Australian Gonococcal Surveillance Programme, 1 January to 31 March 2015

Monica M Lahra; Rodney P Enriquez, The Prince of Wales Hospital, Randwick, for The National Neisseria Network

Introduction

The Australian National Neisseria Network (NNN) comprises reference laboratories in each state and territory that report data on sensitivity to an agreed group of antimicrobial agents for the Australian Gonococcal Surveillance Programme (AGSP). The antibiotics are penicillin, ceftriaxone, azithromycin and ciprofloxacin, which are current or potential agents used for the treatment of gonorrhoea. Azithromycin testing has been recently introduced by all states and territories as it is part of a dual therapy regimen with ceftriaxone recommended for the treatment of gonorrhoea in the majority of Australia. Because of the substantial geographic differences in susceptibility patterns in Australia, regional as well as aggregated data are presented. In certain remote regions of the Northern Territory and Western Australia gonococcal antimicrobial resistance rates are low and an oral treatment regimen comprising amoxycillin, probenecid and azithromycin is recommended for the treatment of gonorrhoea. When in vitro resistance to a recommended agent is demonstrated in 5% or more of isolates from a general population, it is usual to remove that agent from the list of recommended treatments.[1] Additional data on other antibiotics are reported in the AGSP annual report. The AGSP has a program-specific quality assurance process. The AGSP data are presented quarterly in tabulated form, as well as in the AGSP annual report. For more information see *Commun Dis Intell* 2015;39(1):E178–E179.

Results

A summary of the proportion of isolates with extragenital to ceftriaxone, and the proportion resistant to penicillin, ciprofloxacin and azithromycin are shown in Table 1.

Penicillin resistant *Neisseria gonorrhoeae* (NG) are defined as those isolates with a minimum inhibitory concentration (MIC) to penicillin equal to or greater than 1.0 mg/L. Penicillin resistance includes penicillinase producing NG (PPNG), and NG that have chromosomally mediated resistance to penicillin (CMRP). In certain areas of the Northern Territory and Western Australia, which are classified as remote, a treatment regimen based on oral amoxycillin, probenecid and azithromycin is used. Due to the distance specimens must travel to a laboratory from these remote regions, low numbers of cultures are collected, and thus, by necessity, nucleic acid amplification testing (NAAT) is used. In remote Western Australia the introduction of a targeted NAAT, developed by the NNN to detect PPNG, is in use to enhance surveillance.[2,3]

Ciprofloxacin

Ciprofloxacin resistance includes isolates with an MIC to ciprofloxacin equal to or greater than 1.0 mg/L.

Table 1: Gonococcal isolates showing decreased susceptibility to ceftriaxone and resistance to ciprofloxacin, azithromycin and penicillin, Australia, 1 January to 31 March 2015, by state or territory

State or territory	Number of isolates tested	Decreased susceptibility Ceftriaxone		Resistance Ciprofloxacin		Azithromycin		Penicillin	
		n	%	n	%	n	%	n	%
Australian Capital Territory	14	0	0.0	6	43.0	0	0.0	4	29.0
New South Wales	568	17	3.0	200	35.0	8	1.4	156	28.0
Queensland	206	0	0.0	54	26.0	12	6.0	54	26.0
South Australia	39	0	0.0	16	41.0	0	0.0	8	20.5
Tasmania	7	0	0.0	0	0.0	1	14.0	0	0.0
Victoria	485	9	1.9	112	23.0	8	1.6	71	15.0
Northern Territory/Urban and Rural	21	0	0.0	2	9.5	0	0.0	3	14.0
Northern Territory/Remote	55	0	0.0	3	5.5	0	0.0	3	5.5
Western Australia/Urban and Rural	78	0	0.0	16	21.0	8	10.0	18	23.0
Western Australia/Remote	11	0	0.0	0	0.0	0	0.0	0	0.0
Australia	1,484	26	1.7	409	28.0	37	2.5	317	21.0

Azithromycin

Azithromycin resistance is defined as a MIC to azithromycin equal to or greater than 1.0 mg/L.

Ceftriaxone

Ceftriaxone MIC values in the range 0.06–0.125 mg/L have been reported in the category extragenital (DS) since 2005.

In the 1st quarter of 2015 the only states that reported isolates with DS to ceftriaxone were New South Wales and Victoria. Both reported a decrease in the proportion of NG isolates with DS to ceftriaxone when compared with the same quarter in 2014; and the annual data for 2014.[4]

From New South Wales there were 17 of 568 strains with DS to ceftriaxone. Of those, 12 (71%) were multi-drug resistant (MDR); 12 (71%) were from males; and 8 (47%) were isolated from extragenital sites (rectal and pharyngeal). From Victoria, there were 9 of 485 strains with DS to ceftriaxone. Of those, all (100%) were MDR; 8 (89%) were from males; and 4 (44%) were isolated from extragenital sites (rectal and pharyngeal).

The proportion of strains with DS to ceftriaxone is of increasing concern in Australia and overseas, as this is phenotypic of the genotype with the key mutations that are the precursor to ceftriaxone resistance.[5] There are recent reports of ceftriaxone 500 mg treatment failures in patients from Victoria and New South Wales in patients with pharyngeal gonococcal infections. In these patients the infecting gonococcal strains had ceftriaxone MIC values in the range 0.03–0.06 mg/L.[6,7] Until 2013 there had not been an isolate reported in Australia with a ceftriaxone MIC value >0.125 mg/L.[4] In late December 2013, there was a new multi-drug-resistant gonococcal strain (A8806) with a ceftriaxone MIC of 0.5 mg/L, the highest ever reported in Australia, which was isolated from a female traveller from Central Europe. This infection was acquired in Sydney from another traveller, also from Europe. The patient was tested in the Northern Territory, but had travelled to north-eastern Queensland before the results were available, and was treated there. To date there has been no evidence of spread of this strain.[8]

The category of ceftriaxone DS as reported by the AGSP includes the MIC values 0.06 and 0.125 mg/L. (Table 2).

Dual therapy of ceftriaxone plus azithromycin is the recommended treatment for gonorrhoea as a strategy to temper development of more widespread resistance.[8] Patients with infections in extragenital sites, where the isolate has DS to ceftriaxone, are recommended to have test of cure cultures collected. Continued surveillance to monitor *N. gonorrhoeae* with elevated MIC values, coupled with sentinel site surveillance in high risk populations remains important to inform therapeutic strategies, to identify incursion of resistant strains, and to detect instances of treatment failure.

References

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Table 2: Percentage of gonococcal isolates with decreased susceptibility to ceftriaxone MIC 0.06–0.125 mg/L, Australia, 2010 to 2014, and 1 January to 31 March 2015, by state or territory

Ceftriaxone MIC mg/L	2010	2011	2012	2013	2014	2015 Q1
0.06	4.6%	3.2%	4.1%	8.2%	4.8%	1.6%
0.125	0.1%	0.1%	0.3%	0.6%	0.6%	0.1%