

48. **ANTIMICROBIAL SUSCEPTIBILITY, PLASMID PROFILES AND DETECTION OF THE RESISTANT GENES OF *NEISSERIA GONORRHOEAE***

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OBJECTIVES: To report on the antimicrobial susceptibility and plasmid profiles, and gene sequence types of *Neisseria gonorrhoeae* isolates from the Pretoria region.

METHODS: Isolates were obtained from men attending the primary health-care clinics and general practitioners in the Pretoria region. Susceptibility testing methods included disc diffusion, agar dilution and Etest for penicillin, ceftriaxone, tetracycline and ciprofloxacin. Plasmid DNA was obtained by the alkaline lysis method and profiles generated. Sequence based typing was directed at the *por* and *tbpB* genes and compared with international isolates using the NG-MAST database on the Internet.

RESULTS: PPNG prevalence was found at 15.6%. Almost 50% of the strains showed high-level tetracycline resistance. Ciprofloxacin resistance was detected at 7%. All the strains remained susceptible to ceftriaxone. All PPNG strains carried a β -lactamase producing plasmid (3.2 MDa or 4.4 MDa in equal distribution). Sequence typing revealed one cluster of five isolates of a known sequence type similar to the pattern amongst strains in Scotland, England and Durban. Two other known sequence types were identified and were similar to strains found in Durban. The remaining strains were unique.

CONCLUSION: The resistance profile of the penicillin and tetracycline remains high. However, we see an emergence of ciprofloxacin resistance, which has an impact for therapy and National Guidelines for syndromic management of STDs need changing. The gene sequencing revealed a cluster similar to some international strains seen in Durban as well as a unique pattern for local strains.

49. **PROVIDING HIV COUNSELLING FOR CLINICAL TRIALS**

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OBJECTIVE: The objective of this paper is to highlight the importance of appropriate and responsive counselling procedures in large scale clinical trials which involve data capturing on sexual behaviour and testing for HIV and STIs.

METHOD: A trial specific counselling manual was developed, including procedures for voluntary HIV and STI testing, risk reduction, ongoing informed consent and study product adherence. At each site, counsellors met regularly with investigators to address the issues that arose regarding counselling. All this meetings were minuted and reviewed for this presentation.

RESULTS: The average age of women screened for the trial was 31, and that of their partners was 36. The issues raised at the meetings were: low condom usage, (32% at last sex act), negotiating condom use, high rates of STI and high HIV prevalence (18-43%), understanding study procedures and adherence to study product usage.

CONCLUSION: The appropriate and careful training and mentoring of counsellors beyond just HIV counselling is crucial to providing an ethical and relevant counselling service to trial participants. It is important to have regular meetings to identify the recurring areas of concern and to address them.