An audit into optimum time for Neisseria gonorrhoea test of cure following treatment in urban sexual health centres

Daniel Slack, Rebecca Gilson

Background

- BASHH guidelines 2011 recommend that patients return after treatment of Neisseria gonorrhoea for a test of cure (TOC)¹
- The time period for TOC was reduced at our centre from 3 weeks to two weeks in June 2016
- Anecdotal evidence suggested that this was leading to a higher false positive rate
- Our aim was to test if false positives TOC for Neisseria Gonorrhoea have increased since the time period was reduced

Methods

- All positive NAAT tests for *N. gonorrhoeae* between October and December 2016 were included.
- Clinical notes reviewed
- GC NAAT cycle time values and clinical notes were used to assess the potential cause of the positive TOC: false positive, reinfection or treatment failure.

Information Gathered from Notes
Gender & gender of partners
Sites cultured (pharynx, rectum, urine, vulvovaginal)
Date treatment commenced
Antibiotics used
Antibiotics resistance of isolate
Date of TOC (if attended)
Cycle times for both initial test and TOC

Results

- 130 patients attended for TOC (80.7%)
- Large range of time periods post-treatment: 34 patients attended at 14 day time period (25.6%)
- 34 patients attending at 14 days resulted in 40 TOC tests
- Analysis suggested 3 were false positives (7.5%)
- Patients that attended later than 14 days resulted in 74 TOC
- 2 false positives (2.7%)

Conclusions

- 7.5% of TOC performed at 14 days were positive
- When compared to the post-14 day results (2.7%), it appeared that false positives were nearly 3x more likely to occur with the shorter time period.
- High false positives rates in urinary swabs are maybe due to increased persistence of nucleic acids in the urethra, and pharyngeal rates are higher possibly because it is harder to treat.

1. Bignell C, et al. UK national guideline for the management of gonorrhoea in adults. BASHH Guidelines: BASHH Guidelines, 2011