIA GONORROHOAE ST26; EMERGENCE OF AN MSM ASSOCIATED STRAIN WITHIN A HETEROSEXUAL POPULATION DURING AN OUTBREAK**

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**Background**  
*Neisseria gonorrhoeae* sequence type (ST) 26 has been documented across Scotland since the introduction of *N gonorrhoeae* multi-antigen sequence typing (NG-MAST) in 2004. Scottish incidents of ST26 have historically been associated with men who have sex with men (MSM). In November 2010, it was noted that an increased proportion of ST26 isolates were documented among women within our local Health Board area.

**Aims**  
To explore the epidemiology of Scottish *N gonorrhoeae* ST26 strains, with reference to a rising incidence of gonococcal (GC) diagnoses within our local area.

**Methods**  
All Scottish GC isolates (2004–2011), and nucleic acid amplification positive specimens where no isolate was available (2009–2011), were analysed by NG-MAST.

**Results**

A total of 96 samples were tested. 17 (17.9%) of the specimens received tested positive for *T vaginalis* NAATs using both T vaginalis real-time PCR and the TV confirmation real-time PCR.

**Conclusion**  
These in house NAATs gave good concordance with the commercial assay. It would be useful to further compare detection between this and other methods including the culture and POCT in the future.