identify the antimicrobial agents involved in bacterial resistance.

Methods A cross-sectional study, with data obtained retrospectively through medical records review. We analysed 140 patients whose women’s endocervical samples and men’s urine tested positive for MH and UU. The test used for the diagnosis and evaluation of antimicrobial resistance was the MYCO-FAST Screening EvolutionO 3 kit.

Results The majority of patients were female (90.7%), 57.9% of the patients had >29 years of age and 84.3% did not have a stable union. About 70.0% of the patients tested positive for UU, 3.0% for MH, and 27.0% for both. HIV co-infection was seen in 32.1% and HPV in 30.0%. Absence of current history of Chlamydia trachomatis was a protective factor for the acquisition of azithromycin resistance (p=0.04). As for the antimicrobials, doxycycline showed sensitivity rates higher than 96% for both infections, while azithromycin showed 86.8% of sensitivity for UU, but resistance of 75% for MH. Ciprofloxacin showed sensitivity rates lower than 15% for both infections, while less than 35% were strains sensible to oxolinic. Erythromycin resistance rates ranged over 65% for the UU-MH coinfection, while over 90% of sample was sensible to tetracycline and clarithromycin resistance rates ranged from 7.1% for UU to 100% for MH.

Conclusion The use of ciprofloxacin and ofloxacin is highly debatable considering the high rates of total and intermediate resistance. In our population, doxycycline showed high efficiency and is therefore recommended for the treatment of UU and MH infections. Monitoring antimicrobial resistance is fundamental for the adequacy of the therapeutic recommendations.
were found, with phenotypes QRNG and PPNG being more frequent.

Conclusion Although *N. gonorrhoeae* isolates with resistance to gentamicin were not observed, a high percentage of strains were resistant to other antimicrobial agents, particularly ciprofloxacin. This study suggests that gentamicin may be considered a future treatment option for gonorrhoea in Argentina. However, the high prevalence of isolates with MIC 8 µg/ml (intermediate susceptibility) suggests a continuous surveillance of gentamicin in our country.

**P3.87**

**Comparative Evaluation of Disk Diffusion and Agar Dilution Methods for Gentamicin Susceptibility Testing of Neisseria Gonorrhoeae**

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Introduction At present, gentamicin is a promising antibiotic for the treatment of multidrug resistant *N. gonorrhoeae* isolates. Therefore, the knowledge of *N. gonorrhoeae* susceptibility to gentamicin is required. The CLSI guidelines do not list breakpoints for gentamicin. However, MIC interpretive criteria have been proposed. Moreover, a recent report comparing the disk diffusion method with Etest has established tentative gentamicin zone breakpoints for the CLSI method. The proposed breakpoints are ≥16 mm for susceptible, 13–15 mm for intermediate and ≤12 mm for resistant. The aim of this study was to compare the disk diffusion method with the agar dilution test, and to analyse the suitability and reliably of disk diffusion to monitor the susceptibility to gentamicin.

Methods We studied 237 *N. gonorrhoeae* isolates obtained in 2013 and 2015 from the GASS-AR. The MIC determination and disk diffusion tests to gentamicin were performed according to CLSI, and tentative breakpoints previously reported were used. The 2008 WHO and ATCC 49226 reference strains were used as control. The inhibition diameters by disk diffusion were tested by correlation with the MIC value.

Results Gentamicin MICs ranged from 2 to 16 µg/ml, and the MICs were both 8 µg/ml. The Pearson correlation between disk diffusion and agar dilution was −0.67 (p<0.001). No very major or major discrepancies were detected with disk diffusion as compared to agar dilution. However, a high percentage of minor discrepancies (39.9%) was observed. By adjusting the susceptible breakpoint for disk diffusion to 2≥17 mm, the minor discrepancies rate was reduced from 39.9% to 18.4%.

Conclusion: *N. gonorrhoeae* isolates with resistance to gentamicin were not observed. The disk diffusion had good correlation when compared with the agar dilution method. Although a high percentage of minor discrepancies was observed, the error rate was reduced adjusting the breakpoint. Until it becomes standardised, the disk diffusion can be a screening method in clinical laboratories to detect the gentamicin susceptibility of *N. gonorrhoeae*.

**P3.88**

**Frequency of Syphilis Testing Among Men Who Have Had Rectal Tests for Chlamydia and Gonorrhoea, United States**

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Introduction CDC recommends syphilis screening at least annually for sexually active MSM and screening every 3–6 months for MSM with risks such as multiple partners.

Methods In collaboration with a large U.S. commercial laboratory, we identified men aged 15–60 years who had rectal chlamydia (CT) or gonorrhoea (GC) testing during September, 2013–August, 2015 as presumed MSM. We estimated: the frequency of testing (counting only tests ≥3 months after a previous test); reactivity of nontreponemal tests (NNT) and treponemal tests (TT); and the association between CT/GC and the reactivity of syphilis NNT and TT. We also identified...