

**Results** A total of 49 urine specimens, 50 vaginal and 33 endocervical swabs were evaluated. Positive percent agreement was 92.0 for urine, and 100%, for both of the swab specimen types compared to the routine assay. Negative percent agreement between the two assays was 100% for all three specimen types. Kappa scores between the two assays were 0.918, 1.000, and 1.000 for urine, vaginal, and endocervical swabs, respectively.

**Conclusions** The TV LDT assay, performed on the Abbott *m2000* platform, has excellent agreement with a molecular assay for TV being used in our laboratory. Advantages to using the *m2000* for TV testing include automation and the use of residual DNA from the CT/NG assay for TV detection.

**P5.093** **EVALUATION OF A NEW AMPLIFIED DNA ASSAY ON THE BECTON DICKINSON VIPER SYSTEM IN EXTRACTED MODE FOR THE DETECTION OF *TRICHOMONAS VAGINALIS* FROM VAGINAL SPECIMENS**

doi:10.1136/sextrans-2013-051184.1137

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**Background** The BD ProbeTec™ *Trichomonas vaginalis* (TV) Qx amplified DNA Assay (TVQ) is a new test for qualitative detection of TV DNA that can be performed on the automated BD Viper System. The objective of this study was to compare the performance of this new assay to a patient infected status (PIS) and to an FDA approved molecular assay using vaginal swabs.

**Methods** Vaginal swabs were obtained from women attending STD or family planning clinics at 7 sites. A patient collected vaginal swab was tested by TVQ; APTIMA TV (ATV) testing was performed using a clinician obtained vaginal swab according to the package insert. Additional clinician obtained vaginal swabs were used for wet mount and culture. A patient was considered infected if either the wet mount or culture was positive for TV and not infected if both tests were negative. Agreement between the TVQ and ATV assays was assessed using Kappa statistics.

**Results** Data were available for TVQ evaluation from 838 women, 116 of whom were defined as infected with TV. Despite being in the definition of the PIS, wet mount still had a sensitivity of only 68.7% which was statistically lower than the other assays ( $p < 0.001$ ). TVQ sensitivity and specificity estimated based on the PIS were 94.2% and 99.7%, respectively. TVQ performed similarly to the ATV assay ( $\kappa = 0.938$ ).

**Conclusions** The TVQ assay performed significantly better than wet mount and had comparable sensitivity and specificity to an FDA approved molecular assay for the detection of TV. This study provides additional evidence of the poor performance of wet mount for TV. The use of patient collected vaginal swabs for the detection of TV DNA provides clinicians with the opportunity to increase efficiency within the clinic while obtaining improved results over wet mount.

**P5.094** **EVALUATION OF GENTAMICIN SUSCEPTIBILITY OF *NEISSERIA GONORRHOEAE* ISOLATES IN ARGENTINA**

doi:10.1136/sextrans-2013-051184.1138

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**Introduction** The effective treatment of infection by *Neisseria gonorrhoeae* (Ng) is critical for the individual patient management and essential in the control of gonorrhoea. The emergence of decreased susceptibility to third generation cephalosporins and its association with treatment failure in many regions of the world can quickly make them unsuitable as first-line therapy. Thus it becomes necessary to consider alternatives for future therapeutics. The aminoglycoside gentamicin, was chosen as an alternative treatment after the emergence of penicillinase-producers strains in Africa. This responds to its low cost, also due to the fact that it can be administered in a single dose of 240 mg and because studies showed cure rates of > 95%. Despite some treatment failure reports, gentamicin has proven successful in the treatment of gonococcal urethritis for many years. In Argentina, no susceptibility data are available.

**Materials and Methods:** Retrospective study of a total of 355 Ng isolates derived to our laboratory for susceptibility studies in 2011 from 13 provinces. MIC to gentamicin was determined by agar dilution method according to CLSI. We used Ng ATCC 49226 as control for dilutions of antibiotics, using the interpretation criteria reported in bibliography.

**Results** Gentamicin susceptibility showed that 99.7% of Argentine isolates were in a narrow range of MIC (4–8 µg/ml) with 74.6% showing an MIC of 8 µg/ml. The MIC range was 4–16 µg/ml, MIC 50 and MIC 90 agreed 8 µg/ml. A 74.6% (265/355) isolates included in this study showed resistance to one or more of the following antibiotics: penicillin (36.3%), tetracycline (43.9%) and ciprofloxacin (48.4%).

**Conclusions** The Argentine gonococcal population susceptibility to gentamicin is similar to that reported by other regions of the world. *In vitro* studies of regular assessment would be needed to ensure the effectiveness of gentamicin as alternative drug for the treatment of gonorrhoea.

**P5.095** **CEFIXIME TREATMENT FAILURE IN INFECTIONS WITH CEFIXIME SUSCEPTIBLE *N. GONORRHOEAE* STRAINS**

doi:10.1136/sextrans-2013-051184.1139

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**Background** In the last years the Gram-negative bacterium *Neisseria gonorrhoeae*, already known to be resistant to penicillins, tetracyclines, macrolides and fluoroquinolones has raised attention by developing resistance and consequently treatment failures in some cases to the recommended first line treatment: extended-spectrum cephalosporins (ceftriaxone and cefixime). Therefore bacterial culture, the gold standard for definite diagnosis should be performed for antibiotic susceptibility testing, beside the widely used nucleic acid amplification testing (NAAT). However we could observe discrepancies between cefixime susceptible *N. gonorrhoeae* cultures and clinical treatment failures for some years.

**Methods** In this retrospective study, 2006–2012, clinical outcome data of patients with acute gonococcal urethritis/cervicitis, oral cefixime treatment (400mg, one dose) and cefixime susceptible *N. gonorrhoeae* culture were collected at the STD outpatient clinic of the Department of Dermatology and Venereology, Medical University of Graz, Austria. The diagnosis was made by microscopy (Gram or methylene blue staining), culture including antimicrobial susceptibility testing and in situ hybridization (GenProbe Pace II) of urethral/cervical swab specimens. Control urethral/cervical swabs were performed within one to two weeks.

**Results** Out of total 218 patients with gonorrhoea, 120 patients fulfilled the inclusion criteria. 14 of 120 (11.7%) showed a treatment failure after oral cefixime despite a positive susceptibility testing. Most treatment failures were observed in 2011 (3/11; 21.4%) and 2012 (4/17; 19%). Rates for 2007, 2008 and 2009 were 2/12; 14.3%, 3/16; 15.8% and 2/11; 15.4%. In 2006 and 2010, no treatment failure in cefixime susceptible *N. gonorrhoeae* infections was seen.