Methods A total of 33 blood specimens collected from 16 patients presenting with a syphilitic ulcer were analysed. The specimens were tested employing: Rapid Plasma Reagin; Treponema Pallidum Particle Agglutination (TPPA); recomLine Treponema IgM (Mikrogen Diagnostik); recomWell Treponema IgM (Mikrogen Diagnostik); Anti-Treponema pallidum ELISA - IgM (Euroimmun). Ulcer specimens were tested by qPCR. A specimen was considered positive for anti-Tp IgM when both TPPA and IgM, obtained with any of the assays, were positive.

Specimens containing antibodies against Epstein Barr Virus, Leptospira sp, Borrelia sp, Plasmodium sp, Herpes Simplex Virus 1 and 2 and specimens from pregnant women were tested with the three IgM assays to determine cross reactivity.

Results Anti-Tp IgM was found in 22/33 specimens. The recomLine assay detected 17/22 (77%), the recomWell 15/22 (68%) and the Euroimmun 14/22 (64%) positive specimens. None of the three assays provided false positive results. Borderline results were obtained with the recomLine (N = 6) and the recomWell (N = 2) assay. Considering the borderline results as positive increased the detection rate to 95% for the recomLine and to 72% for the recomWell. However, two and one false positive result was then recorded with the recomLine and recomWell assay, respectively. Tp DNA was detected in 13/16 (81%) ulcer specimens. The Euroimmun assay cross reacted with malaria antibodies in one sample.

Conclusions None of the three assays showed to be highly sensitive. Surprisingly, the highest sensitivity was obtained with the recomLine assay. The sensitivity improved by defining the borderline results as positive but decreased the specificity.

Disclosure of interest The IgM assays were kindly provided by the two companies, Euroimmun and Mikrogen Diagnostik. No other funding was received for this work.

PO5.04 ANTIMICROBIAL SUSCEPTIBILITIES OF PERSONS WITH GONORRHOEA AT MULTIPLE SITES ARE ACCURATELY REFLECTED BY UROGENITAL SPECIMENS

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Background Surveillance for gonococcal (GC) antimicrobial resistance is focused on susceptibilities of urogenital GC isolates. The ability of surveillance programs utilising only urogenital specimens to detect resistance in communities could theoretically be compromised if extragenital (i.e. pharyngeal or rectal) GC infections were more often resistant. We evaluated how GC antimicrobial susceptibilities at extragenital sites varied when compared to contemporaneously isolated urogenital infections.

Methods We determined GC agar dilution MICs for ceftriaxone, cefixime, ciprofloxacin and azithromycin in isolates from 57 patients with multisite infections in a recent multicenter GC treatment trial.

Results Extragenital infections were more common among men with male partners (MSM – 23 [19%] of 118) and women (21 [18%] of 118), than men with female partners (MSW- 13 [8%] of 169) In this study all extragenital infections in MSW were pharyngeal while pharyngeal isolates comprised about half of extragenital infections from MSM (12[52%] of 23) and women (14[67%]) of 21, respectively.

MICs were meaningfully different (2 or more dilutions) between urogenital and extragenital sites in 9 (16%) of 57 persons (14[6%] of 228 comparisons) with multiple site infections. Ceftriaxone or cefixime MICs varied between urogenital and extragenital sites in just 2 participants while MICs for ciprofloxacin and azithromycin varied in 3 and 7 participants, respectively. Only urogenital isolates from women and MSM had significantly elevated MICs to azithromycin when patients with infections at multiple sites were compared to those with only urogenital infection. There was no consistent pattern to these differences; in 5 urogenital MICs were greater than extragenital sites while in the remaining 4 participants, extragenital MICs were greater than for urogenital sites.

Conclusions MICs for urogenital sites of infection most often reflect MICs of extragenital isolates in persons with multiple simultaneous sites of infection and are suitable for surveillance for antimicrobial resistance.

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clinic visitors. In view of the extensive resistance against doxycyclin and ciprofloxacin, these antibiotics are not appropriate treatment options for gonorrhoea; instead, extended spectrum cephalosporins are advised.

Disclosure of interest statement The study is funded by Indonesian government through Beasiswa Unggulan (The Excellence Scholarship Program), Ministry of Education and Culture Republic of Indonesia and Public Health Service (GGD) of Amsterdam, The Netherlands. The authors declare that there is no conflict of interest.

Introduction

Previous studies reported that in a considerable proportion of pharyngeal gonorrhoea cases treated with extended-spectrum cephalosporins, the infection remains detectable after several weeks. We examined the occurrence of prolonged pharyngeal gonorrhoea infections after treatment with ceftriaxone at a sexually transmitted infection (STI) outpatient clinic in Amsterdam.

Methods

A retrospective cohort study was conducted based on routine electronic medical records at the STI clinic of the Public Health Service (GGD) of Amsterdam. Eligible for inclusion were: adults diagnosed with pharyngeal gonorrhoea between January 2012 and July 2013, who were treated with ceftriaxone (500 mg IM), and who returned for a test of cure (TOC) between 7 and 21 days after treatment.

Definitive diagnosis of gonorrhoea was based on Gen-Probe Aptima-Combo 2 Assay™ using Tigris DTS™ system. Some patients also received additional antibiotics with ceftriaxone.

Information on patients’ characteristics and clinical history were available, but data on sexual re-exposure after treatment were not.

Results

In the study period, 880 pharyngeal gonorrhoea cases were diagnosed; 290 cases (32.9%) returned for a TOC visit and were eligible (253 males and 35 females, median age 34 and 25 years, respectively). In 17 cases (5.9%) N. gonorrhoeae infection was detected again. Prolonged infection was not associated with gender (p = 0.49) or age (p = 0.87), but appeared to be associated with sex work (OR = 3.24 [95% CI 0.83–12.45], p = 0.07). Prolonged infection was significantly more common among those who were treated with ceftriaxone only vs a combined-regimen (OR = 4.07, [95% CI 0.90–18.39]; p = 0.048).

Conclusion

Prolonged pharyngeal gonorrhoea infection after appropriate treatment was not uncommon, and was more often observed in those who were treated with ceftriaxone only. This could be the result of re-infection after treatment or of treatment failure possibly due to poor tissue penetration. Treatment failure due to antimicrobial resistance seems unlikely.

Disclosure of interest

The study is fully funded by Public Health Service (GGD) of Amsterdam, The Netherlands. The authors declare that there is no conflict of interest.