

Correspondence

TO THE EDITOR, *British Journal of Venereal Diseases*

Penicillinase-producing *Neisseria gonorrhoeae* in 21 patients attending an STD clinic in Hong Kong

Sir,
Since the emergence of penicillinase-producing *Neisseria gonorrhoeae* (PPNG) isolates in 1976,^{1,2} these penicillin-resistant strains appear to have gained a firm foothold in most Far Eastern countries,³⁻⁶ including Hong Kong.⁷ The occurrence of these isolates has posed a serious problem for clinicians treating infections due to these strains. In an area where there is a high prevalence of PPNG the World Health Organisation⁸ has suggested that kanamycin, spectinomycin, and co-trimoxazole may be used for gonococcal treatment failures with penicillin. We report our recent experience with these drug regimens in treating 21 cases of PPNG infections in Hong Kong.

Of a total of 473 new patients attending the STD clinic between June 1981 and December 1981, 65 (13.7%) had culture-positive gonorrhoea. Of these, 21 (32%) infections were due to PPNG strains. Twenty cases were in adult Chinese men and one in the wife of a male patient. Girl-friends were the source of infection in two cases, whereas prostitutes constituted the source of infection for the remaining 18. Ten men acquired infections from local Chinese prostitutes and four were infected by Philippino prostitutes working in Hong Kong. Four infections were traceable to imported sources, one each from the Philippines, Bangkok, Taiwan, and Singapore. Patients were treated with either (a) a single intramuscular dose of spectinomycin 2 g; or (b) a single intramuscular dose of kanamycin 2 g; or (c) sulphamethoxazole 400 mg and trimethoprim 80 mg (co-trimoxazole) orally as four tablets twice daily for two days. These three drug regimens were chosen because they do not suppress treponemal infection. Patients who did not object to injections were treated with either regimen (a) or (b) but the number of cases treated with kanamycin was greater because it was cheaper. Patients who refused injections were prescribed co-trimoxazole tablets.

All patients were followed-up two days and one week after treatment when urethral or cervical cultures were repeated. All five cases treated with a single 2 g injection of

spectinomycin were cured. Of the 13 cases treated with kanamycin, three defaulted, nine were cured, and one failed to respond. The one treatment failure was cured with spectinomycin. All three cases treated with co-trimoxazole failed to respond. Two of these patients were successfully treated with spectinomycin and one with kanamycin. No adverse effects were observed in all the patients treated.

In vitro drug susceptibility studies showed that all 21 PPNG isolates were highly resistant to penicillin with minimal inhibitory concentrations (MICs) $\geq 1 \mu\text{g/ml}$. Most of the strains were susceptible to kanamycin, spectinomycin and sulphamethoxazole-trimethoprim (ratio 19:1). Of the 21 isolates, three, one, and four of the strains had MICs of kanamycin, spectinomycin, and sulphamethoxazole-trimethoprim respectively of 32 $\mu\text{g/ml}$. The three cases which did not respond to oral co-trimoxazole treatment were infected by strains showing MICs of sulphamethoxazole-trimethoprim at 2, 16, and 8 $\mu\text{g/ml}$ respectively. Treatment failure may have been due to non-compliance of the patients in taking the drugs. Though the number of cases was small, the prevalence of penicillinase-producing strains of *N gonorrhoeae* in Hong Kong is higher than reported; some of the infections were traceable to foreign sources particularly other south-east Asian countries.

Yours faithfully,

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TO THE EDITOR, *British Journal of Venereal Diseases*

Incidence of herpes simplex virus types 1 and 2 in herpes genitalis in Strasbourg, France

Sir,

We read with interest the paper by Barton *et al*¹ reporting the incidence of type 1 *Herpesvirus hominis* (HVH) infection in 31 patients with herpes genitalis. This study reported a high proportion of infections with HVH type 1 (61%: nine men and 10 women).

Our experience at the clinic for sexually transmitted diseases in Strasbourg, France, relates to 58 cases of herpes genitalis (35 men and 23 women). HVH was isolated from each patient and viral typing was performed at the Strasbourg Institute of Virology (Professor Kirn). These results differed greatly from Dr Barton's (table):

TABLE Incidence of herpes genitalis

HVH type	No of patients with HVH infection:		
	Men	Women	Total (%)
1	3	5	8 (14)
2	32	18	50 (86)

the overall proportion of HVH type 1 infection was lower in our study, and the proportion in men was also much lower than in women.

Your faithfully,

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