community-based education programmes focusing on changes to sexual behaviour. However, STIs rates are still high, and the problem needs more concrete and sustained efforts for its control. Screening for Ct., Ng. and Uu. is recommended during pregnancy. Based on our finding in this study, the overall high incidence of Ct. and Uu. support screening recommendations for pregnant women in Sabzevar-Iran.

**P3.273 MOLECULAR TYING AND DETECTION OF MACROLIDE RESISTANCE MUTATIONS IN T. PALLIDUM STRAINS FROM CALI, COLOMBIA**


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**Background** Cali is a syphilis-endemic area, with a very high prevalence of gestational syphilis (14.7/1000 live births) and congenital syphilis (7.7/1000 live births). Molecular typing techniques are useful for studying bacterial strain diversity, molecular epidemiologic patterns and antimicrobial resistance patterns. The study objective was to determine the T. pallidum (Tp) strain diversity and analyse for the mutations associated with macrolide-resistance in this syphilis-endemic region.

**Methods** 19 secondary syphilis (SS) patients, 15 (RPR+, FTA-ABS+, HIV-) and 4 (RPR+, FTA-ABS+, HIV+) were enrolled in the study. Tp DNA was extracted from syphilis skin lesions and quantified by real-time-qPCR targeting polA gene. Molecular typing was performed using established typing and subtyping methods (arp, tpr, tpo279, tpo548) and strains were analysed for A2059G and A2059G mutations within the 23S rRNA gene. Strain diversity in Cali strains (arp and tpr) was compared with other published Tp molecular studies using the Shannon index.

**Results** 14/19 SS patients were polA PCR positive (range 5.4 – 38.920; mean 3.227 copies/ug total DNA). Among 8/14 samples that were fully typed, 7 strain subtypes (21a11/1, 12a9/f, 10r9/f, 14/10f, 5p9/f, 14/9/f, 14/14/f) were identified with only 2 strains exhibiting identical patterns (21a11/1). The A2059G mutation was found in 1 specimen from an HIV-negative subject. Cali Tp strain types had a Shannon index of 2.2, higher than all 13 studies in other localities reported in two recent reviews.

**Conclusions** There is a high T. pallidum strain diversity in Cali, Colombia, probably due to population mobilisation and close proximity to other syphilis-endemic regions (i.e. Buenaventura, Pacific Coast). Contact tracing and cluster identification is difficult to achieve in this setting. Although our sample size was small, the identification of the A2059G mutation suggests that macrolides should be used with caution for syphilis treatment in Cali and close monitoring for macrolide resistant strains should be initiated.

**P3.275 NEISSERIA GONORRHOEAE: SITUATION OF ANTIBIOTIC RESISTANCE IN GERMANY**


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**Background** The dramatic development of antimicrobial resistance in Neisseria gonorrhoeae is a serious problem for treatment and control of gonorrhoea. Numerous formerly effective therapeutic agents are no longer appropriate.

High level penicillin resistance and quinolone resistance disseminated globally. The third generation cephalosporins are amongst the last agents to remain effective. Reduced susceptibility to these cephalosporins is increasingly common. Currently the emergence of cephalosporine resistance in gonoccci can be observed. There is a grave concern that multidrug resistant Neisseria gonorrhoeae strains will develop (MDR-NG).

**Methods** Non-selected collection of Neisseria gonorrhoeae isolates from all regions of Germany.

It is the aim of this surveillance to monitor the antimicrobial resistance to a range of therapeutically relevant antimicrobials as third generation cephalosporins (cefixime, ceftriaxone), azithromycin, gentamicin, spectinomycin, ciprofloxacin and penicillin.

**Results** We report current results from the 2011/12 antimicrobial resistance (AMR) surveillance in Germany.

More than 10% of the isolates displayed decreased susceptibility to cephalosporins, mostly to cefixime. Nearly 5% of all isolates showed a decreased susceptibility to both cephalosporins. All of these isolates also displayed resistance to ciprofloxacin.

**Conclusion** Cefixime is no longer recommended as first line therapy agent due to a high number of isolates with decreased susceptibility. Ceftriaxone is an appropriate treatment for gonorrhoea, but a drift to decreased susceptibility can be observed. Azithromycin remains still effective. Rates of ciprofloxacin and penicillin resistance are high across Germany.