



DRUG-RESISTANT NEISSERIA GONORRHOEAE

Evolution of gonococcal
AMR over 75 years suggests
novel ways to prevent the
further emergence of AMR

THREAT LEVEL

URGENT

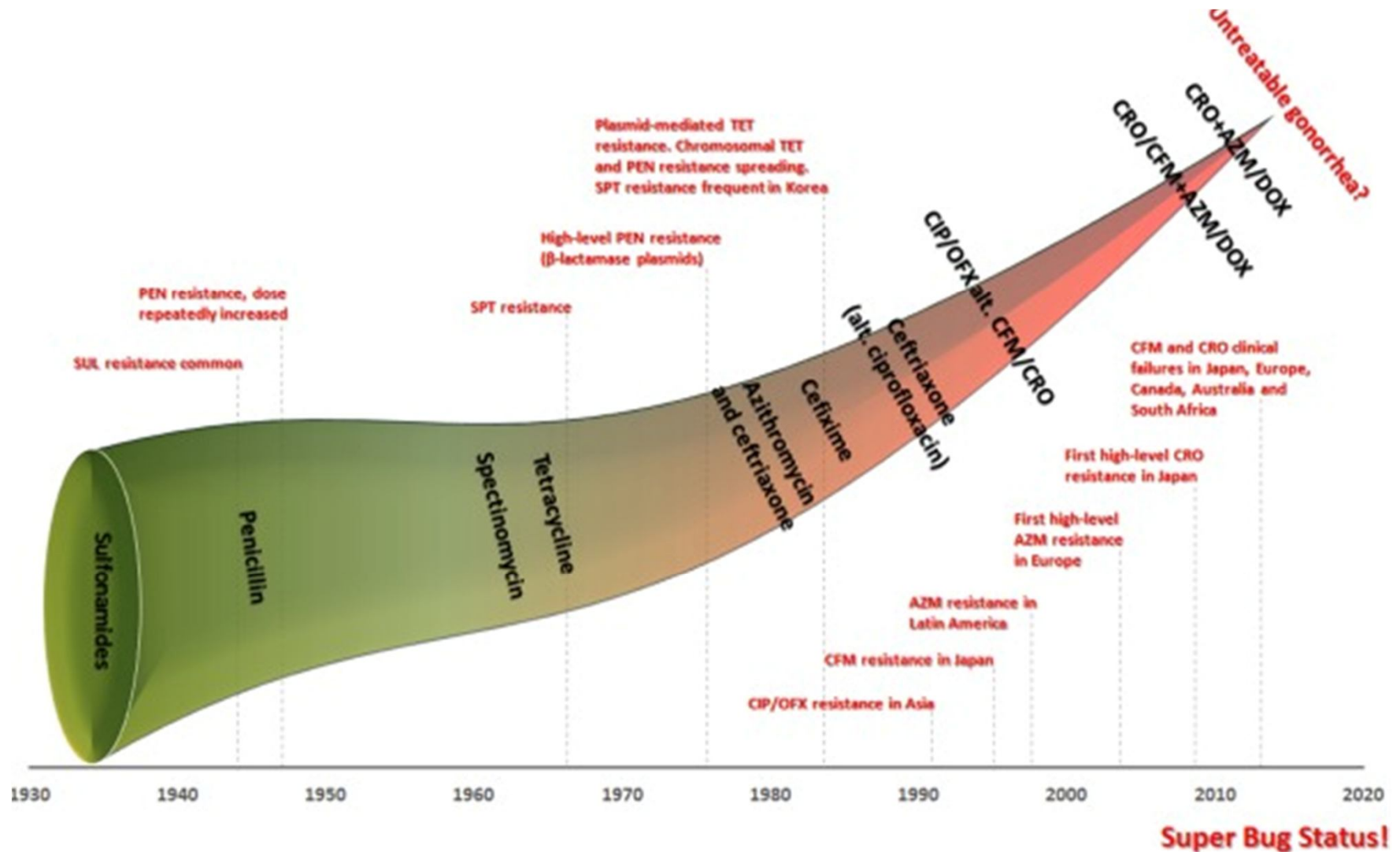


This bacteria is an immediate public health threat
that requires urgent and aggressive action.

Chris Kenyon

Institute of Tropical Medicine

The 'unstoppable' emergence of AMR



Dealing with the threat of XDR Ng

Lancet ID Commission

Way forward?

- Improved dual therapy
- Repurposing old ABs
- New ABs
- Vaccine

Sexually transmitted infections: challenges ahead

Magnus Unemo, Catriona S Bradshaw*, Jane S Hocking, Henry J C de Vries, Suzanna C Francis, David Mabey, Jeanne M Marrazzo, Gerard J B Sonder, Jane R Schwelke, Elske Hoornenborg, Rosanna W Peeling, Susan S Philip, Nicola Low†, Christopher K Fairley†*

	Northern Territories (Australia) 2015*	Japan 2015*
Azithromycin	0% ($\geq 1\text{mg/L}$)	53% ($\geq 0.5\text{mg/L}$)
Ciprofloxacin ($\geq 1\text{mg/L}$)	2%	90%
Ceftriaxone ($\geq 0.25\text{mg/L}$)	0%	14%
Penicillin ($\geq 1\text{mg/L}$)	2%	?
	Whiley EID 2017	Yasuda STD 2017



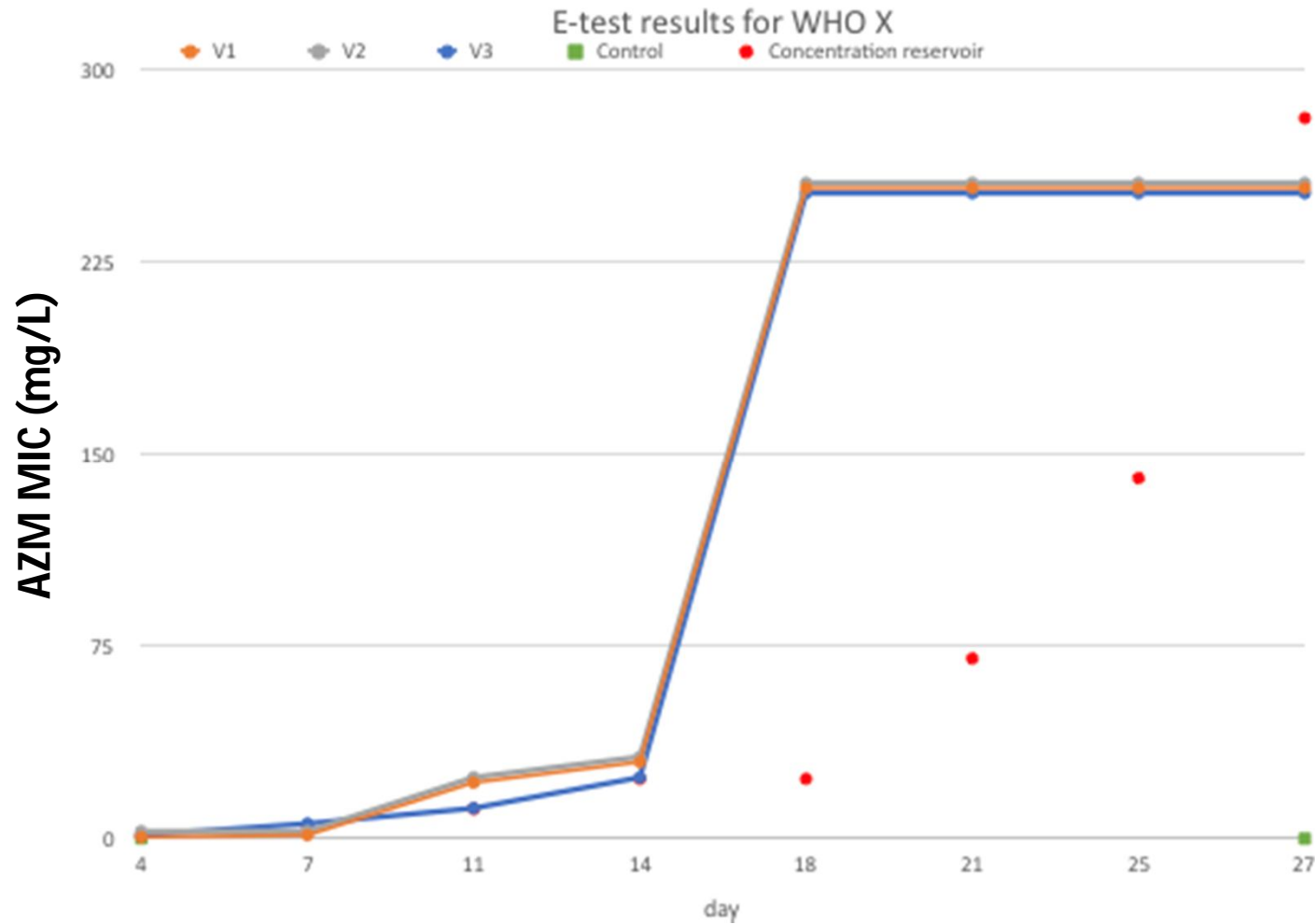
Why not me?

Why me?

* Agar dilution, same breakpoints excl AZM as shown

AB exposure -> AMR

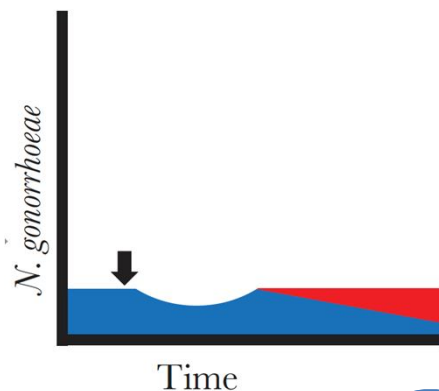
e.g. from NG-morbidostat



3 different types of AB exposure -> AMR

1. Direct selection

Penicillin used to
treat Ng



2. Indirect bystander
selection

3. Direct bystander
selection

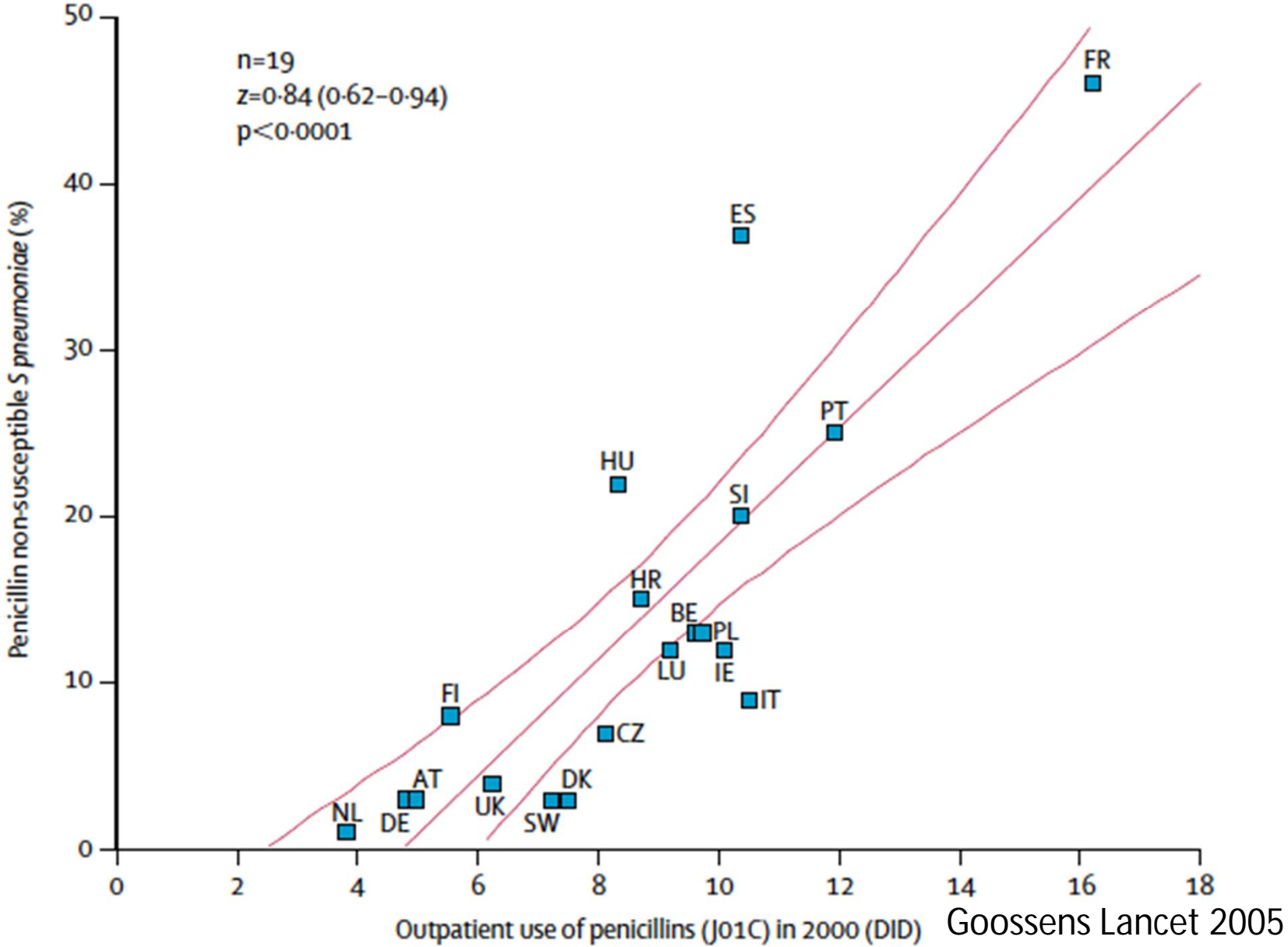
Bystander selection for Ng in 2010 in USA:

- Quinolones - 98%
- Cephalosporins - 15%

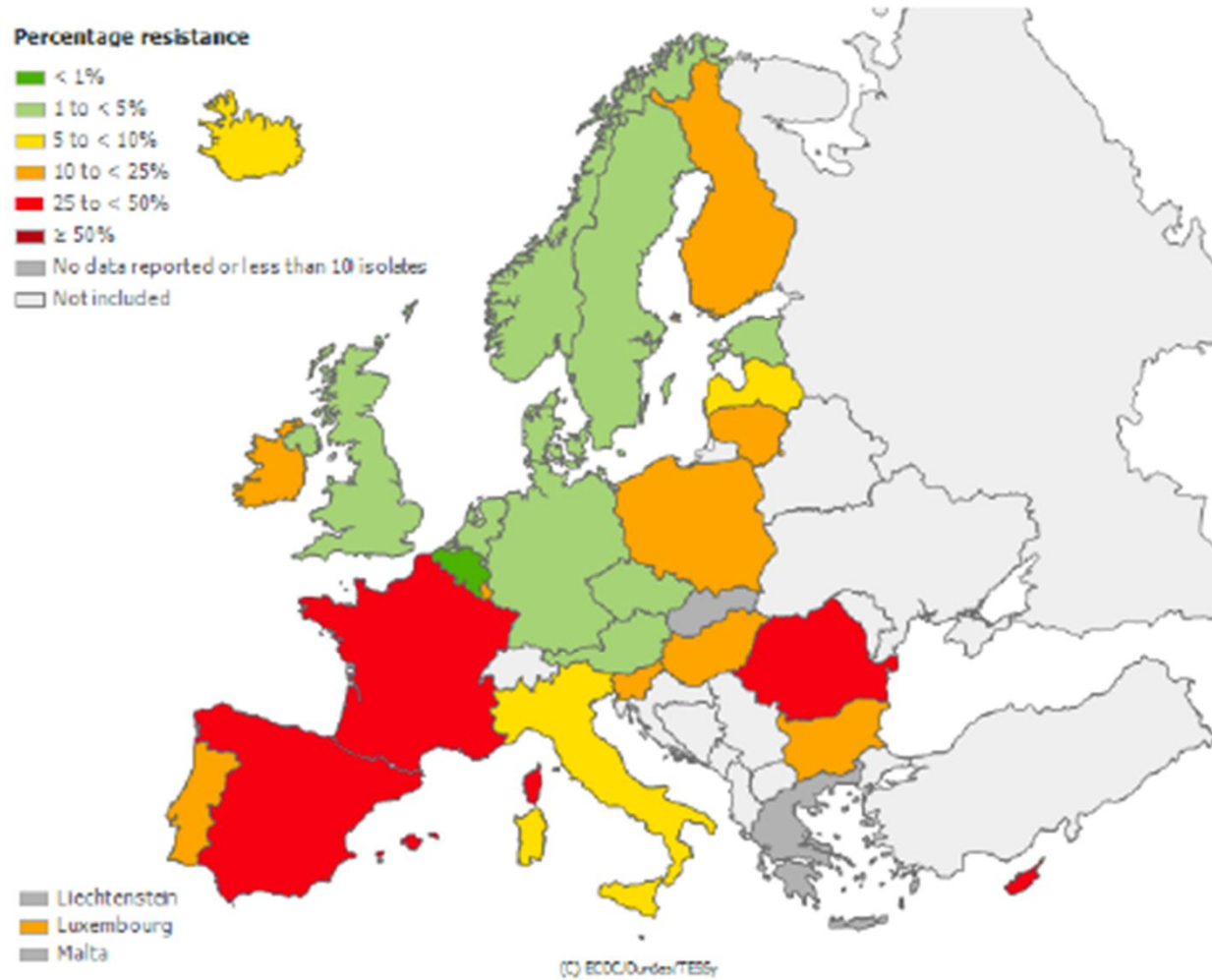
Tedijanto PNAS 2018

**EVIDENCE FOR BYSTANDER SELECTION
IN NG AT POPULATION LEVEL?**

Pneumococcus



S. Pneumoniae penicillin R BSI, 2010



MRSA BSI 2010

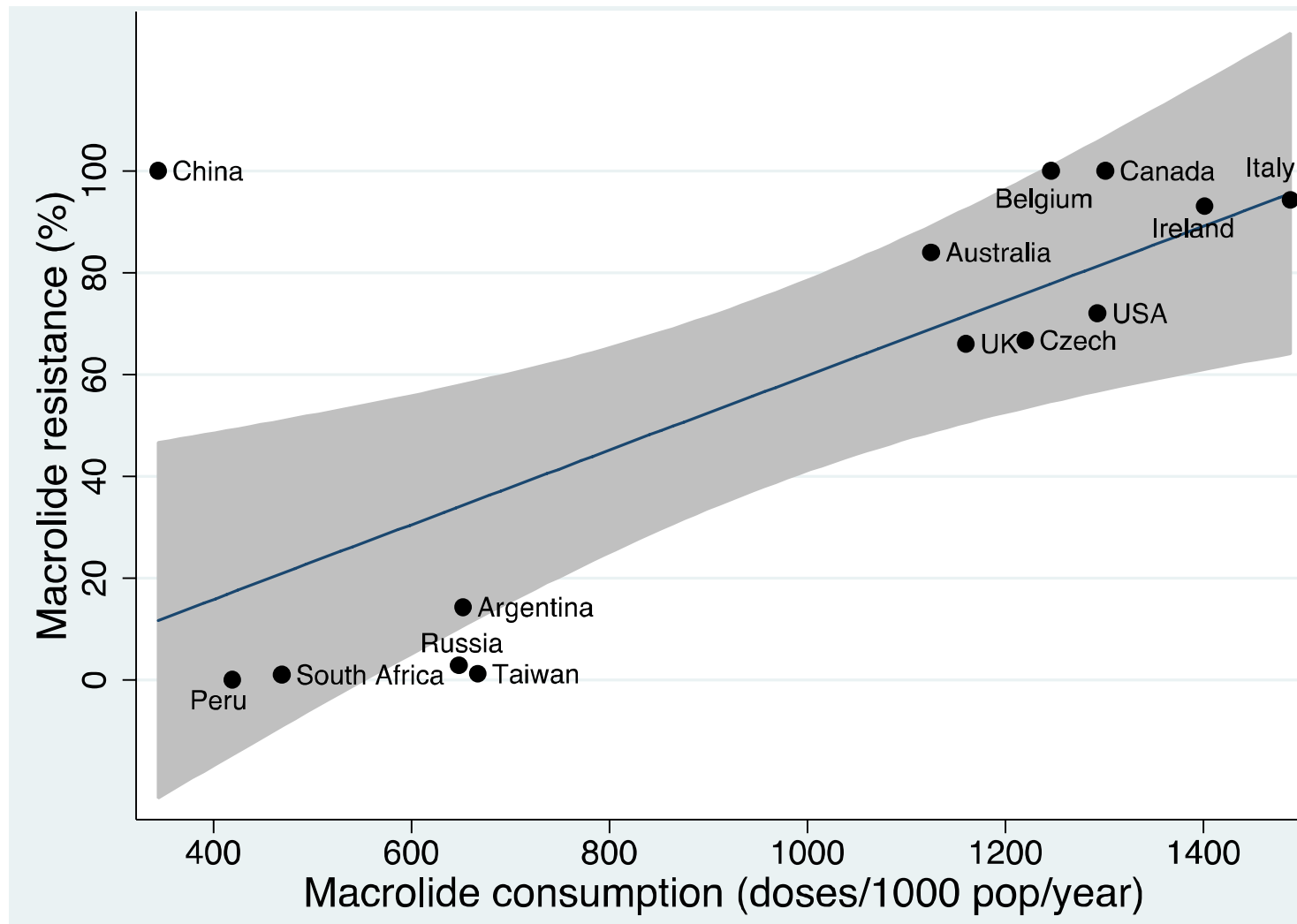


Is total population AB exposure a risk factor for AMR in STIs too?



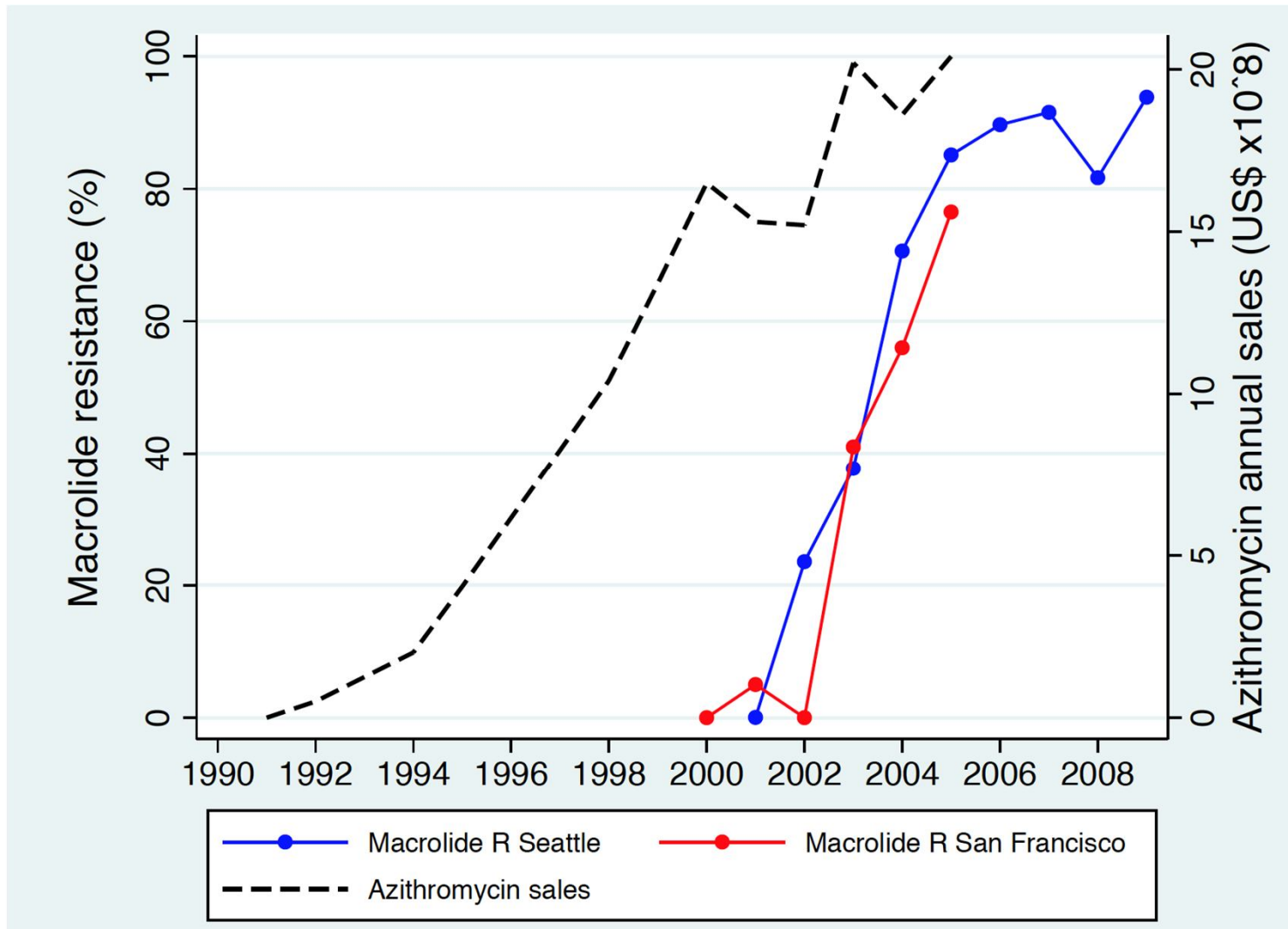
Treponema pallidum:

Macrolide AMR vs. consumption



coeff. 0.7, P = 0.009

Treponema pallidum: Macrolide AMR vs. consumption

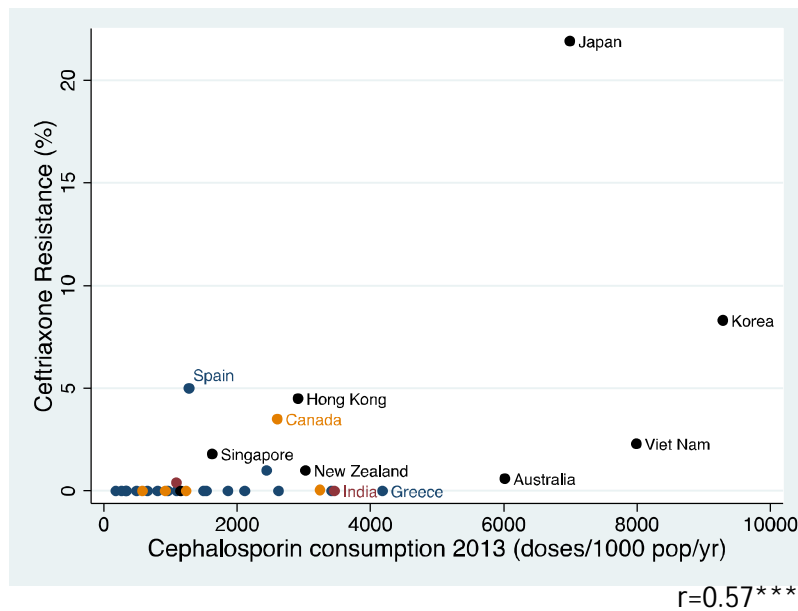


AB consumption vs Ng AMR

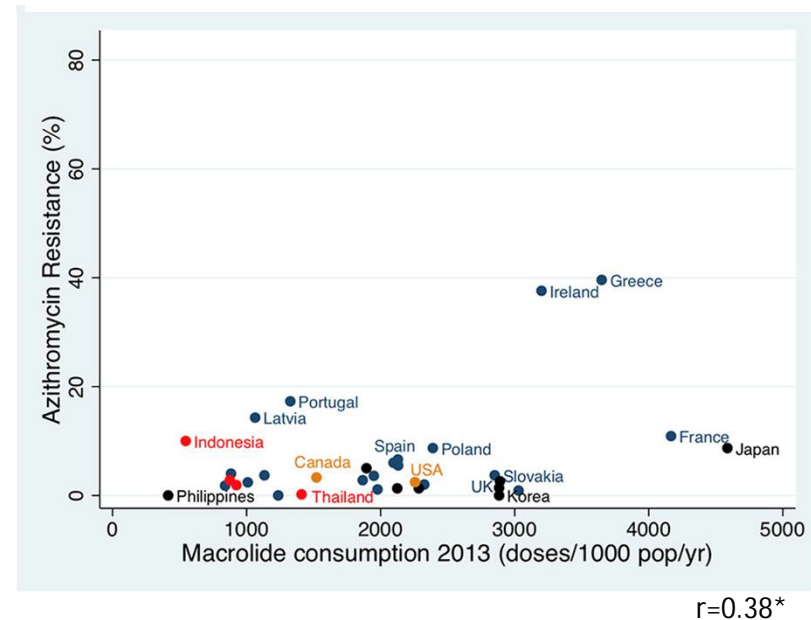
Global study

- AMR data: WHO GASP 2009-2014
- AB consumption data: CDDEP/IMS (doses 1000 pop/yr)

Cephalosporin



Macrolide



Consumption vs. Ng AMR in Europe

(2009-2016)

Consumption

	Maximum (country)	Minimum (country)	Fold difference
Cephalosporins	3376 (EL)	76 (NL)	44
Fluoroquinolones	1501 (IT)	266 (UK)	6
Macrolides	3300 (Greece)	296 (Sweden)	11

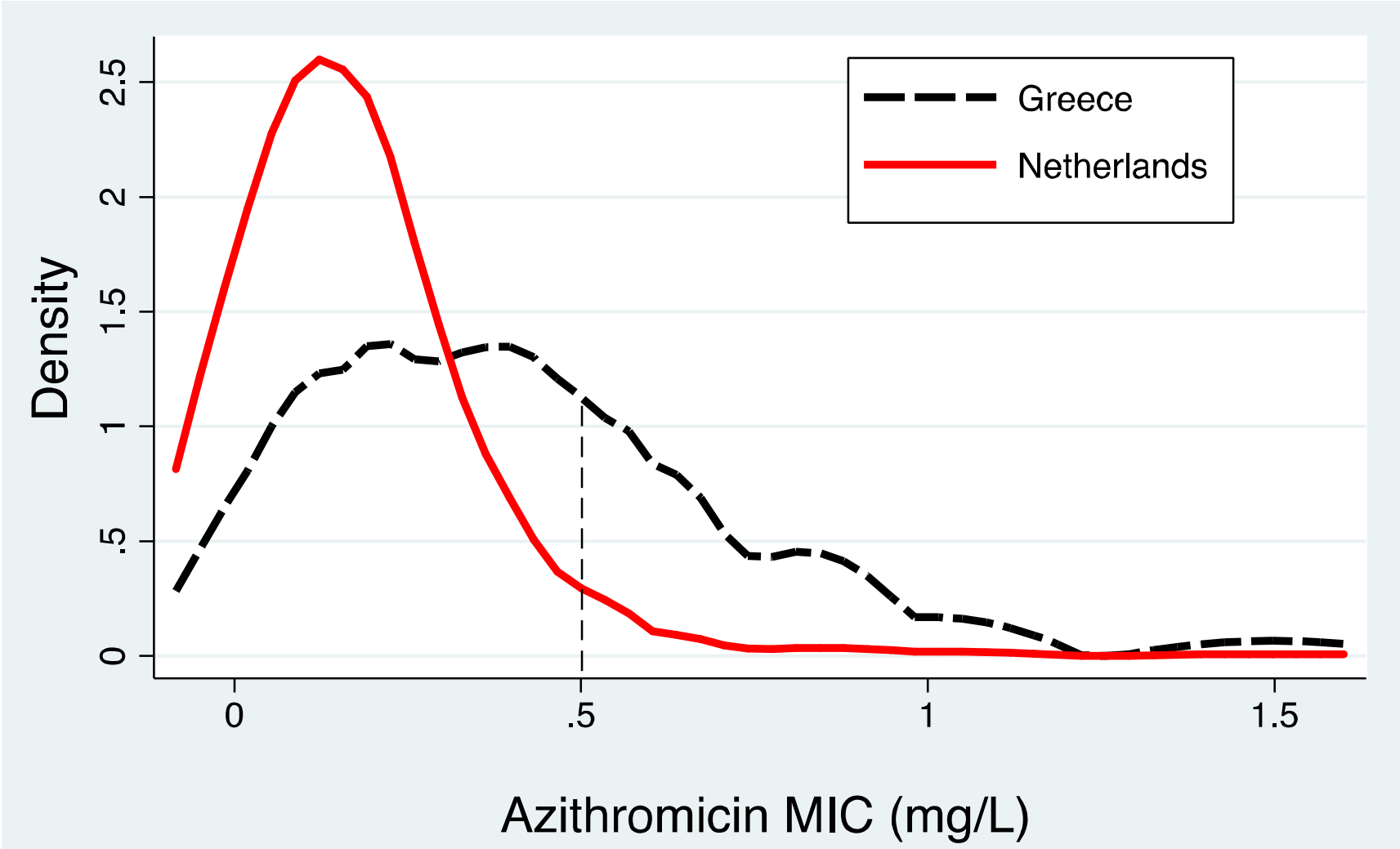
AMR

	% AMR Maximum	% AMR Minimum	Fold difference
Cefixime	12.7 (DK)	0 (EE)	>12
Ceftriaxone	5.0 (ES)	0	>5
Ciprofloxacin	70.0 (LU)	20.7 (EE)	3.4
Azithromycin	13.5 (EL)	0	>13

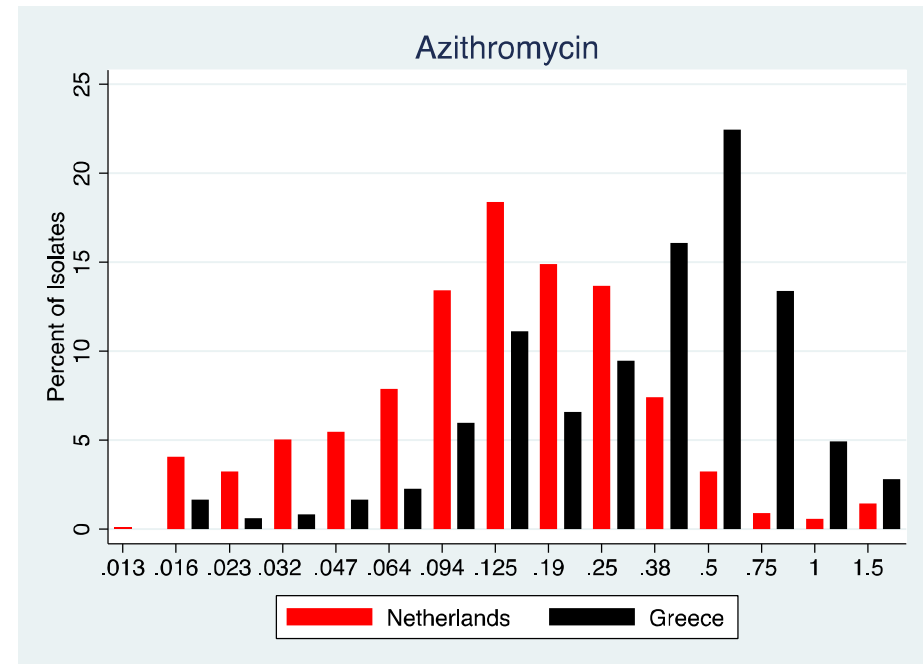
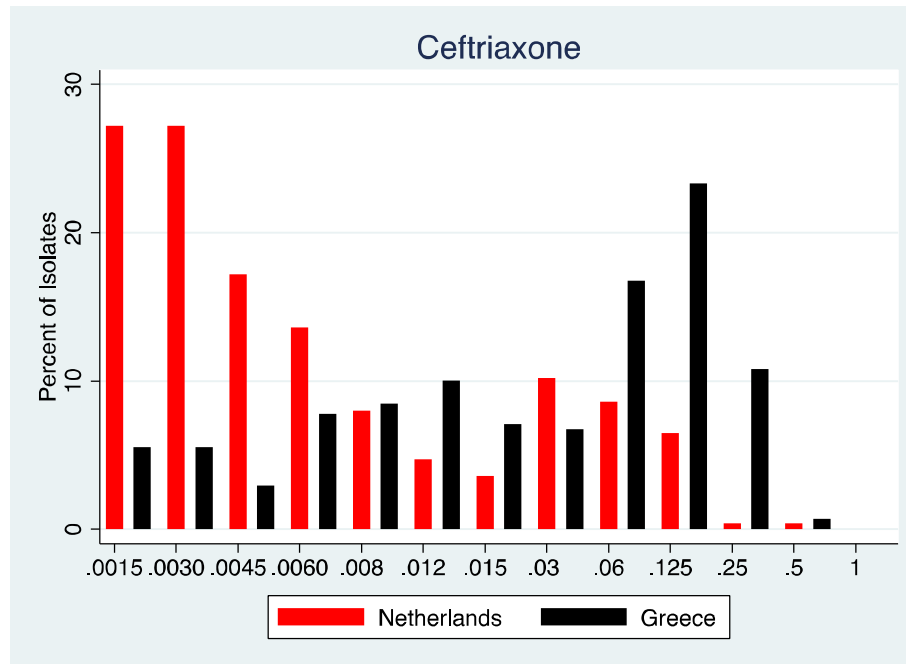
Mixed effects linear regression analyses of relationship between AB consumption and AMR

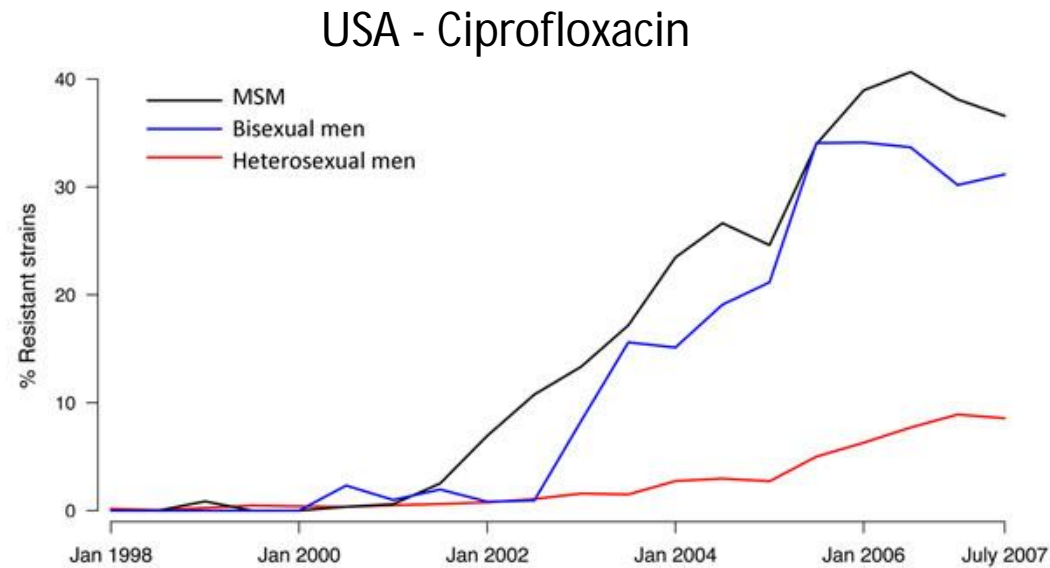
Exposure var	Outcome var	Antimicrobial resistance		Geometric mean MIC	
		Coef.	P-value	Coef.	P-value
Cephalosporin	Ceftriaxone	0.2	0.073	0.003	0.003
Cephalosporin	Cefixime	1.6	0.062	0.004	0.017
Macrolide	Azithromycin	3.0	0.086	0.01	0.497
Quinolone	Ciprofloxacin	16.8	0.006	0.49	0.063

AB consumption predicts geometric mean MIC for susceptible isolates



High consumption -> right shifted MIC



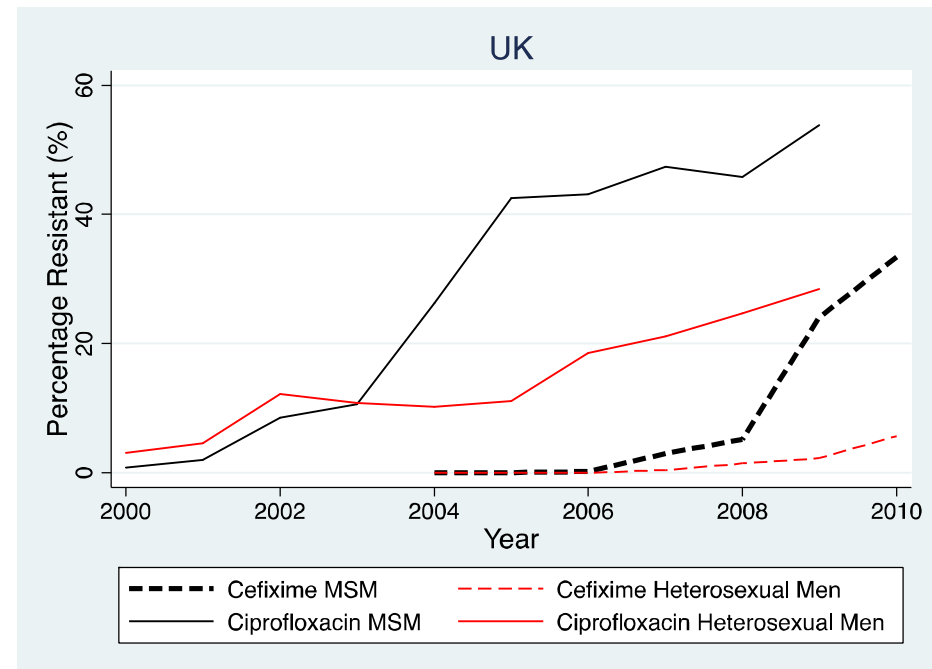
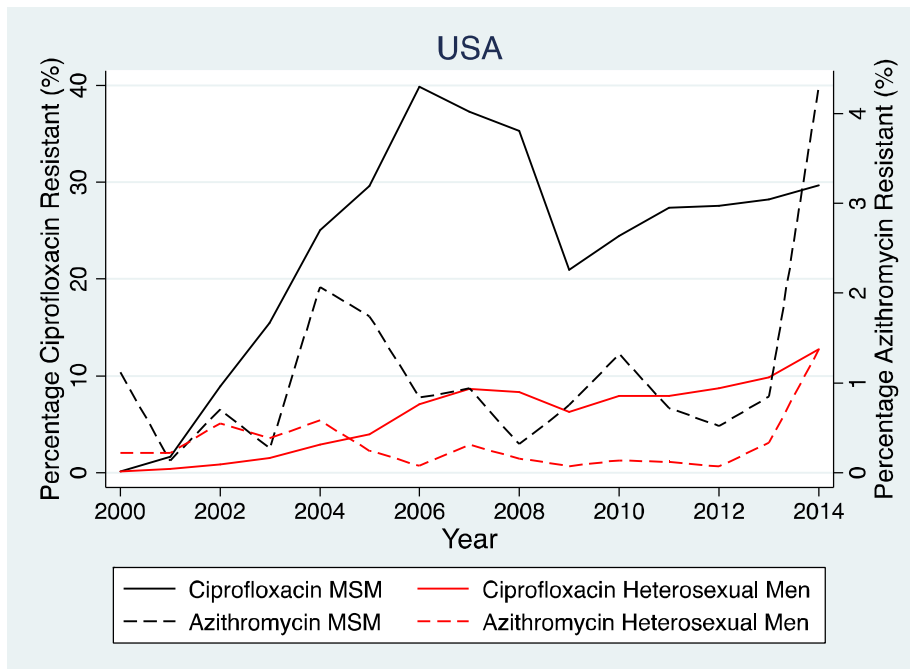


Part 2

THE ROLE OF AB CONSUMPTION IN CORE GROUPS IN AMR

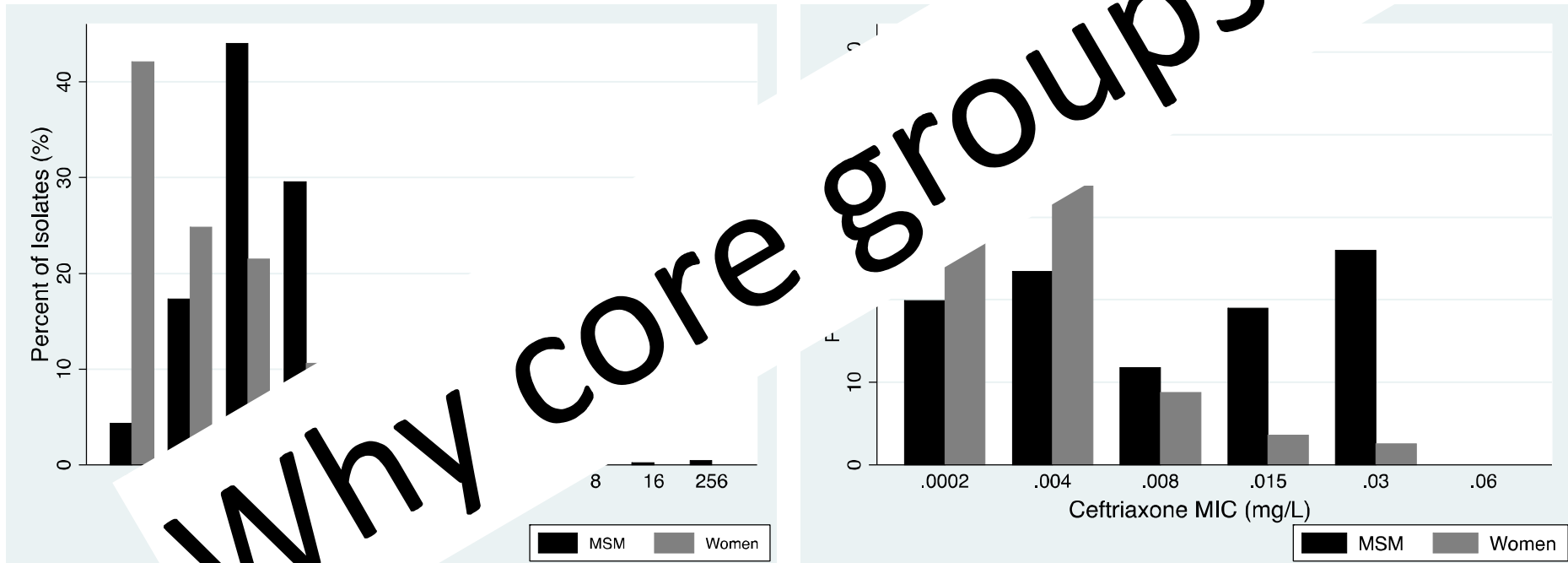
The role of core groups in the emergence and dissemination of antimicrobial-resistant *N gonorrhoeae*

D A Lewis^{1,2,3}

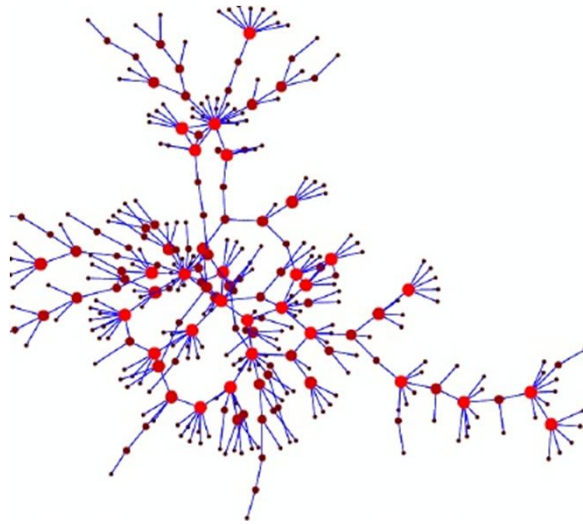


MSM Ng MICs right shifted

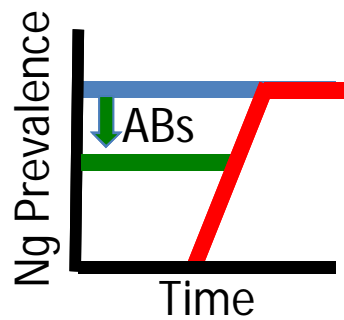
2014



Pharmacoecologic theory of Ng AMR

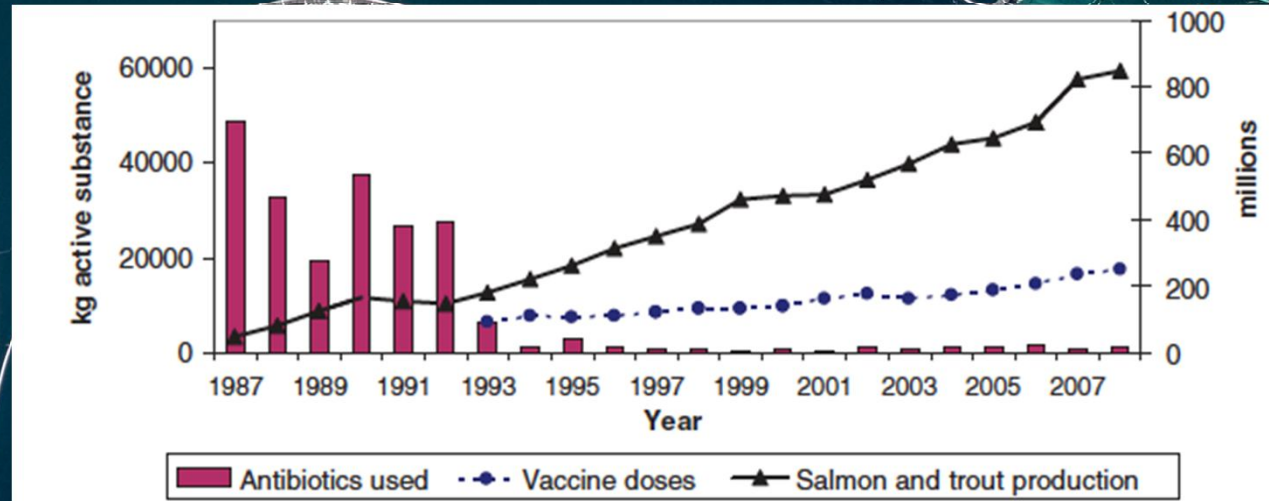
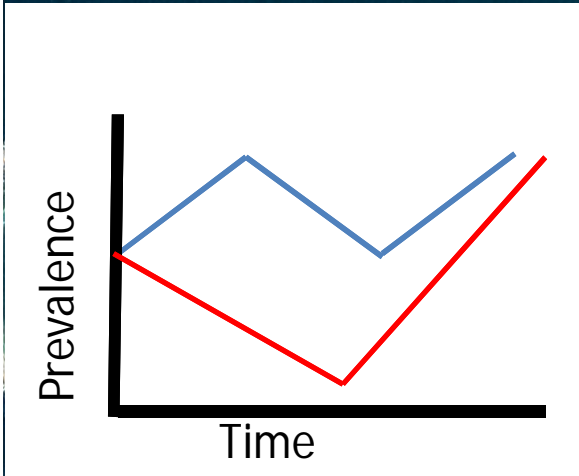


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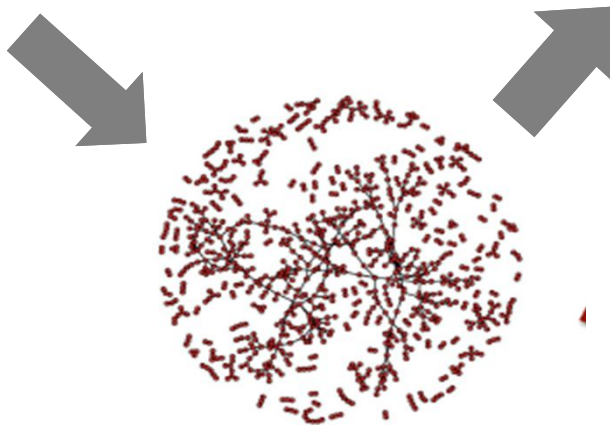
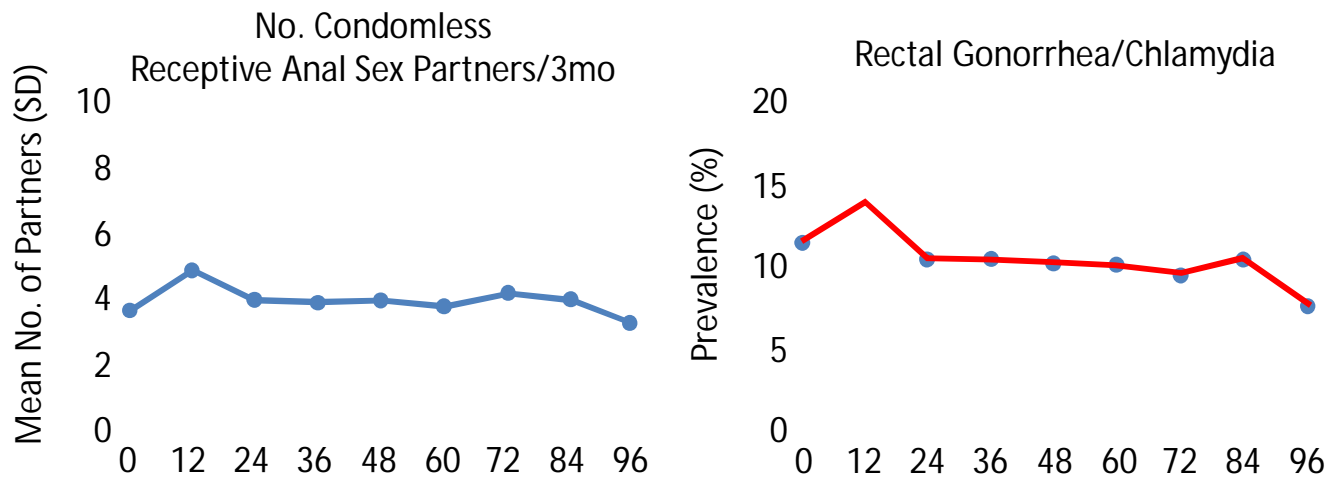


ISA virus
Furunculosis
(*Aeromonas salmonicida*)
Piscirickettsiosis



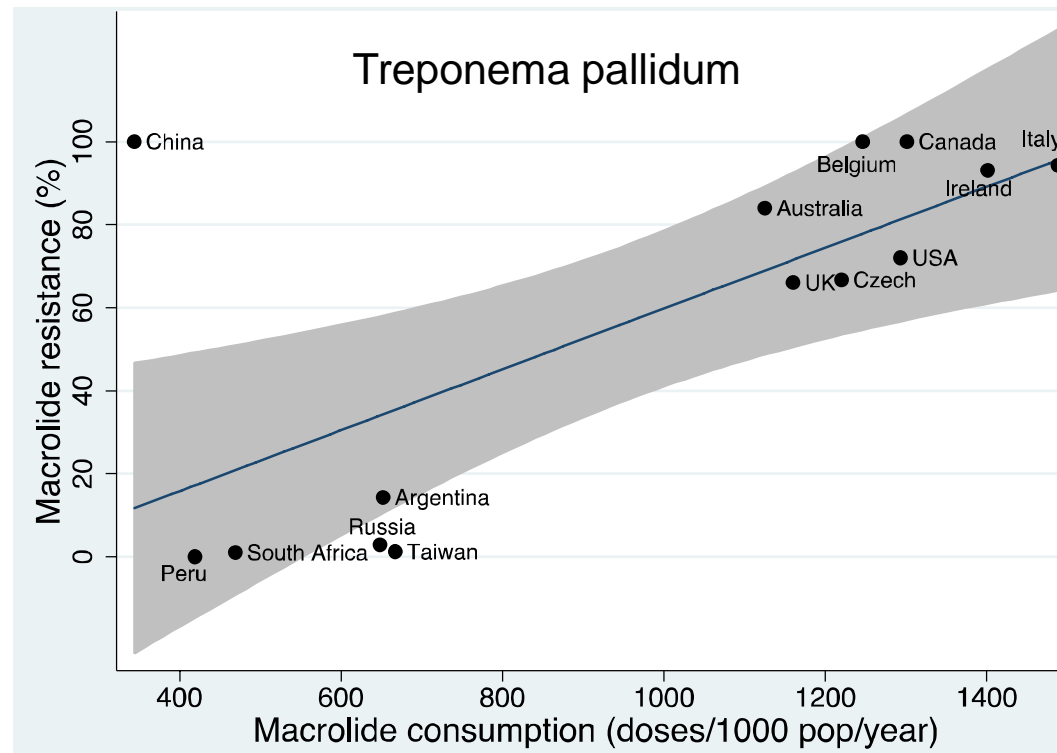
PrEP cohorts: Network connectivity -> high equilibrium prev. NG

e.g. DISCOVER PrEP RCT



3mo 3 site Ng/Ct screening in PrEP cohorts -> ++ AB consumption

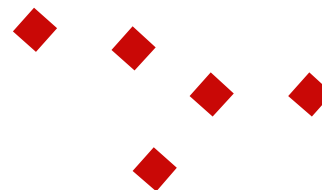
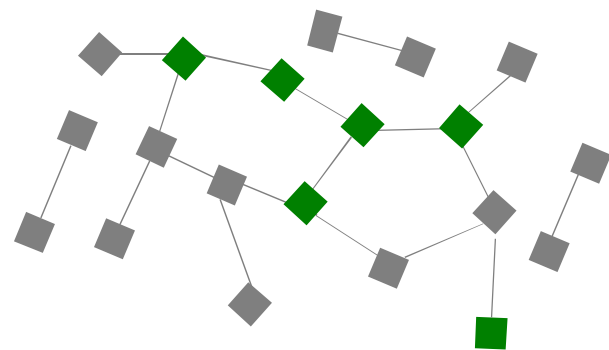
- Macrolides: 4400 dose/ 1000 pop/yr (11-fold higher than NL)
- Cephalosporins: 256 dose/ 1000 pop/yr (3-fold higher NL)



Network connectivity

+

Intensive screening



High MICs in commensal *Neisseriae* in Belgian MSM

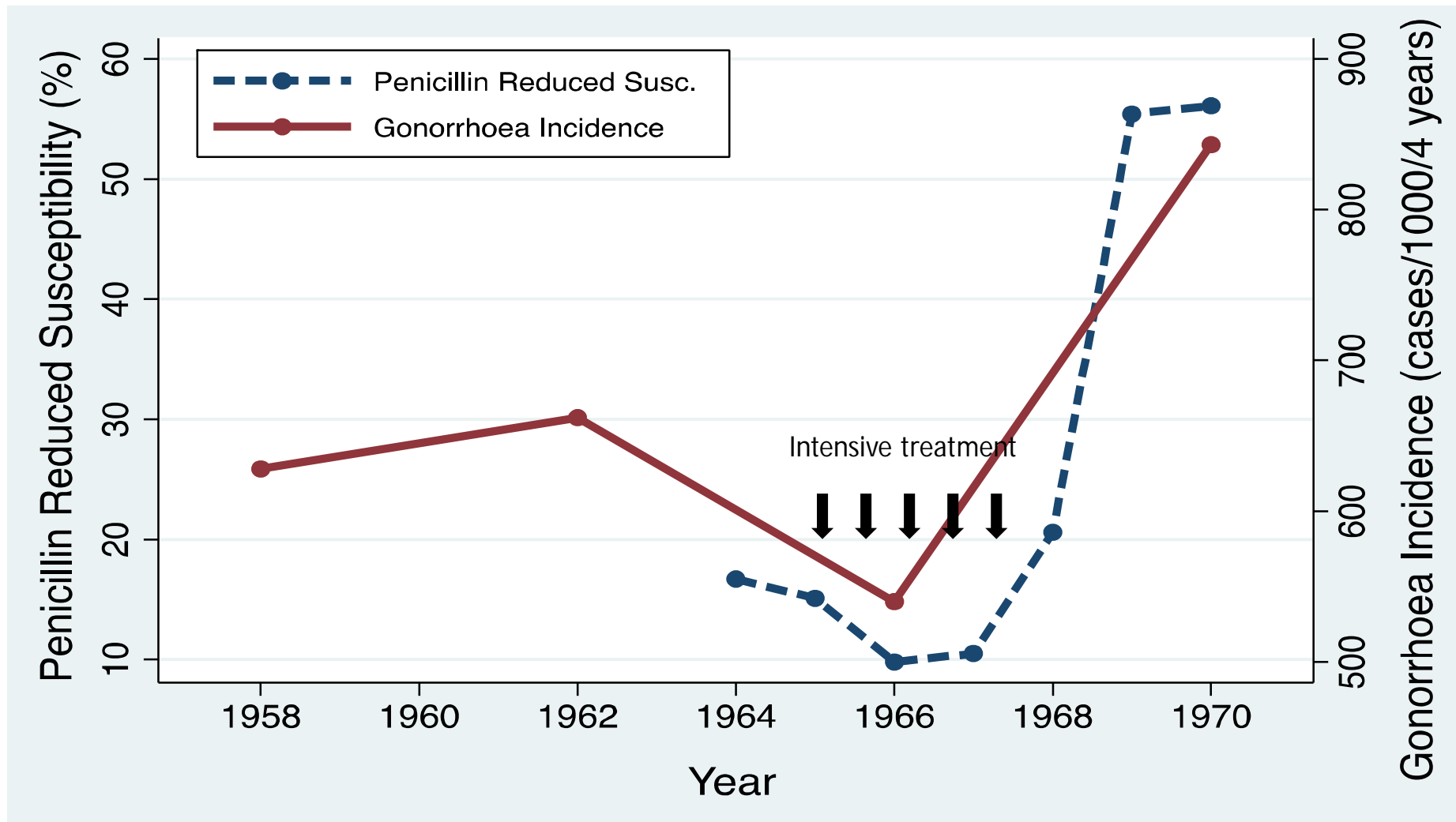
<i>Neisseria subflava</i>	Belgium 2019 - Median MIC (Range) n=11 mg/L	Japan 2005 - Median MIC (Range) n=45 mg/L	ITM Collection (1983-2013) n=6 mg/L
Azithromycin	256 (0.047- >256)	-	1 (0.5-4)
Ceftriaxone	0.38 (0.023-2.0)	0.03 (0.001-0.12)	0.03 (0.015-0.06)
Method	E-test	Agar dilution	E-test
Reference	Unpublished	Furuya JIC 2017	Unpublished

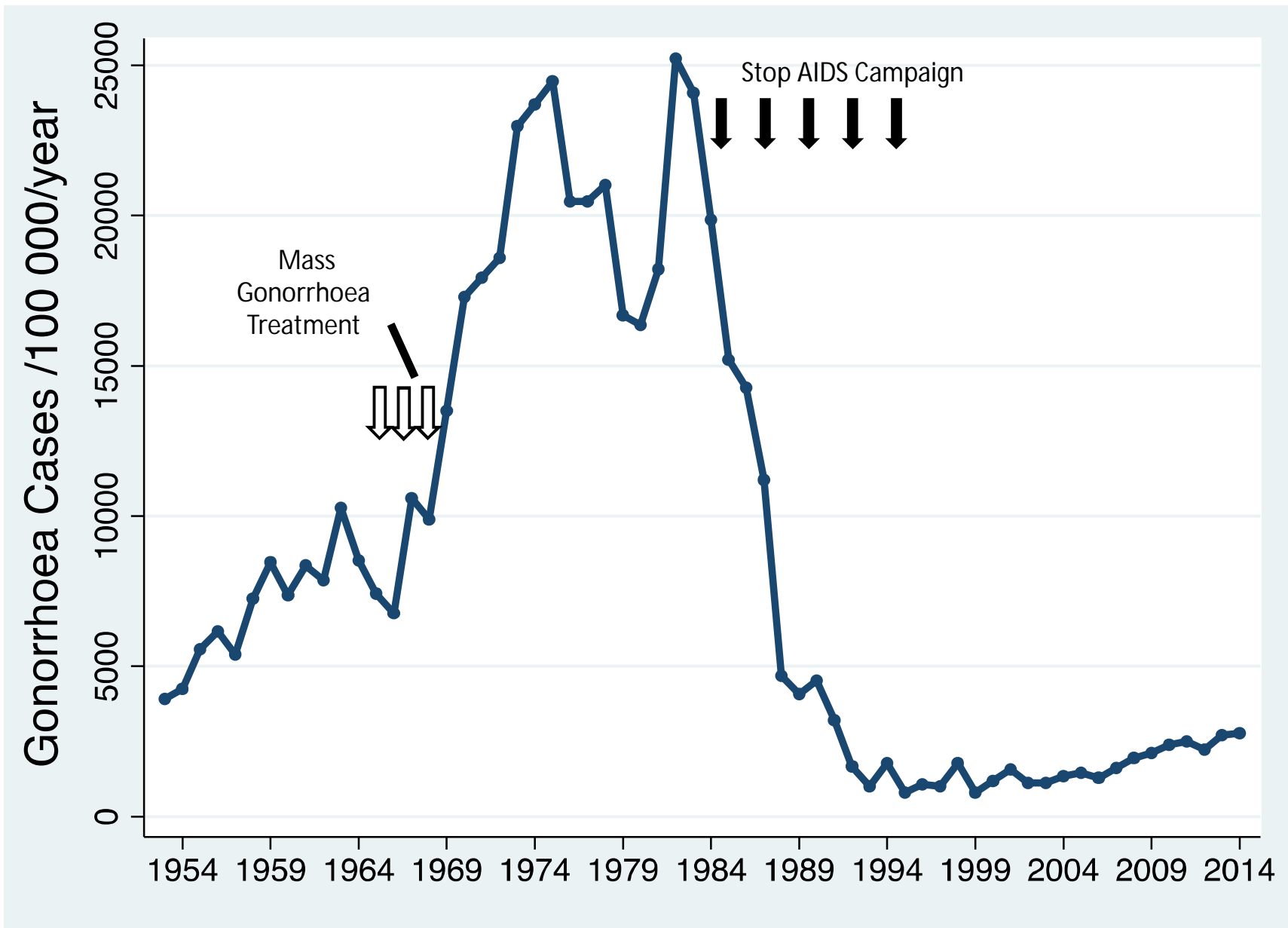
Commensal *Neisseriae* as early warning system?

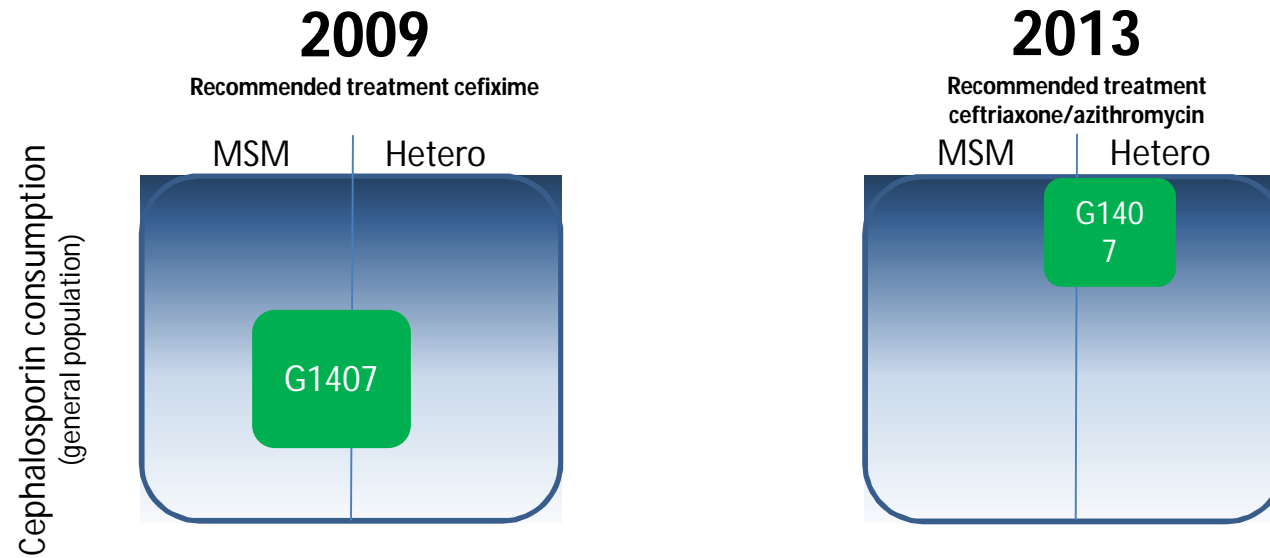


Mass treatment/screening -> AMR

e.g. Greenland





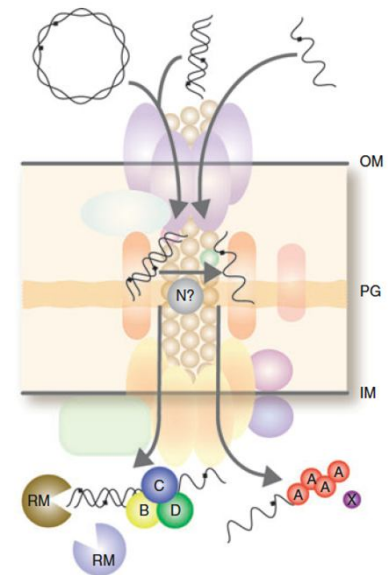


Part 3

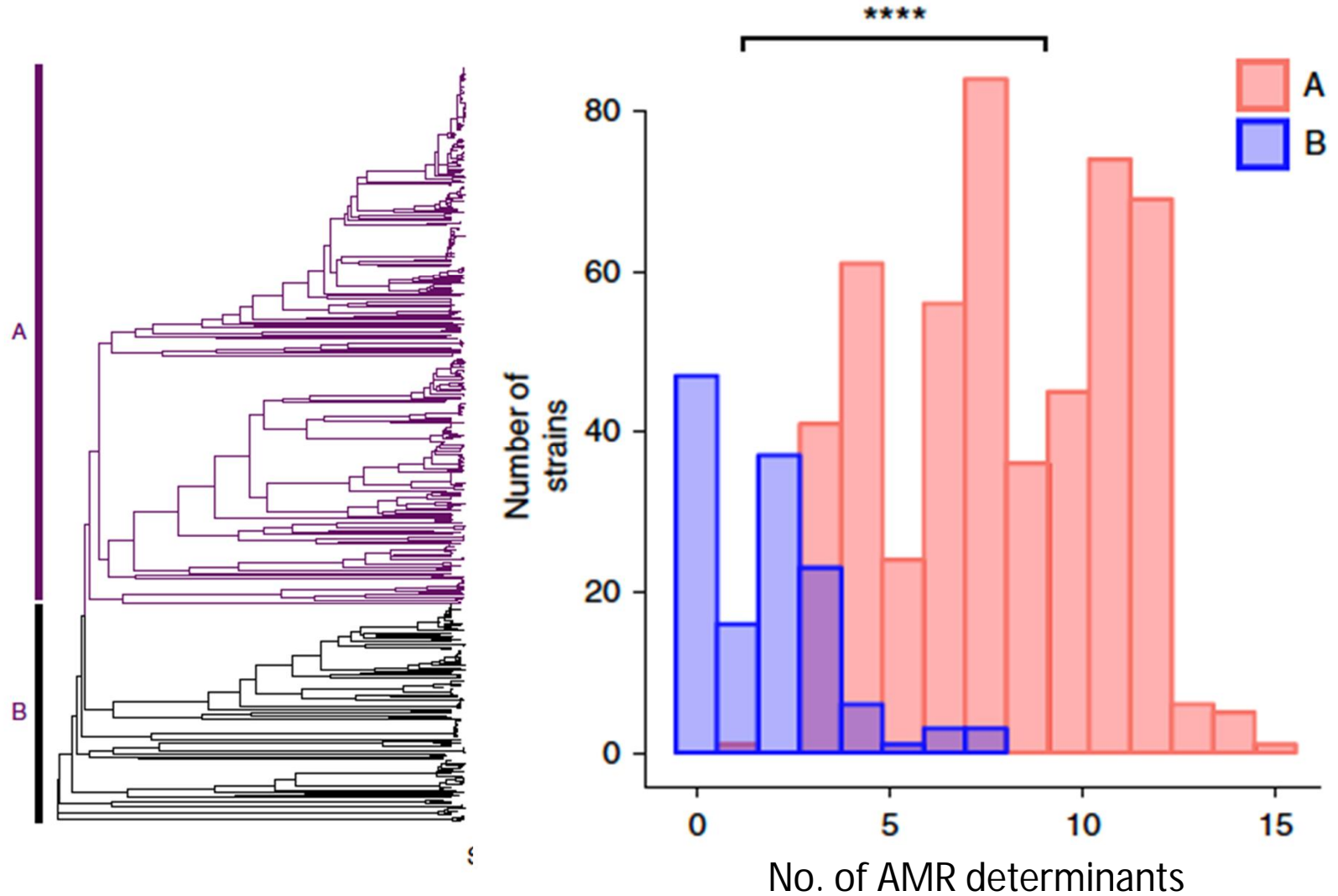
COMBINING POPULATION & CORE GROUP PERSPECTIVES

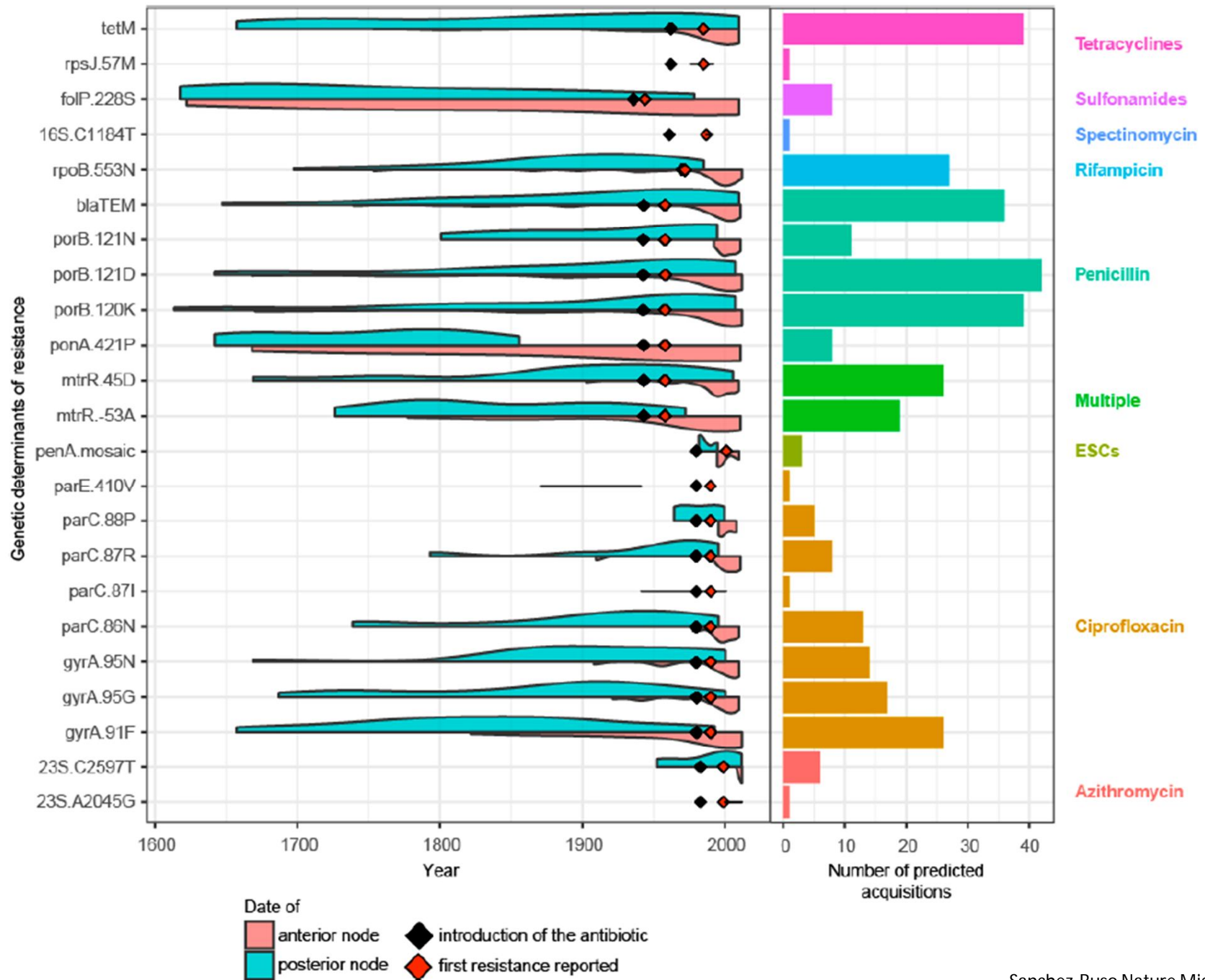
The impact of antimicrobials on gonococcal evolution

- WGS phylogeographical analysis of 419 gonococcal isolates from 5 continents 1960-2013
- ++ admixture
- No significant differentiation between continents (except Africa)

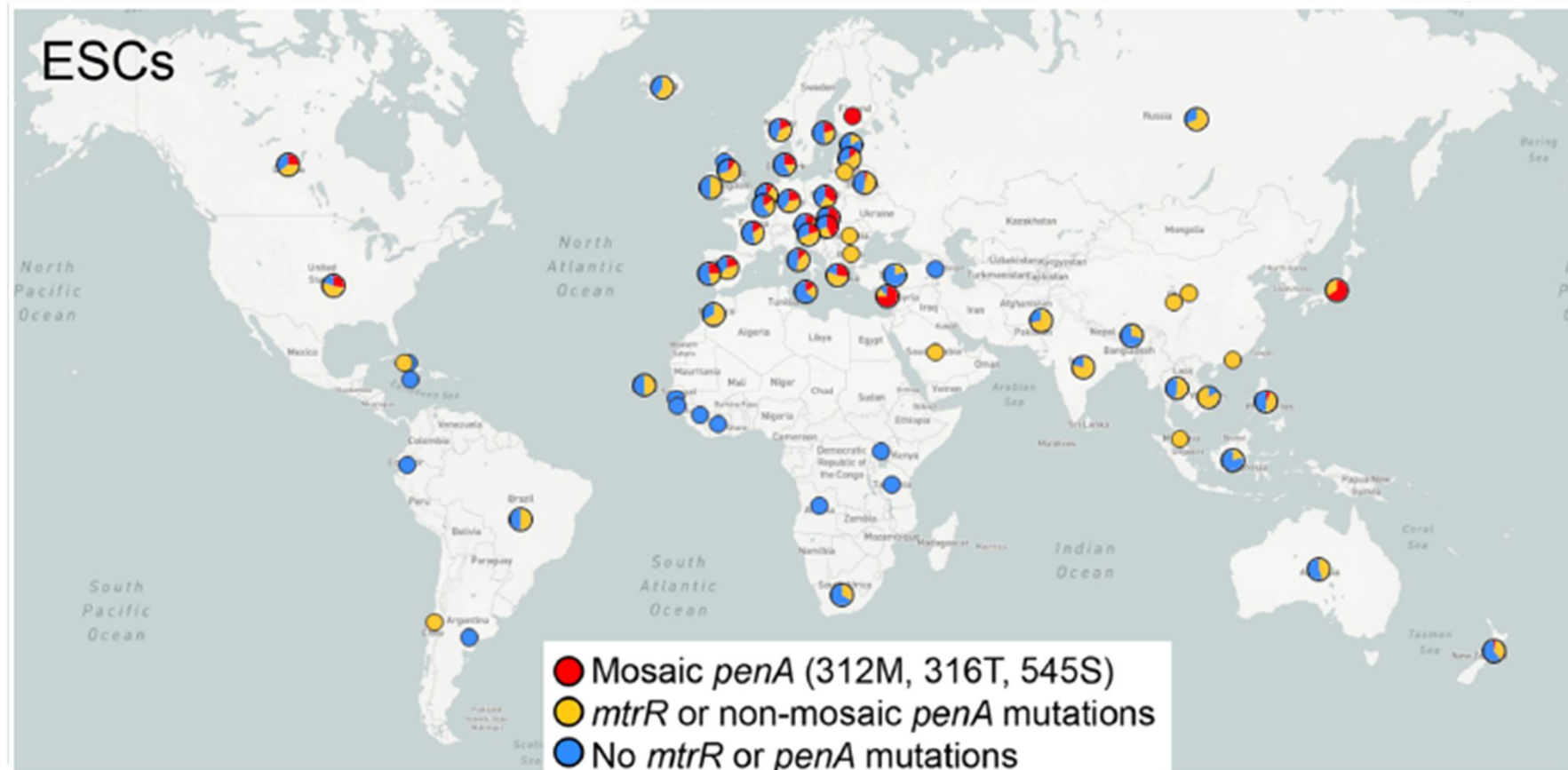


Lineage B -> hope



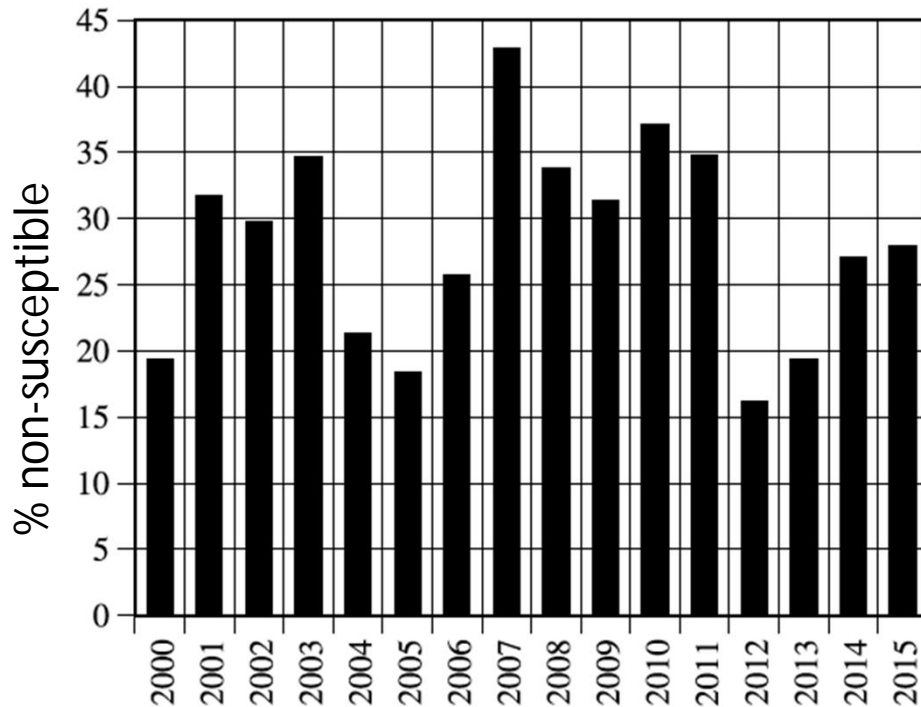


AMR freq. emerges in core groups in Asia

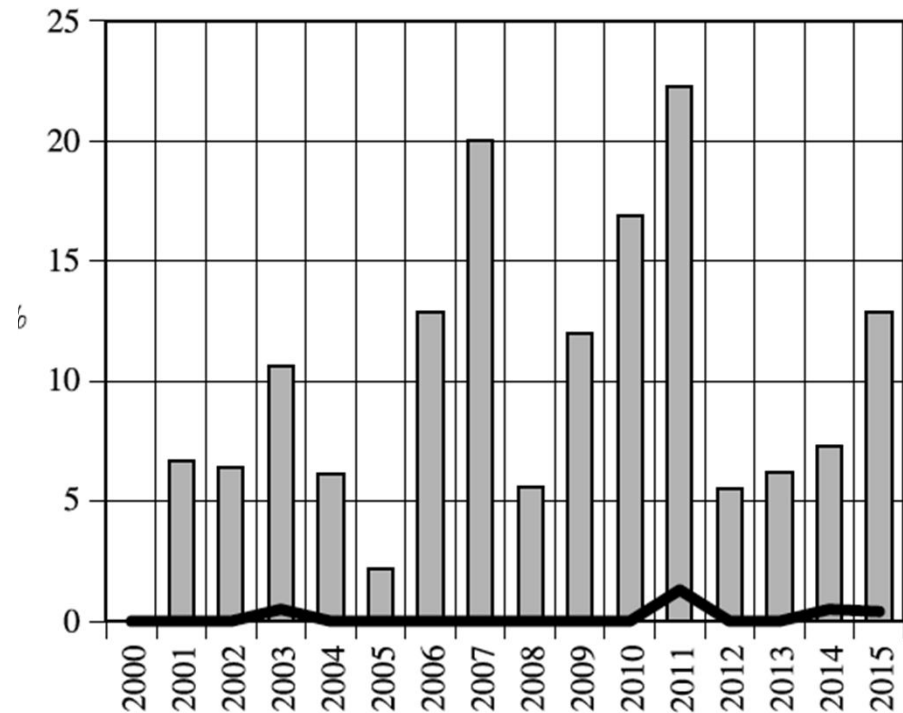


ESCephalosporin AMR arises in Japan

- 1995 – world's first case cefixime R (mosaic penA)
- 2009 – world's first case ceftriaxone R (FSW) (mosaic penA –less fit so doesn't spread)
- 2014 – 2 new cases (mosaic penA - spreads)



Cefixime (MIC ≥ 0.5)

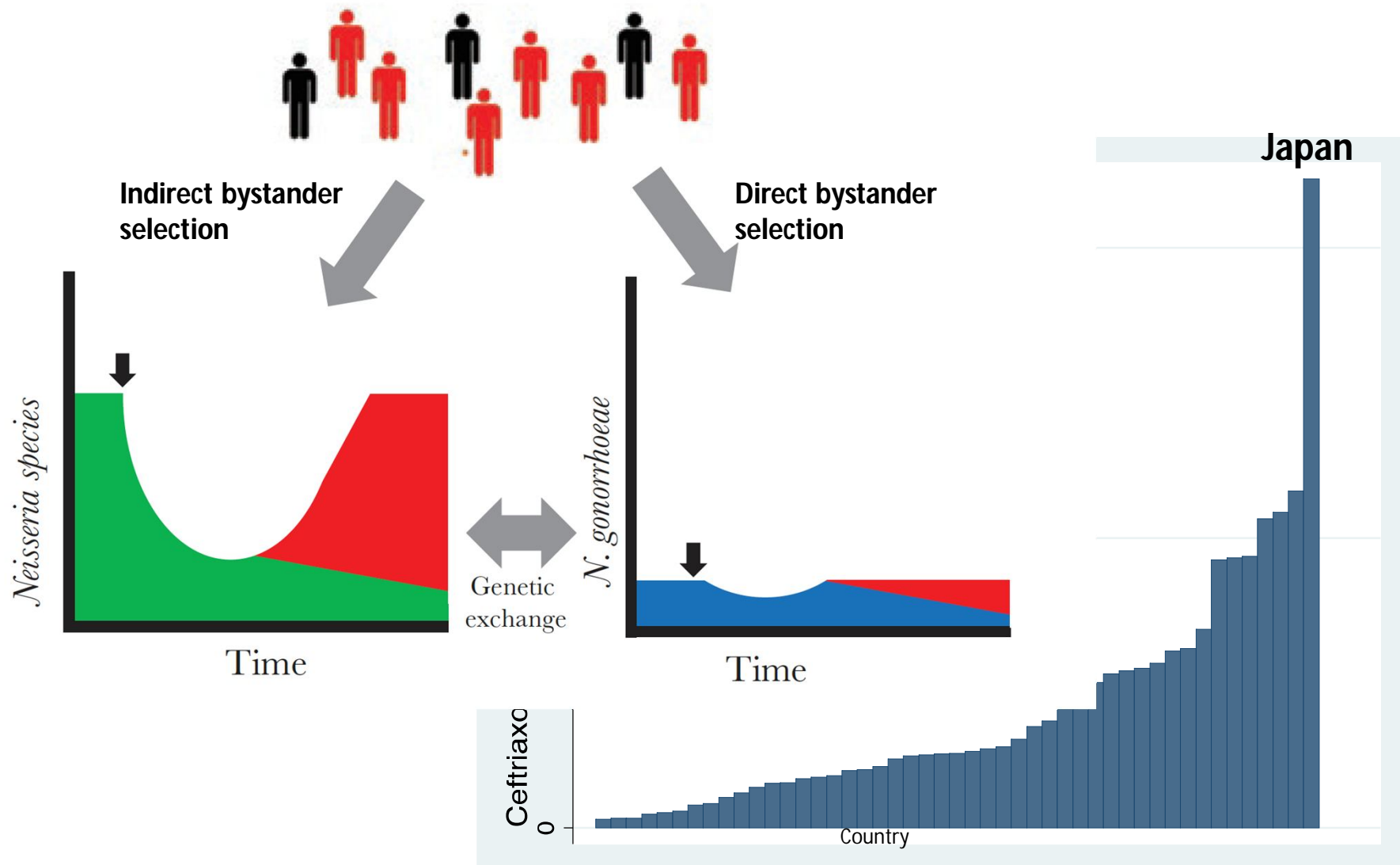


Ceftriaxone

(MIC ≥ 0.25 – bars, ≥ 0.5 = line)

Yasuda 2017 STDs

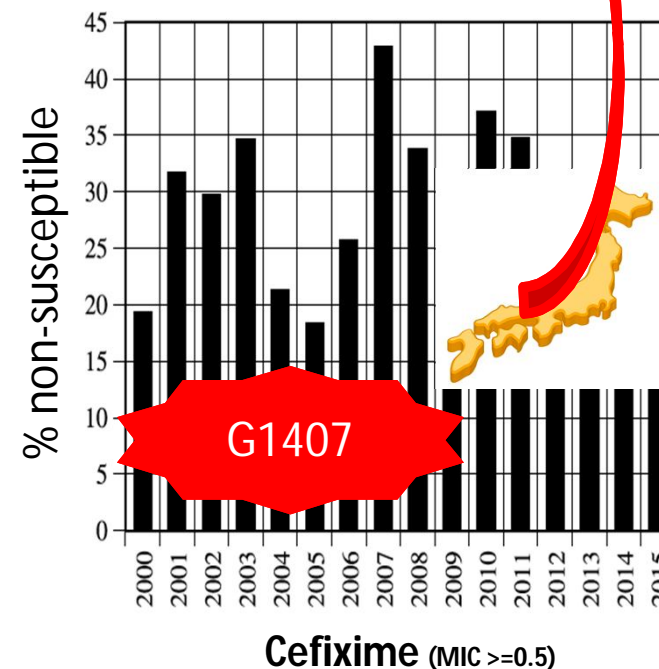
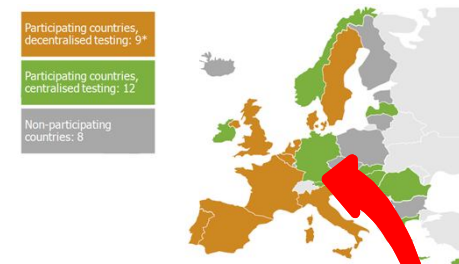
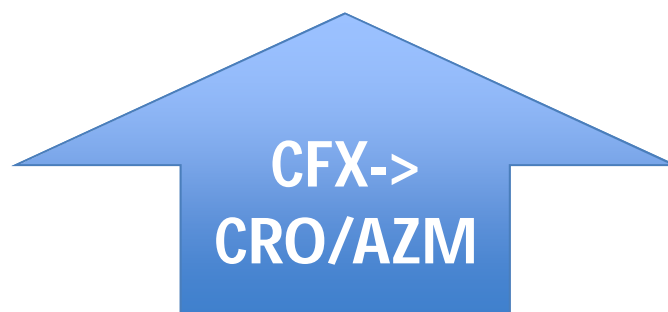
Why Japan?



Molecular epidemiological typing within the European Gonococcal Antimicrobial Resistance Surveillance Programme reveals predominance of a multidrug-resistant clone

- G1407

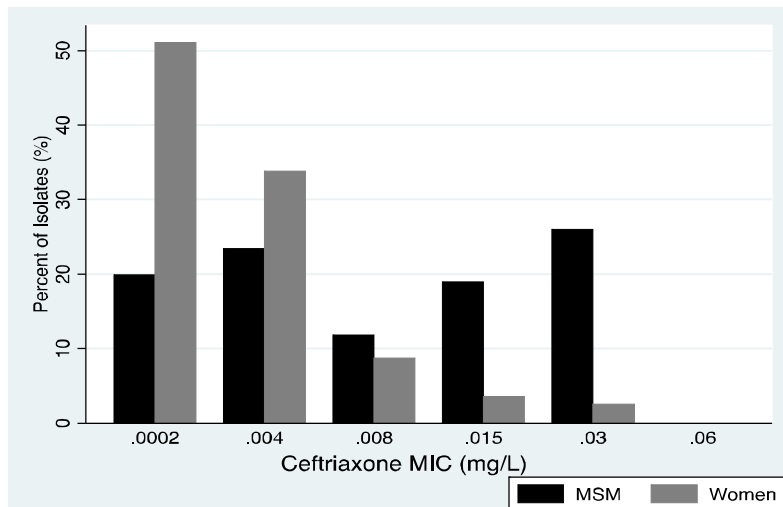
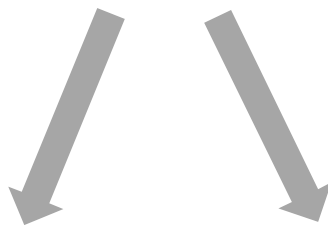
	2009
Prevalence	23%
Ciprofloxacin R	100%
Cefixime RS (≥0.06)	96%
Transmission	MSM (OR 1.8)



Cefixime Era -> Direct selection of AMR in MSM

Direct selection

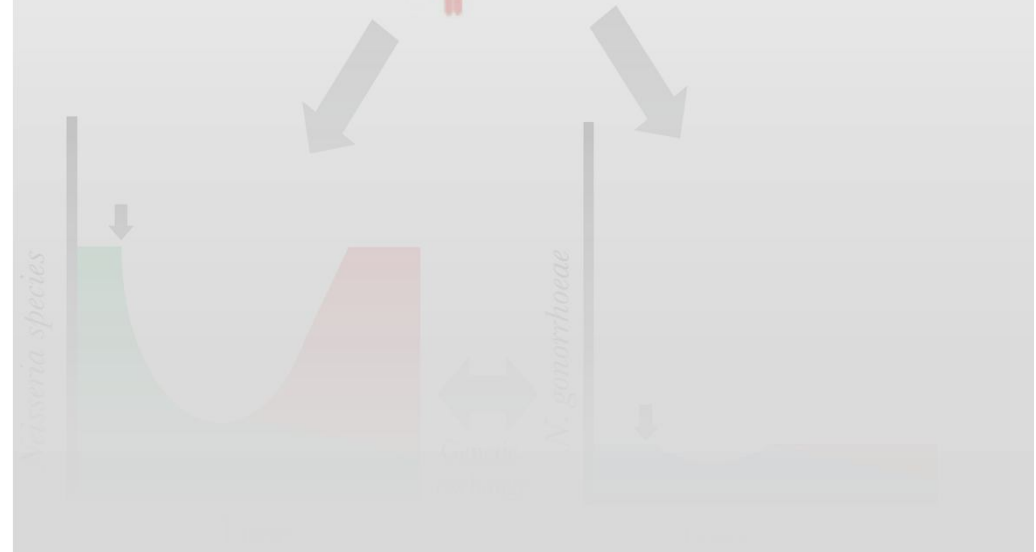
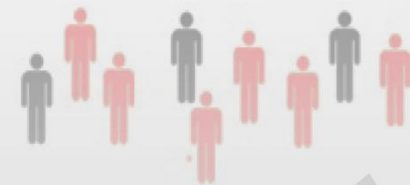
CFX used to treat Ng



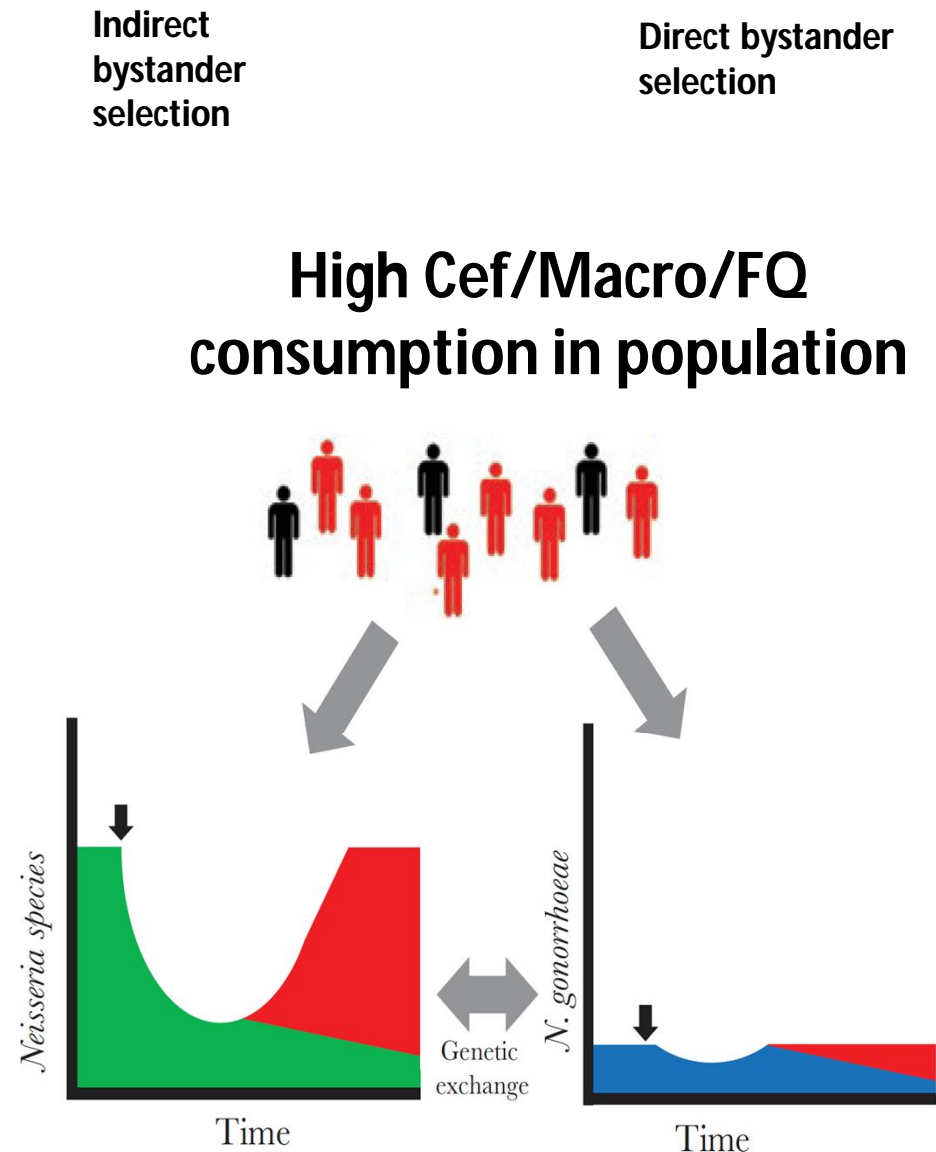
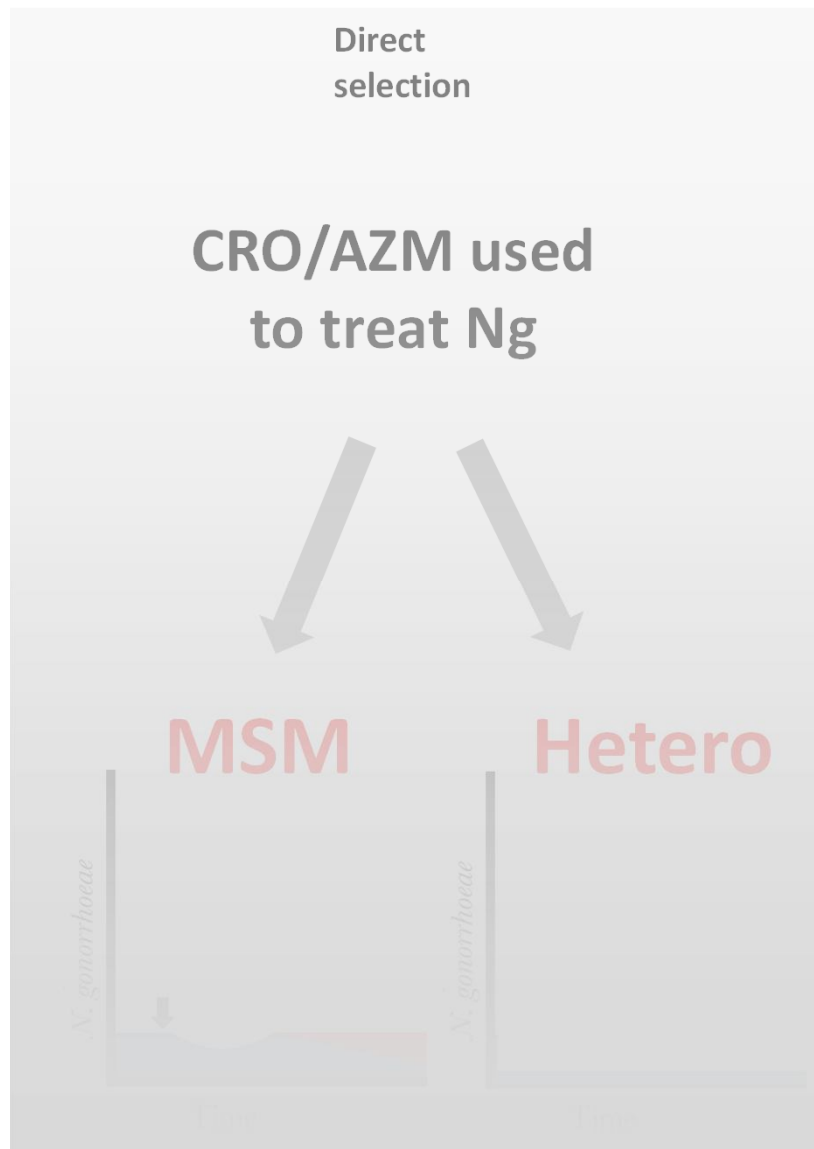
Indirect bystander selection

Direct bystander selection

High CFX consumption in population

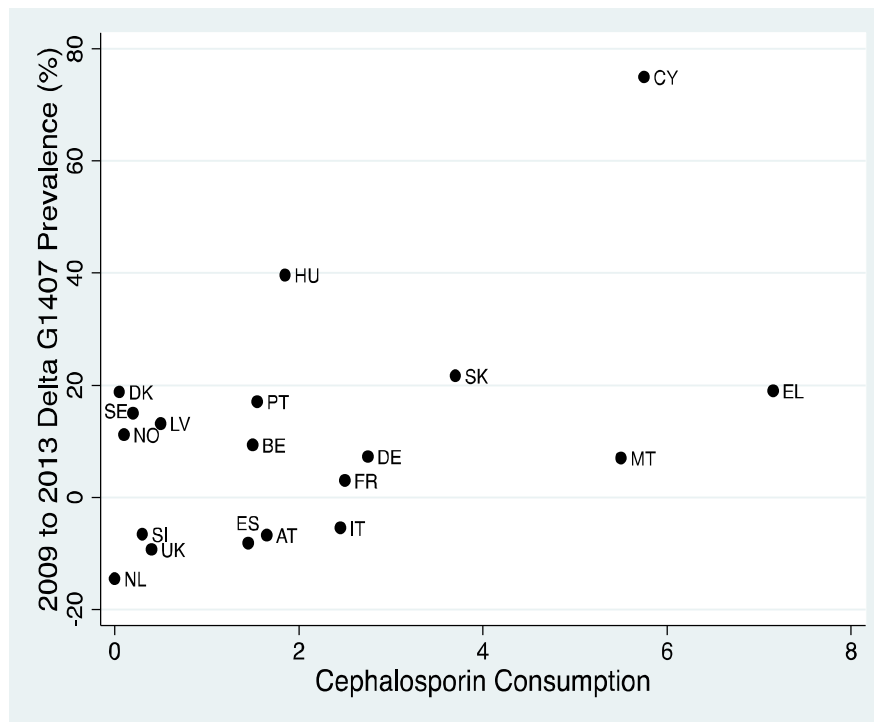


Ceftriaxone/AZM Era -> indirect selection in general population

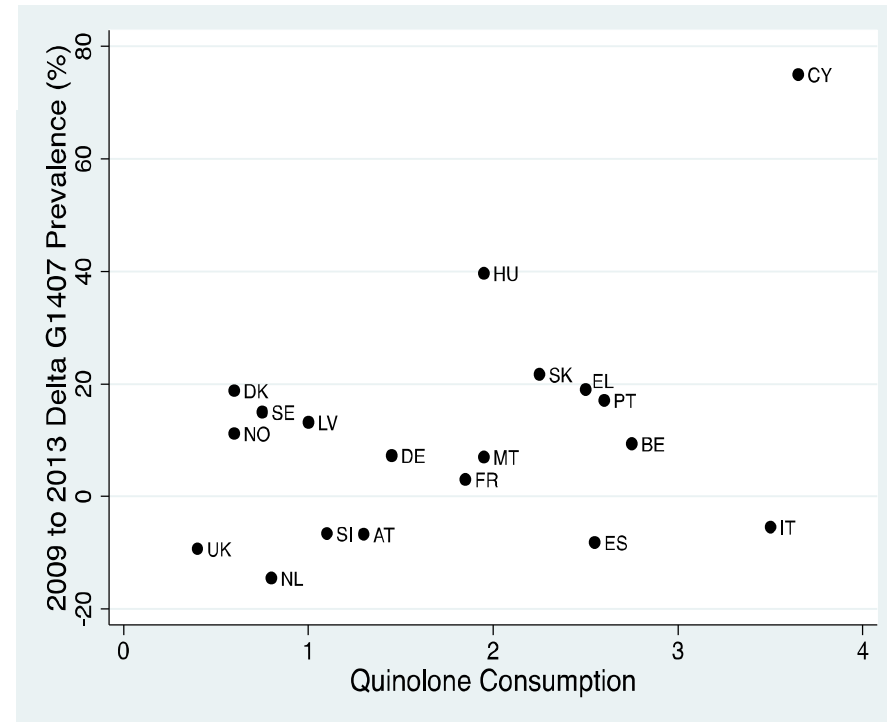


Cephalosporin/FQ consumption selects for mosaic penA/G1407 in Europe ?

- 1054 Ng WGS from 24 countries EURO GRASP 2013
- AB Consumption from ESAT 2011/12



Coeff. 3.9, 95% CI 0.5-7.4



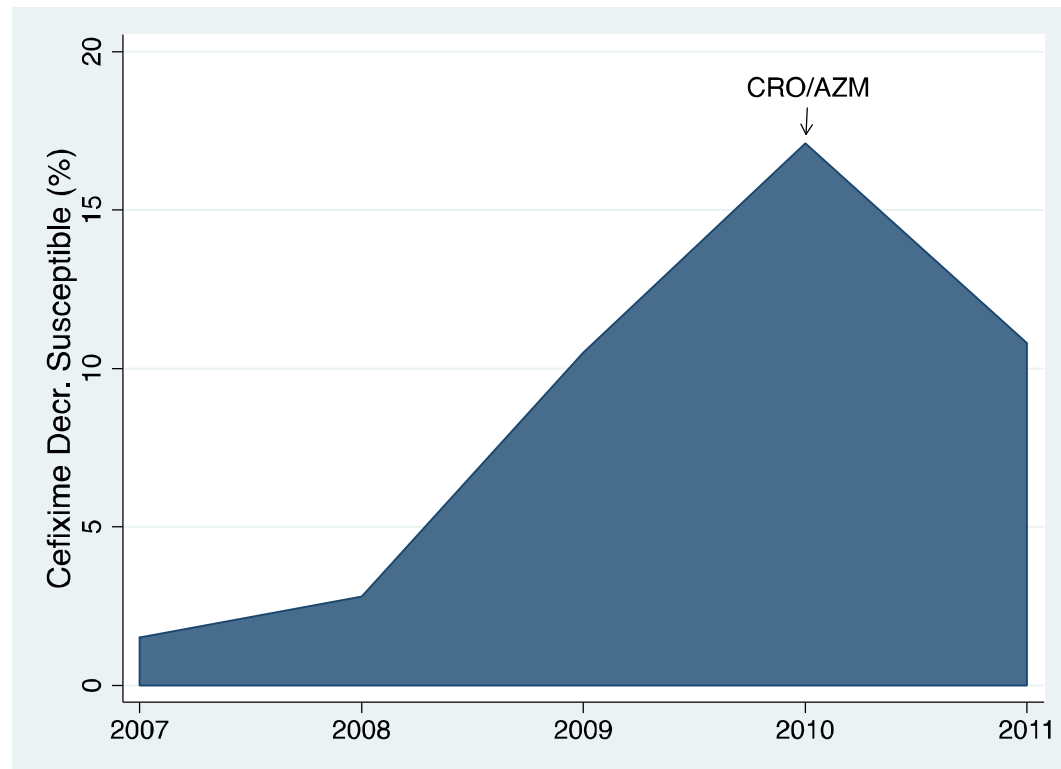
Coeff. 9.4, 95% CI 2.4-16.3

Unpublished

Rise and fall of CFX DS/G1407 in UK

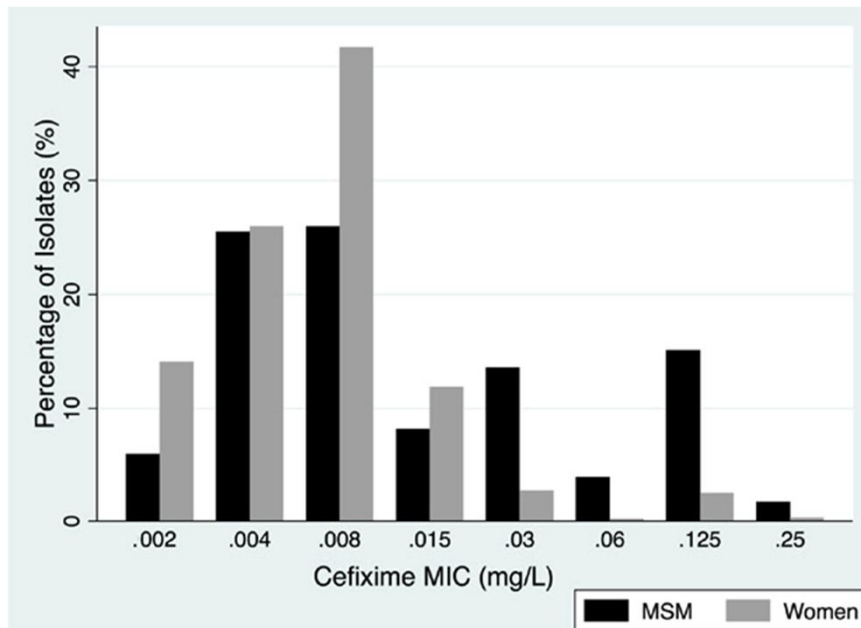
G1407:

- Accounts for almost all CFX DS
- MSM OR -5.8

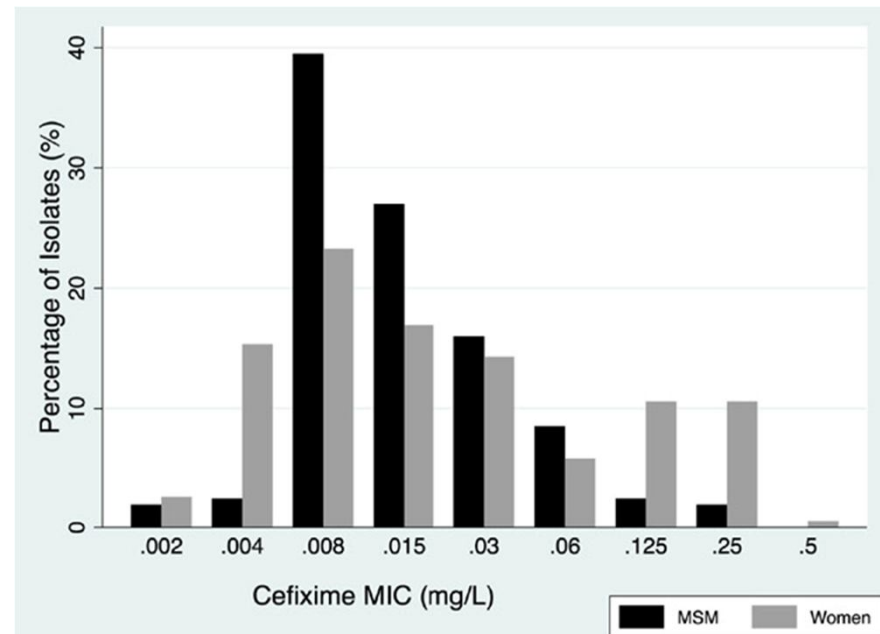


UK: MICs of isolates from MSM no longer right shifted

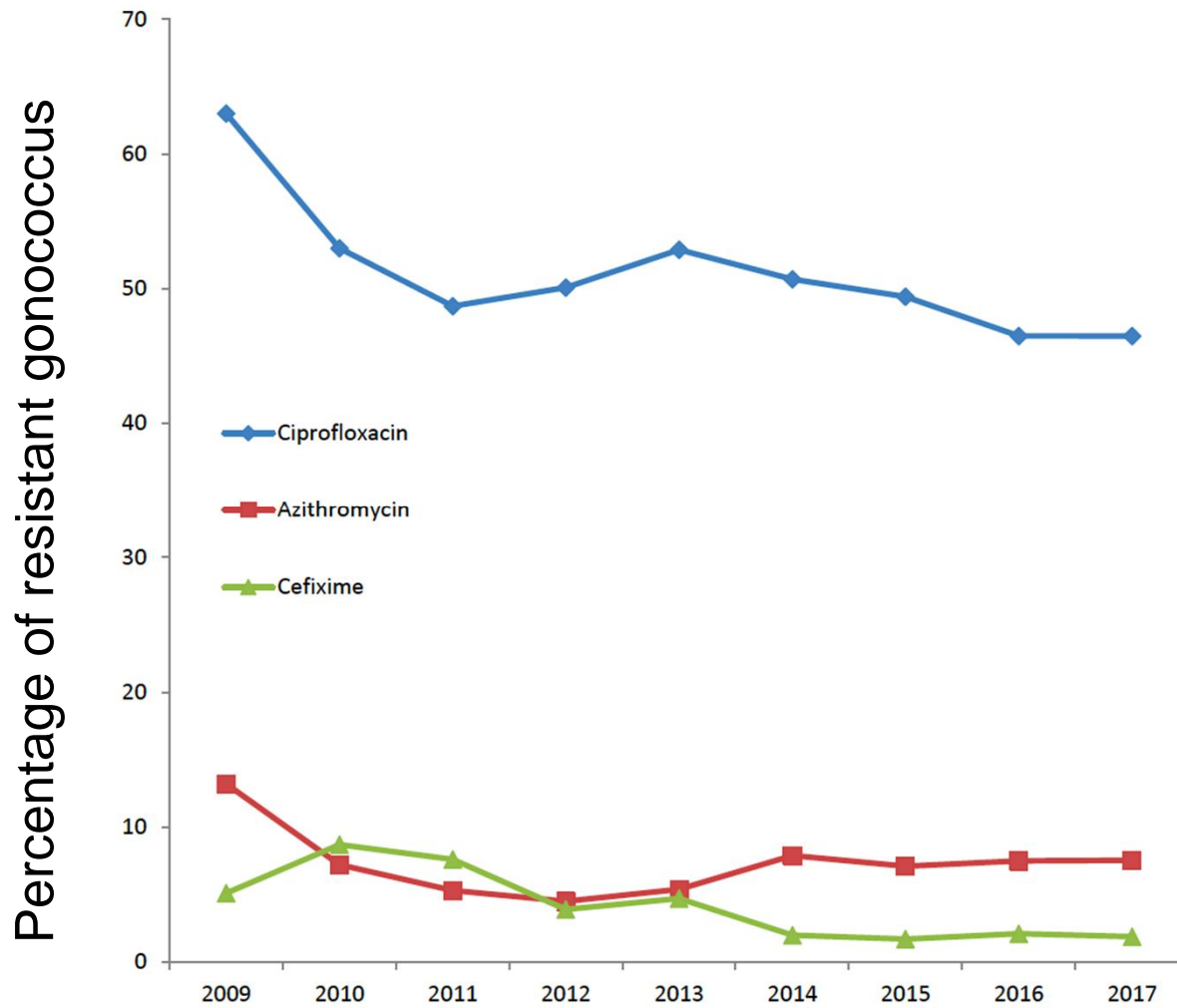
2011



2013

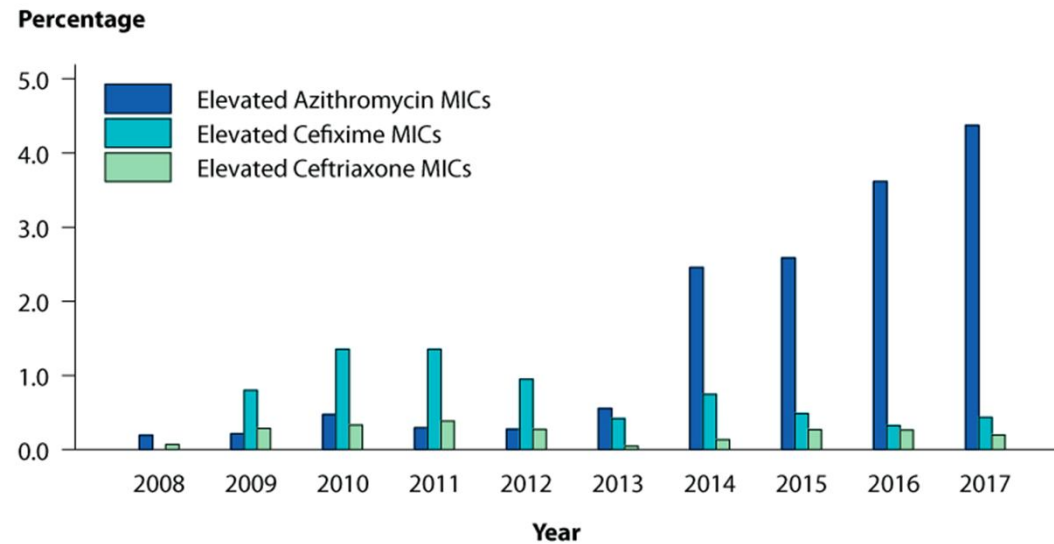


Cefixime resistance declines in Europe

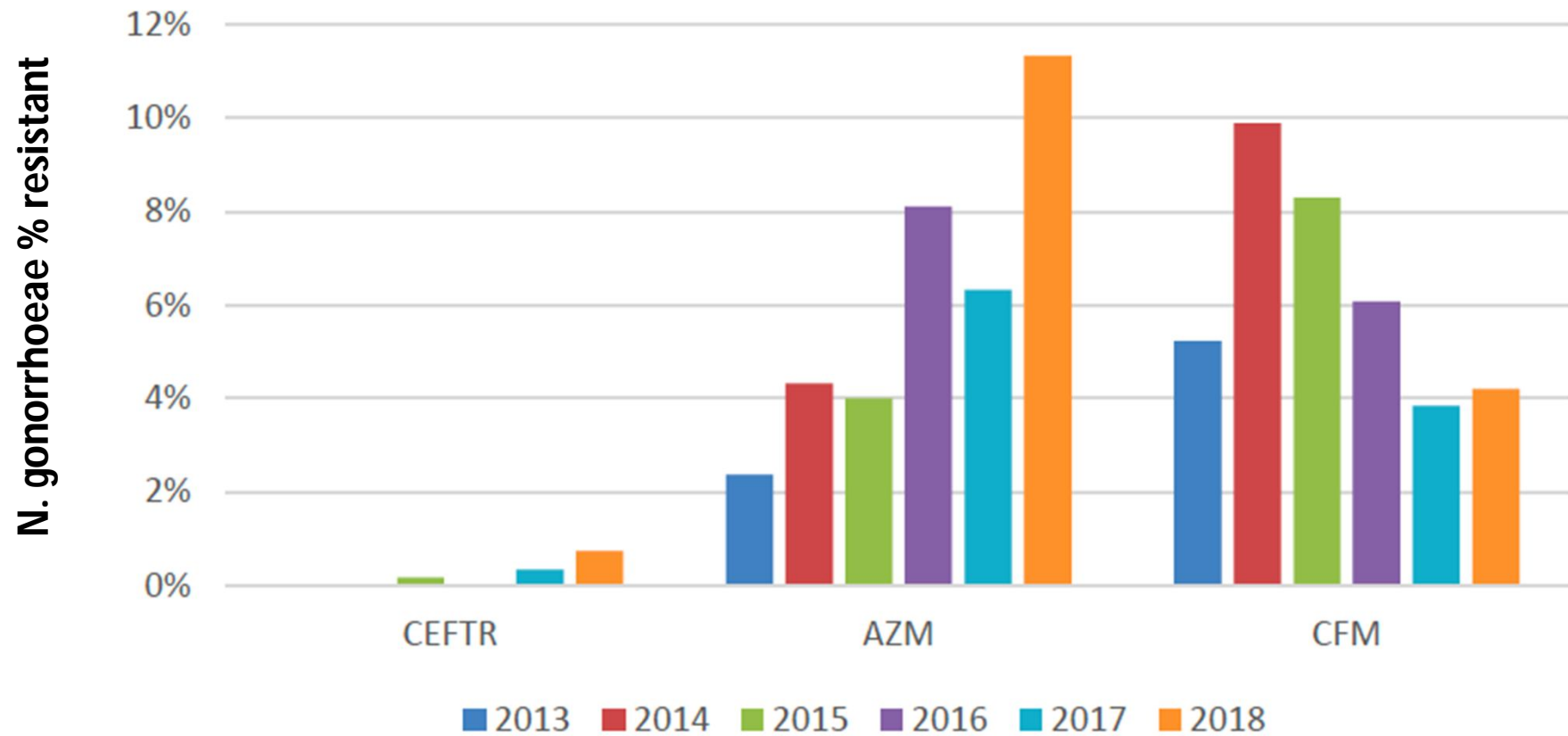


USA – similar story

- Switch to CRO/AZM
 - Decline in CFX resistance 1.4% -> 0.4%
 - CFX resis MSM vs. hetero 11-fold to 3-fold



Belgium

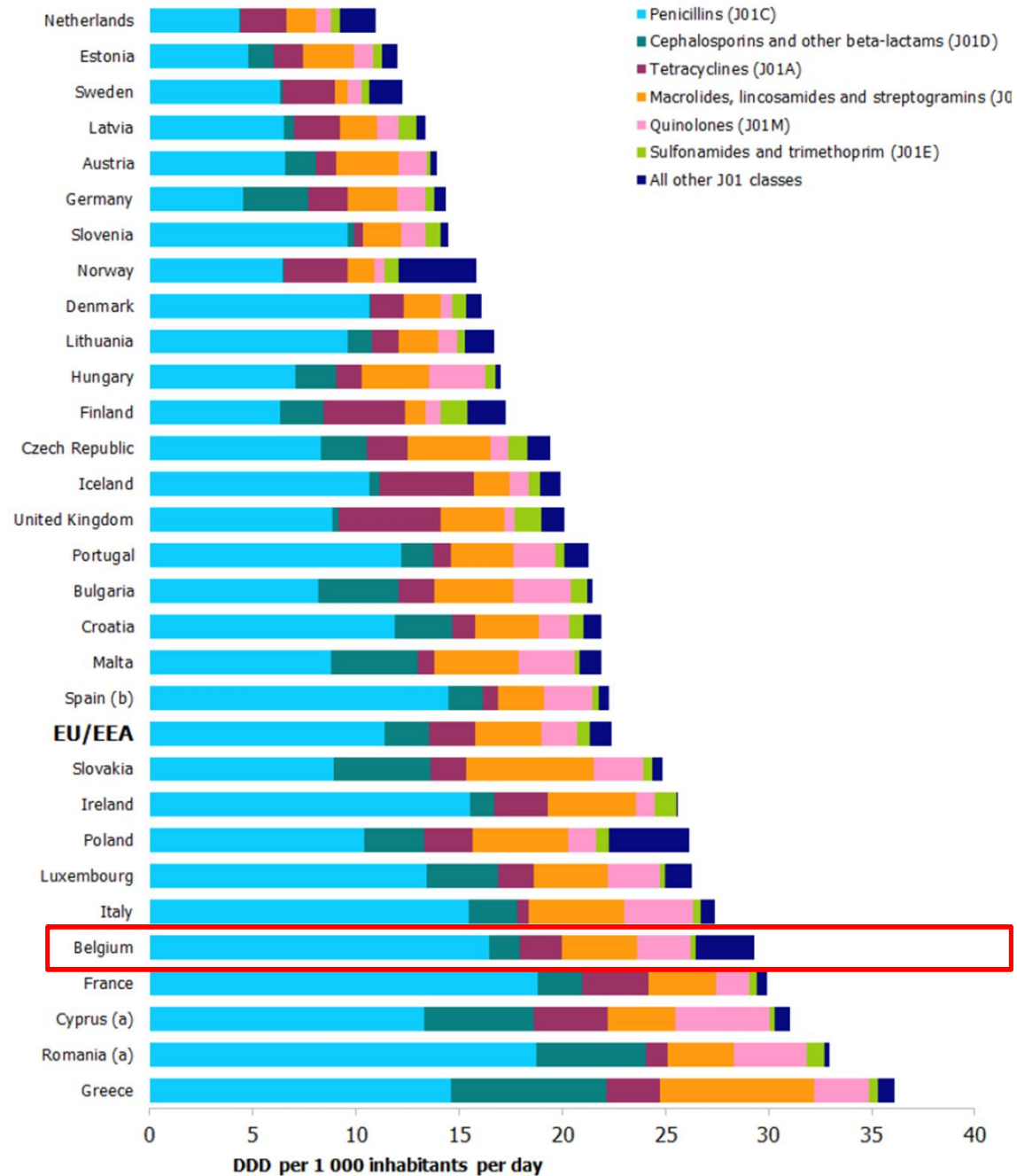


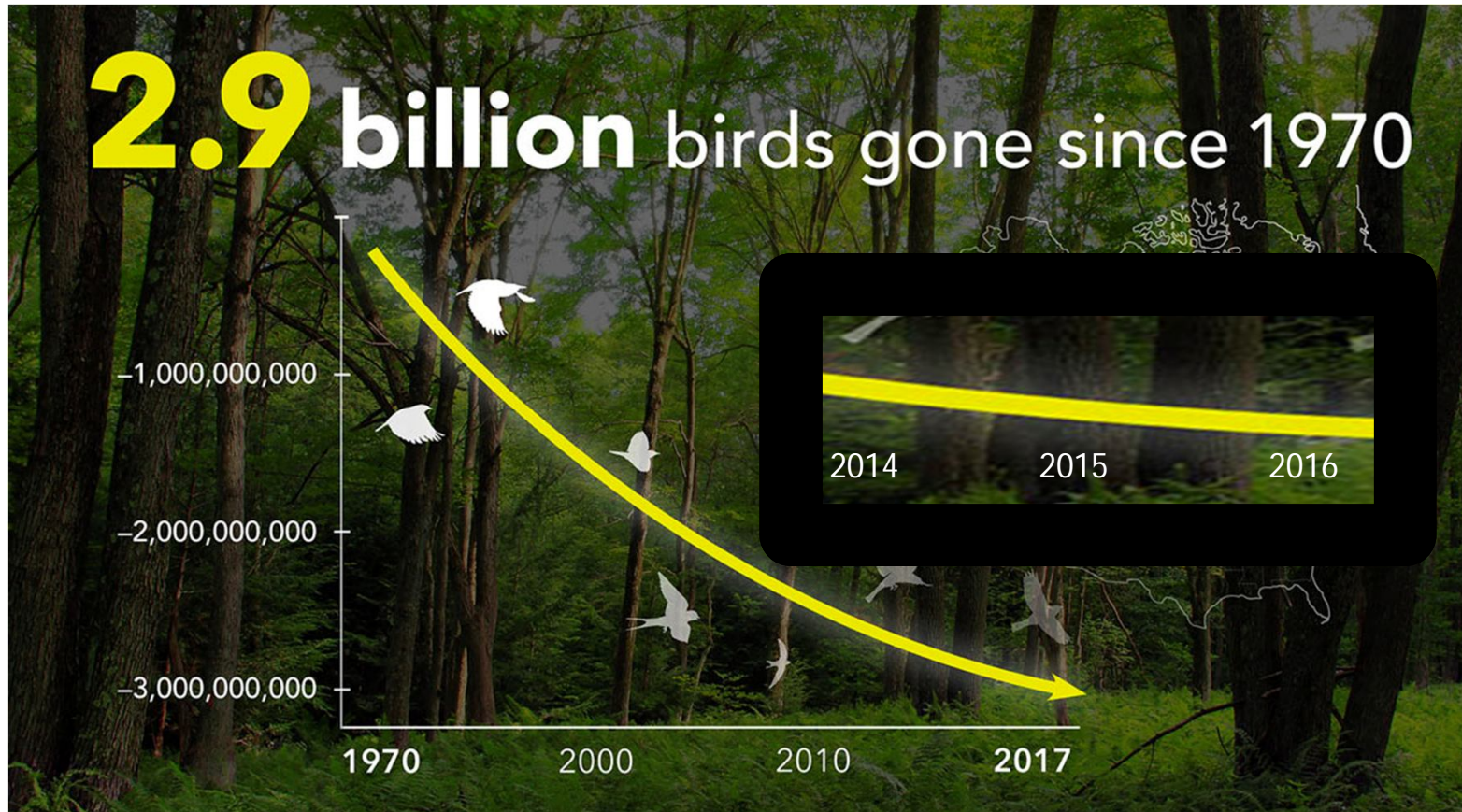
AZM R: $\geq 1\text{mg/L}$

De Baetselier 2019 Jaarrapport Gonokokken surveillance 2018

Bystander selection

Figure 2. Consumption of antibacterials for systemic use (ATC group J01) and ATC group level the community, EU/EEA, 2015, expressed as DDD per 1 000 inhabitants per day





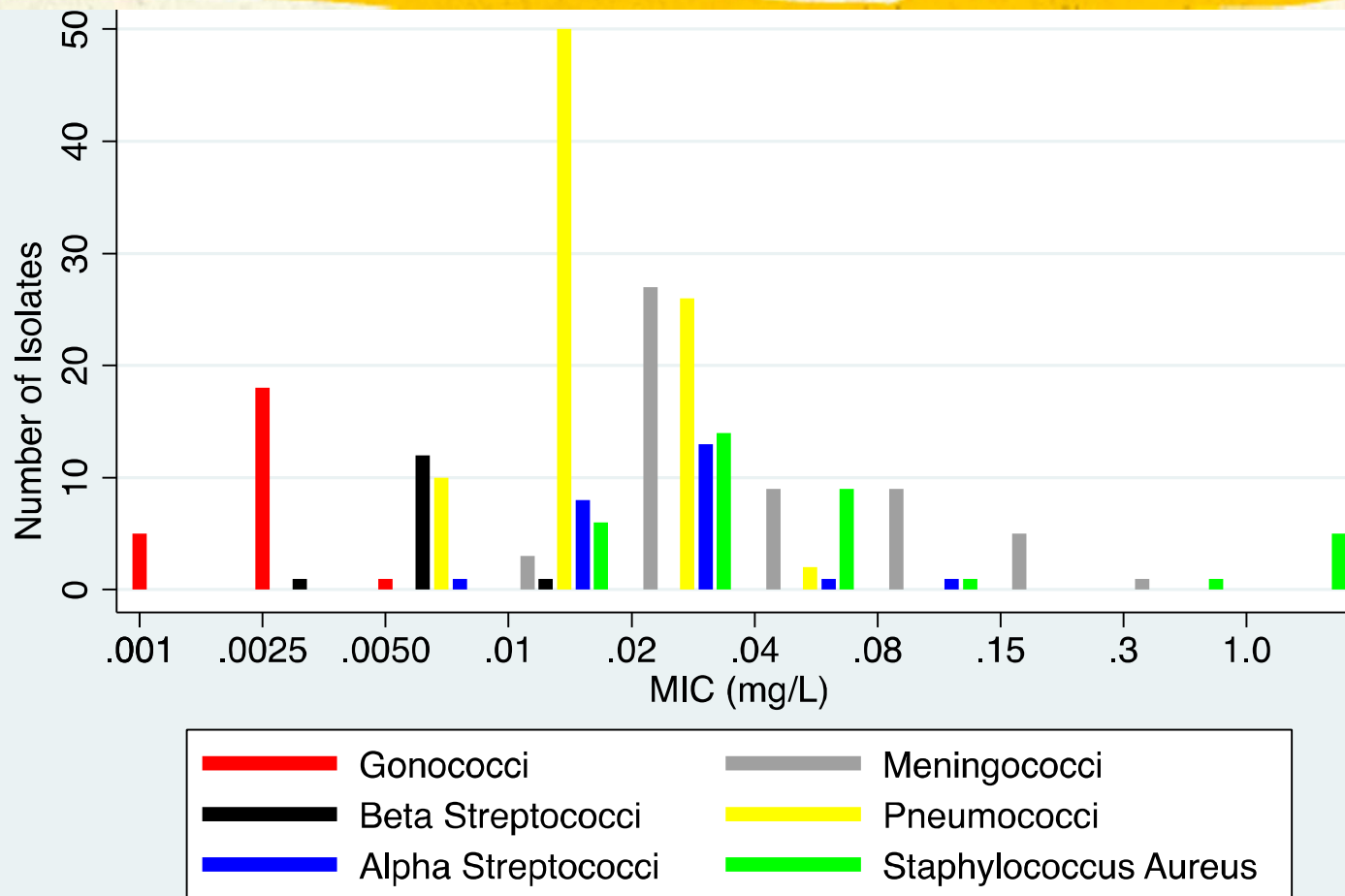
Part 4

EVOLUTION OF NG MIC DISTRIBUTIONS OVER LAST 75 YEARS – OVERCOMING THE SHIFTING BASELINE SYNDROME

PENICILLIN SENSITIVITY OF STRAINS OF SIX COMMON PATHOGENS AND OF HEMOPHILUS HEMOLYTICUS

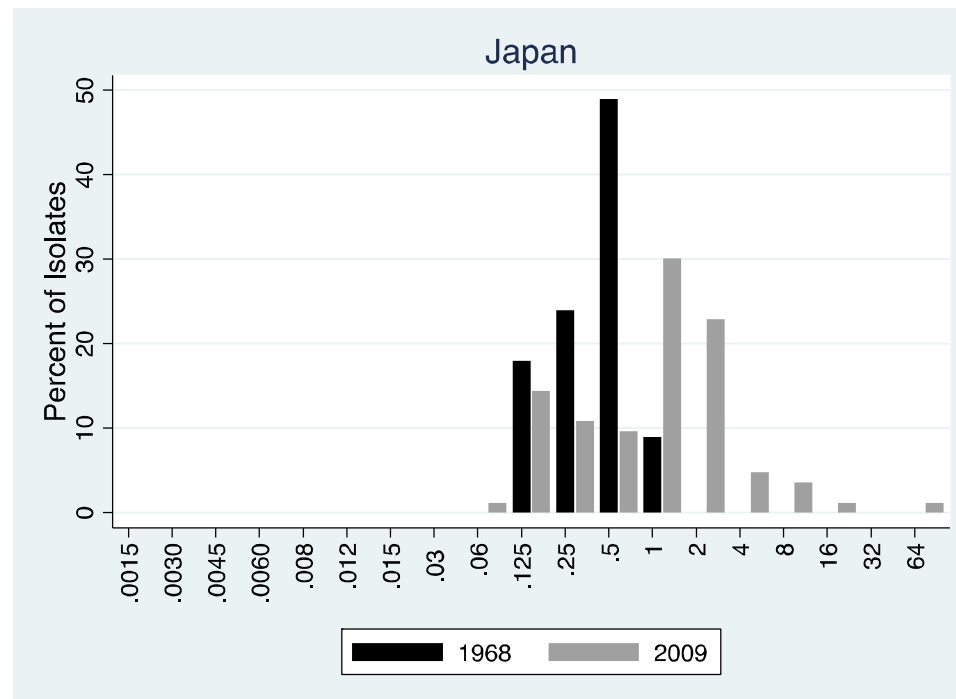
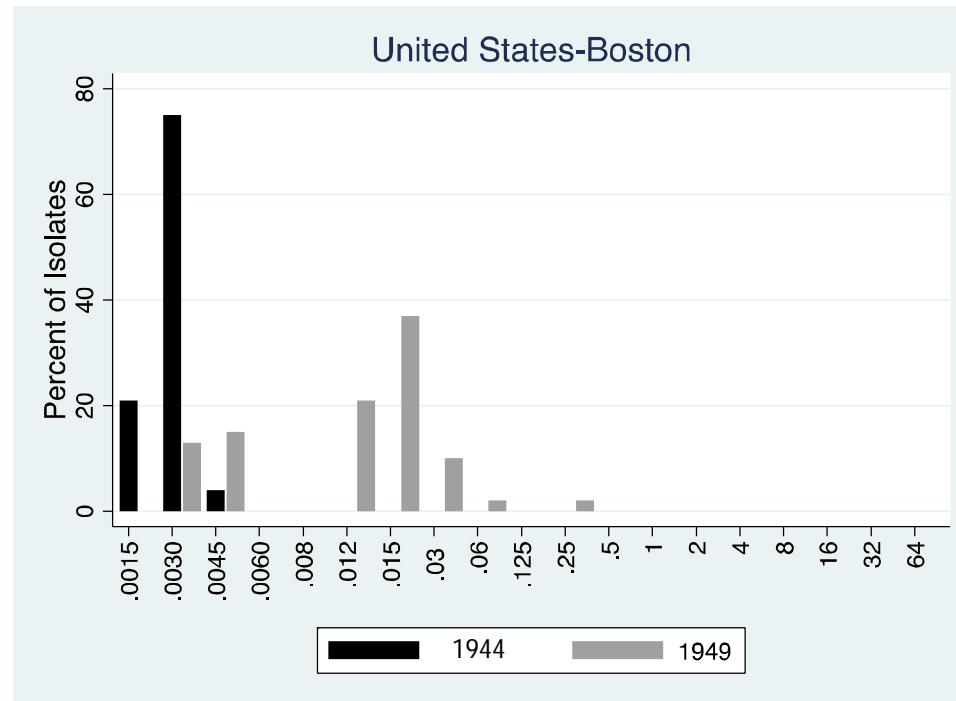
MANSON MEADS, M.D., EDWIN M. ORY, M.D.,
CLARE WILCOX, AND MAXWELL FINLAND, M.D.
BOSTON, MASS.

Gonococcus was the most sensitive of the organisms studied.



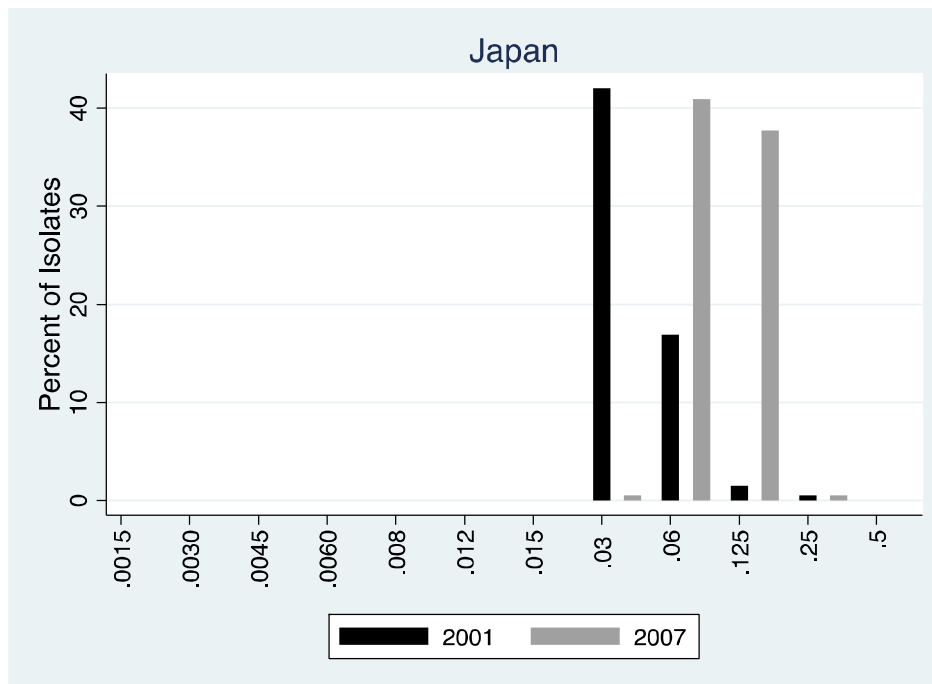
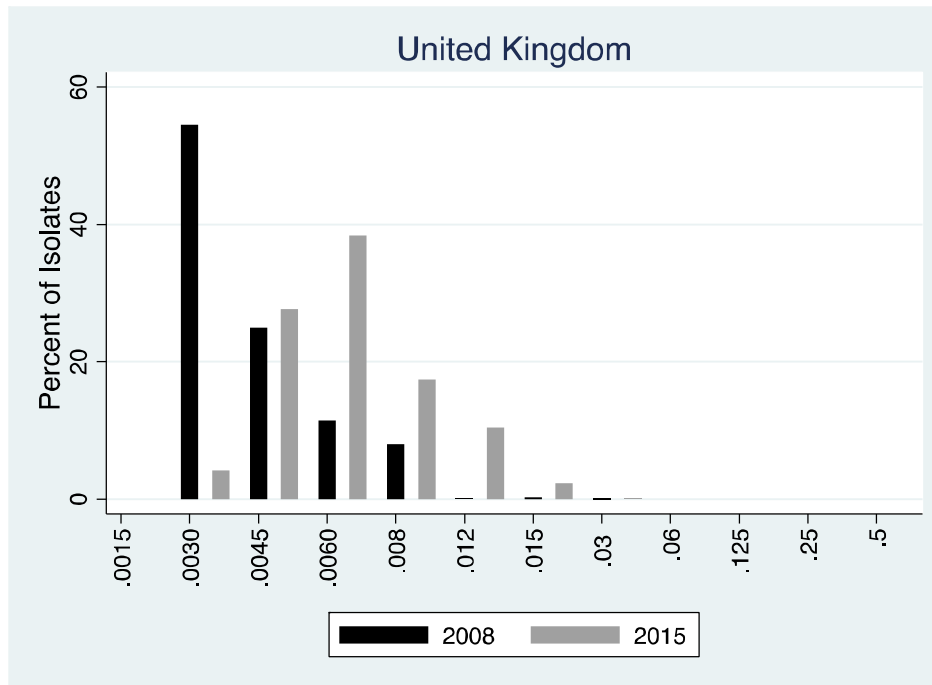
* MICs determined with agar dilution

Penicillin



* MICs determined with agar dilution

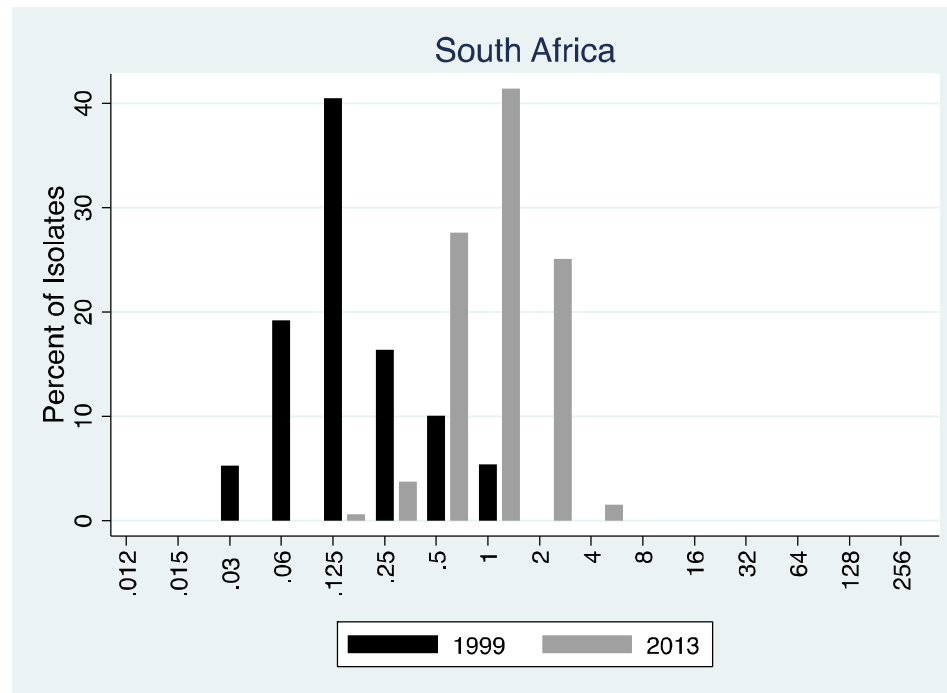
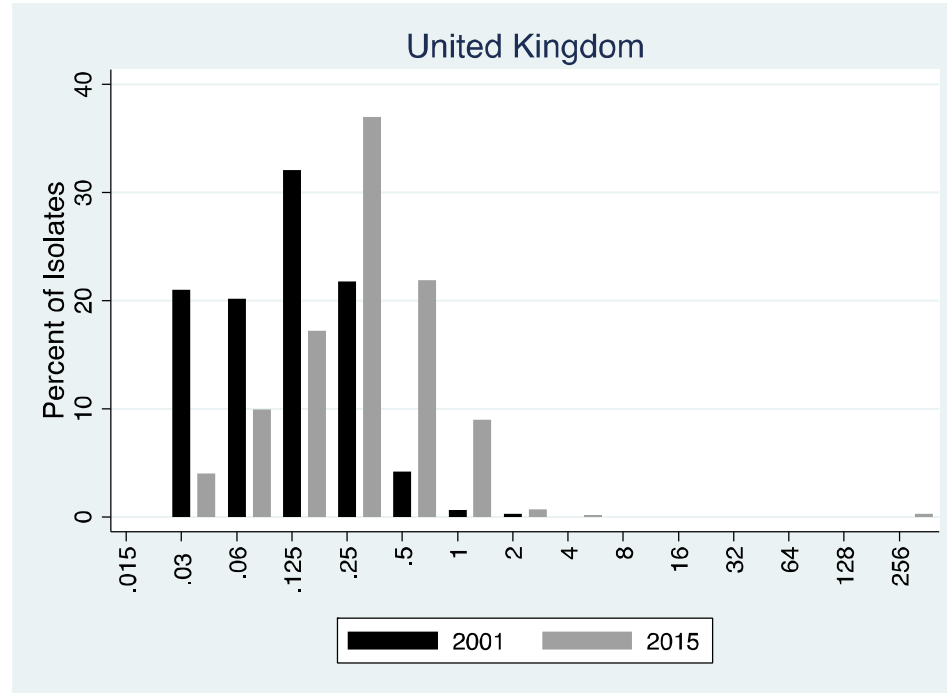
Ceftriaxone



* MICs determined with agar dilution

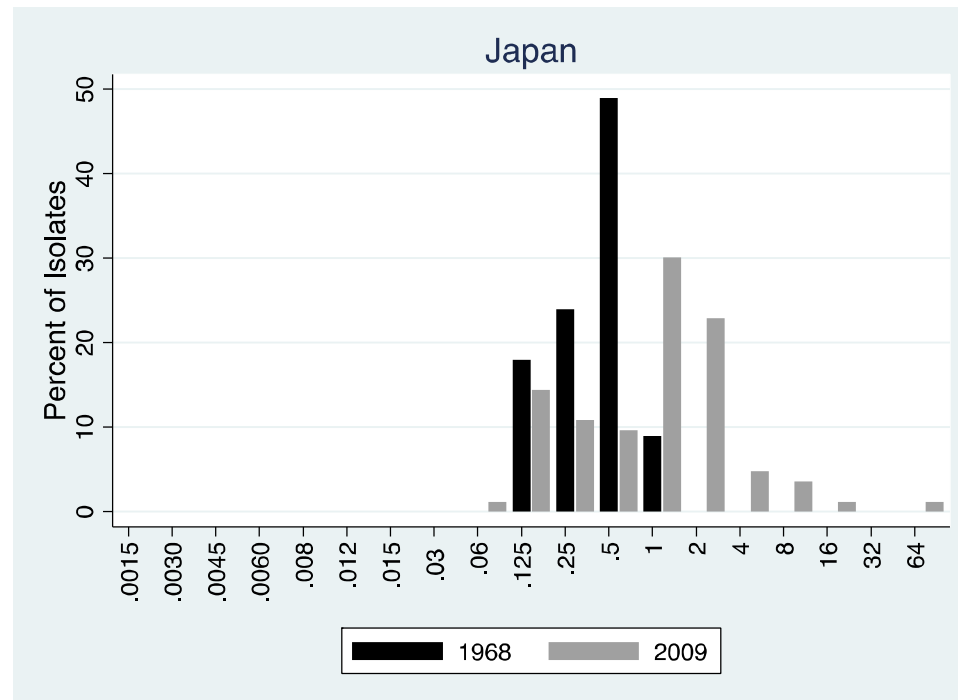
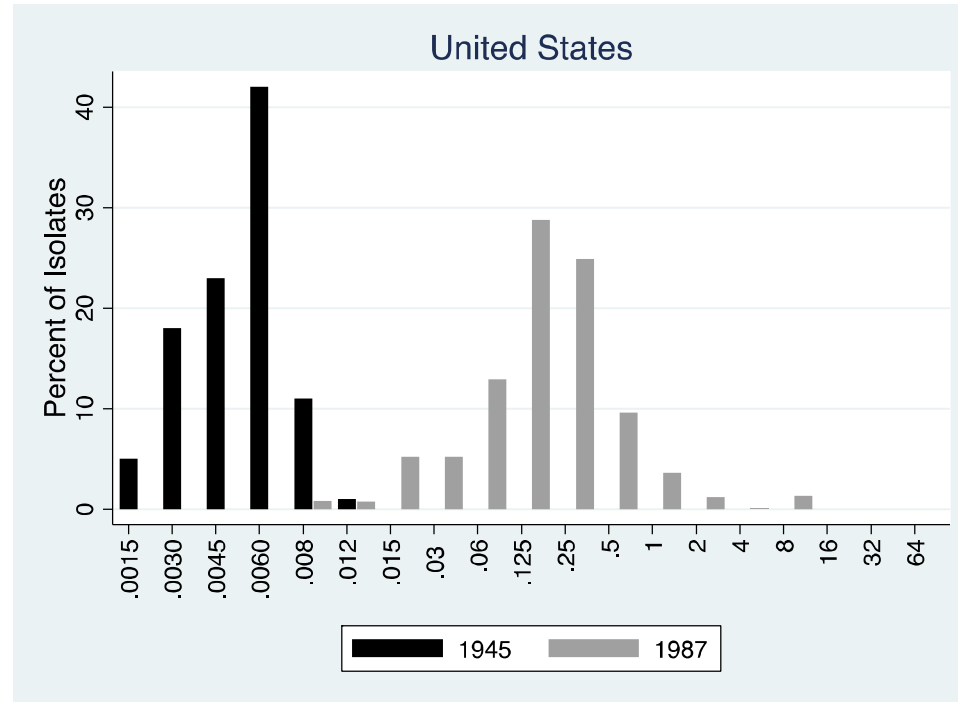
Kenyon Unpublished

Azithromycin



* MICs determined with agar dilution

Penicillin



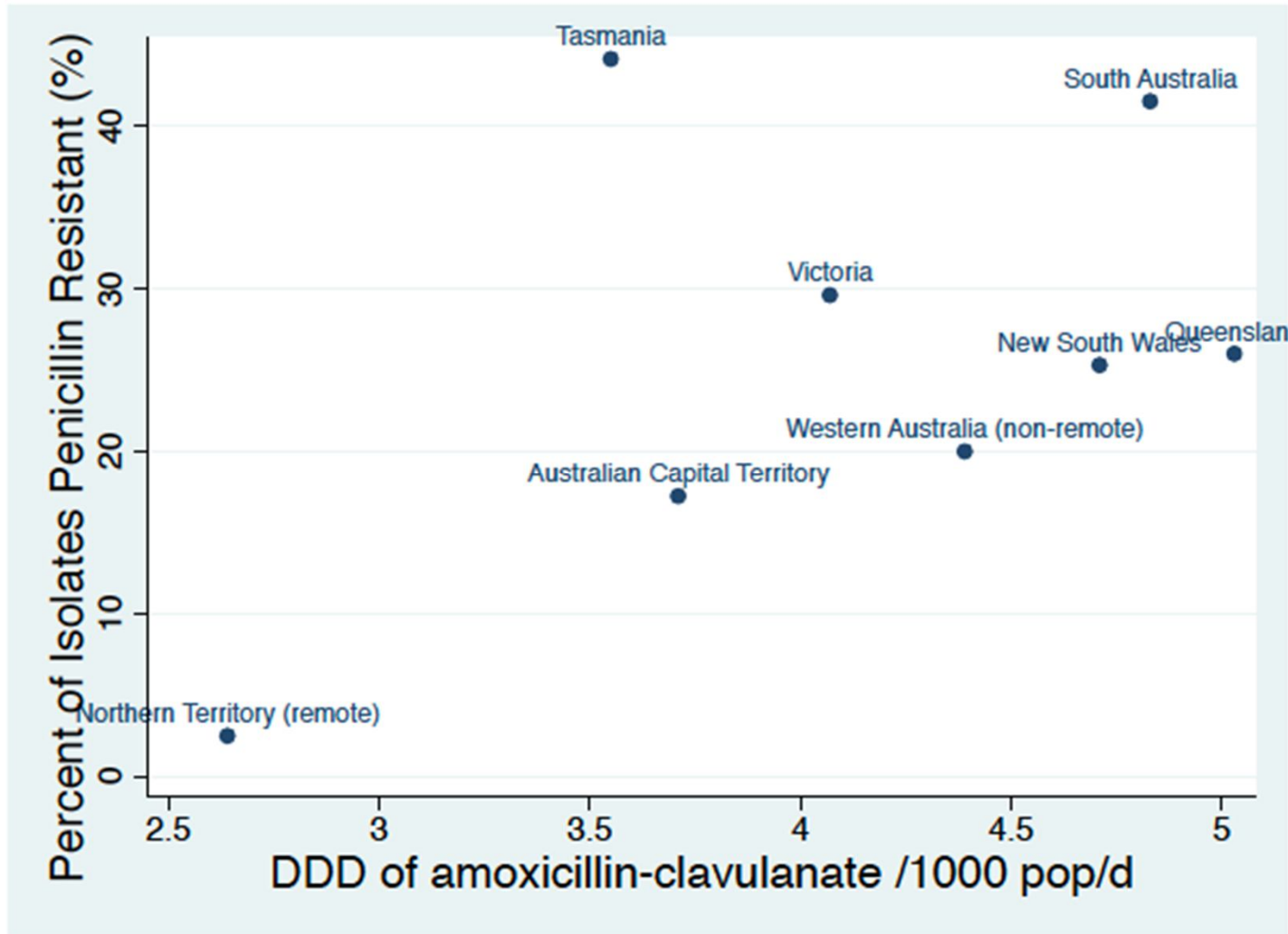
	Northern Territories (Australia) 2015	Japan 2015
Azithromycin	0%	53%
Ciprofloxacin	2%	90%
Ceftriaxone	0%	14%
Penicillin	2%	?
	Whiley EID 2017	Yasuda STD 2017



Why not me?

Why me?

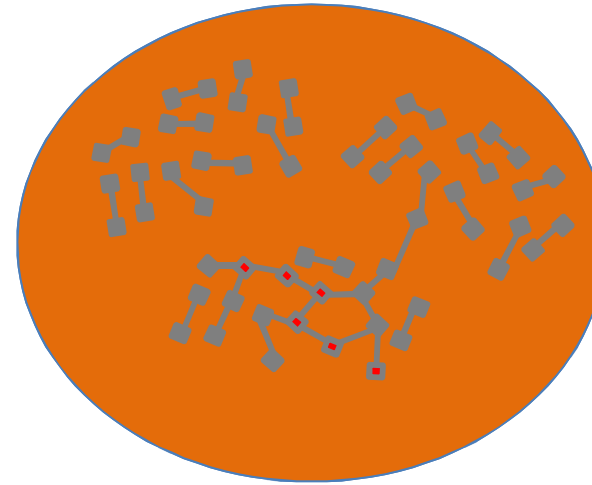
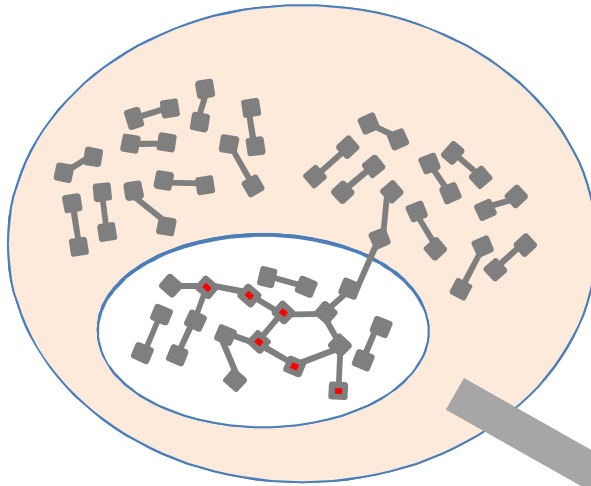
AB consumption lower in NT?



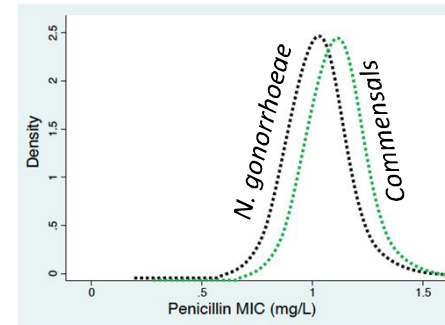
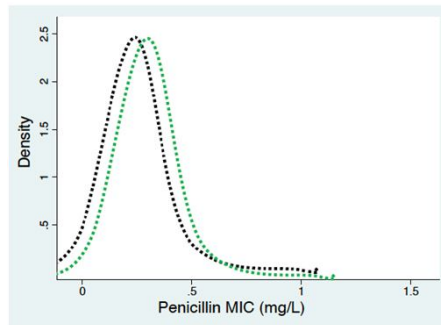
Northern Territories

Japan

AB consumption
Low
High



Right shifting MIC distribution*



AMR

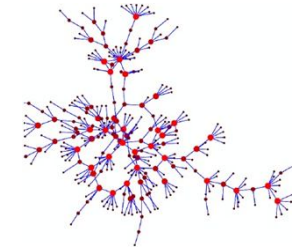
Azithromycin	0%
Ciprofloxacin	2%
Ceftriaxone	0%
Penicillin	2%

Azithromycin	53%
Ciprofloxacin	90%
Ceftriaxone	14%
Penicillin	?

*MIC distribution stylized



AMR prevention acc. pharmacoecologic theory

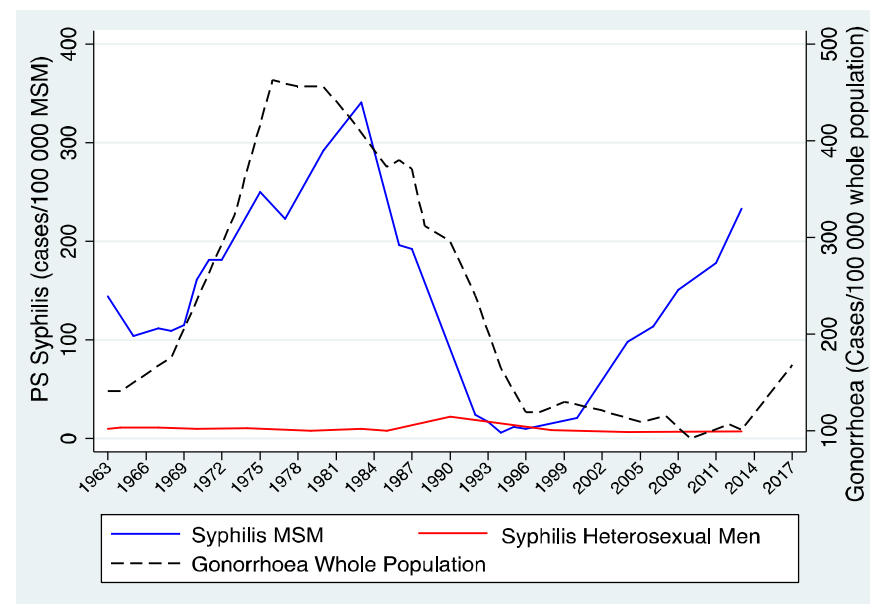


AB-sparing interventions

- Overall AB stewardship
- **Precautionary principle for ABs**
 - No screening Ng/Ct till proof
 - GonoScreen RCT
- **EO Mouthwash -> PReGo RCT**
- **Bacteriophages**
- **Chlorhexidine to treat pharyngeal Ng**
- Vaccines
 - Flu
 - MenB
- Condoms
- Circumcision
- Urethritis
 - Only R/ if wcc>5
 - Doxycycline for NGU
- Switch Ng R/ CRO/AZM -> CRO
- Stop empiric therapy for contact tracing
- Avoid multiplex STI PCRs

Reduce network connectivity

- Partner reduction
- Safer partner sequencing
 - Serial monogamy/polyandry
 - Closed local networks (Group screening)



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