Super Gonorrhea in UK, with Spreading Likely

By Josh Bloom — September 21, 2015

Three years ago, in my New York Post op-ed [1] entitled "The Coming Gonorrhea Epidemic", I described the last resort for treating this common sexually transmitted disease. Gonorrhea used to be easy curable by any number of antibiotics. Used to be is the key phrase here.

By 2012, the arsenal of antibiotics was down to one good choice ceftriaxone, and in terms of effectiveness this was barely hanging on. At that time, the Centers for Disease Control and Prevention recommended that ceftriaxone no longer be given in pill form. Rather, it should be administered by injection. That makes sense, because one of the contributors to antibiotic resistance is non-compliance when patients do not take all of the pills. Partial treatment can leave behind strains of bacteria that might have been killed by sufficient drug exposure, but instead survived and adapted to growing in the presence of it. This is the essence of resistance.

The CDC also recommended [2] that a second drug, one that operates by a different mechanism, such as Zithromax be used (orally) at the same time. Just as is the case with HIV/AIDS and hepatitis C, drug combinations work better, and slow the development of resistance. This is not the standard of care for treating the infection.

A similar problem has now hit Great Britain. An article [3] in The Telegraph bearing the headline "Super-gonorrhoea' outbreak across north of England sparks national alert," just appeared, but it reports only 16 cases. However, the "super" part is rather disturbing.

As is done in the U.S., ceftriaxone injection plus oral Zithromax is standard practice. But, the "super" variety is resistant to the Zitromax, which, in effect means that only the ceftriaxone is working (monotherapy). Monotherapy with ceftriaxone virtually guarantees that resistance to this drug will increase, making the possibility of untreatable gonorrhea the second most common STD in Britain all too real.
Research to find new antibiotics has been revived, and there have been some real successes [4]. But it's still a fraction of what it was in the 1990s, when an idiotic policy change at the FDA forced most of the pharmaceutical industry out of the area. We are now paying dearly for this.

For commentary about what the FDA did and why, we recommend you read this 2010 post [5] from the blog "Antibiotics, the Perfect Storm" by Dr. David Shlaes, antibiotic expert and ACSH advisor.