No microscope means no slides – does it matter when treating Neisseria gonorrhoeae? A review of local practice

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Introduction

- A significant proportion of the gonorrhoea (GC) disease burden is managed in satellite clinics within the central West Midlands. Typically, these function without on-site microscopy
- Unintentionally, this may be delaying effective timely treatment of infected patients
- With the increasing recognition of antimicrobial-resistant strains of gonorrhoea, judicious antibiotic prescribing and optimal management of this cohort is essential
- We sought to evaluate local practice to determine whether patients in these settings are being managed appropriately despite the lack of microscopy availability.

Methods

- A retrospective review of electronic case notes was carried out, looking at the number of patients treated for gonorrhoea within 7 satellite clinics in the central West Midlands between October - December 2016. Over 300 patients were identified, and 100 consecutive patient records were reviewed and audited against a set of pre-devised criteria, along with the BASHH guidelines[1]

Results

- 56 males and 44 females were identified, with 40% White British, and the second largest ethnic majority Black African/Caribbean (29%), reflective of the local population
- The majority were heterosexual males and females (76%) with 24% MSM. 52% of patients were reviewed at the largest satellite clinic

Treated on the same day as presentation to services:

- The typical symptoms treated on the same day included discharge - either yellow or purulent - and dysuria.
- 60/100 patients were treated on the same day, with 44/60 (73%) of these patients subsequently testing positive for gonorrhoea (NAAT testing). Of the 16/60 testing GC negative, 14/16 (88%) were GC contacts and 2/16 had typical discharge therefore were prescribed antibiotics appropriately
- 32/60 (53%) treated on the same day were contacts of gonorrhoea
- 26/32 (81%) males who were treated on the same day based on symptoms went on to test positive for gonorrhoea

Not treated on the same day:

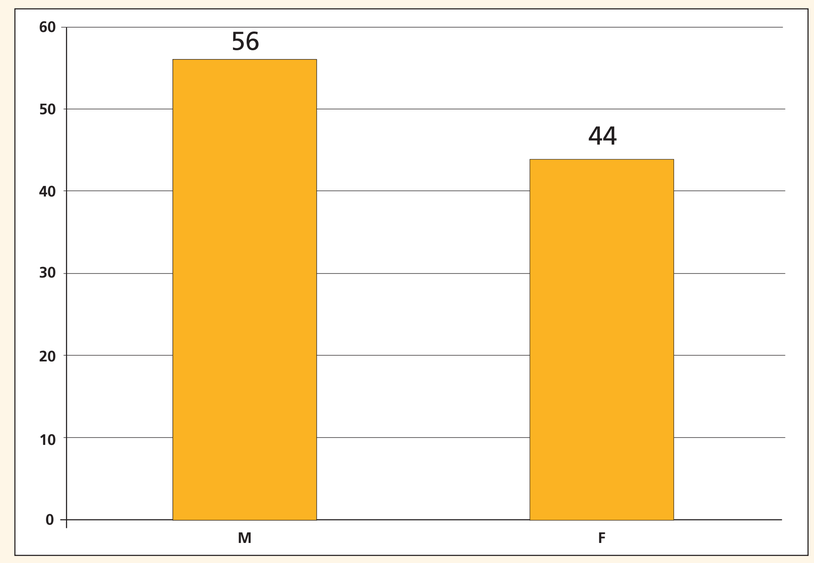
- 40/100 were not treated on the same day, and of these 32/40 (80%) were asymptomatic screens
- 8/40 (20%) presented with symptoms, but were identified as chlamydia contacts or treated for NSU – i.e reasonable empirical treatment

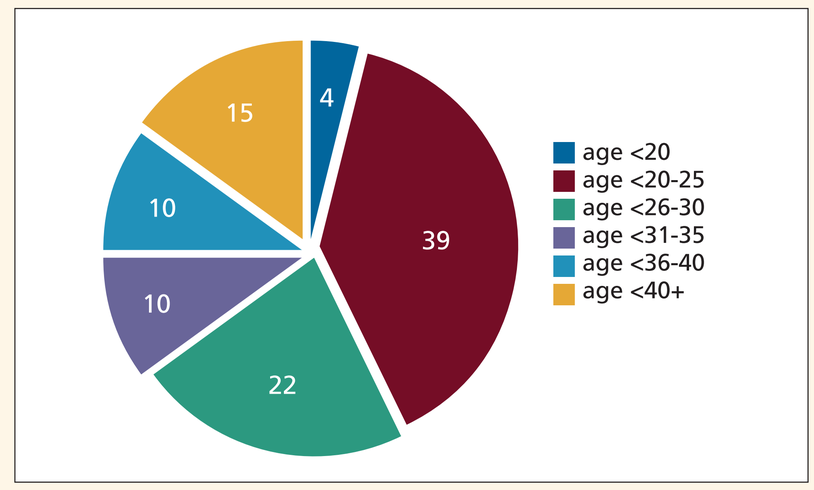
Who has symptoms?

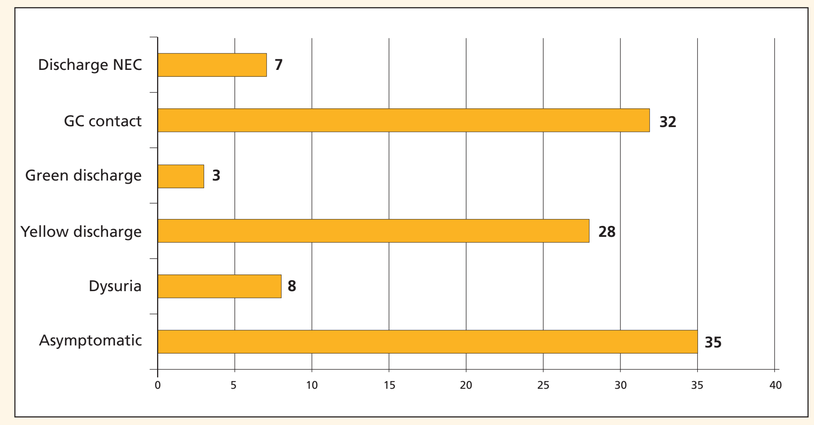
- 42% of Black African/Carribean males and females were symptomatic
- 33% of those of mixed White/ Black ethnicity were symptomatic
- Compared to only 18% White British symptomatic

Who is attending follow-up test of cure)?

- 67% of females compared to 33% males
- In the Black African/Carribean cohort (2nd largest majority testing positive) numbers slightly lower with 55% females vs. 27% males.







Conclusions

The above shows that antibiotic stewardship locally is reasonable, with appropriate same-day treatment of the vast majority of patients. Males are more likely to be symptomatic, and in the absence of bedside microscopy, recognition of typical symptoms is enough to justify treatment in this cohort. Loss to follow-up at test of cure is observed in males, and more so in ethnic minorities. Satellite clinics continue to play a vital role in the management of integrated sexual health issues. The central West Midlands clinics serve a densely populated area and the wider geographic distribution of these allows patients easier access to medical treatment.

References

1. UK national guideline for the management of gonorrhoea in adults, published 2011