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## STD AND INFECTIOUS DISEASES CONGRESS

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**A decade of multi-drug resistant *N. gonorrhoea* in Coventry, UK 2007 to 2016****P Sris Allan**

Coventry &amp; Warwickshire Partnership Trust, UK

Antibiotic resistance to *Neisseria gonorrhoea* (*N. gonorrhoea*) is rapidly developing and changing worldwide. Soon, we may be faced with a situation where parenteral treatment is the only option. All *N. gonorrhoea* cases in our clinic within 1st January to 30th June 2007 to 2016 were identified and analyzed for antibiotic sensitivity. In 2016, there were 131 cases of *N. gonorrhoea* identified. Since the introduction of Ceftriaxone and Azithromycin as the treatment of choice in 2011, we saw a reduction in multi-drug resistance until 2013, after which point we saw a gradual increase in cases reaching 23% in 2016. This is the first year we have identified the isolate resistant to four antibiotic groups including cefuroxime. Age, past-history of GC and past-history of chlamydia were further analyzed in patients who were diagnosed with *N. gonorrhoea* infection in 2016. Multi drug-resistant (MDR) GC infected patients are more likely to be older compared to fully sensitive *N. gonorrhoea* infected patients, mean age 30 vs. 24 ( $P=0.02$ ). Interestingly past-history of *N. gonorrhoea* infection is not statistically significant between the groups but past history of chlamydia is associated with an increased risk of MDR *N. gonorrhoea* ( $P=0.05$ ). The emergence of cephalosporin resistance is a worrying trend. Continued close monitoring with research to identify new treatment is urgently needed. Further research to predict MDR *N. gonorrhoea* infection is an urgent priority for the international scientific community.

**Biography**

P Sris Allan is a consultant in Sexual health and HIV in Coventry, UK and an associate professor in Warwick medical school. He has been active in clinical practice, medical education and in the field of HIV research particularly HIV and ageing.

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