Results  Over the study period, 1533 female patients were tested for TV using the rapid test, of which 539 (35.2%) were Black, with a median age of 28 years (range 6–82 years). The TV positivity rate based on the rapid test was 5.6% (86/1533), compared to 3.2% (54/1681) among those tested with WM. Among 77 unique female patients with TV infection, 467 (34.0%) were Black and had a median age of 28 years. Nearly half of infected women presented with a chief complaint of abdominal pain (49%); vaginal discharge was only reported by 10%. Among infected women, 55% had concomitant bacterial vaginosis (BV), and 16% were co-infected with gonorrhoea and/or chlamydia. Most infected women (84%) were prescribed metronidazole during the same ER visit.

Conclusions  The OSOM® Trichomonas Rapid Test resulted in a 60% increase in TV detection among women compared to WM, and the majority received appropriate TV therapy. Women identified with TV infection in an ER setting were primarily co-infected with BV and other STIs.

Purpose  To estimate of drug resistances of (MBT) at patients with combination of tuberculosis and the HIV (TB+HIV).

Materials and Methods  Patients with confection treated in tubercular hospital №2 for the period of 2005–2011

Results  For the specified period the among patients with TB+HIV the share of low immune status (less than 200 cell/ml), causing severe TB has increased from 32.5% up to 60.4%. It was accompanied by growth generalised forms of TB from 30.1% up to 56.5%.

MBT excrting it has been identified at 67.7% TB+HIV cases, and in 55.2% cases bacillar TB have been revealed by culture. From them only at 19.9% of MBT were sensitive to antitubercular drugs, at others tests identified presence of resistance of various prevalence. Resistance to streptomycin (73.2%) and isoniazid 73.4% was more often, it is a little bit less - to rifampicin - than 63.3%, and ethambutol - 41.2%. Among second line TB drugs the greatest resistance has been fixed to kanamycin - 36.7%, to other drugs of this group it did not exceed 20%.

The proportion of patients with multi drug resistant MBT has determined in an interval of 80.6% of - 65.3%, among patients with new cases of TB it was on the average 73.3%. Extremely drug resistant MBT (XDR) has registered among for the new cases within 7.9% - 14.8%. Patients with XDR had expressed immune suppression and progressing of tuberculosis with development generalised forms even at use of ART. Lethal outcomes at them made 56.9%.

Conclusion  wide circulation of multi and extremely drug resistant MBT at patients with TB+HIV makes inefficient treatment at prescription of standard TB schemes. Besides for these patients use of methods of fast identification of drug resistance is necessary.

Background  Appropriate and timely treatment for Neisseria gonorrhoeae infection is an essential clinical and public health action. Antimicrobial susceptibility testing (AST) predicts therapeutic failure and guides selection of appropriate treatment.

Methods  A web based survey with 23 questions regarding AST was developed and rolled out to the members of British Society for Microbiology Technology and UK Standards for Microbiology Investigations from November 2012 to January 2013.

Results  There were 327 responses from 118 laboratories from across the UK. After excluding duplicate and empty responses, 206 responses were analysed.

196 respondents (95%) conducted AST for N. gonorrhoeae with 46% performing this daily. 147 respondents (75%) used British Society of Antimicrobial Chemotherapy method and 8% used European Committee on Antimicrobial Susceptibility Testing breakpoints. 8% respondents always tested penicillin susceptibility, 71% always tested ceftriaxone and 55% always tested azithromycin. The most common methods used were disc diffusion (79% respondents) and E-test (48% respondents). 26% respondents did not archive isolates with potentially decreased susceptibility to cephalexins and 19% did not use control strains for AST.

Conclusion  This study highlights the diversity in approach to AST by different laboratories across the UK. Ceftriaxone and azithromycin, the antibiotics of choice for uncomplicated anogenital infections, were not consistently tested. AST is the basis for detecting resistance and modifying therapy accordingly and a consistent approach is required for both patient treatment and surveillance.

Background  Neisseria gonorrhoeae is one of the most important pathogens causing sexually transmitted infection. Resistant N. gonorrhoeae strains against several antimicrobials are increasing worldwide.

Methods  In this study, the trends of antimicrobial susceptibilities among N. gonorrhoeae strains isolated from male patients with urethritis were investigated as the first Japanese national surveillance, which was conducted by the surveillance committee of three Japanese societies as Japanese Society of Chemotherapy (JSC), Japanese Association for Infectious Diseases (JAID) and Japanese Society for Clinical Microbiology (JSCM), Tokyo, Japan; 4Research Center for Anti-Infectious Drugs, Kitasato University, Tokyo, Japan

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Results Of the 156 specimens, 83 N. gonorrhoeae strains were tested for antimicrobial susceptibilities to 18 agents. The prevalence of β-lactamase producing strains and chromosomally-mediated resistant strains were 7.2% and 16.5%, respectively. Against ceftriaxone, one strain was resistant to cefixime with MIC of 0.5 μg/ml. There was not resistant strain to ceftriaxone, but the 7 strains (8.4%) had MIC 0.125 μg/ml. The MIC of fluoroquinolones to all strains showed a bimodal distribution. The values of MIC90 of ciprofloxacin and levofloxacin were 16 and 8 μg/ml, respectively. Sitafloxacin, one of fluoroquinolones had strong activity to N. gonorrhoeae strains and the value of MIC90 was 0.25 μg/ml. The MIC of azithromycin in 2 strains was 2 μg/ml, but no high-level resistance to macrolides was detected.

Conclusion The first national surveillance for antimicrobial susceptibilities of N. gonorrhoeae was performed. Fluoroquinolone-resistance N. gonorrhoeae strains were spread in Japan. The resistant rate of azithromycin resistant strain was 2.4%.

P2.082 POST-TREATMENT DETECTION OF AZITHROMYCIN IN HIGH-VAGINAL SWABS USING LIQUID CHROMATOGRAPHY AND TANDEM MASS SPECTROMETRY (LC-MS/MS)

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introduction Recent data have raised questions over the efficacy of azithromycin 1g for the treatment of chlamydia infection. In order to measure effective absorption, we developed a protocol to quantify the concentration of azithromycin using liquid chromatography and tandem mass spectrometry (LC-MS/MS) in self-collected high-vaginal swabs.

Methods Ten healthy women were asked to self-collect a high vaginal swab (baseline) prior to taking a 1g dose of azithromycin. A blood sample was collected four hours later to determine plasma concentrations of azithromycin and to membrane lipid concentrations, measured in the same sample. Azithromycin concentrations were calculated using a validated standard intravaginal administration of metronidazole in the treatment of nifuratel with nystatin was much more effective than ineffective (cure in only 10% of cases).

Conclusion A. vaginae may be an additional marker of BV. Combination of nifuratel with nystatin was much more effective than standard intravaginal administration of metronidazole in the treatment of A. vaginae-associated BV.

P2.084 A CASE OF RAPID CLEARANCE OF PENILE BOWENOID PAPULOSIS WITH IMIQUIMOD CREAM

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Introduction Bowenoid papulosis is a form of penile intraepithelial neoplasia associated with the oncogenic human papilloma virus (HPV) strains 16, 18, 31 and 33. It occurs in young sexually active patients and has a low risk of progressing to invasive squamous cell carcinoma.

Case report The patient was a 31 year old Chinese male who presented with a 3 month pruritic rash over his glans penis. Previous treatment with hydrocortisone cream had caused more lesions to appear and was stopped.

On examination, there were multiple erythematous discrete papules over the glans penis and a cluster of papules at the inner prepuce. A skin biopsy was consistent with Bowenoid papulosis showing a thickened epidermis with full thickness atypical keratinocytes with loss of normal polarity. A band like infiltrate of lymphocytes, plasma cells and eosinophils was present within the dermis. The rest of his sexually transmitted infection screen including syphilis serology and human immunodeficiency virus tests were negative.

He was started on topical imiquimod three applications per week and noted complete clearance of the prepuce lesions after two months.