Australian Gonococcal Surveillance Programme, 1 January to 31 March 2018

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# Introduction

The National Neisseria Network (NNN), Australia, 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 tested are penicillin, ceftriaxone, azithromycin and ciprofloxacin. These are current or potential agents used for the treatment of gonorrhoea. Azithromycin combined with ceftriaxone is the recommended treatment regimen for gonorrhoea in the majority of Australia. However, there are substantial geographic differences in susceptibility patterns in Australia and 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. Additional data on other antibiotics are reported in the AGSP Annual Report. The AGSP has a programme-specific quality assurance process.

# Results

A summary of the proportion of isolates with decreased susceptibility (DS) to ceftriaxone, and the proportion resistant to azithromycin, penicillin, and ciprofloxacin for Quarter 1 2018 is shown in Table 1.

Table 1: Gonococcal isolates showing decreased susceptibility to ceftriaxone and resistance to azithromycin, penicillin, and ciprofloxacin, Australia, 1 January to 31 March 2018, by state or territory

| State or Territory | Number of isolates tested | Decreased Susceptibility | Resistance |
| --- | --- | --- | --- |
| Q1, 2018 | CeftriaxoneMIC≥0.06 mg/L | AzithromycinMIC≥1.0 mg/L | Penicillina MIC≥1.0 mg/L | Ciprofloxacin MIC≥1.0 mg/L |
|  | n | % | n | % | n | % | n | % |
| Australian Capital Territory | 58 | 0 | 0 | 4 | 6.9 | 6 | 10.3 | 7 | 12.1 |
| New South Wales | 823 | 4 | 0.5 | 45 | 5.5 | 206 | 25.0 | 243 | 29.5 |
| Queensland | 300 | 6 | 2.0 | 32 | 10.7 | 81 | 27.0 | 91 | 30.3 |
| South Australia | 68 | 0 | 0 | 3 | 4.4 | 31 | 45.6 | 36 | 52.9 |
| Tasmania | 11 | 1 | 9.1 | 0 | 0 | 3 | 27.3 | 2 | 18.2 |
| Victoria | 688 | 23 | 3.3 | 44 | 6.4 | 145 | 21.1 | 171 | 24.9 |
| Northern TerritoryUrban & Rural | 24 | 0 | 0 | 1 | 4.2 | 4 | 16.7 | 0 | 0 |
| Northern TerritoryRemote | 32 | 0 | 0 | 0 | 0 | 1 | 3.1 | 2 | 6.3 |
| Western AustraliaUrban & Rural | 177 | 4 | 2.3 | 3 | 1.7 | 41 | 23.2 | 45 | 25.4 |
| Western AustraliaRemote | 24 | 0 | 0 | 0 | 0 | 1 | 4.2 | 1 | 4.2 |
| **AUSTRALIA** | **2,205** | **38** | **1.7** | **132** | **6.0** | **519** | **23.5** | **598** | **27.0** |

a Penicillin resistance includes MIC value of ≥1.0 mg/L, or penicillinase production.

## Ceftriaxone

In the first quarter of 2018 the proportion of isolates with ceftriaxone DS in Australia was 1.7%, slightly higher than the proportion in the first quarter of 2017, and the annual proportion for 2017. Of note there were two isolates reported in Australia that had high minimal inhibitory concentration (MIC) values to ceftriaxone (0.25mg/L and 0.50mg/L), that also had high level resistance to azithromycin (MIC >256mg/L), and were resistant to penicillin and ciprofloxacin, but susceptible to spectinomycin and gentamicin. Genetic analyses showed these two strains were indistinguishable.1 Both strains were isolated from persons residing in Queensland. This was the first time Neisseria gonorrhoeae (NG) strains with an extensively drug resistant profile have been reported in Australia; a strain with a similar profile has also been reported in the United Kingdom.2

The category of ceftriaxone DS as reported by the AGSP includes the MIC values 0.06 and ≥0.125 mg/L, and the national trend since 2010 is shown in Table 2.

A summary of ceftriaxone DS strains that were resistant to penicillin and ciprofloxacin, or isolated from extragenital sites (rectal and pharyngeal) for Quarter 1, 2018 by state or territory, and by sex (male/female), are shown in Table 3.

Table 2: Percentage of gonococcal isolates with decreased susceptibility to ceftriaxone (MIC 0.06 and ≥0.125 mg/L), Australia, 2010 to 2017, and 1 January to 31 March 2018.

| Ceftriaxone MIC mg/L | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 Q1 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0.06 | 4.80% | 3.20% | 4.10% | 8.20% | 4.80% | 1.70% | 1.65% | 1.02% | 1.60% |
| ≥0.125 | 0.10% | 0.10% | 0.30% | 0.60% | 0.60% | 0.10% | 0.05% | 0.04% | 0.10% |

Table 3: Percentage of gonococcal isolates with decreased susceptibility to ceftriaxone (MIC ≥0.06 mg/L) and that were penicillin (Pen) and ciprofloxacin (Cip) resistant (R), isolated from extragenital sites, and by sex, Australia, 1 January to 31 March 2018.

| Strains with ceftriaxone decreased susceptibility (CRO DS) |
| --- |
| State or Territory | Total | Pen R + Cip R | Males | Females | Extragenital sites |
| n | % | n | % | n | % | n | % |
| Australian Capital Territory | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| New South Wales | 4 | 3 | 75 | 1 | 25 | 3 | 75 | 2 | 50 |
| Queensland | 6 | 3 | 50 | 4 | 67 | 2 | 33 | 2 | 33 |
| South Australia | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tasmania | 1 | 1 | 100 | 1 | 100 | 0 | 0 | 0 | 0 |
| Victoria | 23 | 14 | 61 | 17 | 74 | 6 | 26 | 8 | 35 |
| Northern Territory Urban & Rural | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Northern Territory Remote | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Western Australia Urban & Rural | 4 | 4 | 100 | 2 | 50 | 2 | 50 | 1 | 25 |
| Western Australia Remote | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **AUSTRALIA** | **38** | **25** | **65.8** | **25** | **65.8**  | **13** | **34.2** | **13** | **34.2** |

## Azithromycin

In the first quarter of 2018, the proportion of isolates with resistance to azithromycin in Australia was 6.0%, lower than the proportion reported nationally for 2017 (9.3%), but three times the level reported in Australia for 2013–2015 (2.1%–2.6%).3 Initially, in 2016 the highest incidence of azithromycin resistance was reported from South Australia (19.5% in 2016, compared with 2.8% in 2015), where an outbreak of strains with low level azithromycin was reported in 2016 with a subsequent change in treatment guidelines.4 Globally there have been increasing reports of azithromycin resistance in N. gonorrhoeae.5

In Quarter 1 2018, most states reported isolates with resistance to azithromycin, with the exception of Tasmania, remote Northern Territory and remote Western Australia. The states that reported an increase in the proportion of NG isolates with resistance to azithromycin when compared with the annual data for 2017 were Queensland, the Australian Capital Territory and urban Northern Territory, while the other states reported a decrease from the 2017 annual data.

The national trend of azithromycin resistance in isolates since 2012 is shown in Table 4.

Table 4: Percentage of gonococcal isolates with resistance to azithromycin MIC ≥1.0 mg/L, Australia, 2012 to 2017, and 1 January to 31 March 2018

| Azithromycin Resistance | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 Q1 |
| --- | --- | --- | --- | --- | --- | --- | --- |
| MIC ≥1mg/L | 1.3% | 2.1% | 2.5% | 2.6% | 5.0% | 9.3% | 6.0% |

Dual therapy of ceftriaxone plus azithromycin is the recommended treatment for gonorrhoea as a strategy to temper development of more widespread resistance. Patients with infections in extragenital sites, where the isolate has decreased susceptibility 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.

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