An Australia-wide molecular study of Neisseria gonorrhoeae identifies frequent occurrence of a key cephalosporin resistance mechanism

<u>Trembizki E</u>, Regan DG, Donovan B, Chen MY, Guy RJ, Lahra MM, Whiley D, on behalf of GRAND study investigators.QPID laboratory, QCMRI, The University of Queensland, Australia









Background

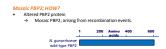
- WHO estimates: approx. 100 million cases of gonorrhoea globally.
 → disease burden is highest in low income settings.
- Rates are increasing (15,675 notifications in Aust. in 2014)

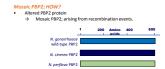


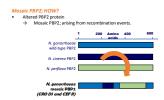
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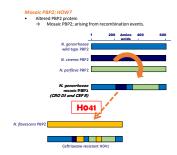
- Rise in ceftriaxone MICs → decreased susceptibility (DS)
- · Increasing reports of ESC treatment failures, primarily cefixime but also ceftriaxone in cases of pharyngeal infections.

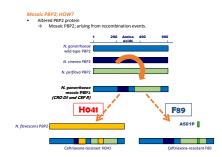
 → Mostly due to the dissemination of resistant clones
- Predominantly mosaic Penicillin Binding Protein 2 (PBP2) 7363 and 1901 MLST types.



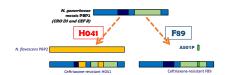




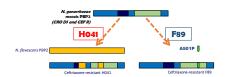




Where are the H041 and F89 strains?

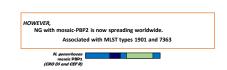






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H041-



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H041-



ceftriaxone resistant strain; A8806 Australia 2014 Similar to H041; MIC = 0.5mg/L



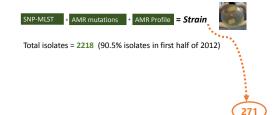


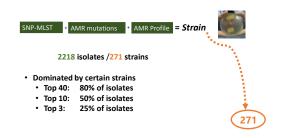


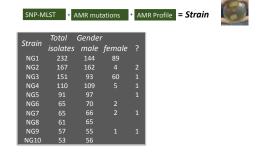


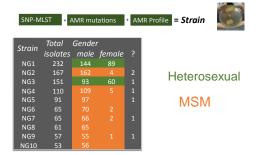


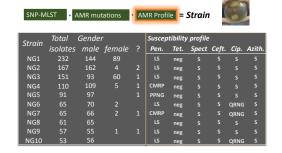
Total isolates = 2218 (90.5% isolates in first half of 2012)

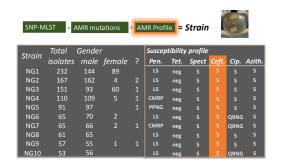


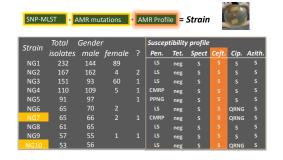


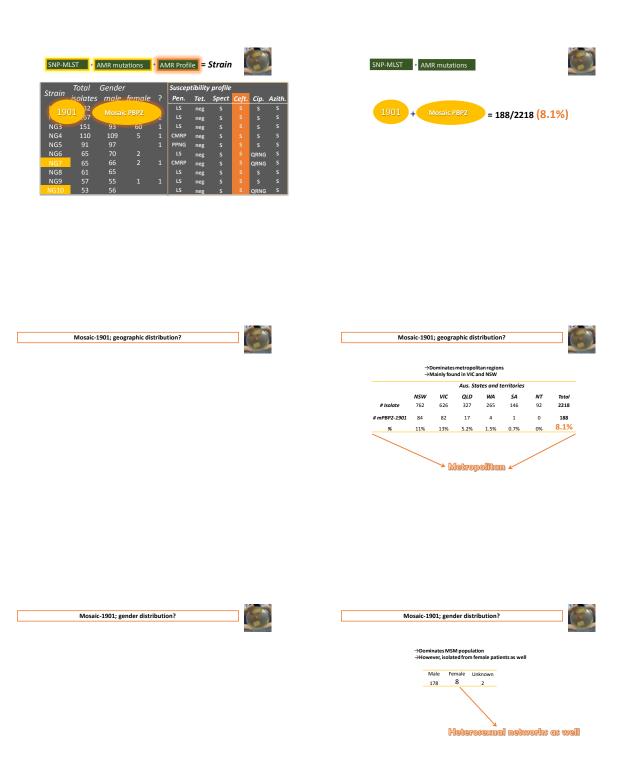








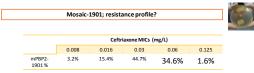




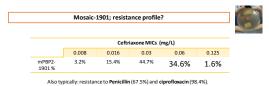




Mosaic-1901; resistance profile?					
		Ceftr	riaxone MICs (mg/L)	
	0.008	0.016	0.03	0.06	0.125
mPBP2- 1901 %	3.2%	15.4%	44.7%	34.6%	1.6%



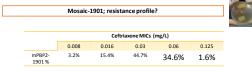
Also typically: resistance to Penicillin (67.5%) and ciprofloxacin (98.4%).



Azithromycin:

Most isolates MICs 0.12-0.25mg/L. <u>However;</u>

→15% with MIC of 0.5mg/L (breakpoint = 1.0)



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- Concern:

 → These strains just require two mutations to be resistant to both ceftriaxone and azithromycin
 → ASOIP (PBP2) + C2611T (235) = ceftriaxone and azithromycin resistant.

Mosaic-1901; summary



- mPBP2-1901 is a highly successful strain in our population.
 - first described in Aust. ~ 10 years ago;
 - now comprises 8.1% of the isolate population in Australia
- · Most states and territories.
- Bacterial culture doesn't 'flag' a large proportion of these strains
 - ✓ STRENGTHENING AMR SURVEILLANCE CAPABILITIES IS CRUICIAL



Acknowledgements Study investigators and collaborators, include:



Baker IDI, NT
James Ward

Melbourne Sexual Health Centre, Vict.
Pord Christopher Fairley
Al/Pord Marcos Charley

Myrol Marcos Charley

Momen's and Children's Hospital, SA
Andrew Lavence

Reviol Forenth Hospital, NY

Reviol Forenth Hospital, WA
Julie Pelanon

Alier Pelanon

Alier Pelanon

Alier Pelanon

Alier Pelanon

Momen's and Children's

More Momen's And Children's

More Momen's Andrew

Momen's A