Multi-Drug Resistant Gonorrhea

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Speaker Summary

Background/Problem
Antimicrobial resistance in *Neisseria gonorrhoeae* threatens the last commercially available class available for effective treatment. Concerns of untreatable infection have been declared if new public health approaches are not pursued.

Key Messages
1. There is increasing resistance of *Neisseria gonorrhoeae* to the cephalosporins, and associated clinical failures
2. Cefixime is no longer recommended in most guidelines due to concerns about ineffectiveness, and the selection of resistant strains
3. There is a need for concurrent strategies of prevention, and early detection and treatment of *N. gonorrhoeae*

Implications for Practice

Higher potency cephalosporins (eg ceftriaxone 250 mg) are recommended for all cases of *N. gonorrhoeae* infection when possible, with adjuvant azithromycin 1 gm for potential synergy and pharyngeal eradication even if chlamydia testing is negative. Increased screening, use of culture where appropriate, and test of cure are integral to successful public health control, while investment in new antibiotics and public health strategies are pursued.

References


