Background  Culture is insensitive for detecting pharyngeal gonorrhea but is critical for determining antimicrobial resistance. Sampling technique appears to be important for optimal isolation of pharyngeal gonorrhea, however, there are no published studies on the specific anatomical areas within the pharynx that should be targeted. The aim of this study was to compare isolation rates of gonorrhea from the tonsils and posterior oropharynx.

Method  Men who had sex with men attending the Melbourne Sexual Health Centre who screened positive for pharyngeal gonorrhea using modified Thayer Martin medium were recalled and reswabbed prior to treatment. The repeat swabs consisted of careful swabbing from both tonsils followed by swabbing of the posterior oropharynx using a separate swab. These were plated onto separate media and cultured.

Results  To date 61 MSM who screened positive for pharyngeal gonorrhea have been recalled for repeat swabbing. The median interval between the initial positive screening test and repeat swabbing was 7 days. The positivity rates from the repeat swabs of the tonsils and posterior oropharynx were 69% (n = 41) and 52% (n = 52) respectively. The repeat tonsillar and posterior oropharyngeal swabs were both positive in 51% (n = 51) of men and were both negative in 30% (n = 31) of men. Eleven men (18%) had positive tonsillar and negative oropharyngeal results while one man had positive oropharyngeal and negative tonsillar results (p < 0.01). The results of concurrent nucleic acid amplification testing will be presented.

Conclusion  These interim study results indicate that Neisseria gonorrhoeae can be cultured from the tonsils as well as the posterior oropharynx. While the positivity rate from tonsillar swabbing was higher than swabbing of the posterior oropharynx, sampling from only one of these sites had poor sensitivity. Many cases of pharyngeal gonorrhea appear to be transient and self limiting.

Abstract P2.035  AS NUCLEIC ACID AMPLIFICATION TESTING FOR NEISSERIA GONORRHOEAE INCREASES CULTURE CONFIRMATION DECREASING?


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Background  With the advent of nucleic acid amplification tests (NAATs) to detect Neisseria gonorrhoeae (GC) the use of selective culture is now reserved largely for symptomatic patients or confirmation of GC NAAT-positive results prior to treatment. The importance of culture remains greater than ever for monitoring antimicrobial susceptibility in the face of emerging GC resistance.

Aim  We hypothesise that there is decreased likelihood of culture sampling at initial testing prior to treatment and thus there might be fewer culture samples available for antimicrobial susceptibility.

Methods  A list of GC-positive cases in 2011 and 2012 was generated from the laboratory. All cases were reviewed and recorded as having had: culture not taken, culture taken & negative, culture taken & positive.

Annual cases were compared for the proportion being cultured prior to treatment, culture positivity rate and changes over time were assessed.

Results  Conclusion  In our busy urban Genito Urinary Medicine (GUM) clinic we have shown that despite the increased ease and sensitivity of GC NAATs, GC culture has been sustained. The increase in the number of GC cases seen in 2012 is commensurate with an increase in testing episodes, yet the proportion with cultures taken pre-treatment actually increased from 64% in 2011 to 78% in 2012. Nonetheless, culture positivity has remained stable at 50% between 2011 and 2012. This is likely a result of our large MSM cohort, with high rates of rectal & throat infections in...