

## ***GISP Site-Specific Profiles***

The Gonococcal Isolate Surveillance Project (GISP), a national sentinel surveillance system, was established in 1986 to monitor trends in antimicrobial susceptibilities of strains of *Neisseria gonorrhoeae* in the United States among selected sexually transmitted diseases (STD) clinics in approximately 25-30 GISP sentinel sites.

Data from GISP provides a rational basis for the selection of gonococcal therapies for the US and has directly contributed to the CDC STD Treatment Guidelines. GISP is a collaborative project between these STD clinics, sentinel sites and their respective state/local public health authorities, GISP regional laboratories, and the Centers for Disease Control and Prevention (CDC).

The following site-specific profiles consist of figures depicting the demographic and clinical data of the men with gonorrhea enrolled in GISP and the antimicrobial susceptibility results of the *Neisseria gonorrhoeae* isolates submitted. Data for each GISP sentinel site are presented from the year they started in GISP through the current published year unless otherwise noted. Each page of figures is labeled with the participating site and the actual number of isolates on which the site's data are based. The maximum number of isolates submitted by each site is 300 when the full sample of 25 isolates per month is obtained. However, the number of isolates submitted is lower for many sites located in areas with low gonorrhea rates.

Additional information about GISP may be found in the CDC STD Surveillance Report: <http://www.cdc.gov/std/stats/default.htm>

## ***Susceptibility to Antimicrobial Agents***

For 2008, the antimicrobial agents tested in GISP were: ceftriaxone, azithromycin, spectinomycin, ciprofloxacin, penicillin, and tetracycline. Note: Cefixime was discontinued in 2007 and 2008.

Below are the susceptibility criteria used in GISP for 2008. The majority of the susceptibility criteria are also recommended by the Clinical and Laboratory Standards Institute (CLSI):

- \*Ceftriaxone, MIC  $\geq$  0.5  $\mu\text{g/ml}$  (decreased susceptibility)
- \*Azithromycin, MIC  $\geq$  2.0  $\mu\text{g/ml}$  (decreased susceptibility)
- Spectinomycin, MIC  $\geq$  128.0  $\mu\text{g/ml}$  (resistance)
- Ciprofloxacin, MIC 0.125 - 0.5  $\mu\text{g/ml}$  (intermediate resistance)
- Ciprofloxacin, MIC  $\geq$  1.0  $\mu\text{g/ml}$  (resistance)
- Penicillin, MIC  $\geq$  2.0  $\mu\text{g/ml}$  (resistance)

- Tetracycline, MIC  $\geq$  2.0  $\mu\text{g/ml}$  (resistance)

\*Note: CLSI criteria for decreased susceptibility to ceftriaxone and azithromycin; and for susceptibility to azithromycin have not been established for *N. gonorrhoeae*.

(MIC = Minimum Inhibitory Concentration: the lowest concentration of antibiotic needed to inhibit visible growth of a microorganism in a laboratory)

**Definitions of terms and abbreviations used in the site-specific figures are as follows:**

**Figure B:** National cases with unknown race were excluded. The “Asian” category includes Native Hawaiians and the “Other” category includes participants who selected more than one race category. The “Other” category is not used in national gonorrhea reporting; Native Am. = Native Americans

**Figure D:** Contact=has sexual partner with gonorrhea; TOC/Other=test of cure/other

**Figure F:** Other Cephalo.= cefoxitin, cefpodoxime, ceftizoxime, ceftibuten, cefdinir, and cefotaxime; Other=other less frequently used drugs

**Figure G:** Doxy/Tet=doxycycline/tetracycline; Azi/Ery=azithromycin/erythromycin

**Figure H:**

PenR= penicillinase-producing *N. gonorrhoeae* and chromosomally mediated penicillin-resistant *N. gonorrhoeae*

TetR=chromosomally and plasmid-mediated tetracycline-resistant *N. gonorrhoeae*

QRNG=ciprofloxacin-resistant *N. gonorrhoeae*