



Antimicrobial resistance among *Neisseria gonorrhoeae*

July-September 2006

This surveillance of antimicrobial resistance among *Neisseria gonorrhoeae* is based on antimicrobial susceptibility test results collected quarterly from the laboratories that do the majority of the local sexual health clinic and general practice gonococcal diagnostic work. All the participating laboratories use CLSI susceptibility test methods.

This report covers the 3 months of 1 July to 30 September 2006 and the previous 12 months of 1 October 2005 to 30 September 2006. Data was collected from 25 laboratories. The rates of ciprofloxacin, penicillin and tetracycline resistance are shown by district health board in the table on the next page. All isolates tested were susceptible to ceftriaxone.

During the 12 months, 1 October 2005 to 30 September 2006, ciprofloxacin resistance was more prevalent than penicillin resistance among gonococci in most parts of the country, with national rates of 12.8% and 6.1%, respectively. As has been previously noted, both ciprofloxacin and penicillin resistance rates are quite variable throughout the country. Ciprofloxacin resistance was $\geq 5\%$ in 9 of the 14 district health board areas for which data was available for the last 12 months, with rates $\geq 10\%$ in 7 board areas. In contrast, penicillin resistance was $< 5\%$ in 10 of the 14 district health boards areas.

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Ciprofloxacin, penicillin and tetracycline resistance among *Neisseria gonorrhoeae*, during the 3 months, July to September 2006, and the previous 12 months, October 2005 to September 2006

District Health Board ^{1,2}	Ciprofloxacin				Penicillin				Tetracycline			
	July-Sept 06		Oct 05 – Sept 06		July-Sept 06		Oct 05 – Sept 06		July-Sept 06		Oct 05 – Sept 06	
	No. tested	% resistant	No. tested	% resistant	No. tested	% resistant (intermediate)	No. tested	% resistant (intermediate)	No. tested	% resistant	No. tested	% resistant
Northland	11	18.2	46	6.5	11	27.3 (63.6)	46	10.9 (67.4)	7	28.6	32	15.6
Auckland ³	284	12.3	1011	11.4	285	12.6 (76.5)	1016	9.7 (74.8)	80	56.3	252	42.5
Waikato	92	26.1	328	22.6	62	1.6 (51.6)	234	2.1 (48.7)	0	-	2	50.0
Lakes	26	15.4	146	11.6	21	9.5 (61.9)	127	5.5 (65.4)	0	-	1	100
Bay of Plenty	18	50.0	119	23.5	15	0 (60.0)	110	0.9 (48.2)	3	66.7	15	33.3
Tairāwhiti	21	23.8	78	20.5	5	20.0 (40.0)	30	3.3 (46.7)	5	60.0	32	21.9
Hawkes Bay	57	1.8	196	1.0	57	1.8 (70.2)	194	2.6 (44.3)	9	0	29	10.3
MidCentral	22	9.1	65	4.6	22	0 (31.8)	65	0 (21.5)	22	18.2	65	7.7
Capital and Coast/Hutt ⁴	45	17.8	183	22.4	45	0 (68.9)	183	2.2 (60.1)	45	26.7	183	24.0
Nelson Marlborough	4	25.0	26	11.5	4	25.0 (75.0)	26	3.9 (61.5)	4	25.0	25	8.0
West Coast	0	-	5	0	0	-	5	0 (80.0)	0	-	5	0
Canterbury ⁵	86	10.5	289	7.6	86	5.8 (77.9)	290	5.5 (70.3)	86	10.5	290	7.9
Otago	4	25.0	30	3.3	4	0 (100)	30	3.3 (86.7)	2	0	17	0
Southland	12	0	25	4.0	12	0 (8.3)	25	4.0 (32.0)	6	0	16	6.3
Total	682	14.8	2548	12.8	629	8.0 (69.0)	2382	6.1 (64.0)	269	29.0	965	21.1

Notes:

- 1 The patient's place of residence, if known, was used to assign cases to a DHB, otherwise the location of the laboratory was used. For laboratories that do a lot of out-of-area work, place of residence data was available and used.
- 2 No data for Taranaki, Whanganui or Wairarapa District Health Boards.
- 3 The three Auckland District Health Boards (Waitemata, Auckland and Counties Manukau) are combined.
- 4 The two Wellington District Health Boards (Capital and Coast, and Hutt) are combined.
- 5 The two Canterbury District Health Boards (Canterbury and South Canterbury) are combined.