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.

EVALUATION OF A NEW AMPLIFIED DNA ASSAY ON THE BECTON DICKINSON VEP SYSTEM IN EXTRACTED MODEL FOR THE DETECTION OF TRICHOMONAS VAGINALIS FROM VAGINAL SPECIMENS


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Background The BD ProbeTec™ Trichomonas vaginalis (TV) 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 335 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 (κ = 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.

EVALUATION OF GENTAMICIN SUSCEPTIBILITY OF NEISSERIA GONORRHOEAE ISOLATES IN ARGENTINA


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CEFXIME TREATMENT FAILURE IN INFECTIONS WITH CEFXIME SUSCEPTIBLE N. GONORRHOEA STRAINS


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Background In the last years the Gram-negative bacterium Neisseria gonorrhoea, 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. gonorrhoea culture were collected at the STD outpatient clinic of the Department of Dermatology and Venerology, 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 swaps 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. gonorrhoea infections was seen.