

P1706 *Neisseria gonorrhoeae* antimicrobial resistance in Spain: should we keep using azithromycin for empirical treatment?

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Background: Gonorrhoea is one of the most common sexually transmitted infections. Increasing rates of *Neisseria gonorrhoeae* (NG) antimicrobial resistance is becoming a public health problem.

The aim is to describe epidemiological and demographic features of patients with gonorrhoea and antimicrobial susceptibility of the strains.

Materials/methods: Multicentric study involving 9 hospitals in Spain. All NG isolates from patients attended from April 1st 2018 to August 31st 2018 were included.

Antimicrobial susceptibility to ceftriaxone, cefixime, azithromycin, ciprofloxacin, gentamycin and fosfomycin was determined by gradient diffusion technique (E-test) using EUCAST breakpoints.

Results: 505 cases were included. Most patients presented clinical symptoms (76.3%). Of the asymptomatic patients (16.2%), 20.7% were from contact tracing study and 76.8% from screening programs.

TABLE 1: Characteristics of patients.

		Male (n=446) N° (%)	Female (n=43) N°; %		
		MSM (n=229)	MSW (n=85)	Unknown (n=132)	
Specimen	Genital ^a	124 (54,1)	85 (100)	126 (95,5)	35 (81,4)
	Rectal	93 (40,6)	-	-	2 (4,7)
	Oropharynx	12 (5,2)	-	-	5 (11,6)
Coinfection	Yes	57 (24,9)	18 (21,2)	17 (12,9)	10 (23,3)
	No	166 (72,5)	62 (72,9)	65 (49,2)	26 (60,5)
STI in the last year^b	Yes	138 (60,3)	15 (17,6)	10 (7,6)	3 (7,0)
	No	69 (30,1)	63 (74,1)	68 (51,5)	26 (60,5)

MSM: men having sex with men; MSW: men having sex with women

^a: Include urethral and vaginal/endocervical. ^b: Include syphilis, gonorrhoea, *Chlamydia trachomatis*, Lymphogranuloma venereum, *Mycoplasma genitalium*, herpes virus.

0.8% of the isolates were resistant to ceftriaxone and 3% to cefixime. MIC₅₀ and MIC₉₀ values to ceftriaxone were <0.016 and 0.064 µg/mL and to cefixime 0.016 and 0.094 µg/mL, respectively. 16.0% of the strains were resistant to azithromycin, with 2 isolates with high-level resistance (MIC ≥256 mg/L). We didn't find any isolate with dual resistance to azithromycin and ceftriaxone. 53.3% showed resistance to ciprofloxacin. NG remains susceptible to gentamycin and fosfomycin despite there's no available EUCAST breakpoints.

Conclusions: NG susceptibility to extended-spectrum cephalosporins remains high. The increased rate of azithromycin resistance observed (16.0%) could threaten the actual dual therapy. Gentamycin and fosfomycin could be treatment alternatives. It is necessary to develop resistance monitoring programs for the correct management of gonorrhoea.

