

## Antimicrobial resistance among Neisseria gonorrhoeae

## April-June 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 three months of 1 April to 30 June 2006. Data was collected from 24 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.

Ciprofloxacin resistance was more prevalent than penicillin resistance in most parts of the country. The Auckland area was a notable exception to this generalisation with 6.0% ciprofloxacin resistance and 13.4% penicillin resistance. Ciprofloxacin resistance has decreased in the Auckland region during the last year: from 16.4% in the Oct-Dec 2005 quarter and 12.1% in the Jan-Mar 2006 quarter to the current rate of 6.0%.

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	Ciprofloxacin		Penicillin			Tetracycline	
District Health Board <sup>1,2</sup>	Number tested	Percent resistant	Number tested	Percent resistant (intermediate)		Number tested	Percent resistant
Northland	14	0	14	7.1	(71.4)	8	25.00
Auckland <sup>3</sup>	233	6.0	232	13.4	(68.5)	64	46.9
Waikato	93	12.9	68	2.9	(45.6)	0	-
Lakes	45	17.8	40	7.5	(67.5)	1	100
Bay of Plenty	32	21.9	30	0	(46.7)	4	25.0
Tairawhiti	33	24.3	14	0	(57.1)	14	21.4
Hawkes Bay	47	2.1	47	4.3	(55.3)	13	23.1
MidCentral	22	0	22	0	(22.7)	22	4.5
Capital and Coast/Hutt <sup>4</sup>	54	31.5	54	3.7	(72.2)	54	33.3
Nelson Marlborough	6	0	6	0	(33.3)	6	0
West Coast	2	0	2	0	(100)	2	0
Canterbury <sup>5</sup>	95	5.3	96	6.3	(58.3)	96	6.3
Otago	9	0	9	0	(88.9)	5	0
Southland	6	0	6	0	(33.3)	4	0
Total	691	10.4	640	7.3	(60.8)	293	22.2

## Ciprofloxacin, penicillin and tetracycline resistance among *Neisseria gonorrhoeae*, April to June 2006

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.

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