although caution should be applied if extrapolating this data to low prevalence settings. Poor confirmation rates from throat specimens is probably due to cross-reactivity with commensal Neisseria, and highlights confirmation is essential when testing these samples.

### Abstract O24 Table 1

<table>
<thead>
<tr>
<th>Specimen site</th>
<th>Confirmatory rates by Specimen site and GC NAAT screening test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genital Swab</td>
<td>Cofax</td>
</tr>
<tr>
<td>(Female)</td>
<td>[n = 119]</td>
</tr>
<tr>
<td>Rectal Throat</td>
<td>100% (119/119)</td>
</tr>
</tbody>
</table>

*Small numbers – interpret with caution*

### Abstract O25

#### USE OF CETRIFAXONE AND DOXYCYCLINE WHEN TREATING GONORRHOEA: IS IT PRESCRIBED APPROPRIATELY?


10.1136/sextrans-2015-052126.25

**Background**

National gonorrhoea treatment guidelines recommend ceftriaxone with azithromycin as first-line therapy, but doxycycline is recommended instead of azithromycin for patients with gonococcal pelvic inflammatory disease (PID). In 2013, 86.5% of patients in the Gonococcal Resistance to Antimicrobials Surveillance Programme (GRASP) were treated with the recommended therapy, but 3.9% were treated with doxycycline instead of azithromycin.

**Objectives**

The objective of this analysis was to determine whether ceftriaxone plus doxycycline were prescribed for appropriate indications.

**Methods**

Using GRASP 2013 data, patients prescribed the recommended therapy were compared with patients prescribed ceftriaxone and doxycycline, and associations were assessed using univariate and multivariate logistic regression.

**Results**

In 2013, of the 913 patients prescribed ceftriaxone and azithromycin, 45.9% were men who have sex with men (MSM), 20% were women and 34.1% were heterosexual men while, of the 45 patients prescribed ceftriaxone and doxycycline, 64.4% were MSM, 28.9% were women and 6.7% were heterosexual men (p = 0.001). Of those prescribed ceftriaxone and doxycycline, 22.2% were MSM with chlamydia co-infection and 17.7% were women with PID. On multivariate analysis, MSM co-infected with chlamydia (aOR 3.4, 95% CI, 2.5–4.6; p = 0.001) and women diagnosed with gonococcal PID (OR, 144.8, 95% CI, 2.42–864.3; p < 0.001) were more likely to be prescribed ceftriaxone and doxycycline.

**Conclusion**

Less than a fifth of prescriptions for ceftriaxone with doxycycline were issued to treat gonococcal PID. Use of ceftriaxone with doxycycline may be preferred to treat MSM co-infected with chlamydia by some clinicians. However, as levels of tetracycline resistance in gonorrhoea are high, this may not provide the dual treatment coverage required.