

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*

Albuquerque, New Mexico - 2008 (N=102)

Figure A. Age of GISP participants, in years, 2008

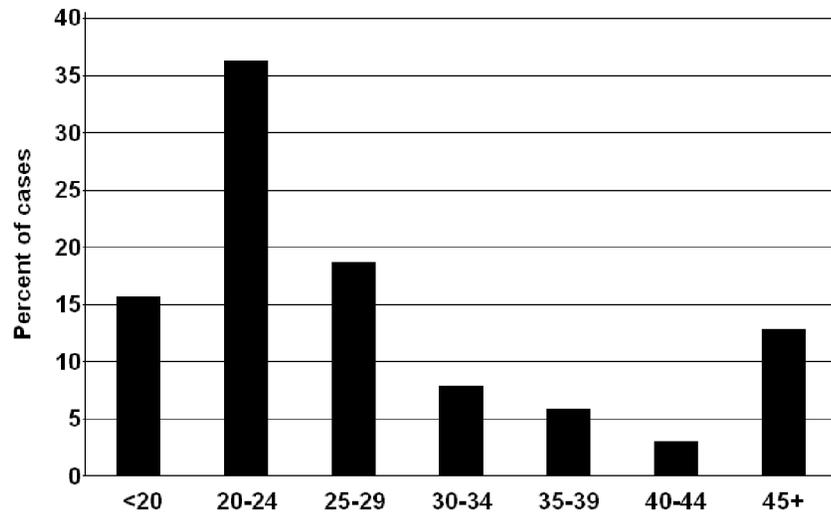


Figure B. Race/ethnicity of GISP participants, 2008

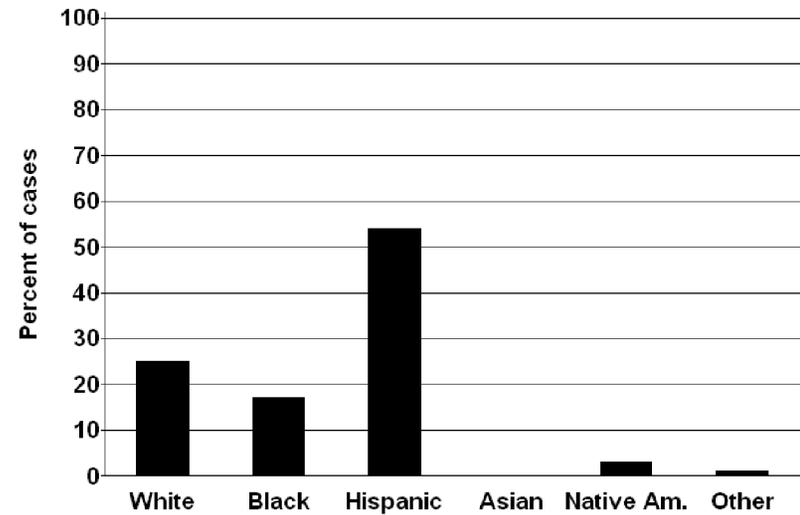


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

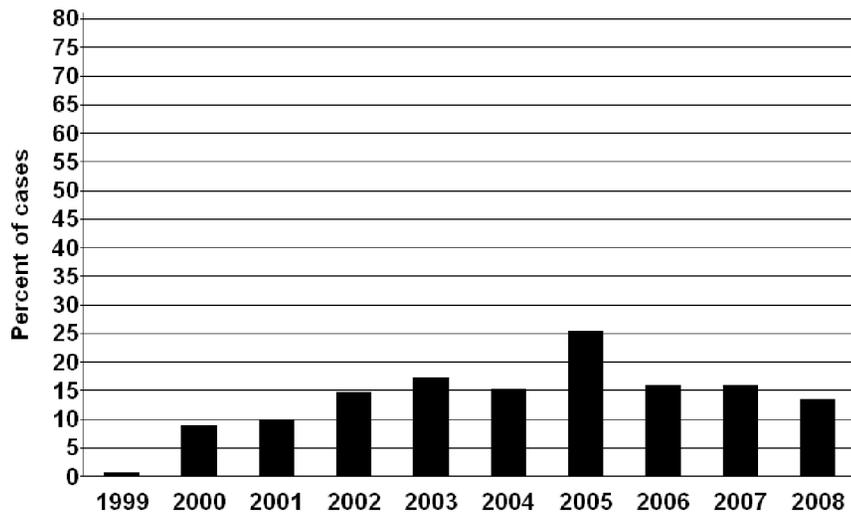
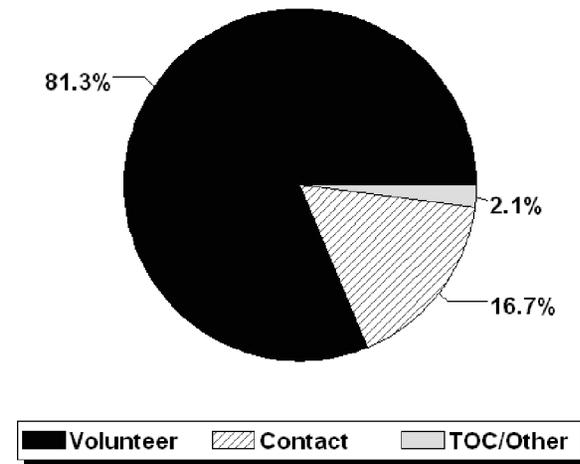
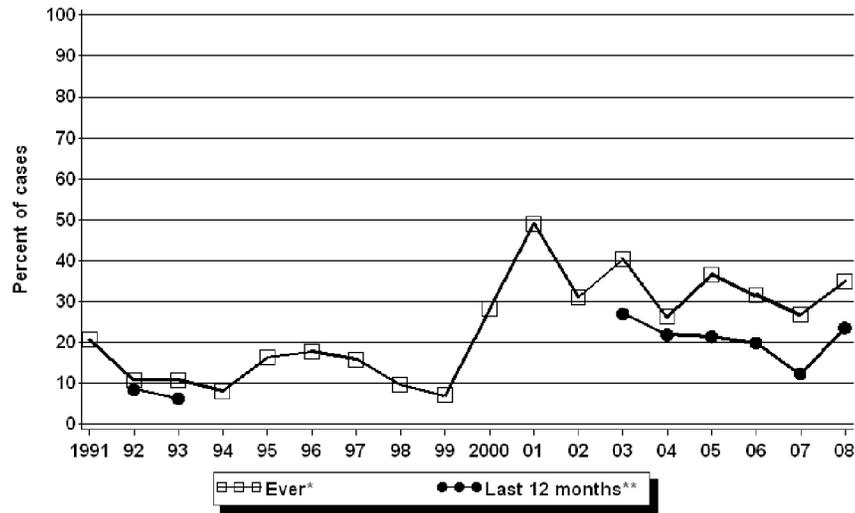


Figure D. Reason for visit among GISP participants, 2008



Albuquerque, New Mexico - 2008 (N=102)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.
 Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

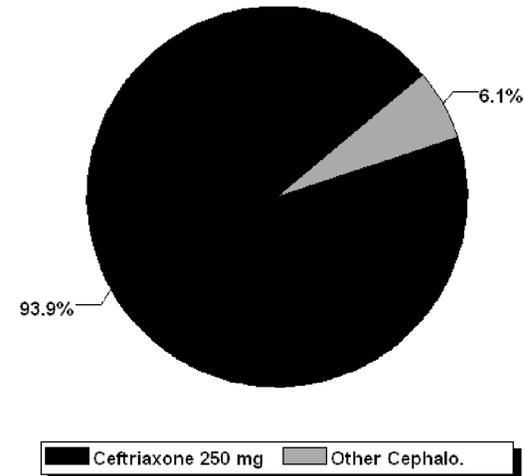


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

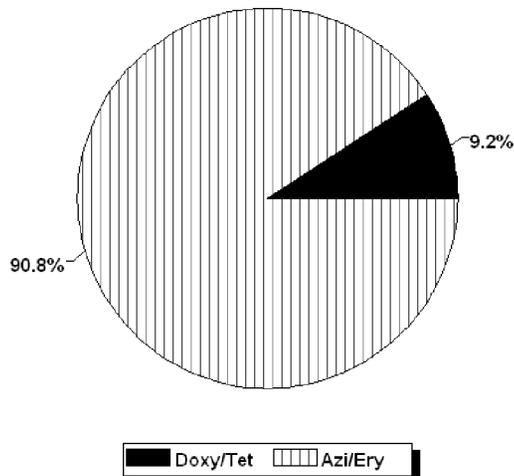
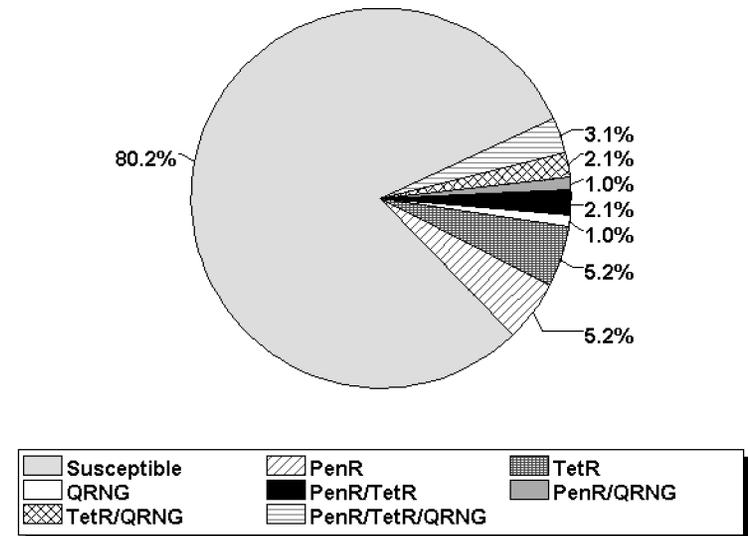


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



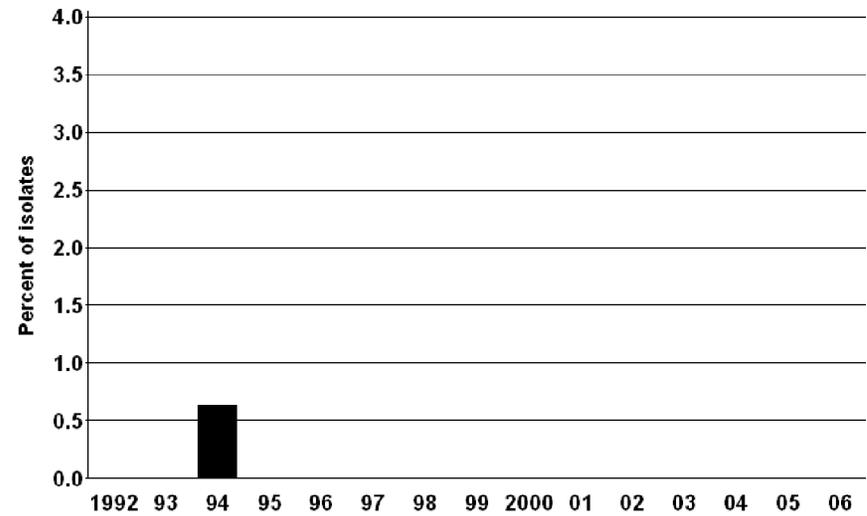
Albuquerque, New Mexico - 2008 (N=102)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

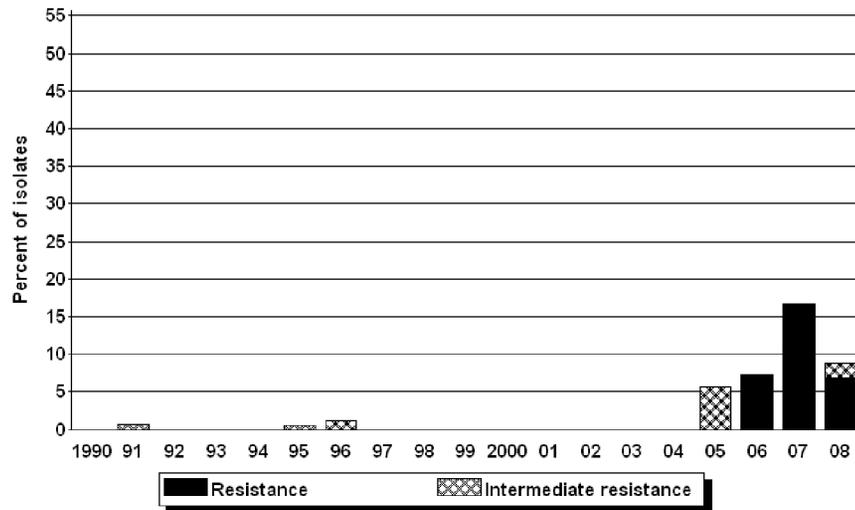
Note: Susceptibility to ceftriaxone first measured in 1987.

Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006



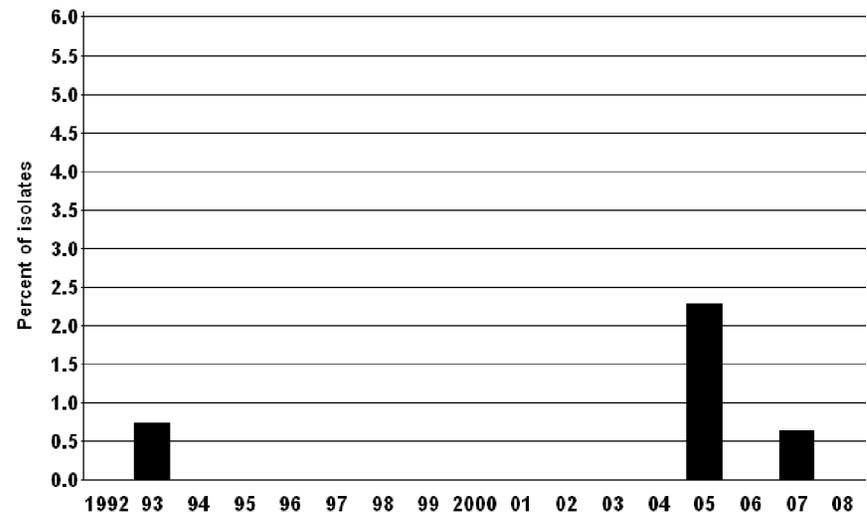
Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008



Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as $\geq 2.0 \mu\text{g/ml}$. No CLSI criteria currently exist.

Atlanta, Georgia - 2008 (N=184)

Figure A. Age of GISP participants, in years, 2008

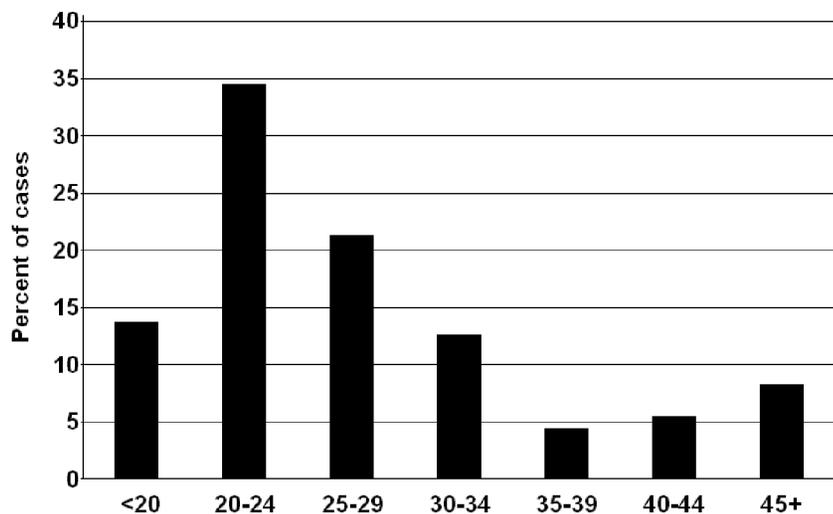


Figure B. Race/ethnicity of GISP participants, 2008

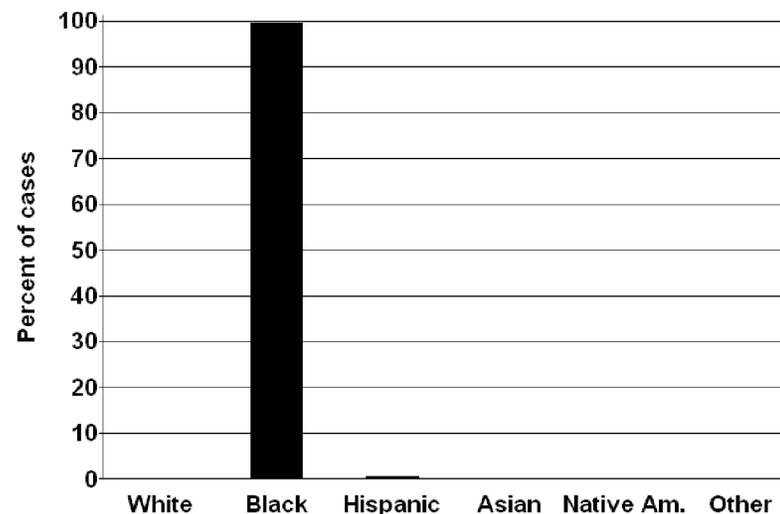


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

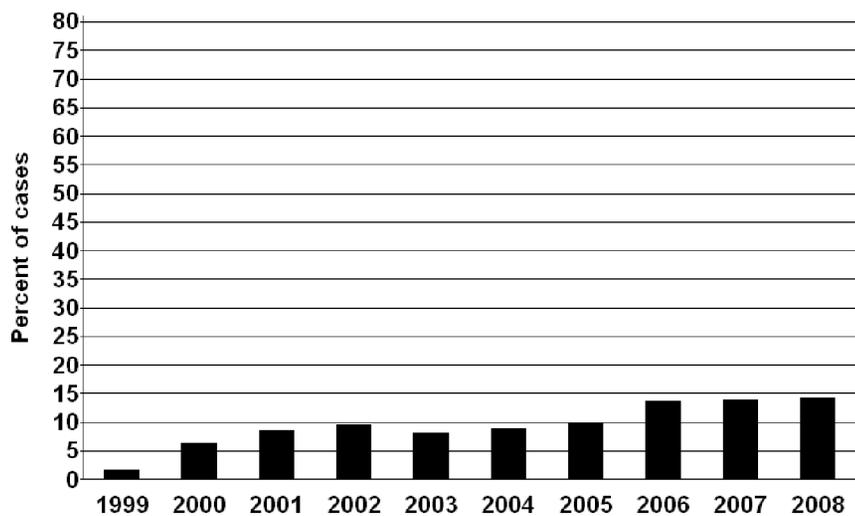
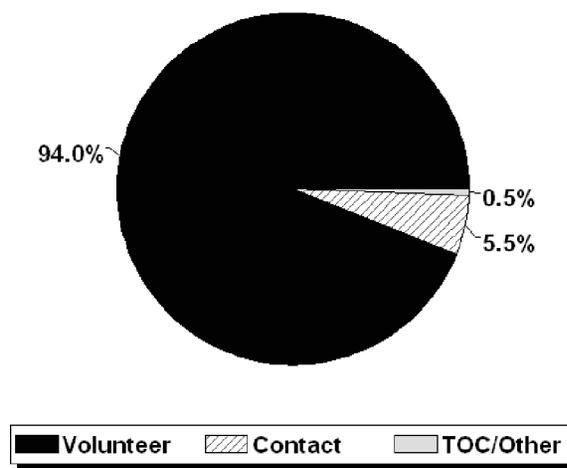
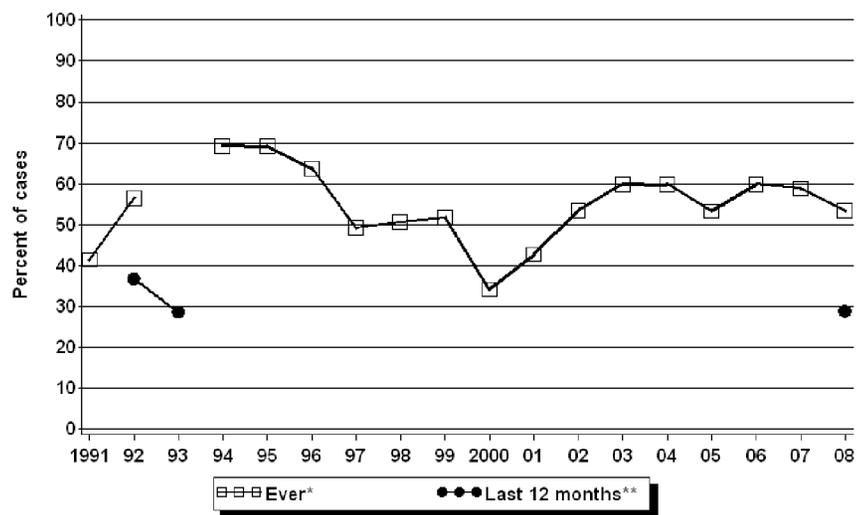


Figure D. Reason for visit among GISP participants, 2008



Atlanta, Georgia - 2008 (N=184)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.

Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

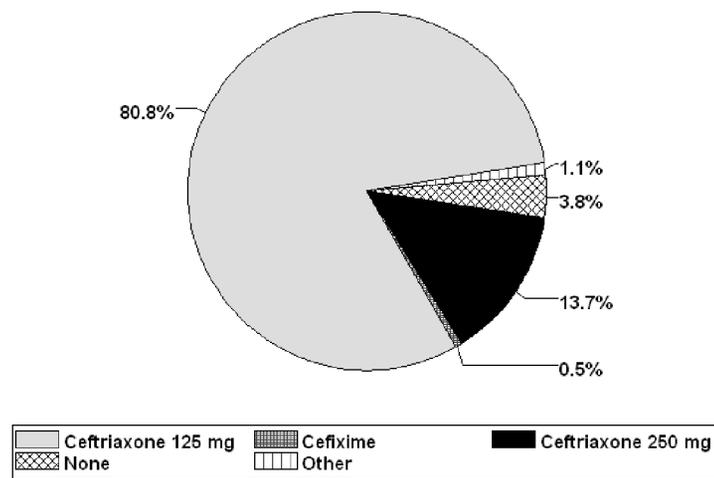


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

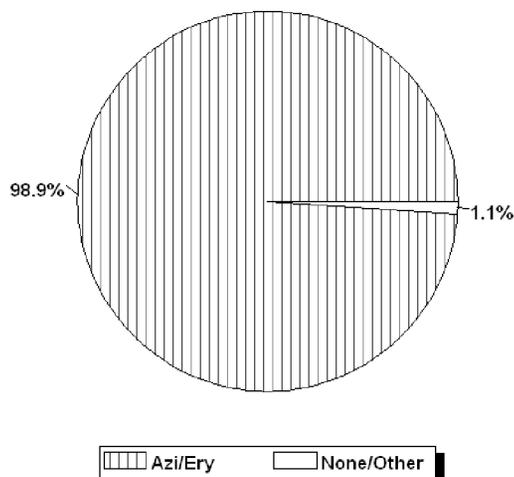
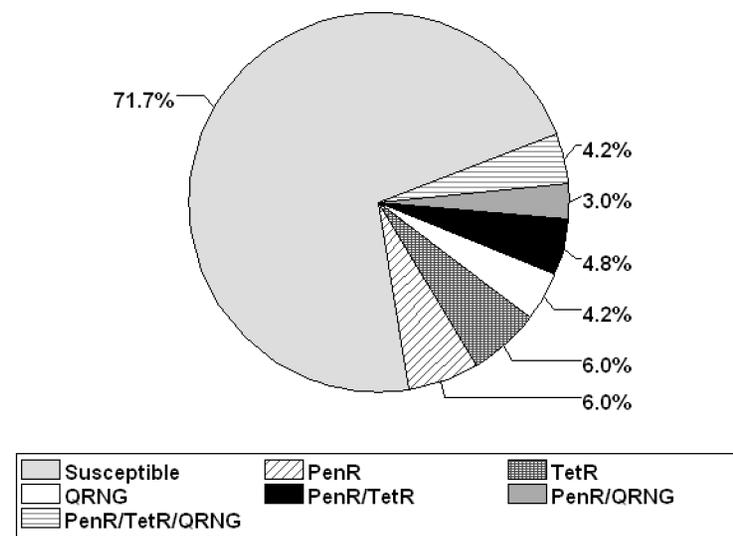


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



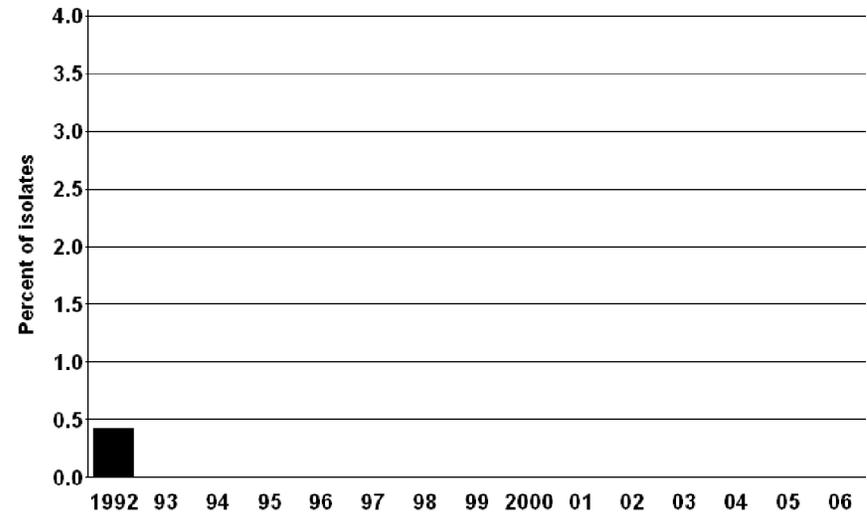
Atlanta, Georgia - 2008 (N=184)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

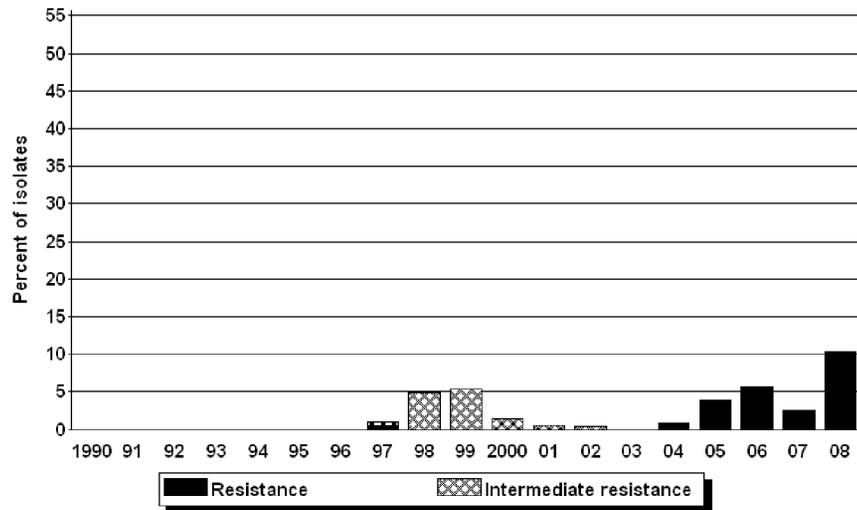
Note: Susceptibility to ceftriaxone first measured in 1987.

Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006



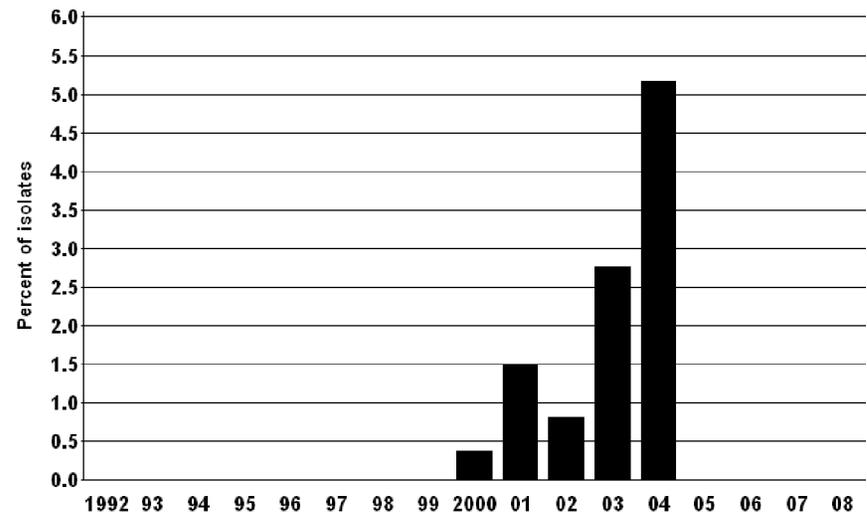
Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008



Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as ≥ 2.0 $\mu\text{g/ml}$. No CLSI criteria currently exist.

Baltimore, Maryland - 2008 (N=297)

Figure A. Age of GISP participants, in years, 2008

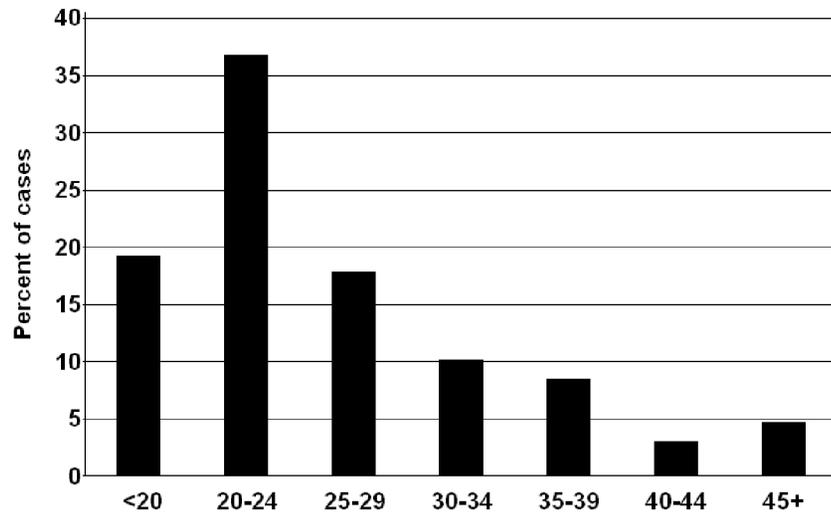


Figure B. Race/ethnicity of GISP participants, 2008

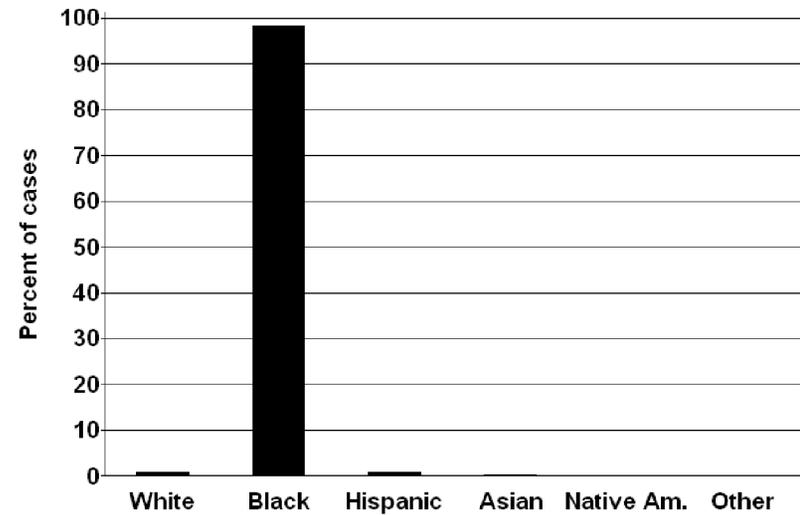


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

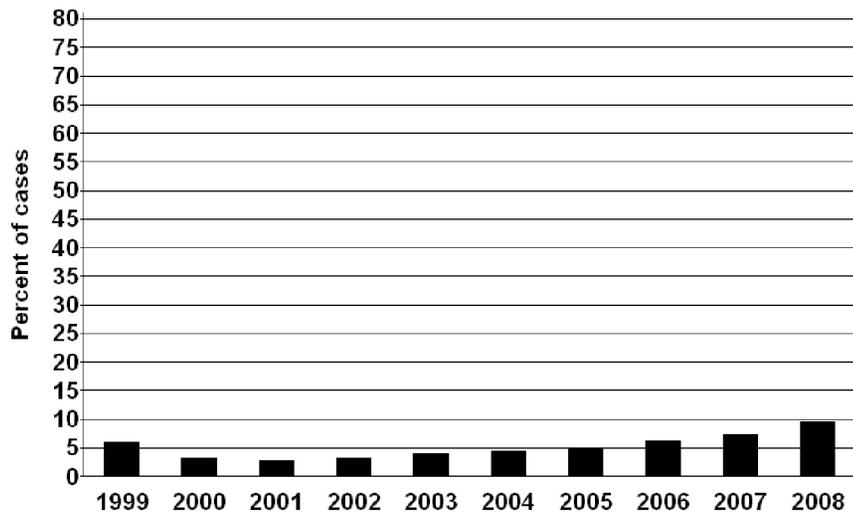
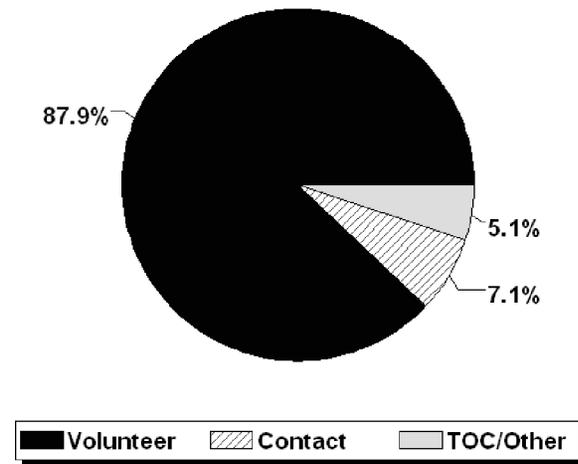
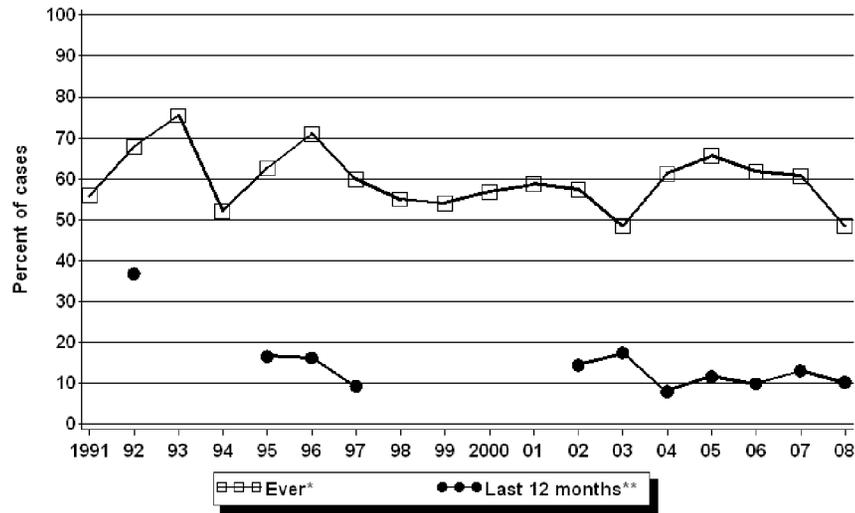


Figure D. Reason for visit among GISP participants, 2008



Baltimore, Maryland - 2008 (N=297)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.
 Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

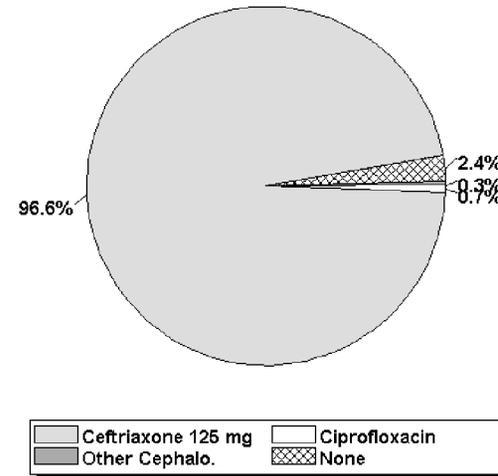


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

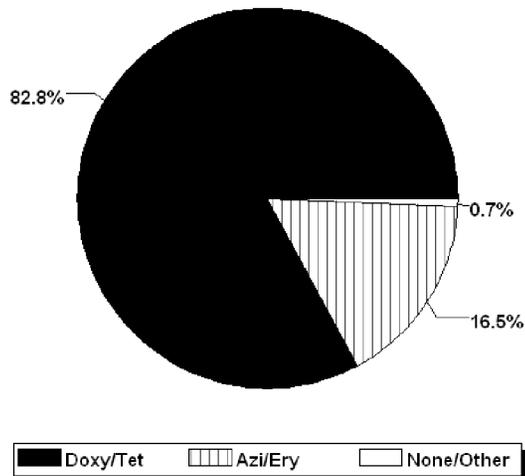
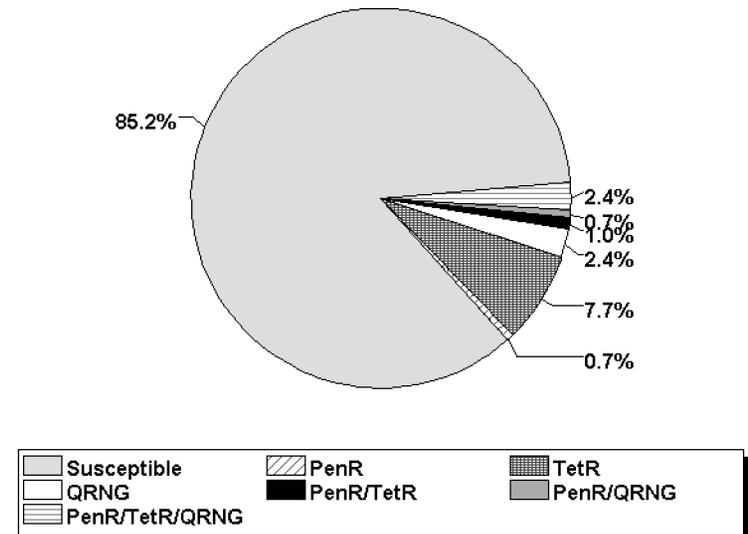


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



Baltimore, Maryland - 2008 (N=297)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

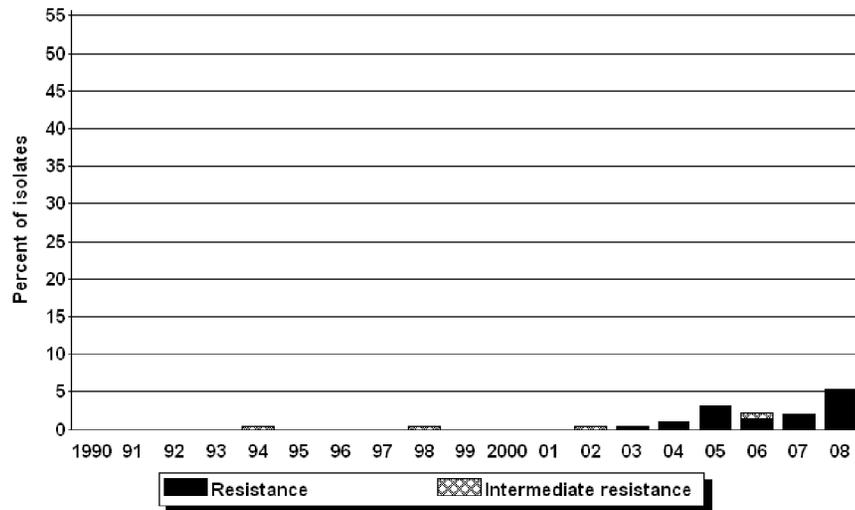
Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006

No isolates with decreased susceptibility to cefixime have been identified at this clinic during this time period.

Note: Susceptibility to ceftriaxone first measured in 1987.

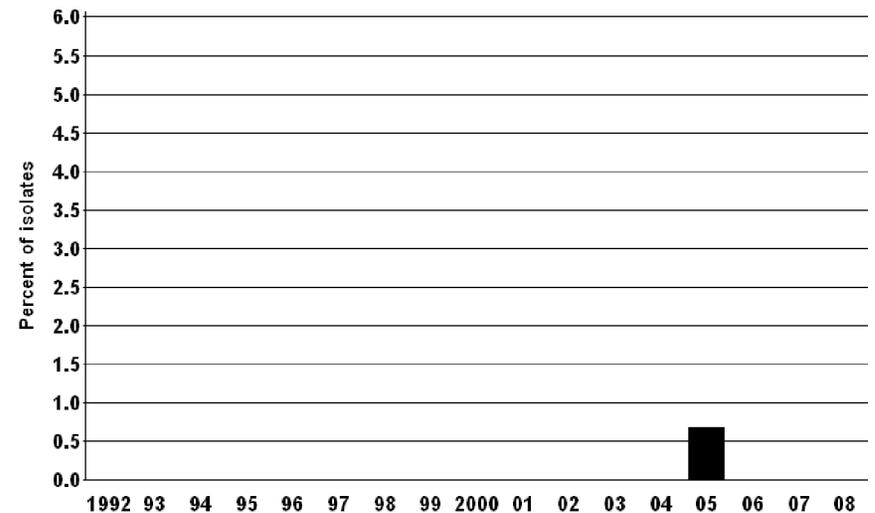
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Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008



Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

Birmingham, Alabama - 2008 (N=240)

Figure A. Age of GISP participants, in years, 2008

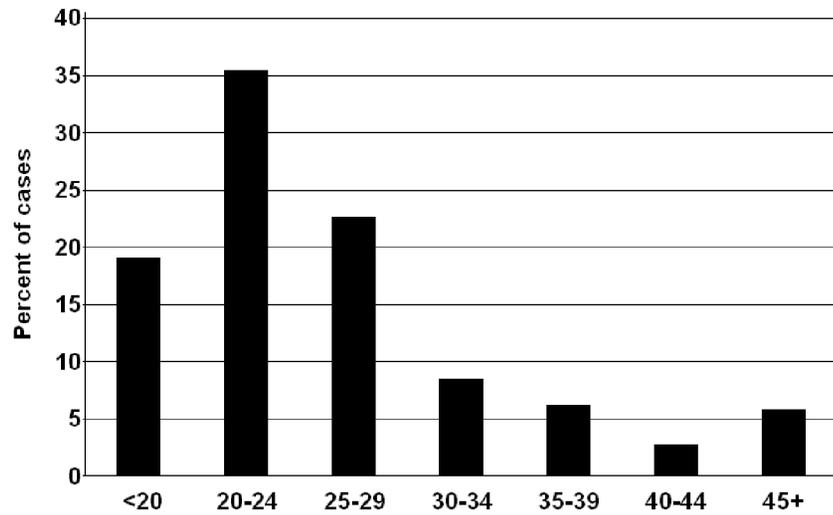


Figure B. Race/ethnicity of GISP participants, 2008

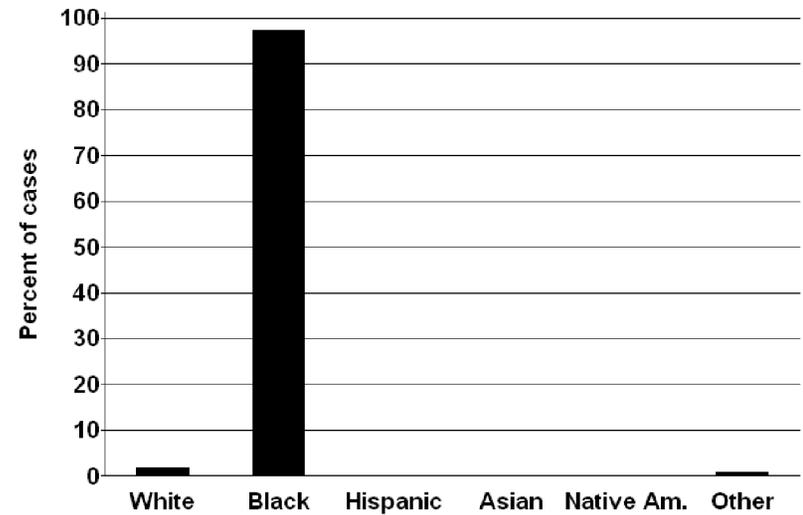


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

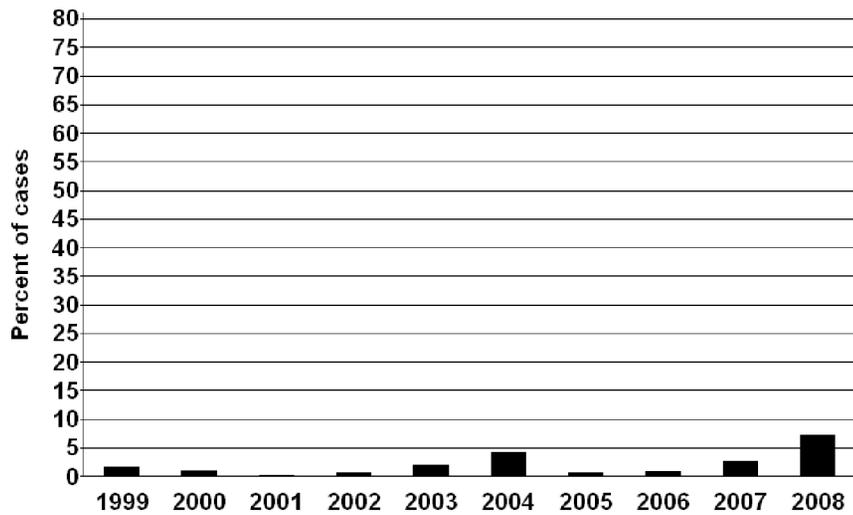
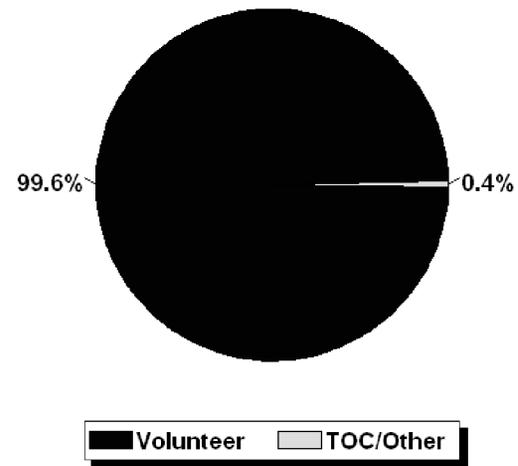
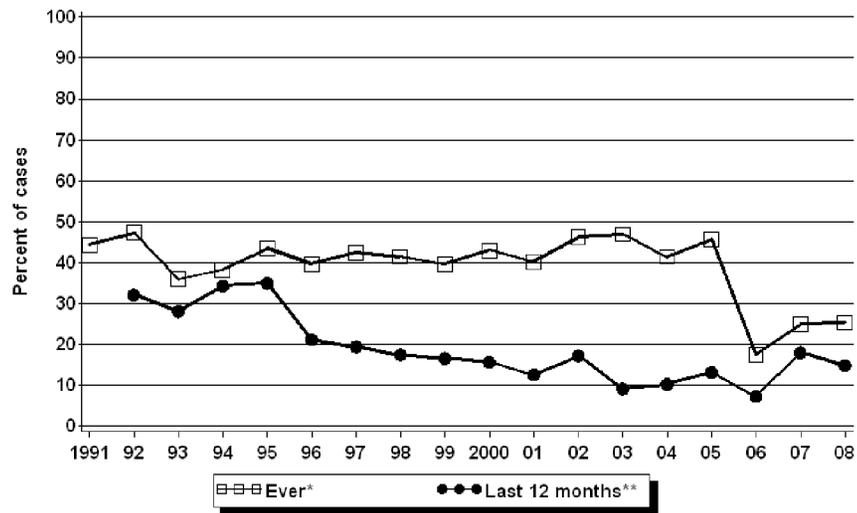


Figure D. Reason for visit among GISP participants, 2008



Birmingham, Alabama - 2008 (N=240)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.
Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

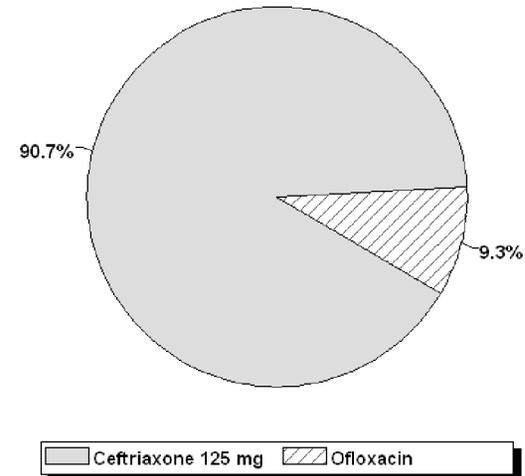


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

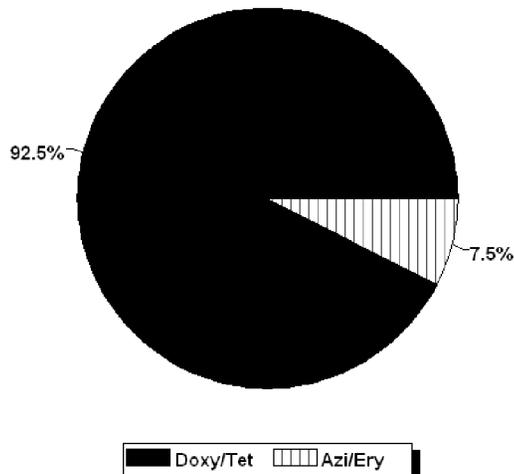
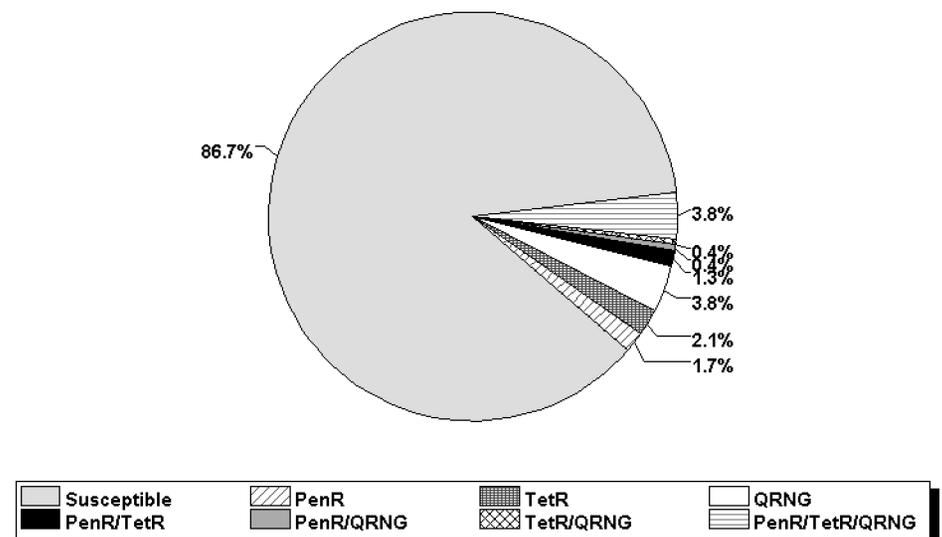


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



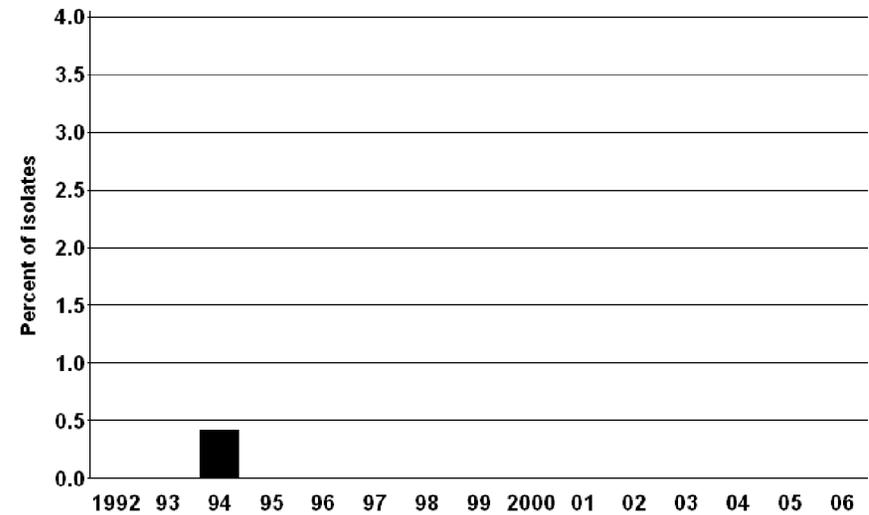
Birmingham, Alabama - 2008 (N=240)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

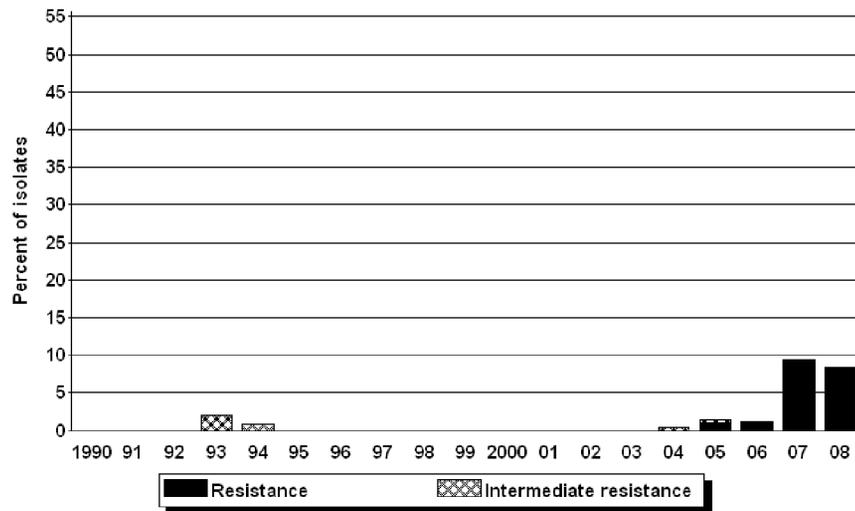
Note: Susceptibility to ceftriaxone first measured in 1987.

Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006



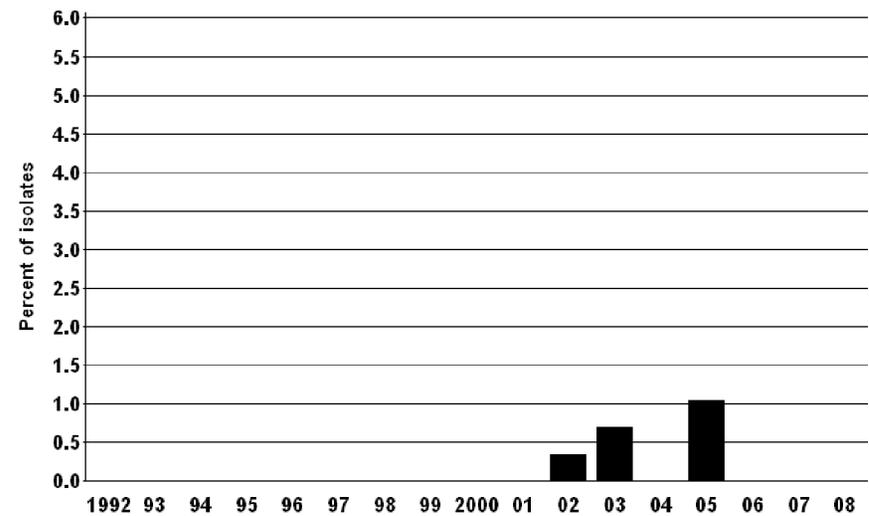
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Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

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Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

Chicago, Illinois - 2008 (N=262)

Figure A. Age of GISP participants, in years, 2008

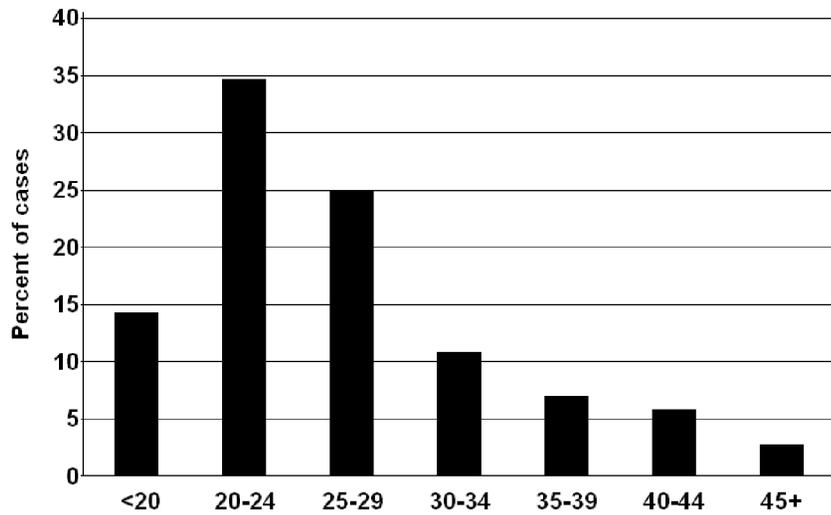


Figure B. Race/ethnicity of GISP participants, 2008

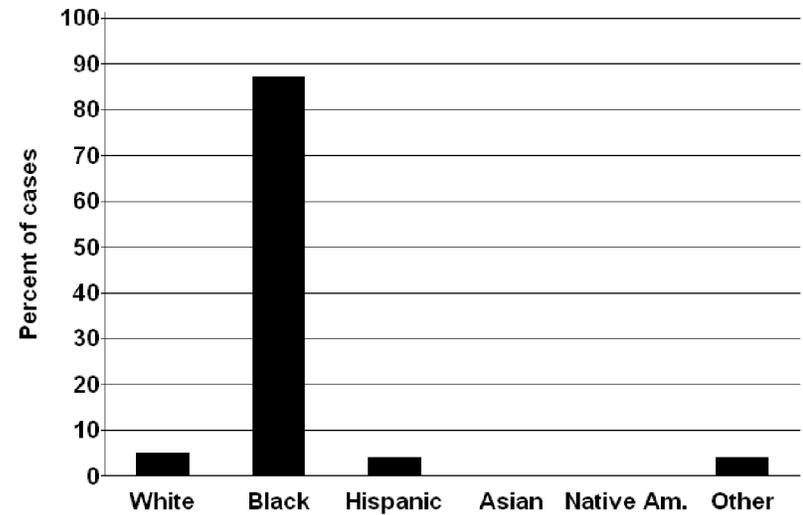


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

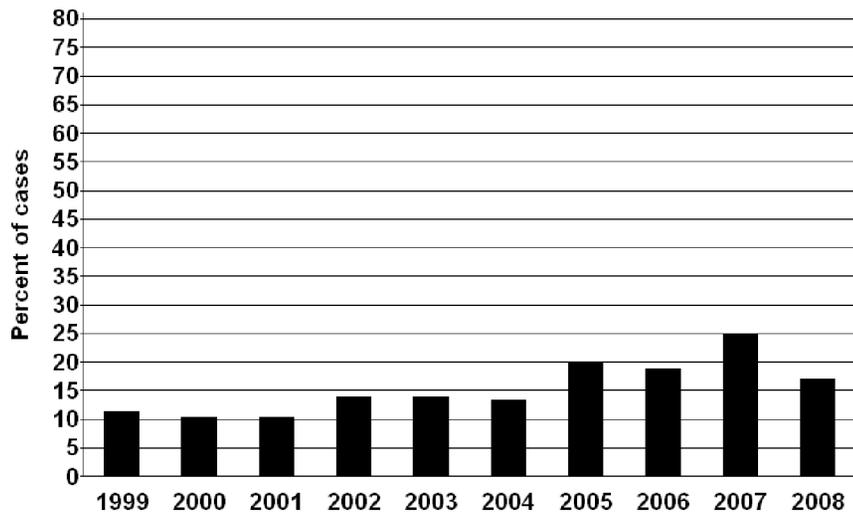
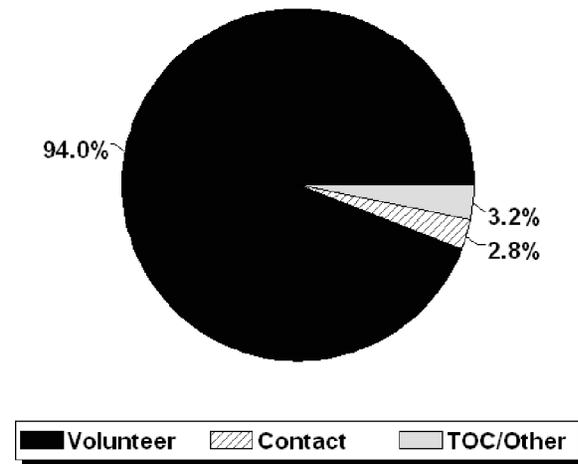
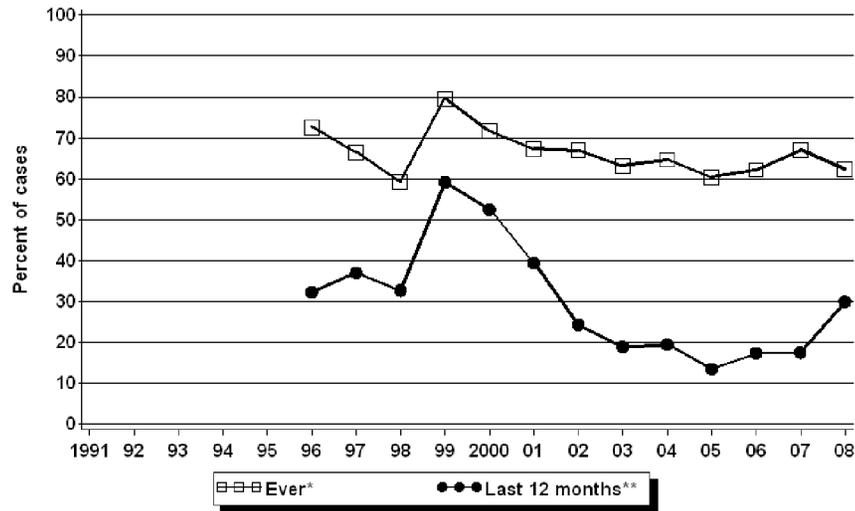


Figure D. Reason for visit among GISP participants, 2008



Chicago, Illinois - 2008 (N=262)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.
Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

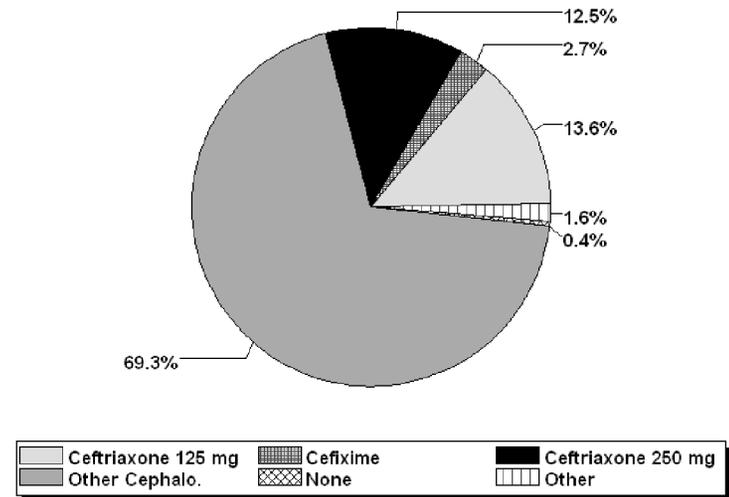


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

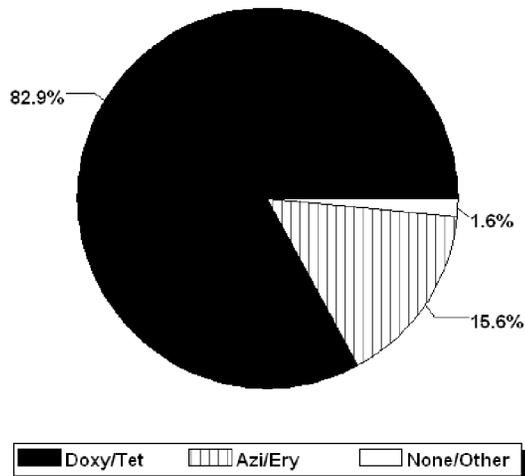
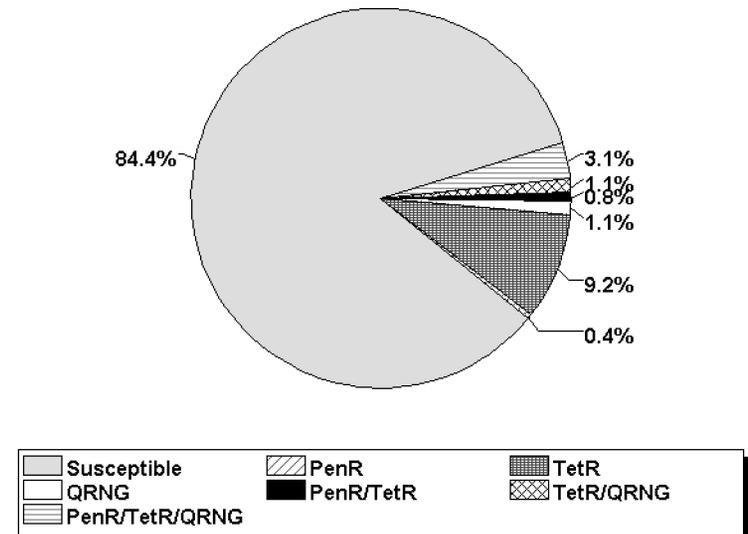


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



Chicago, Illinois - 2008 (N=262)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

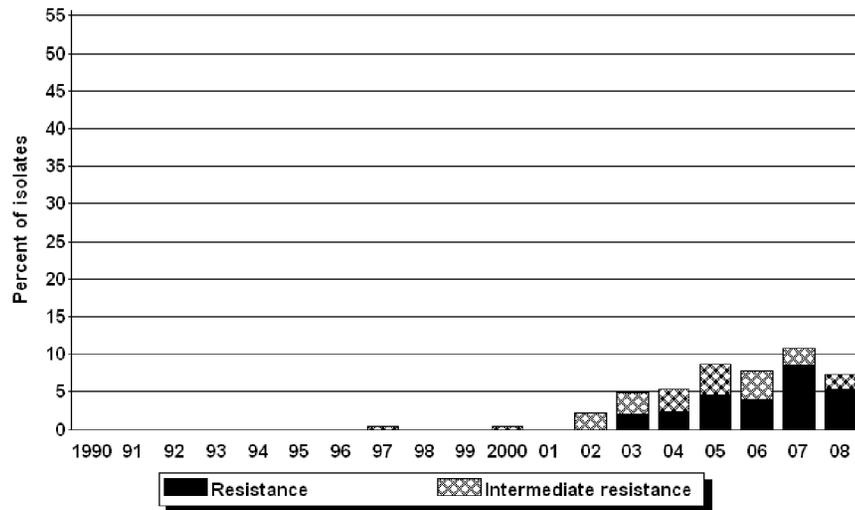
Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006

No isolates with decreased susceptibility to cefixime have been identified at this clinic during this time period.

Note: Susceptibility to ceftriaxone first measured in 1987.

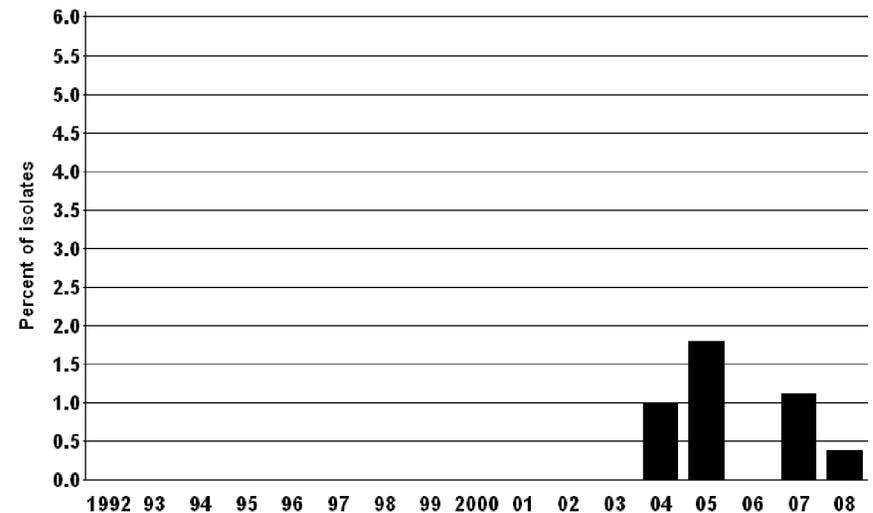
Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008



Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

Cincinnati, Ohio - 2008 (N=180)

Figure A. Age of GISP participants, in years, 2008

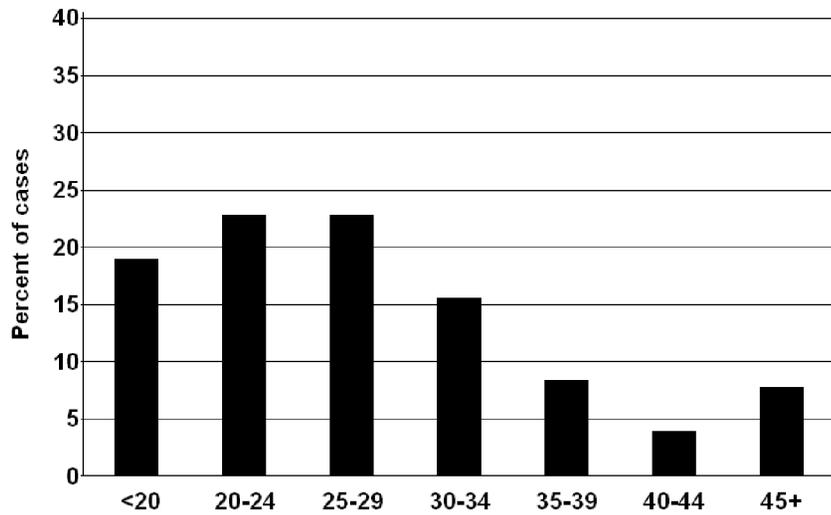


Figure B. Race/ethnicity of GISP participants, 2008

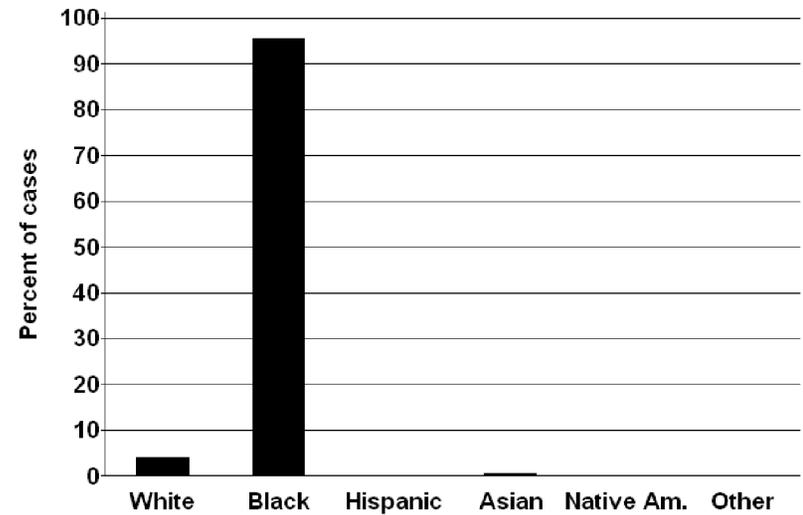


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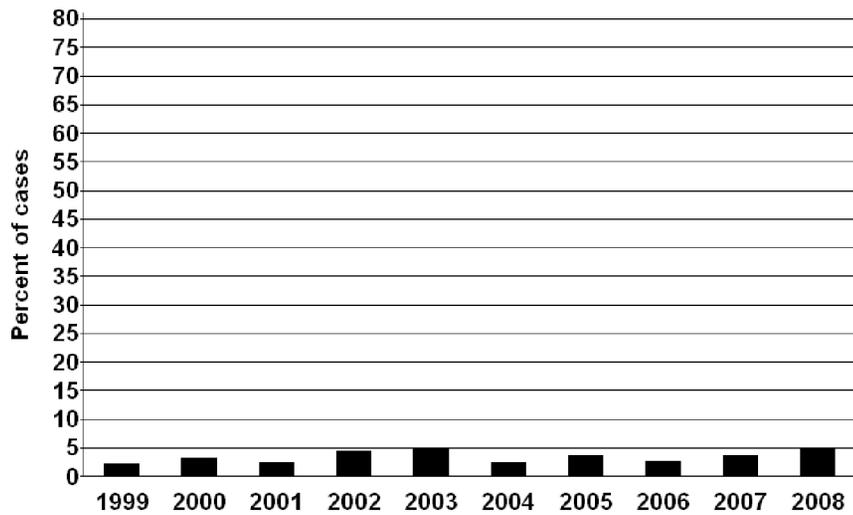
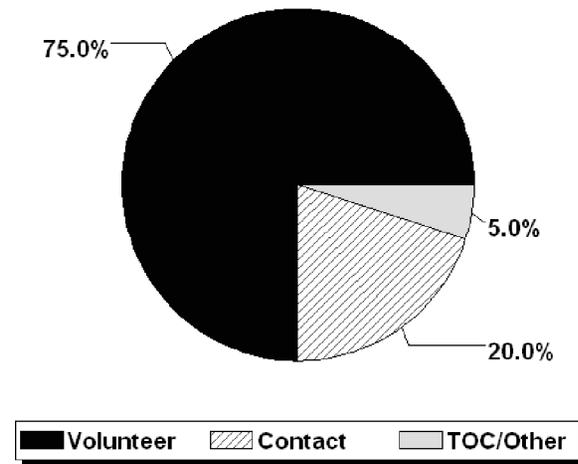
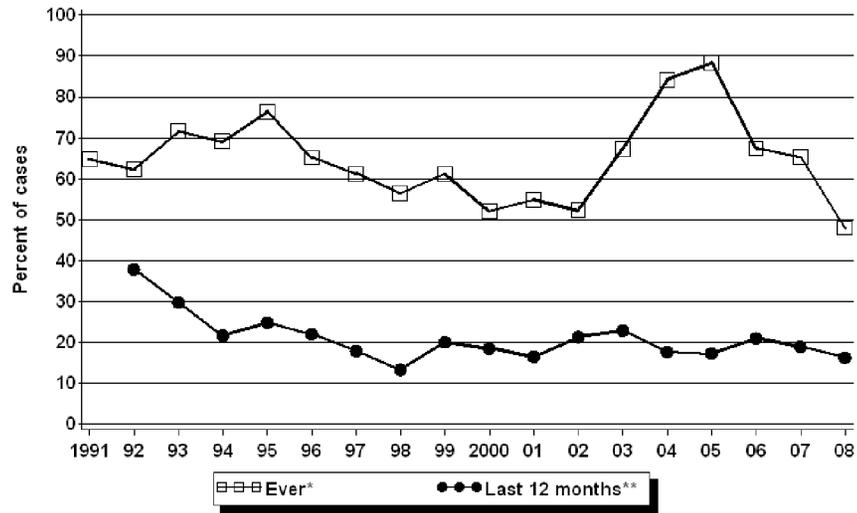


Figure D. Reason for visit among GISP participants, 2008



Cincinnati, Ohio - 2008 (N=180)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.
Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

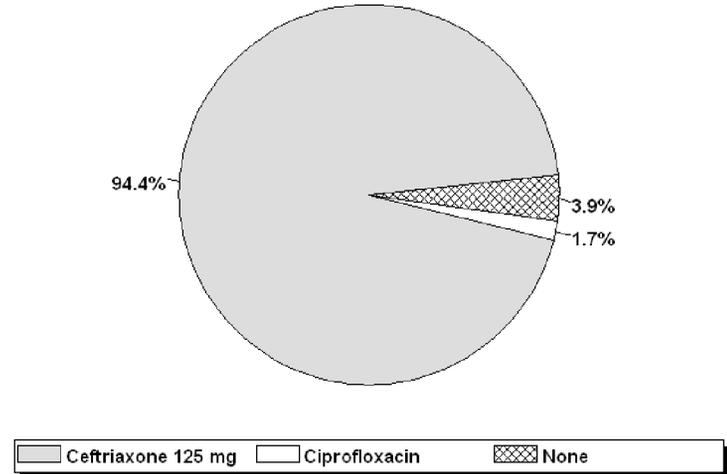


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

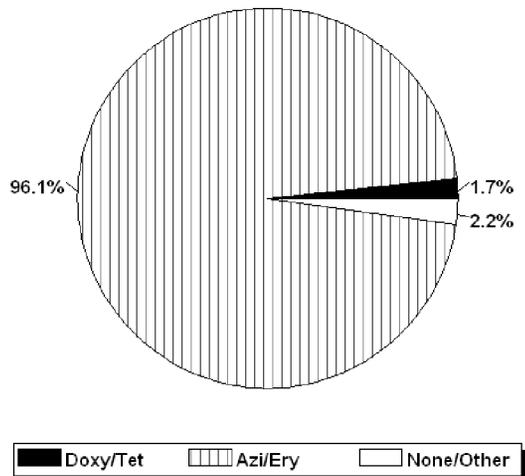
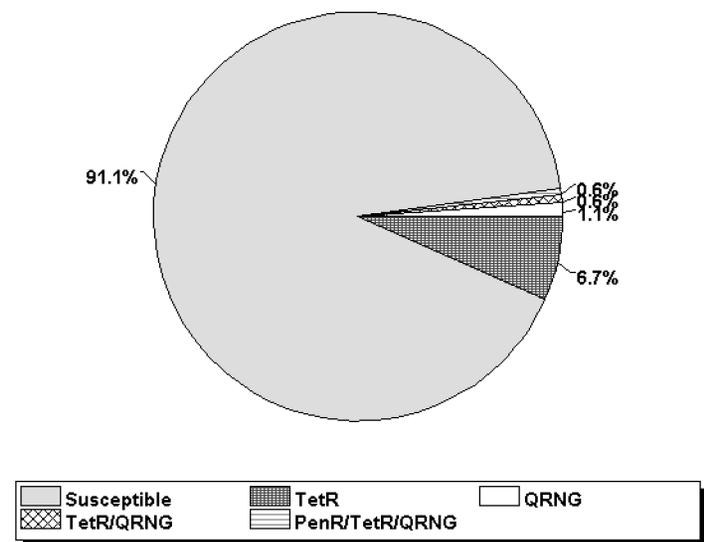
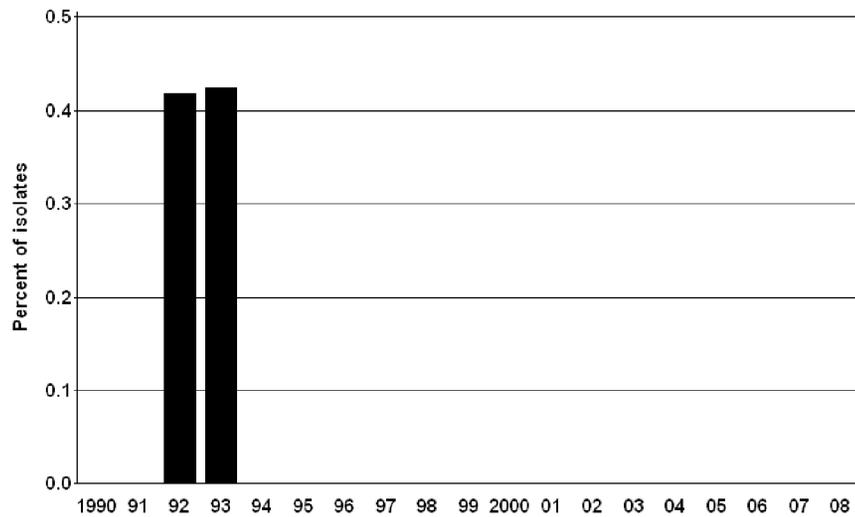


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



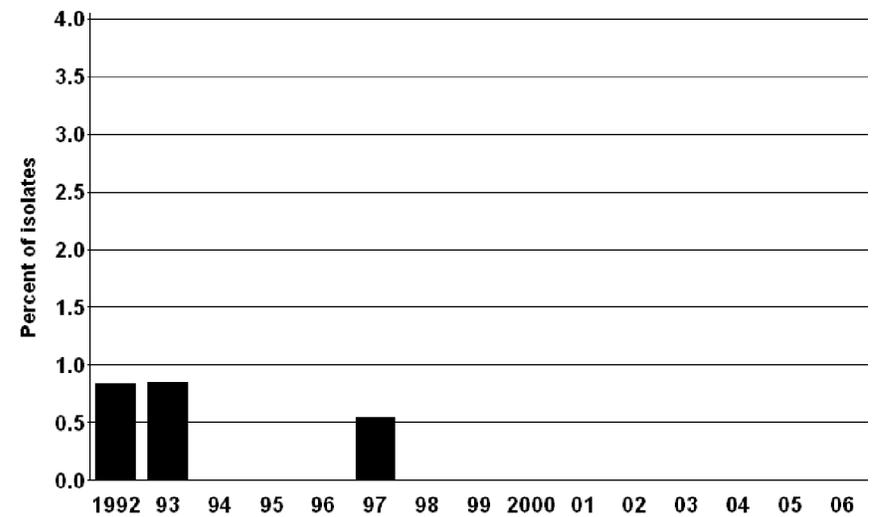
Cincinnati, Ohio - 2008 (N=180)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008



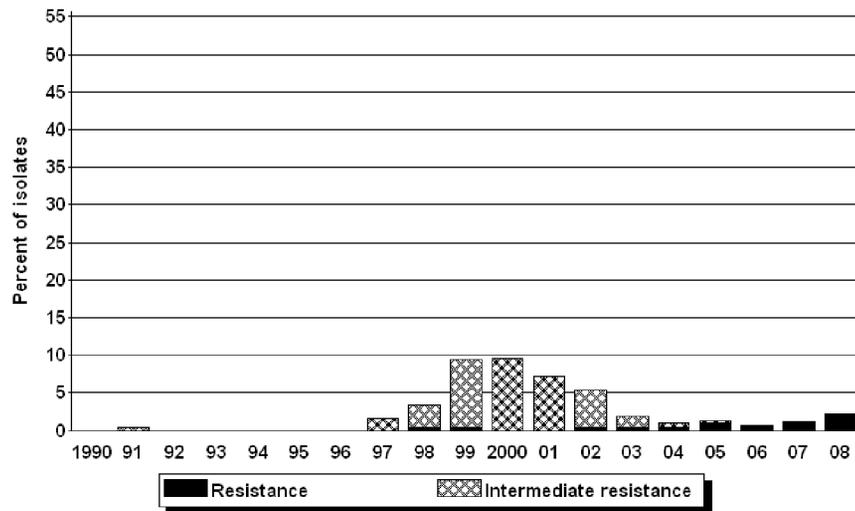
Note: Susceptibility to ceftriaxone first measured in 1987.

Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006



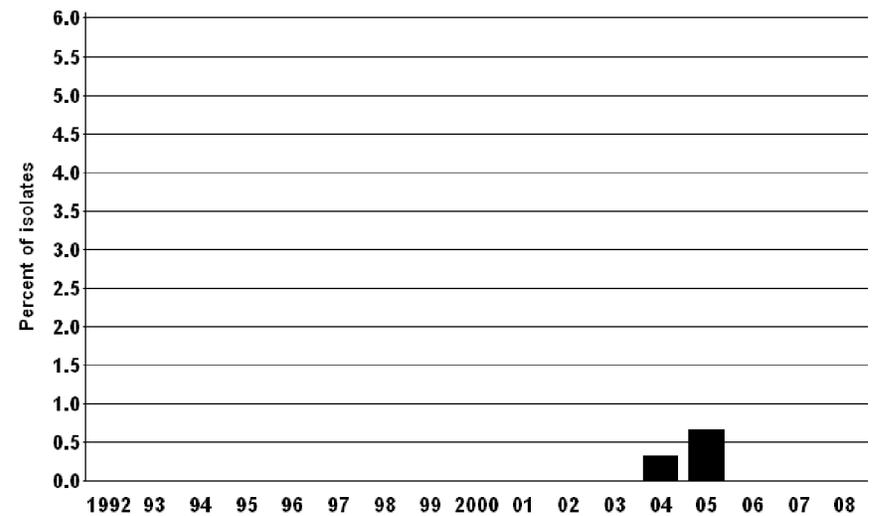
Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008



Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

Cleveland, Ohio - 2008 (N=243)

Figure A. Age of GISP participants, in years, 2008

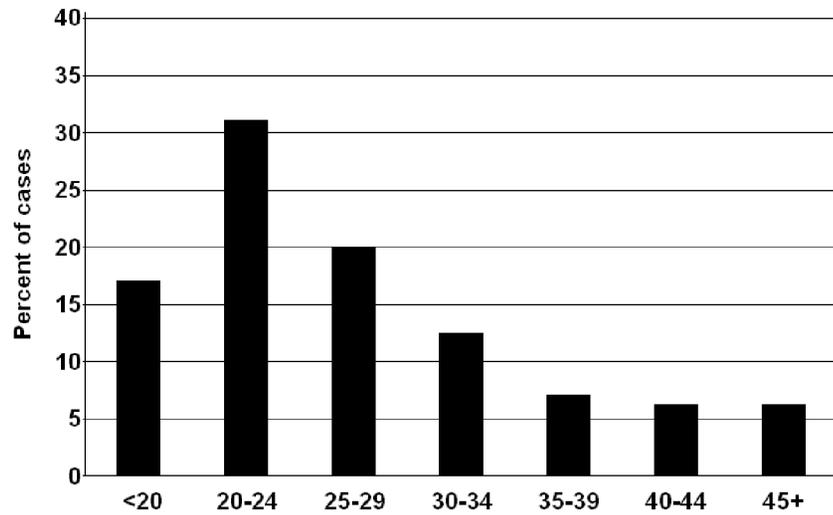


Figure B. Race/ethnicity of GISP participants, 2008

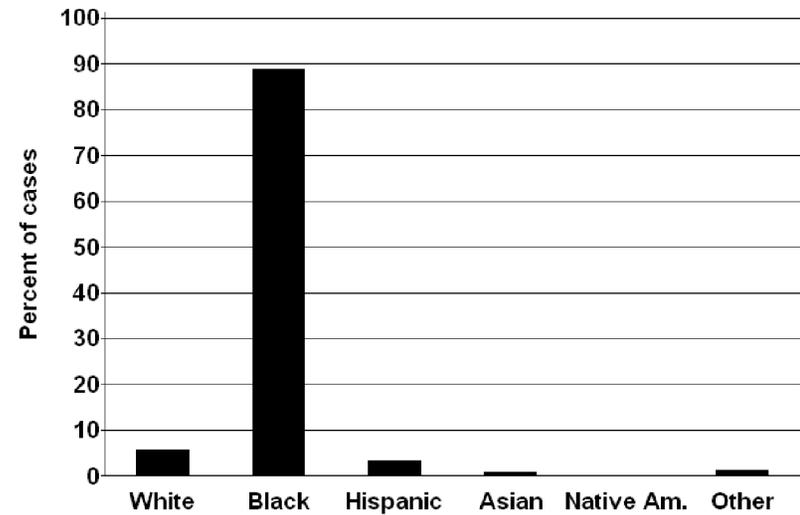


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

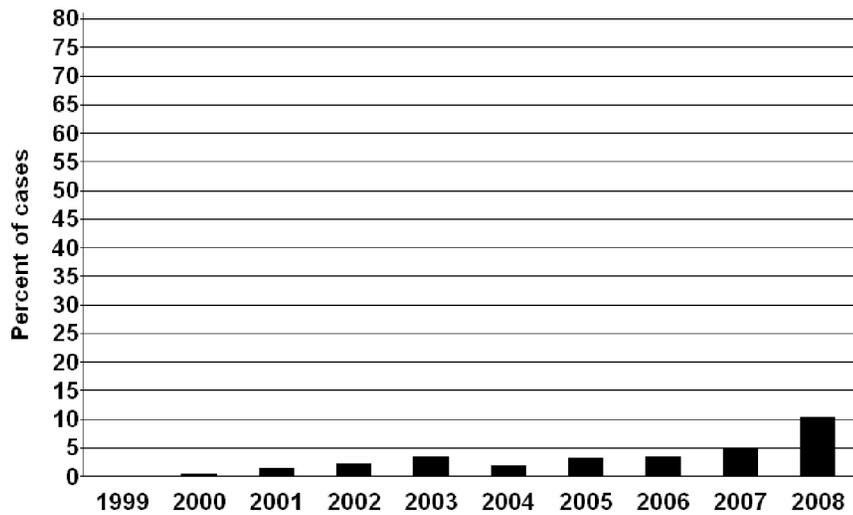
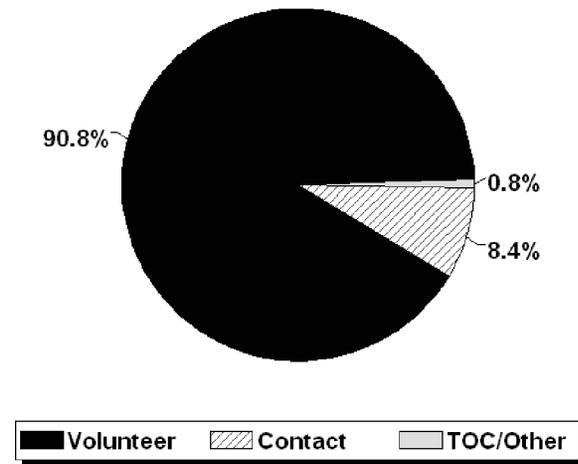
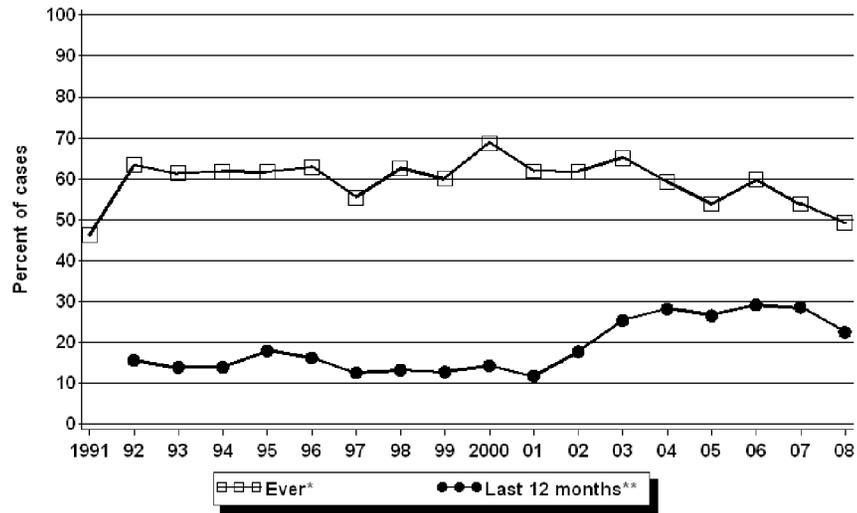


Figure D. Reason for visit among GISP participants, 2008



Cleveland, Ohio - 2008 (N=243)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.
 Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

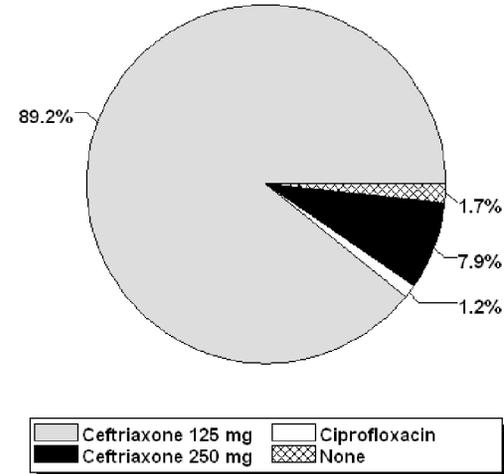


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

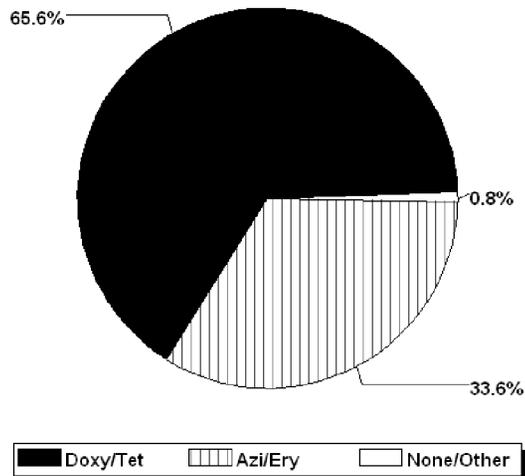
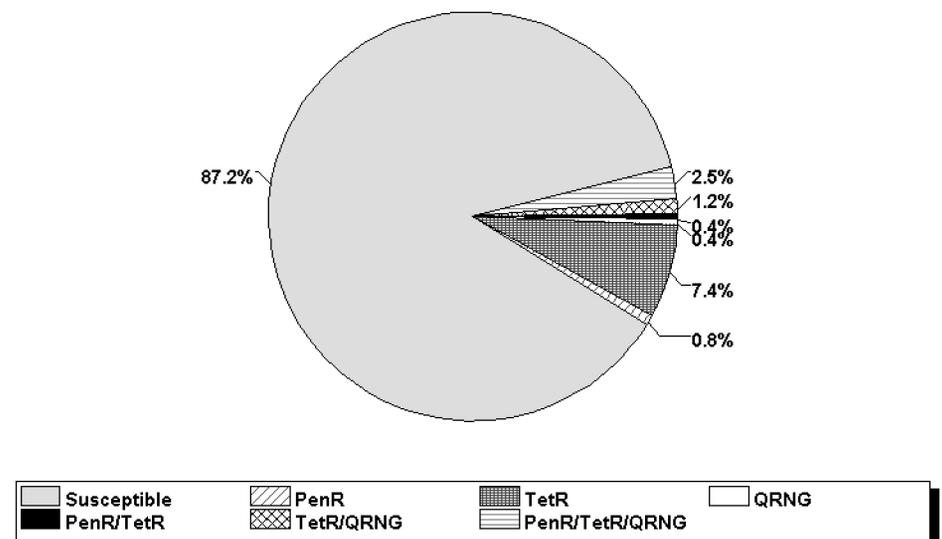


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



Cleveland, Ohio - 2008 (N=243)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

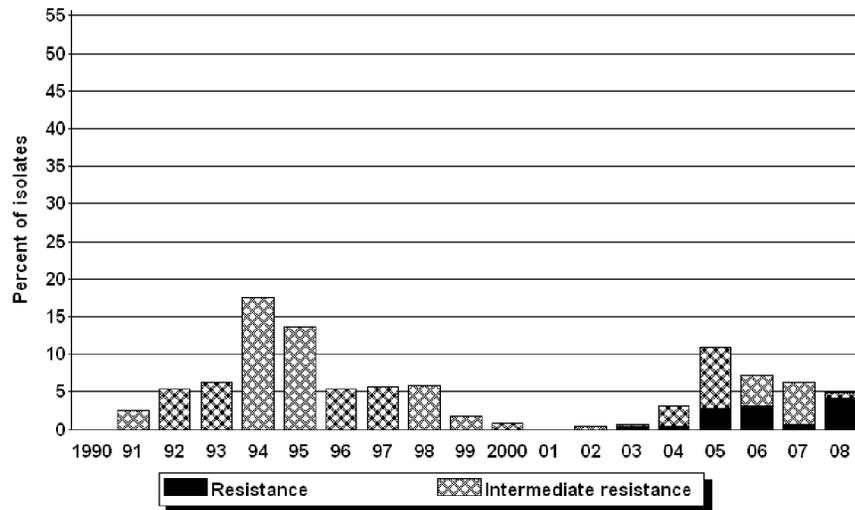
Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006

No isolates with decreased susceptibility to cefixime have been identified at this clinic during this time period.

Note: Susceptibility to ceftriaxone first measured in 1987.

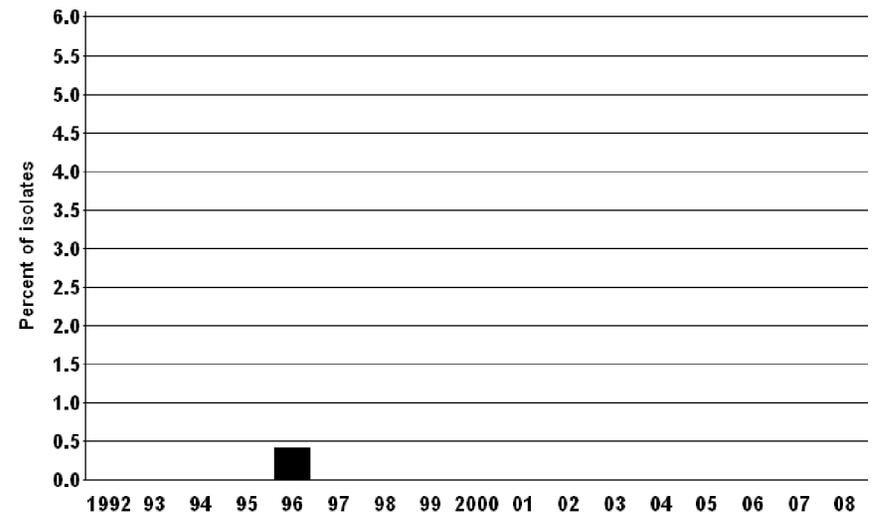
Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008



Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

Dallas, Texas - 2008 (N=295)

Figure A. Age of GISP participants, in years, 2008

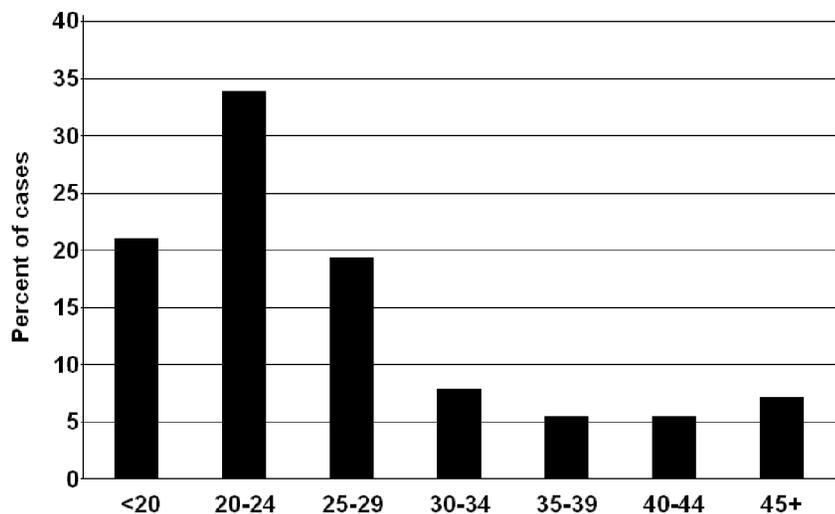


Figure B. Race/ethnicity of GISP participants, 2008

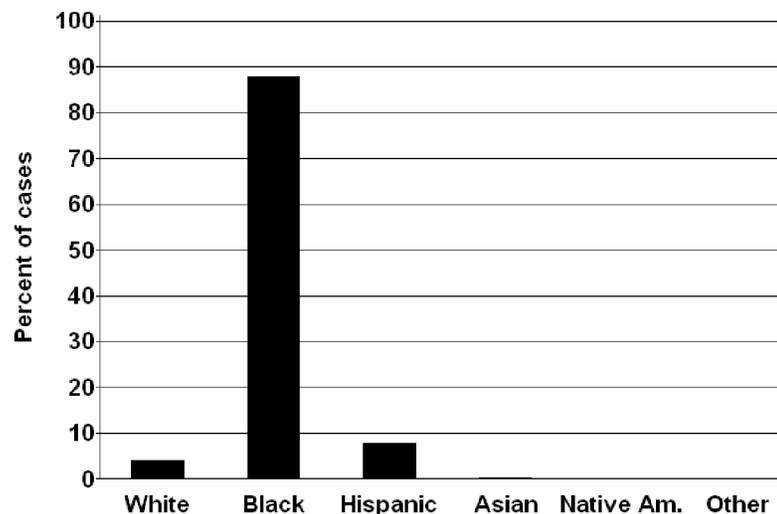


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

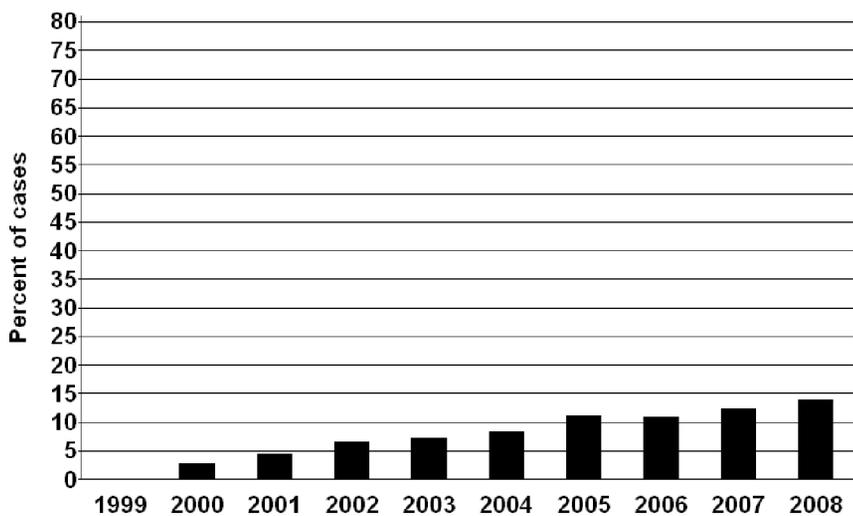
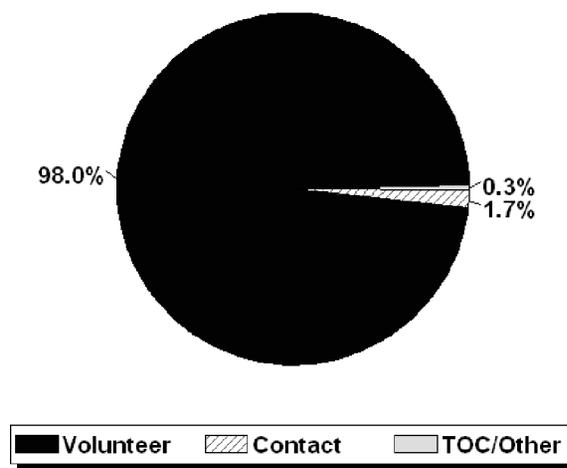


Figure D. Reason for visit among GISP participants, 2008



Dallas, Texas - 2008 (N=295)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008

Data currently not available.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

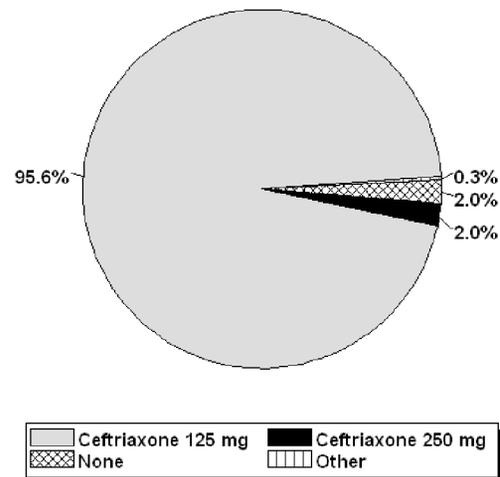


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

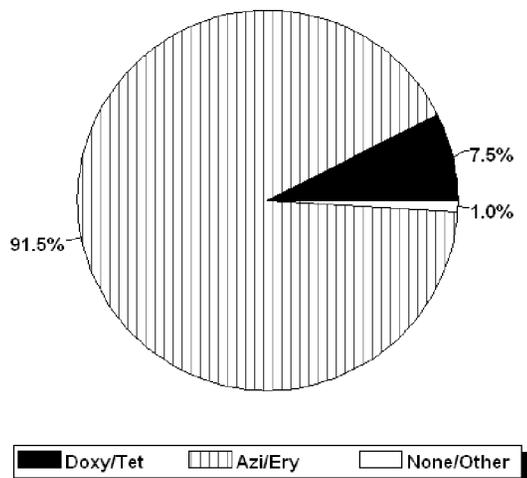
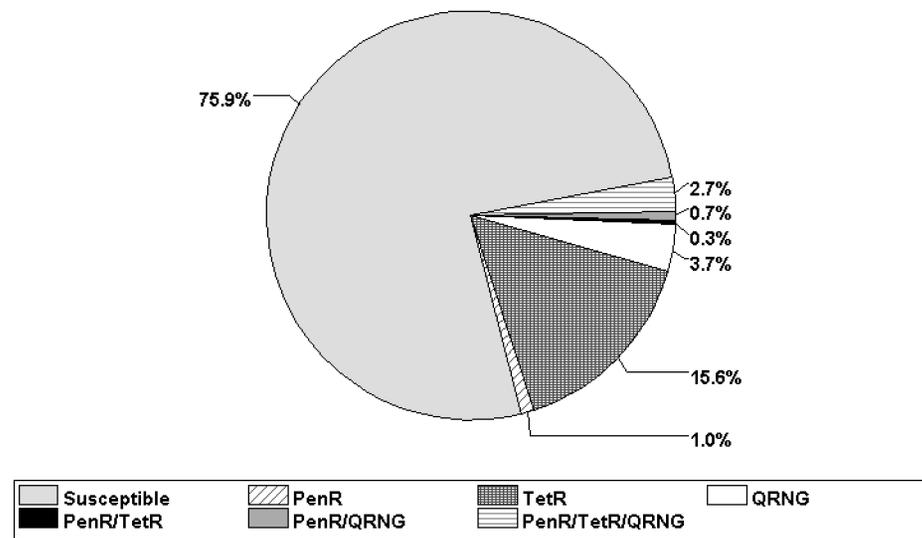


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



Dallas, Texas - 2008 (N=295)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

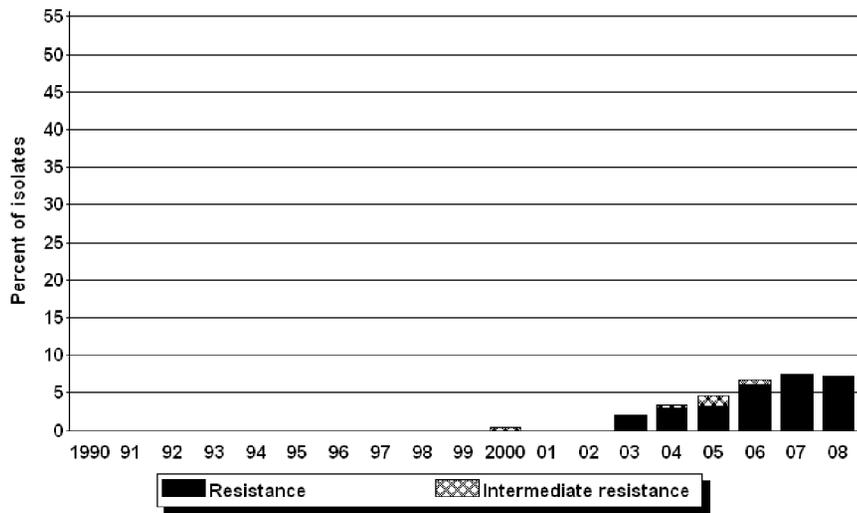
Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006

No isolates with decreased susceptibility to cefixime have been identified at this clinic during this time period.

Note: Susceptibility to ceftriaxone first measured in 1987.

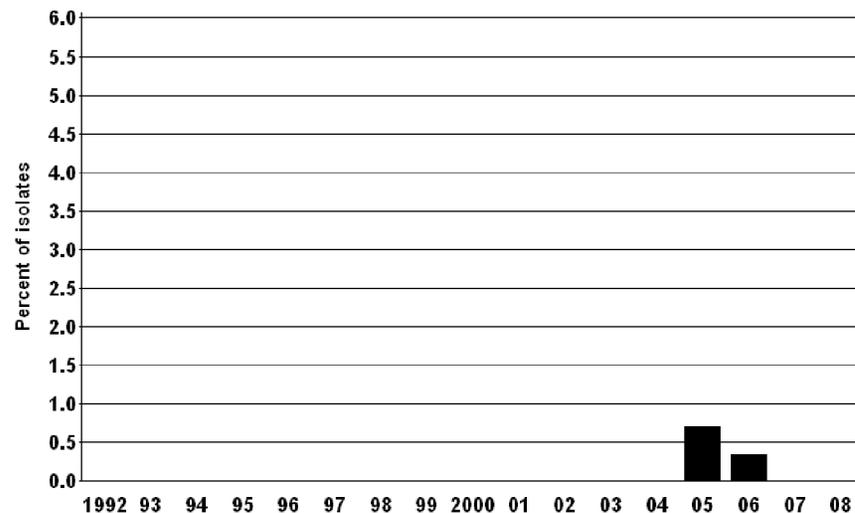
Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008



Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

Denver, Colorado - 2008 (N=252)

Figure A. Age of GISP participants, in years, 2008

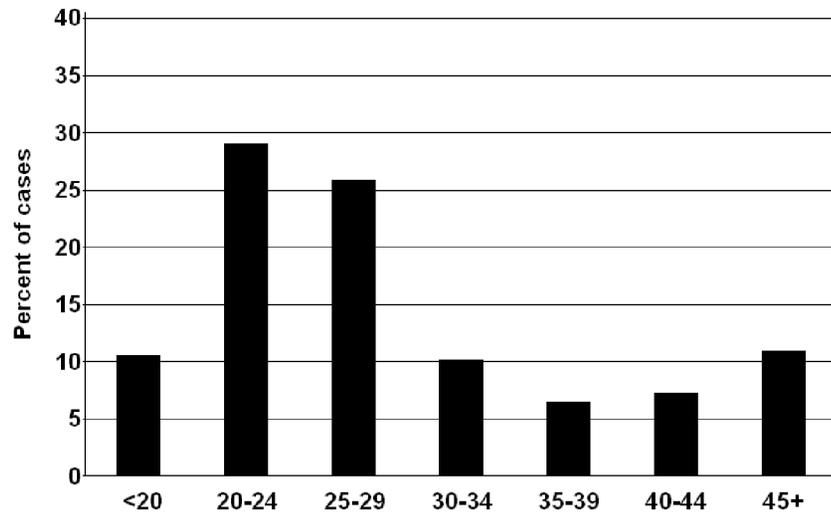


Figure B. Race/ethnicity of GISP participants, 2008

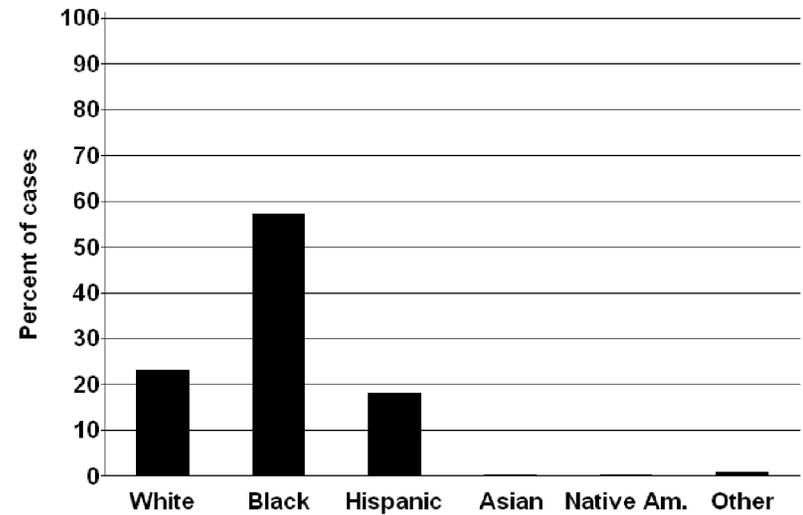


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

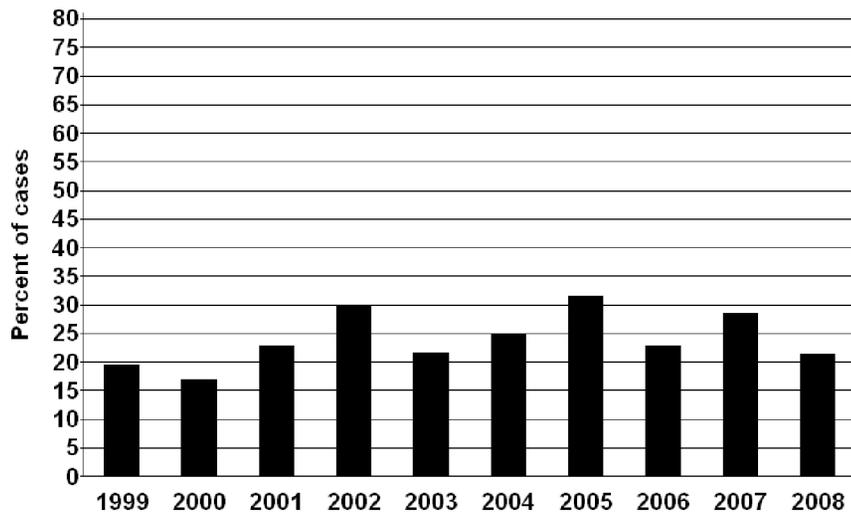
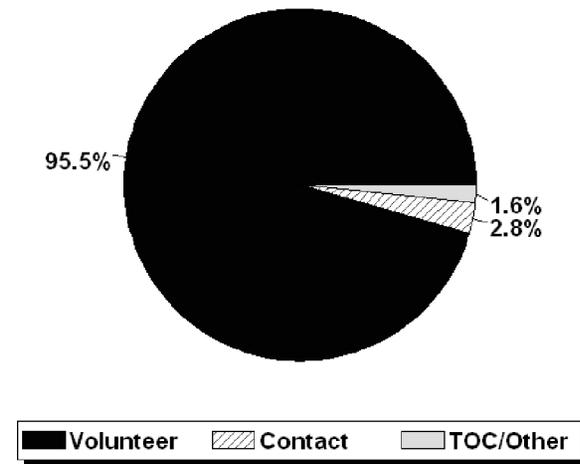
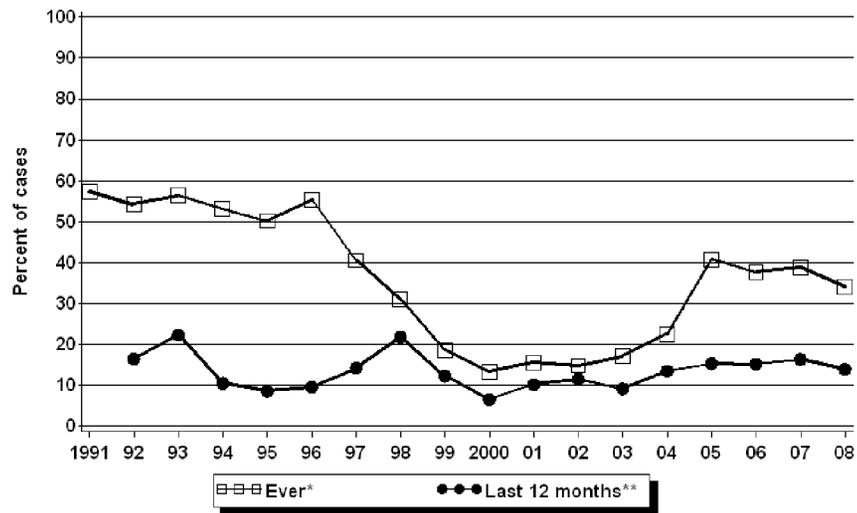


Figure D. Reason for visit among GISP participants, 2008



Denver, Colorado - 2008 (N=252)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.
Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

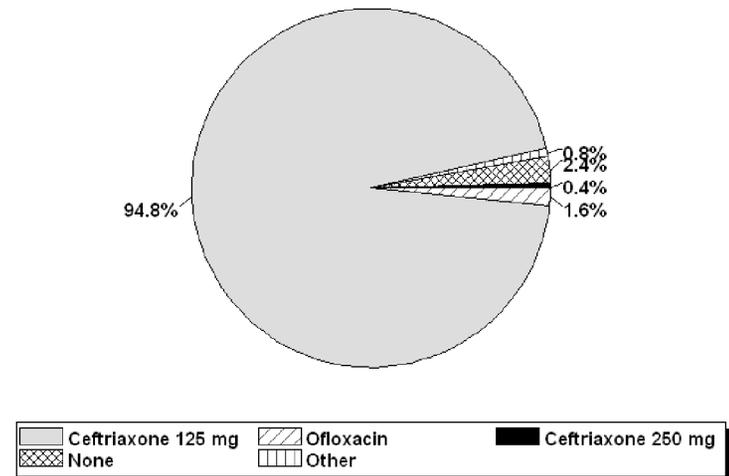


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

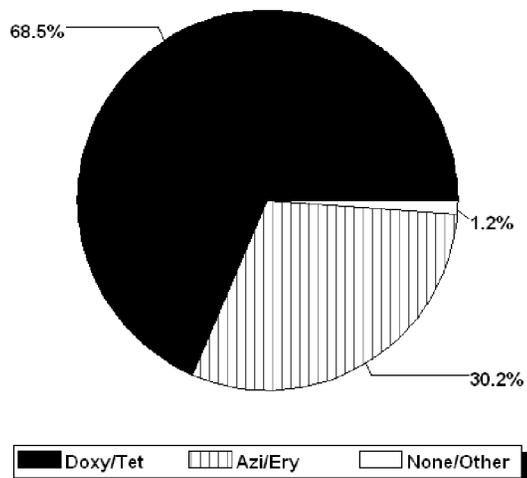
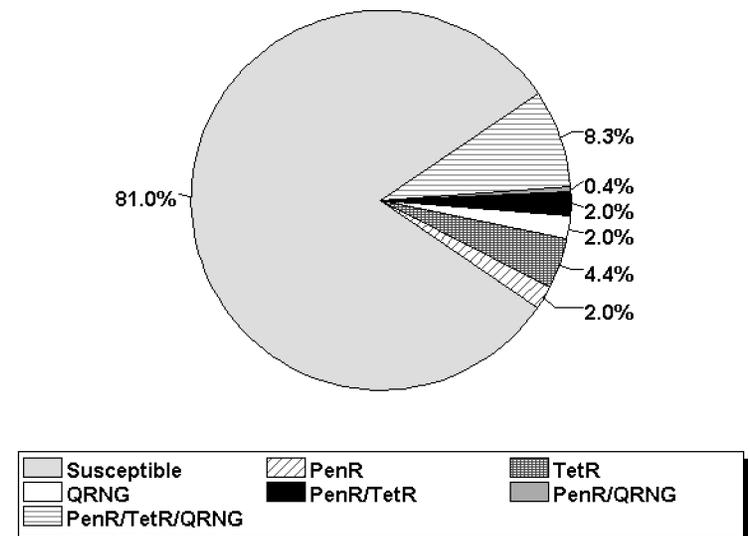


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



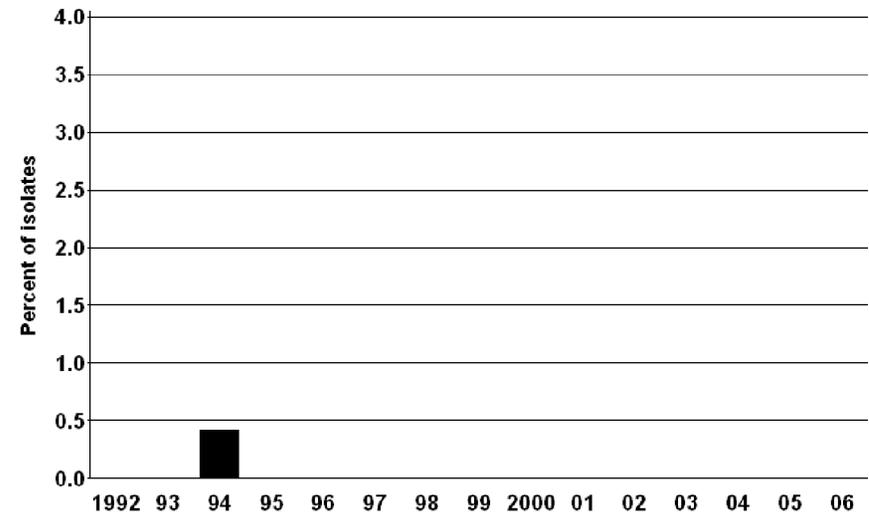
Denver, Colorado - 2008 (N=252)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

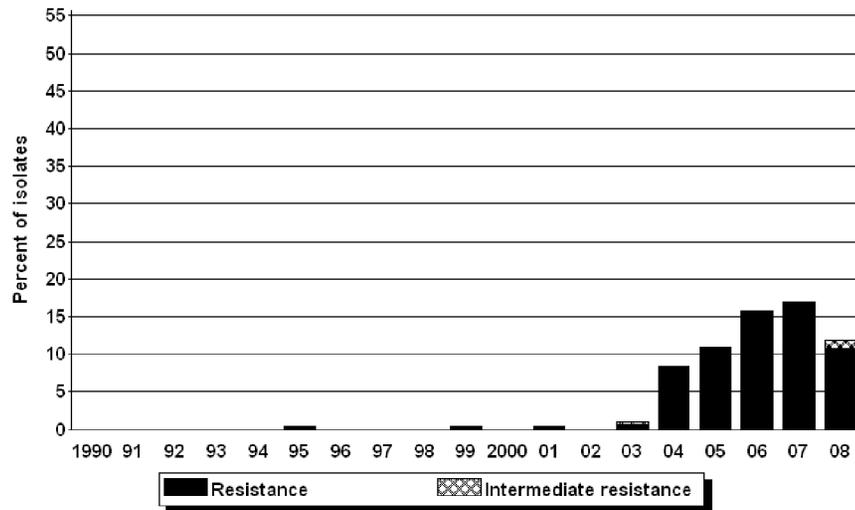
Note: Susceptibility to ceftriaxone first measured in 1987.

Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006



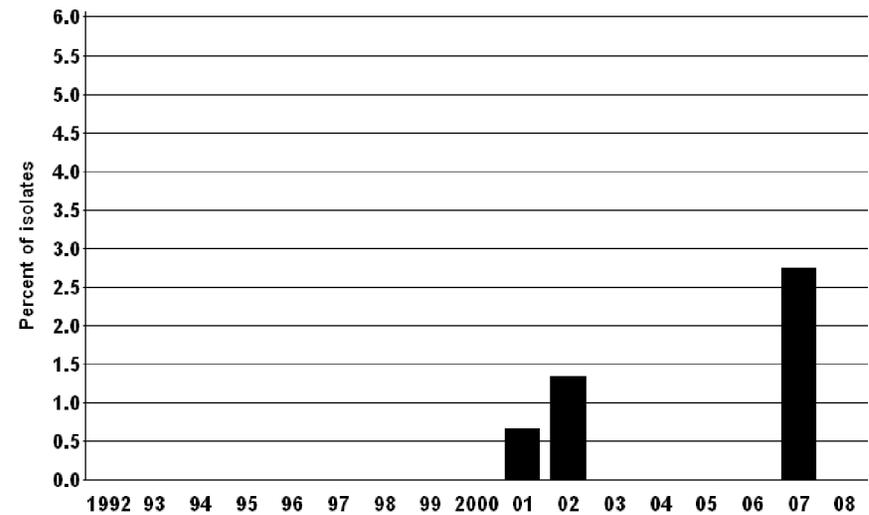
Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008



Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

Detroit, Michigan - 2008 (N=286)

Figure A. Age of GISP participants, in years, 2008

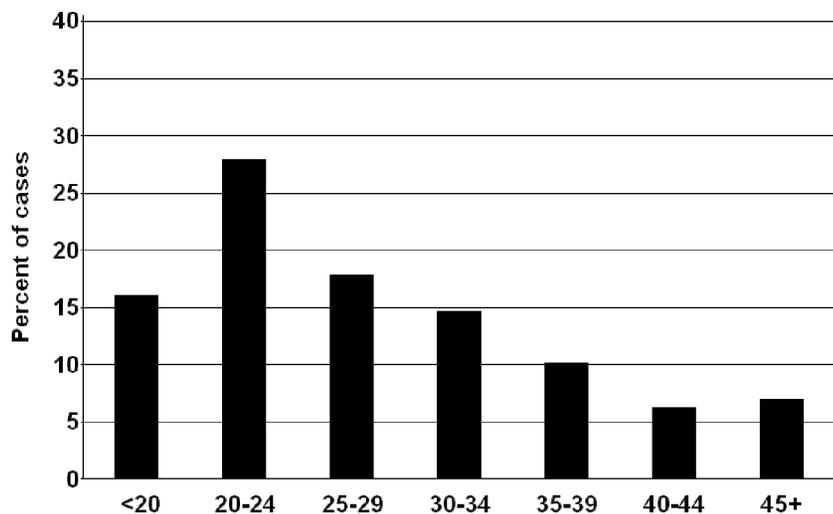


Figure B. Race/ethnicity of GISP participants, 2008

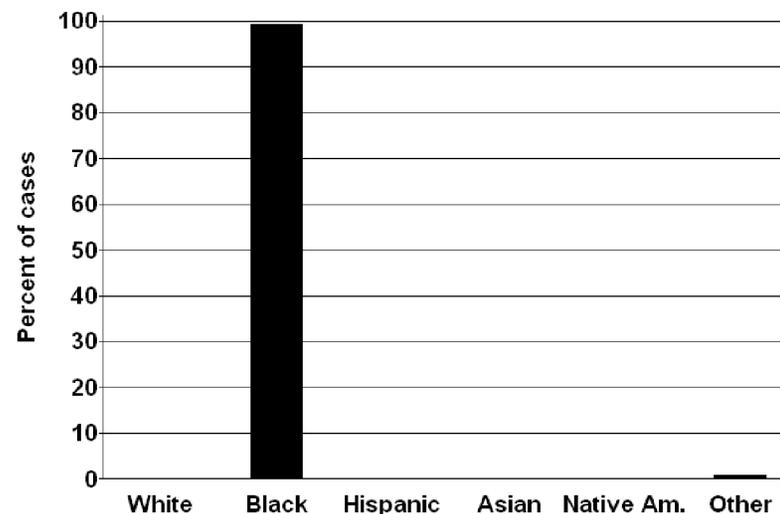


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

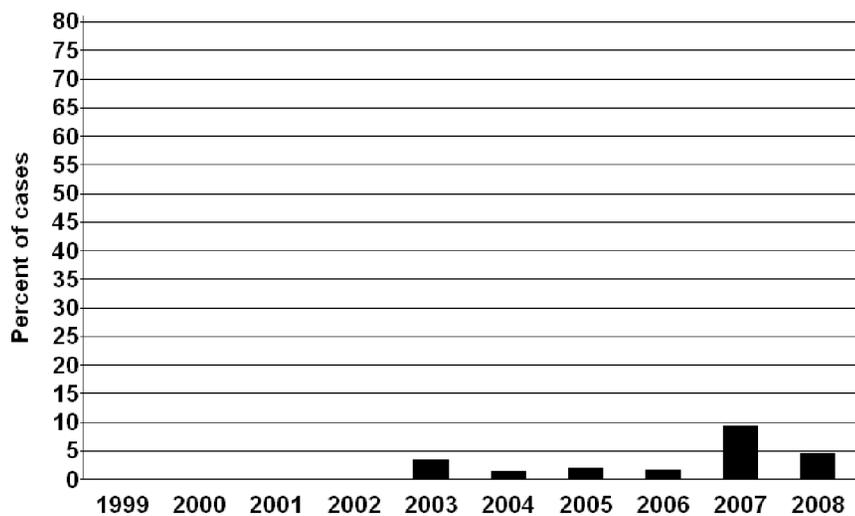
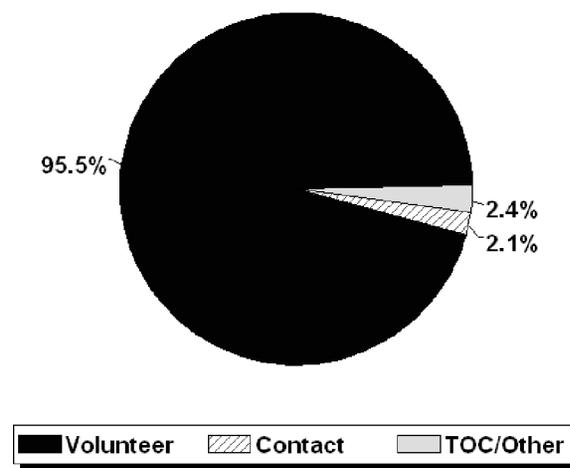
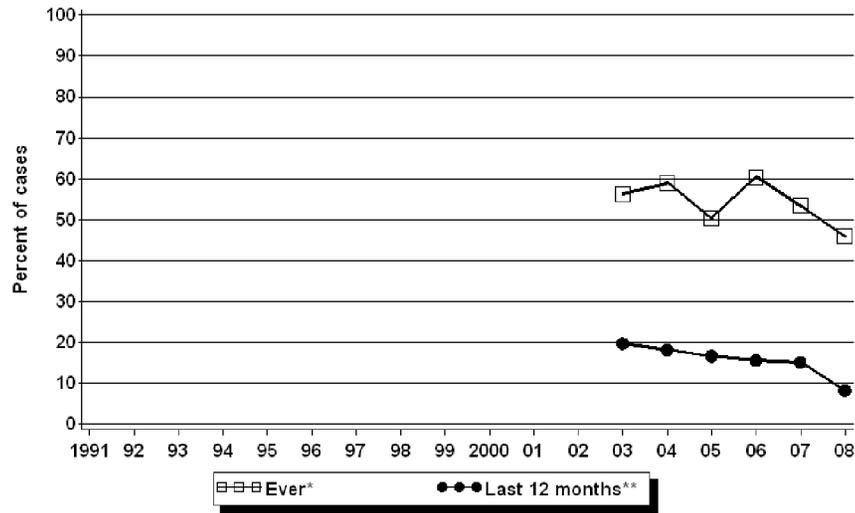


Figure D. Reason for visit among GISP participants, 2008



Detroit, Michigan - 2008 (N=286)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.
 Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

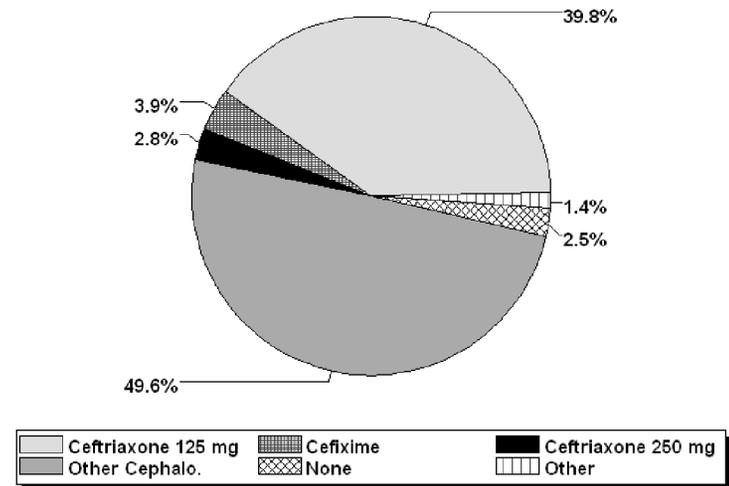


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

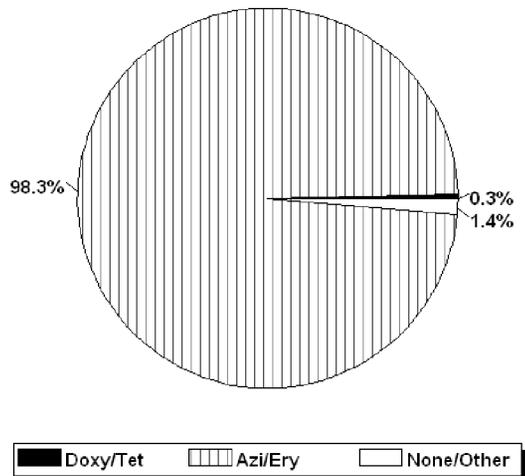
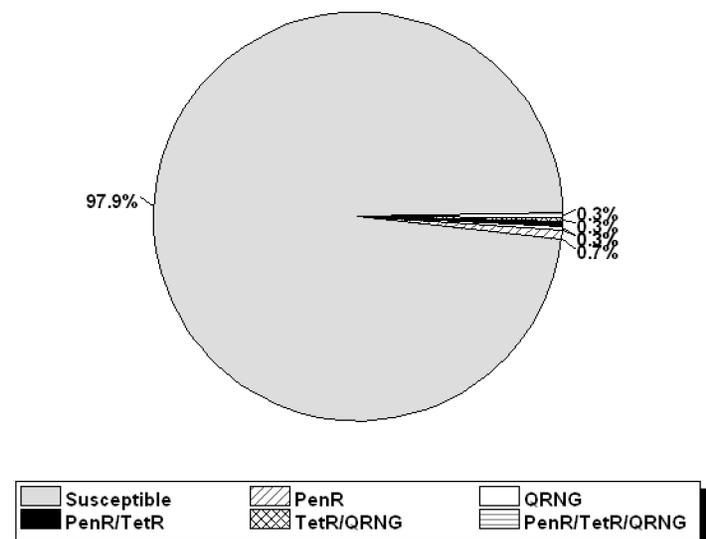


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



Detroit, Michigan - 2008 (N=286)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

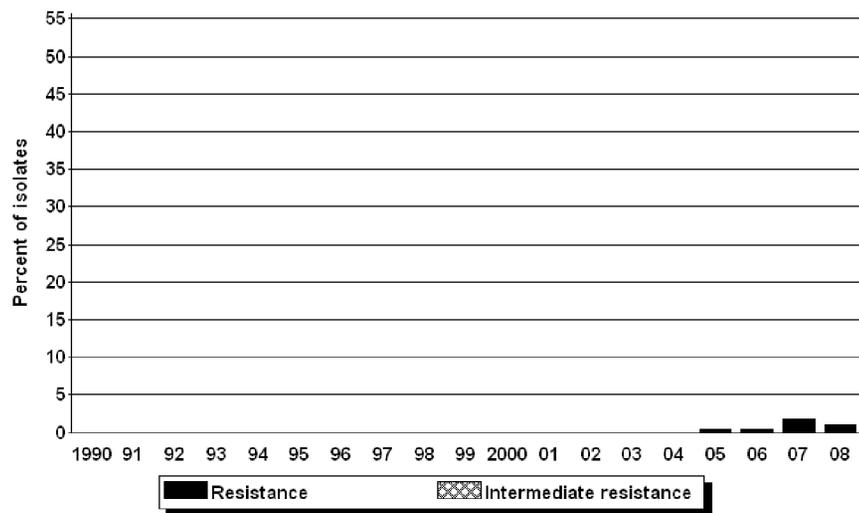
Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006

No isolates with decreased susceptibility to cefixime have been identified at this clinic during this time period.

Note: Susceptibility to ceftriaxone first measured in 1987.

Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008

No isolates with decreased susceptibility to azithromycin have been identified at this clinic during this time period.

Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

Greensboro, North Carolina - 2008 (N=167)

Figure A. Age of GISP participants, in years, 2008

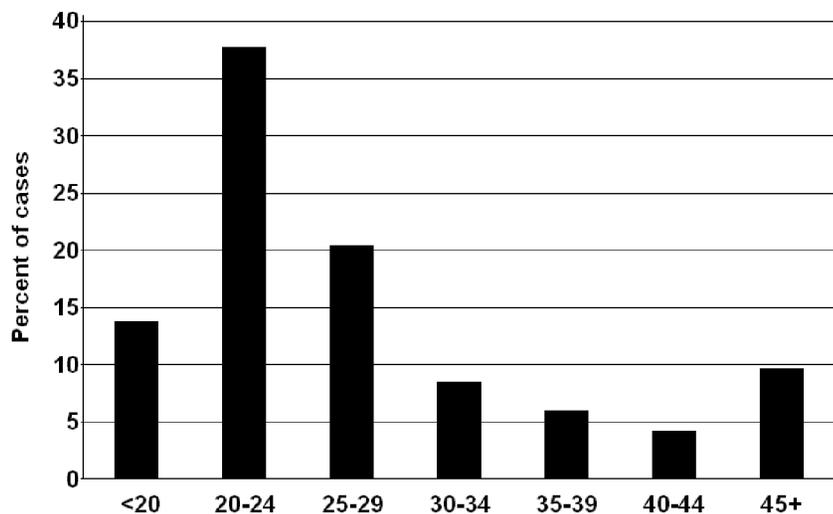


Figure B. Race/ethnicity of GISP participants, 2008

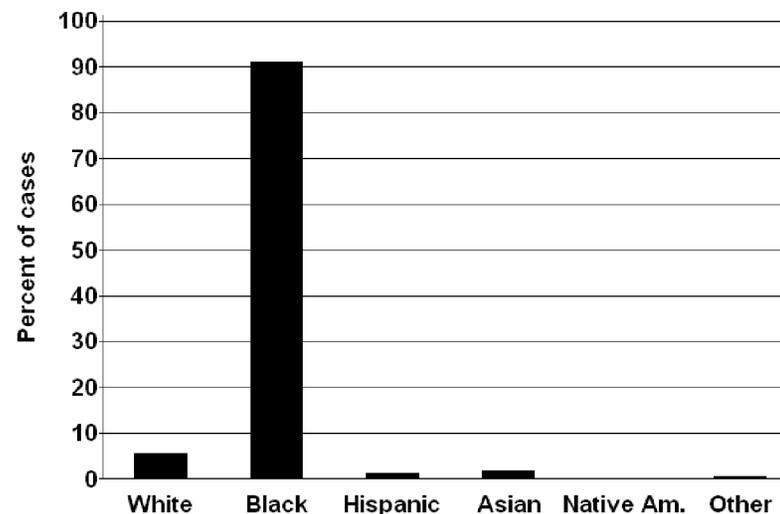


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

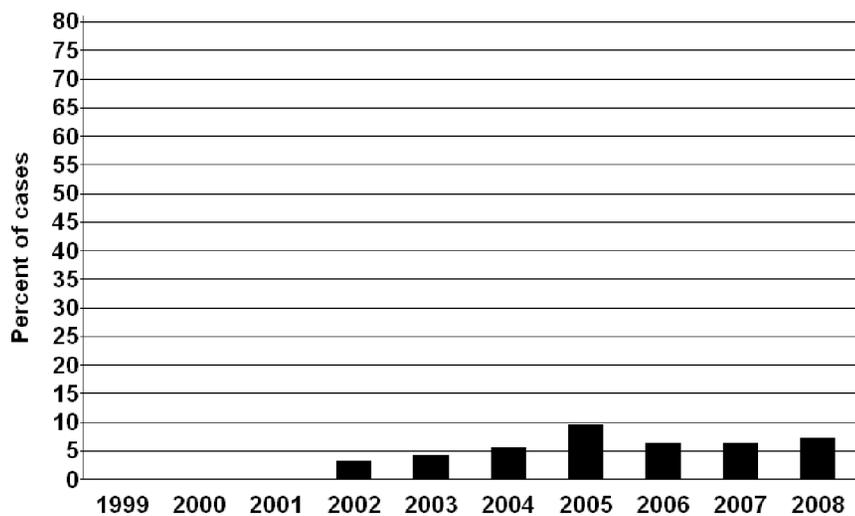
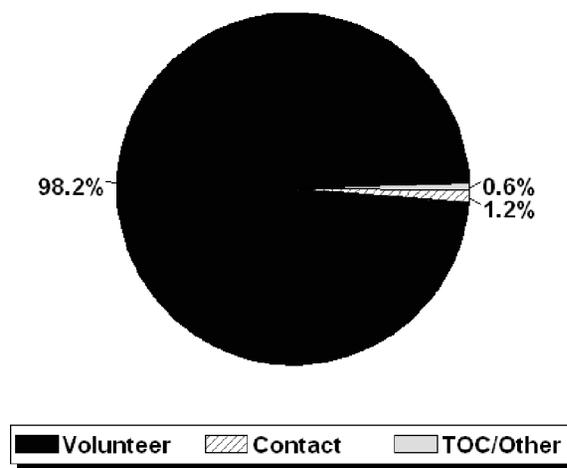
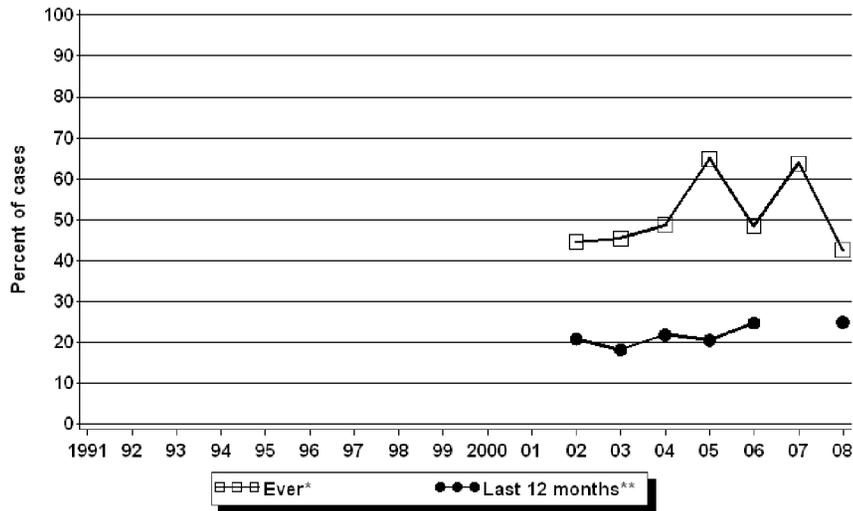


Figure D. Reason for visit among GISP participants, 2008



Greensboro, North Carolina - 2008 (N=167)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.
Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

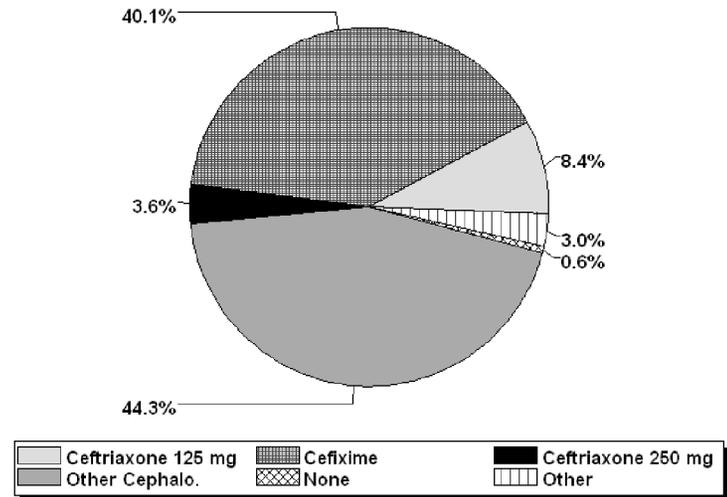


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

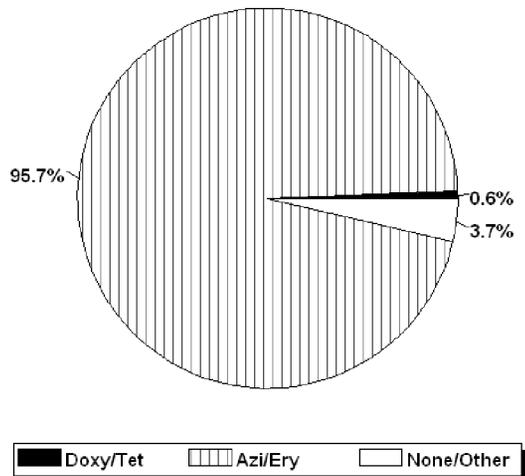
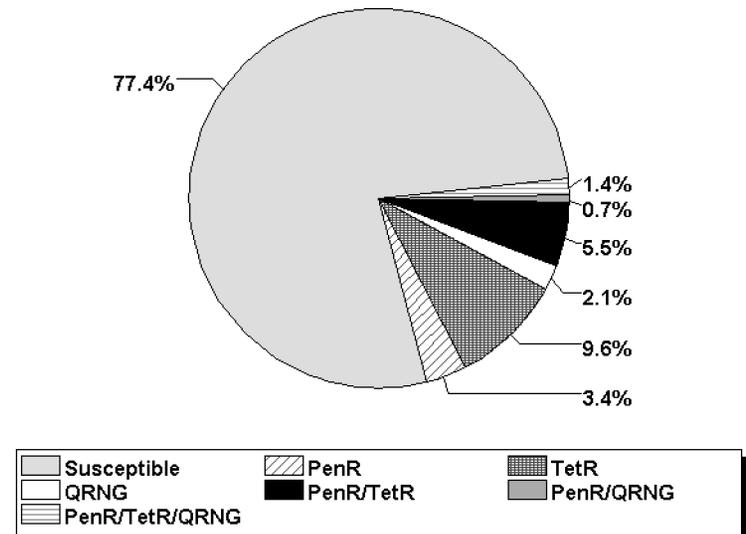


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



Greensboro, North Carolina - 2008 (N=167)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

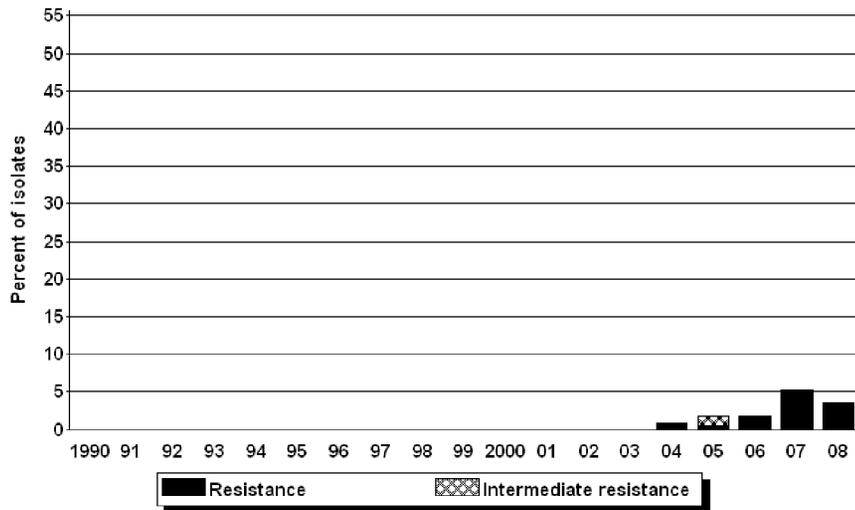
Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006

No isolates with decreased susceptibility to cefixime have been identified at this clinic during this time period.

Note: Susceptibility to ceftriaxone first measured in 1987.

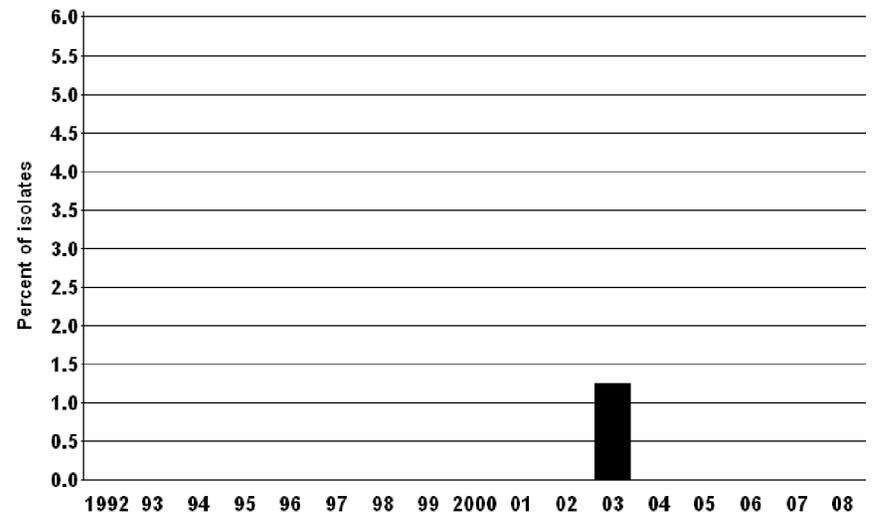
Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008



Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

Honolulu, Hawaii - 2008 (N=79)

Figure A. Age of GISP participants, in years, 2008

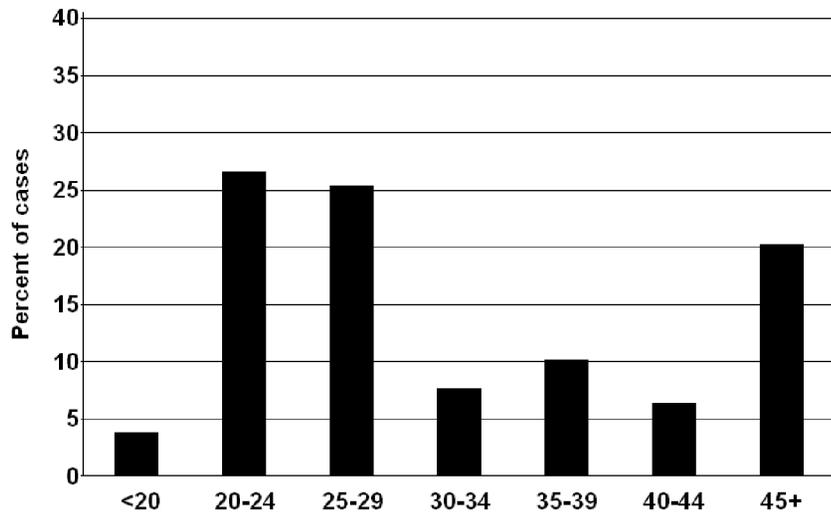


Figure B. Race/ethnicity of GISP participants, 2008

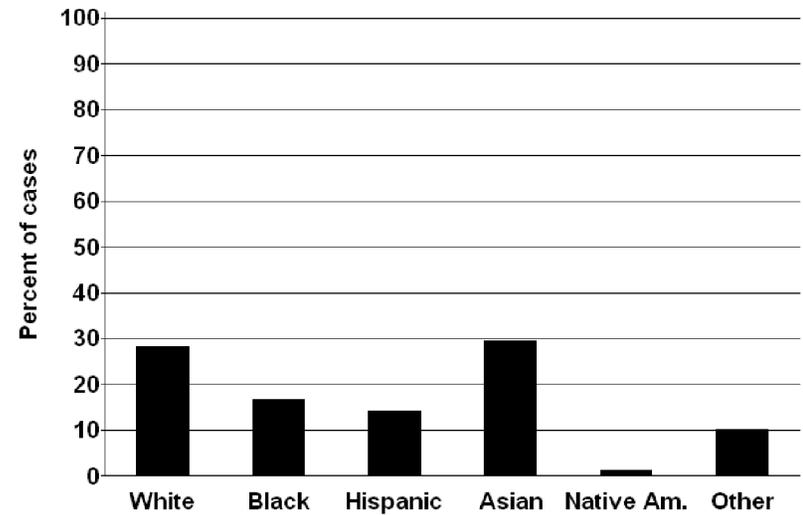


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

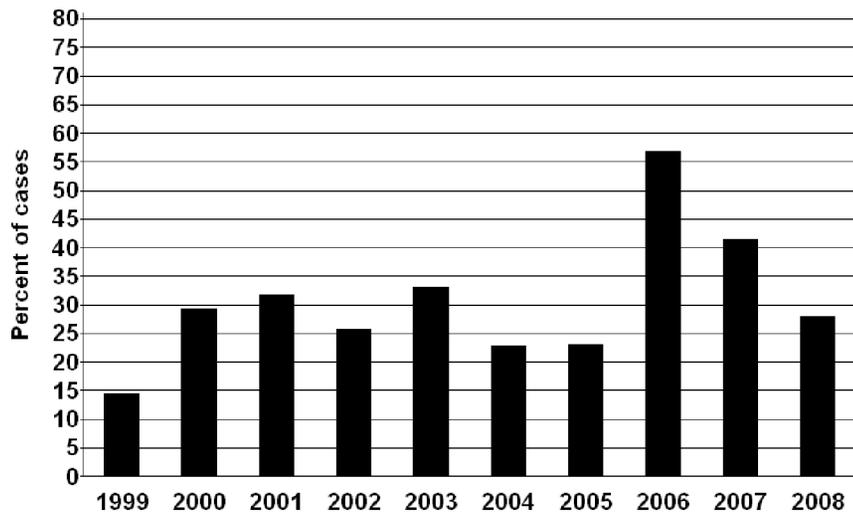
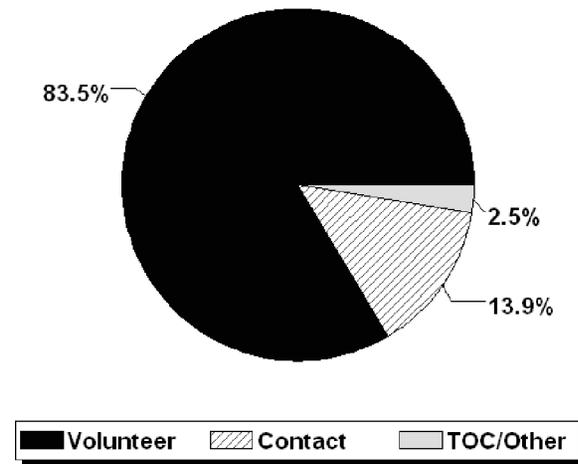


Figure D. Reason for visit among GISP participants, 2008



Honolulu, Hawaii - 2008 (N=79)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008

Data currently not available.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

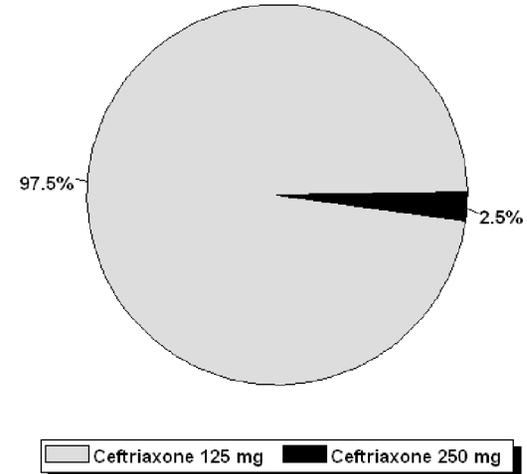


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

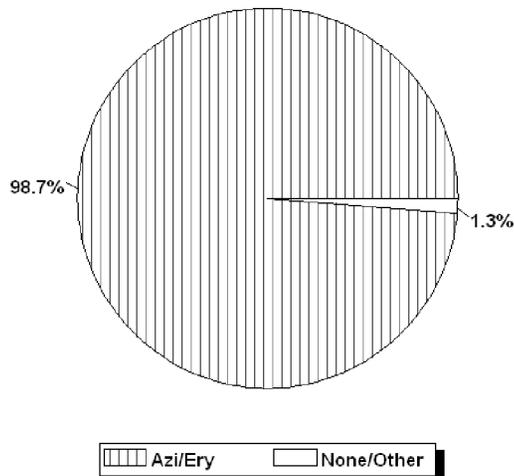
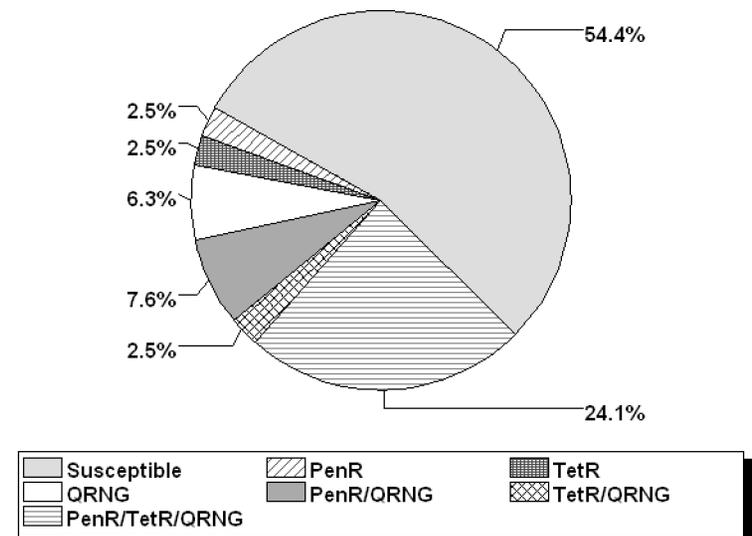


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



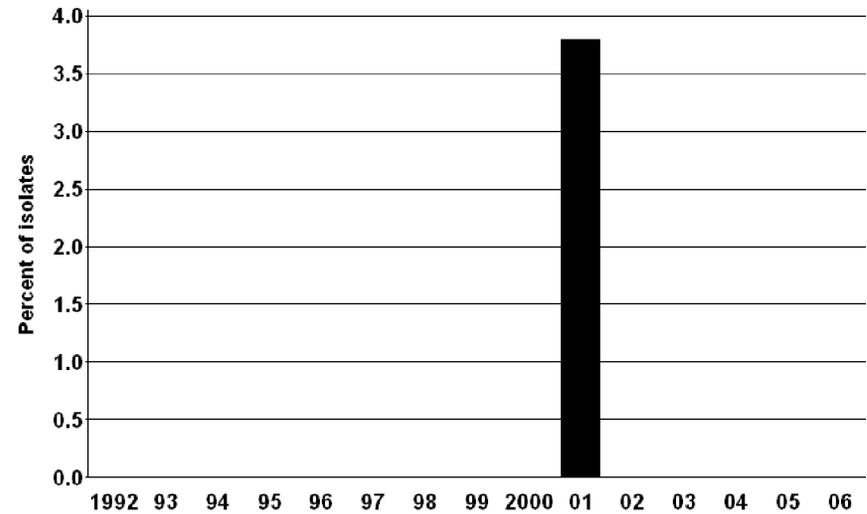
Honolulu, Hawaii - 2008 (N=79)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

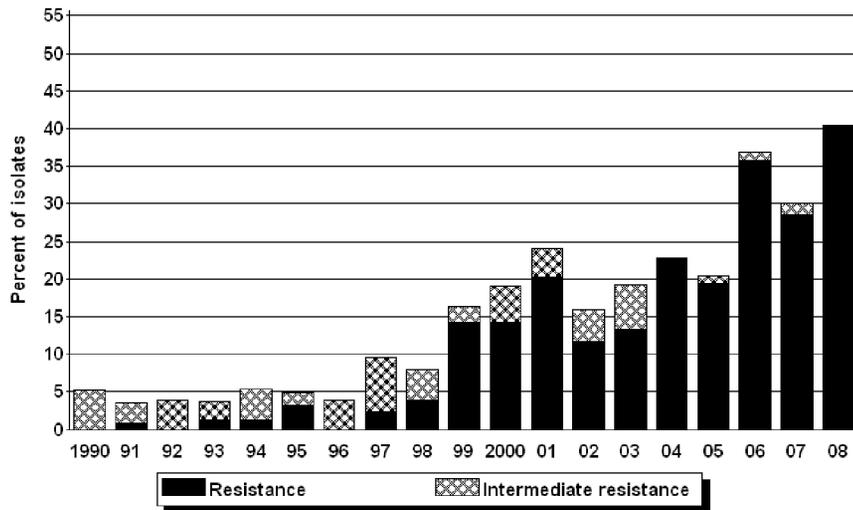
Note: Susceptibility to ceftriaxone first measured in 1987.

Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006



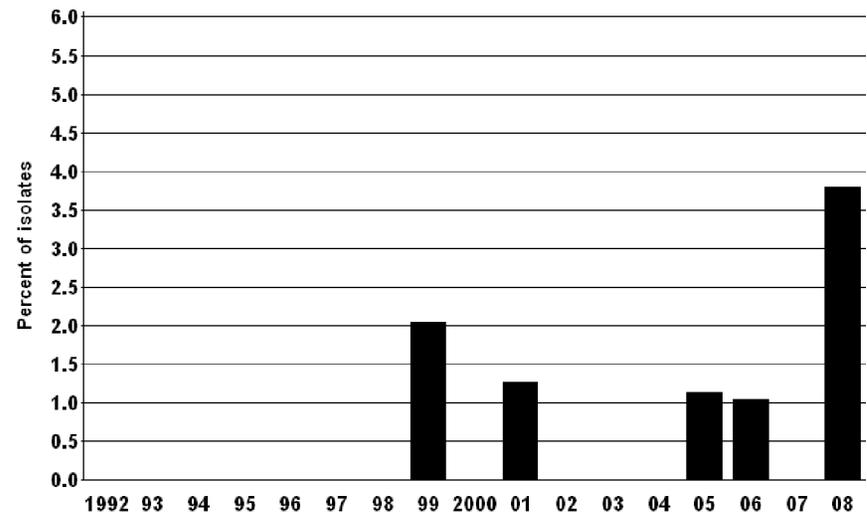
Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008



Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

Kansas City, Missouri - 2008 (N=252)

Figure A. Age of GISP participants, in years, 2008

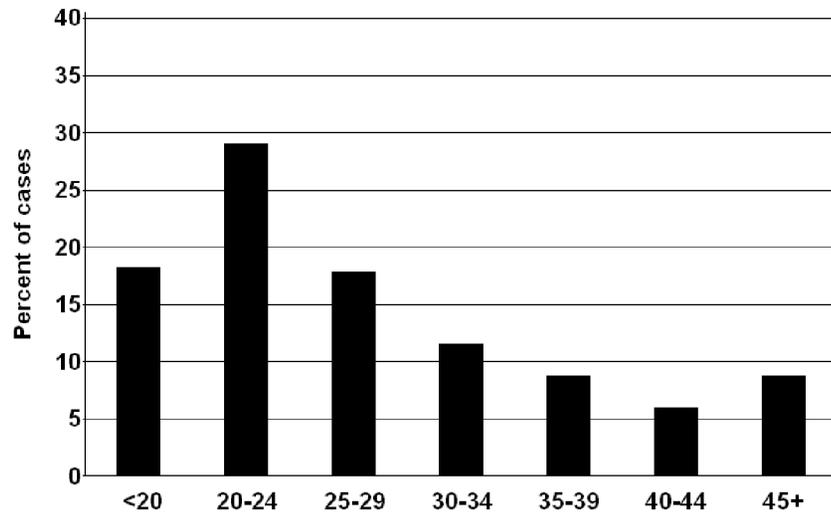


Figure B. Race/ethnicity of GISP participants, 2008

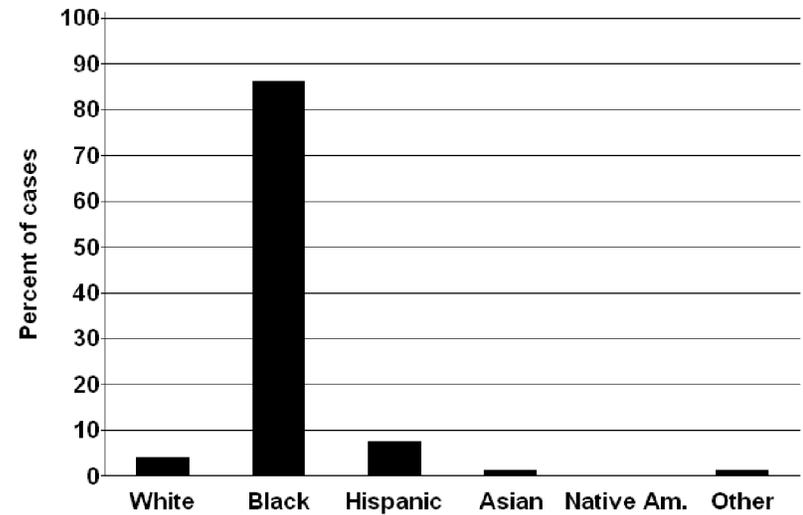


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

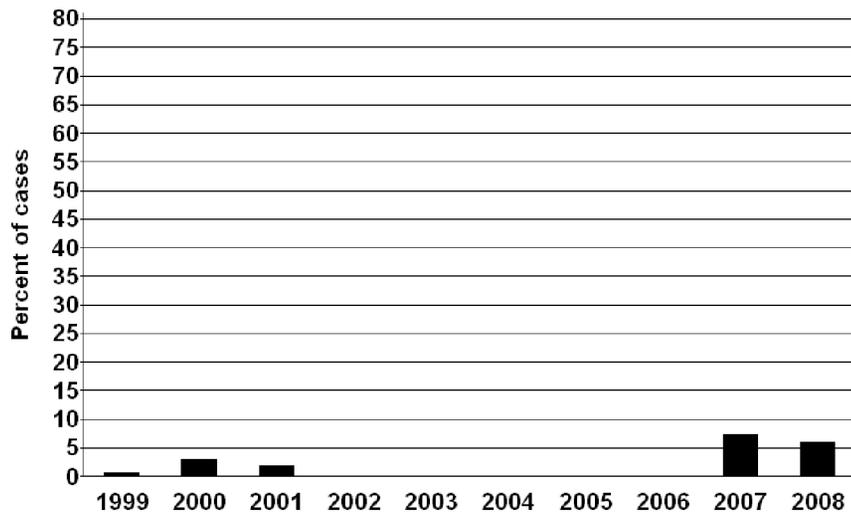
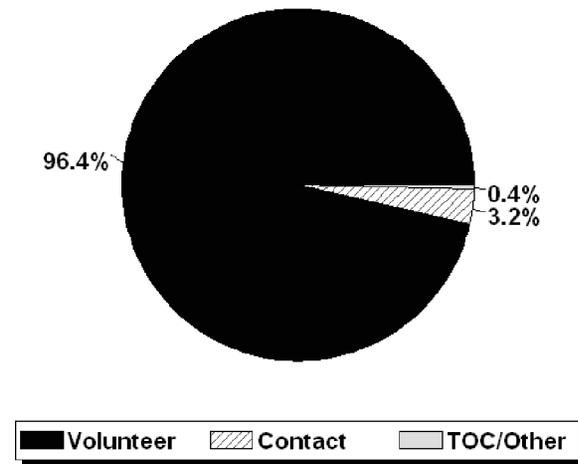
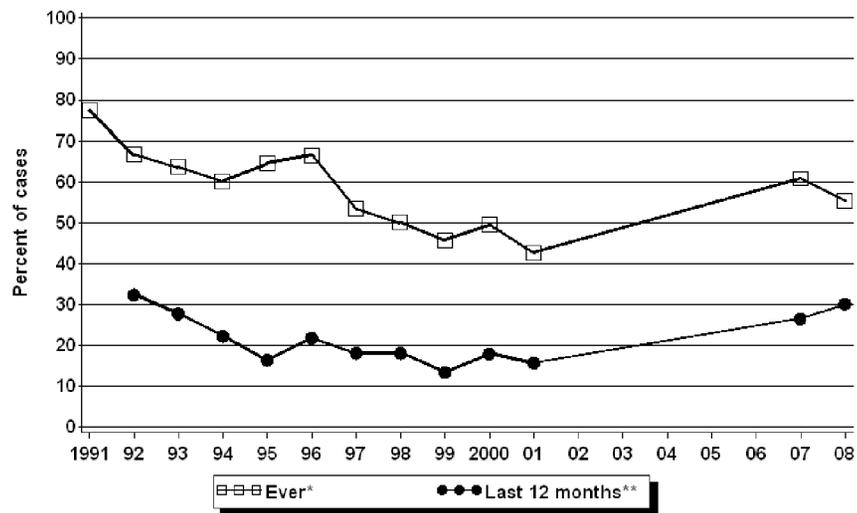


Figure D. Reason for visit among GISP participants, 2008



Kansas City, Missouri - 2008 (N=252)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.

Note: Data points not shown when >30% data missing.

Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

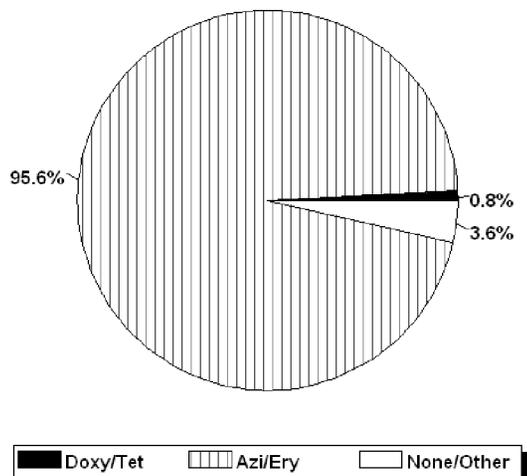
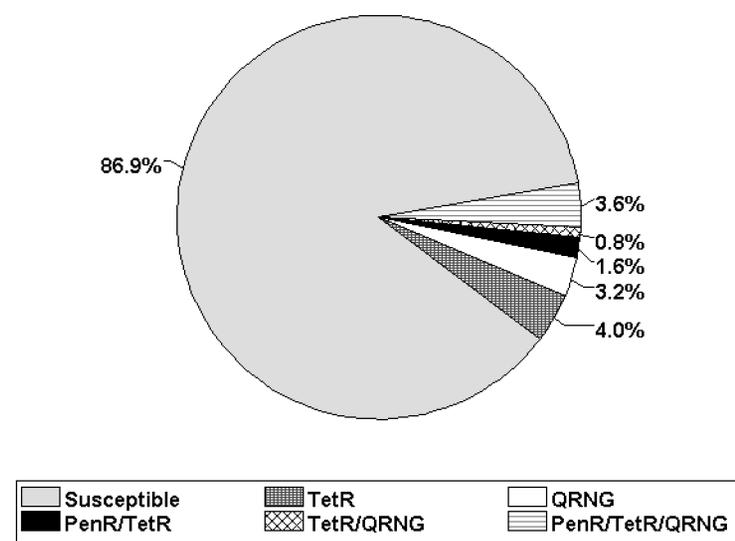


Figure F. Drugs used to treat gonorrhea among GISP participants, 2008



Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



Kansas City, Missouri - 2008 (N=252)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

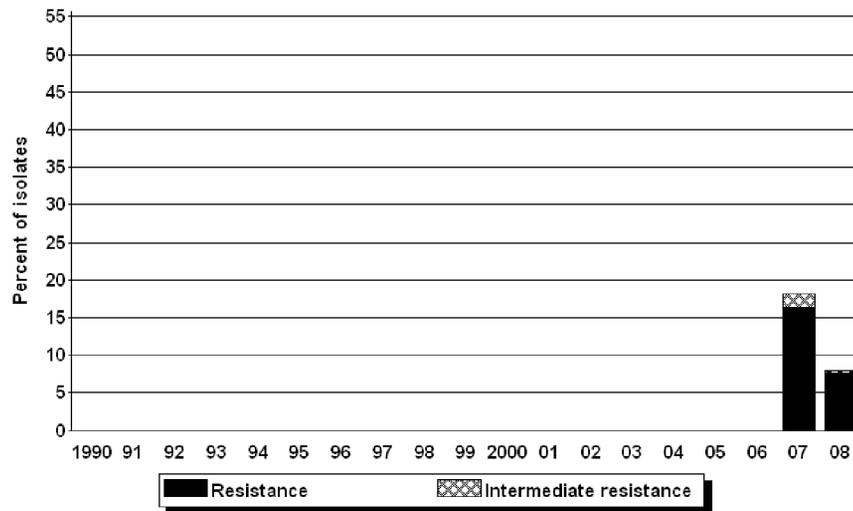
Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006

No isolates with decreased susceptibility to cefixime have been identified at this clinic during this time period.

Note: Susceptibility to ceftriaxone first measured in 1987.

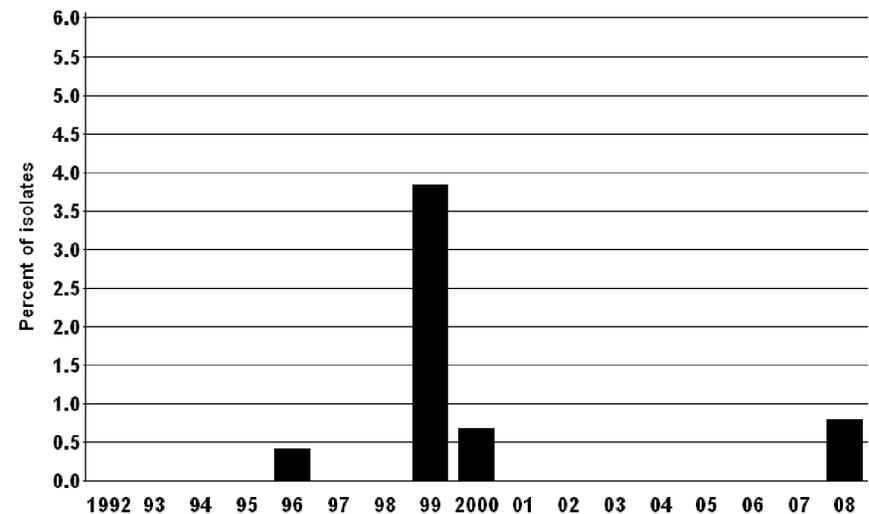
Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008



Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

Los Angeles, California - 2008 (N=125)

Figure A. Age of GISP participants, in years, 2008

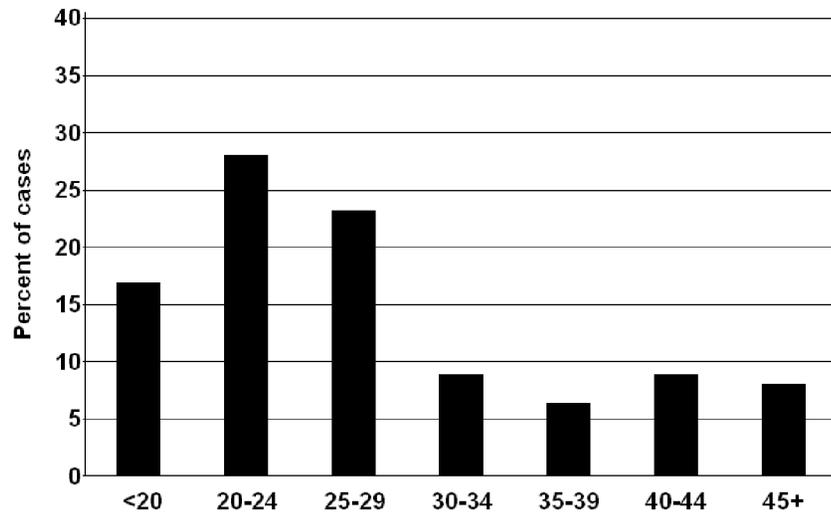


Figure B. Race/ethnicity of GISP participants, 2008

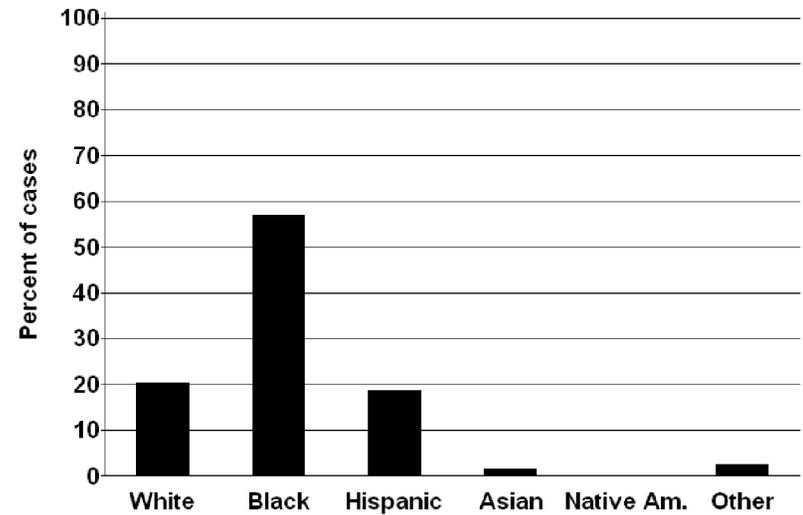


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

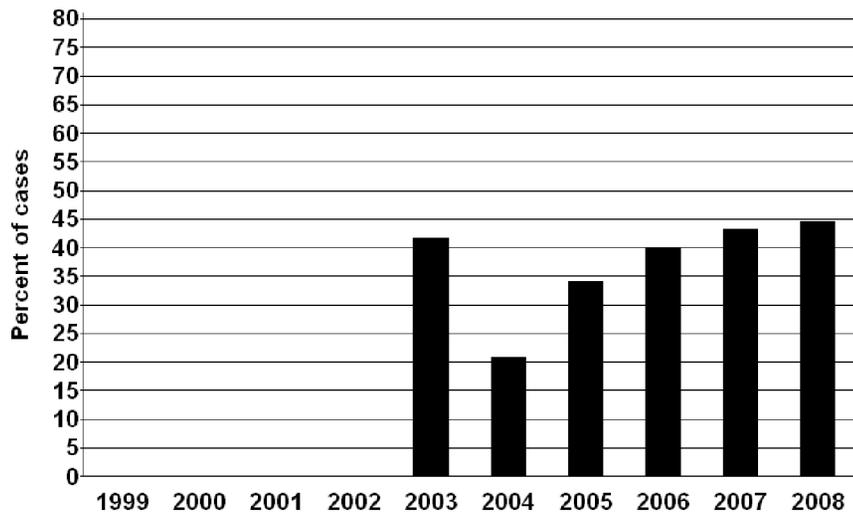
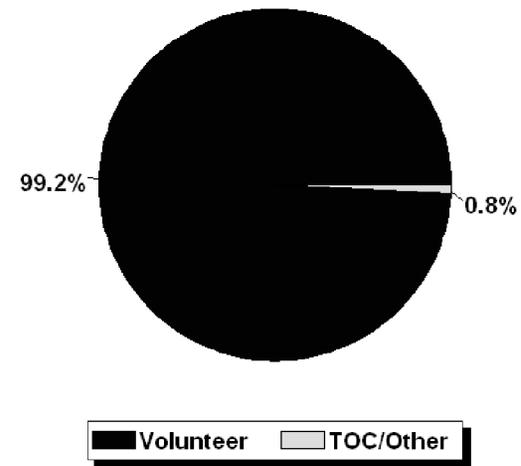
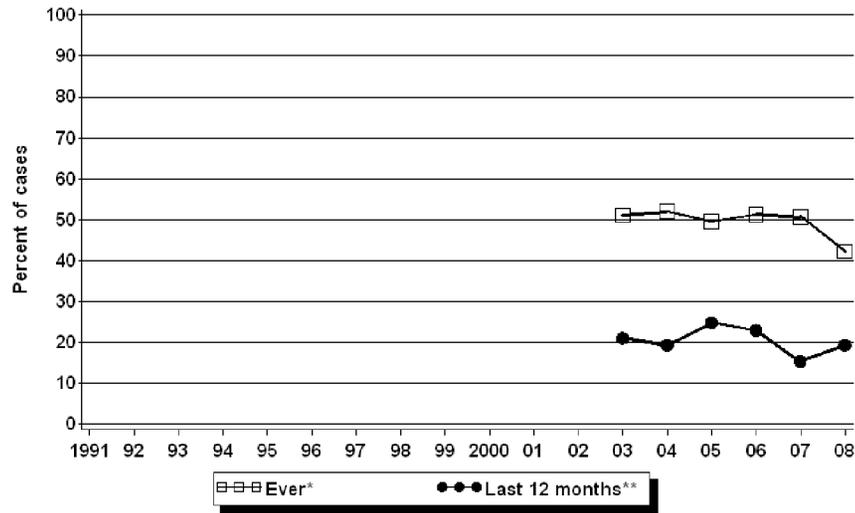


Figure D. Reason for visit among GISP participants, 2008



Los Angeles, California - 2008 (N=125)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.
 Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

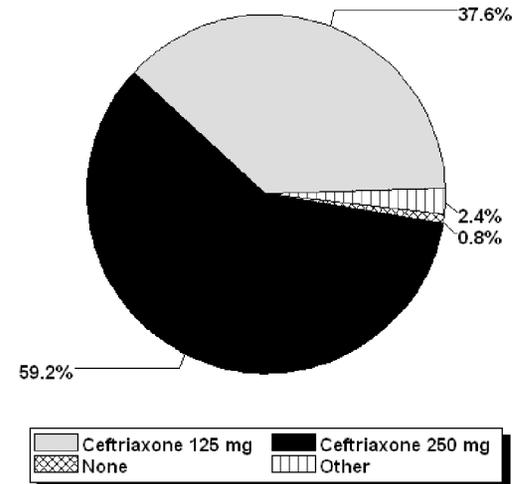


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

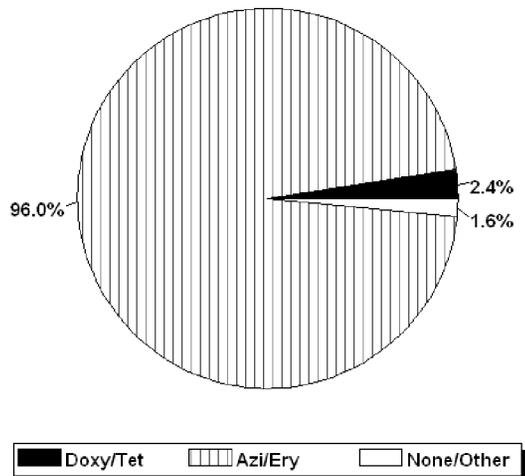
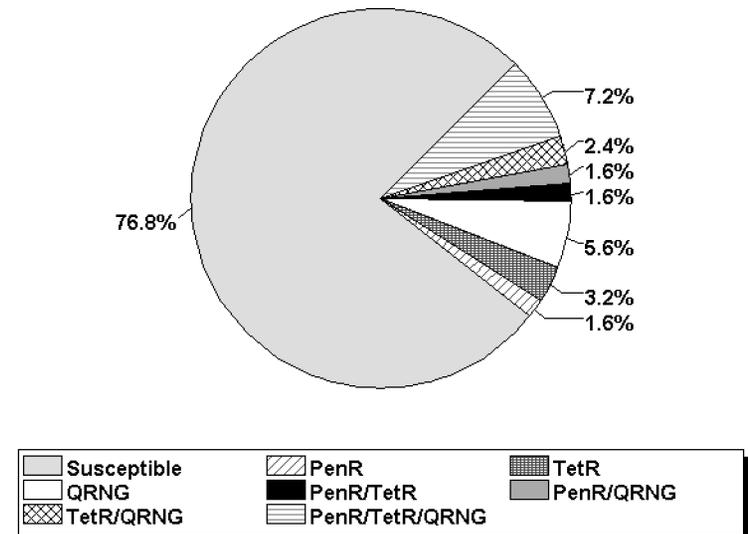


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



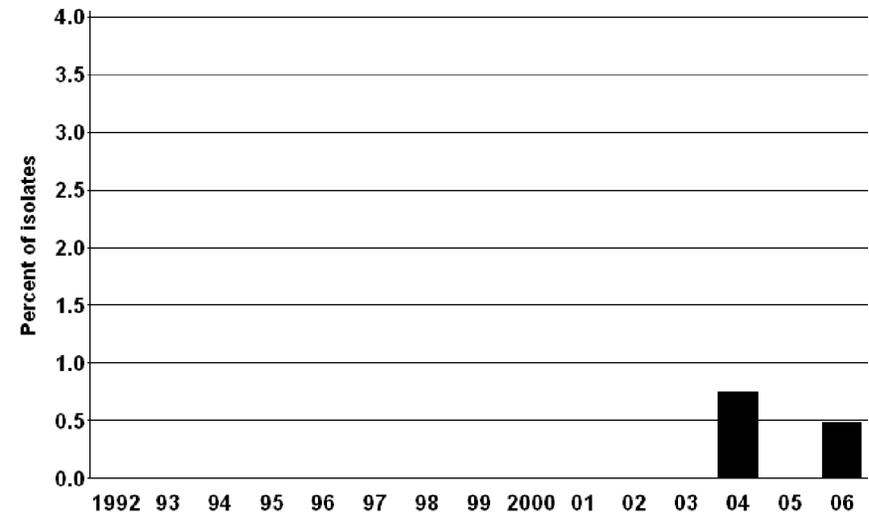
Los Angeles, California - 2008 (N=125)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

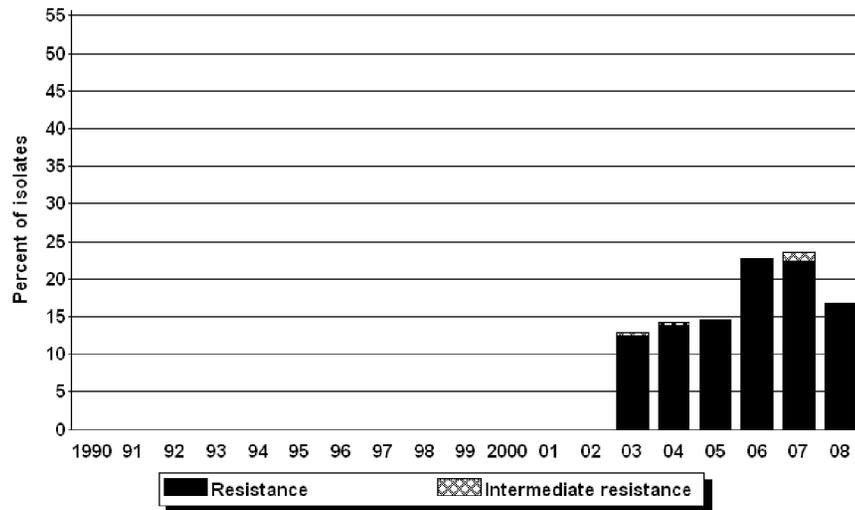
Note: Susceptibility to ceftriaxone first measured in 1987.

Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006



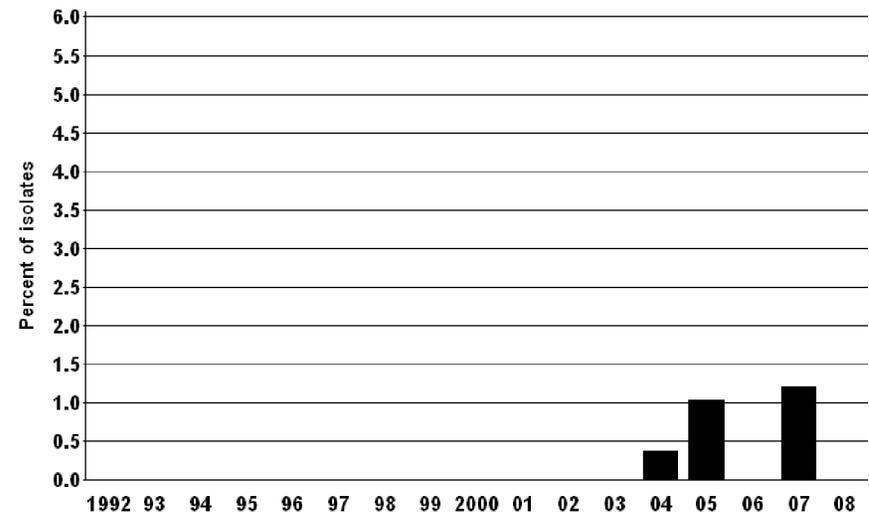
Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008



Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

Las Vegas, Nevada - 2008 (N=300)

Figure A. Age of GISP participants, in years, 2008

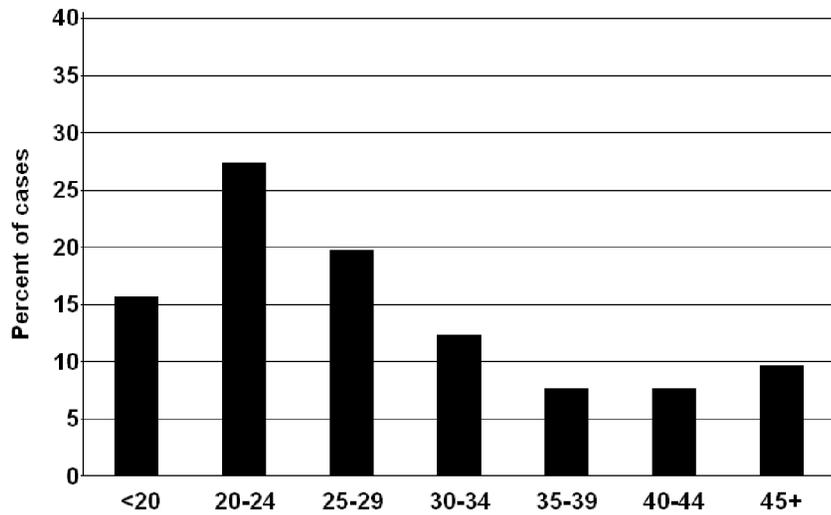


Figure B. Race/ethnicity of GISP participants, 2008

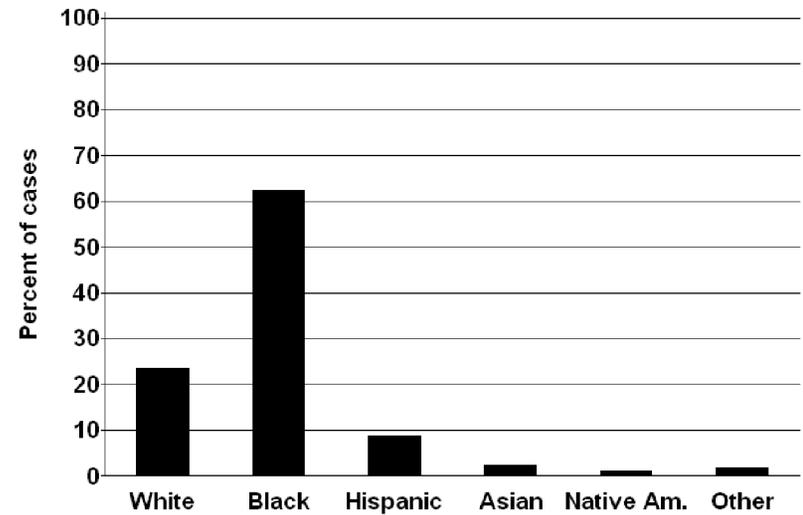


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

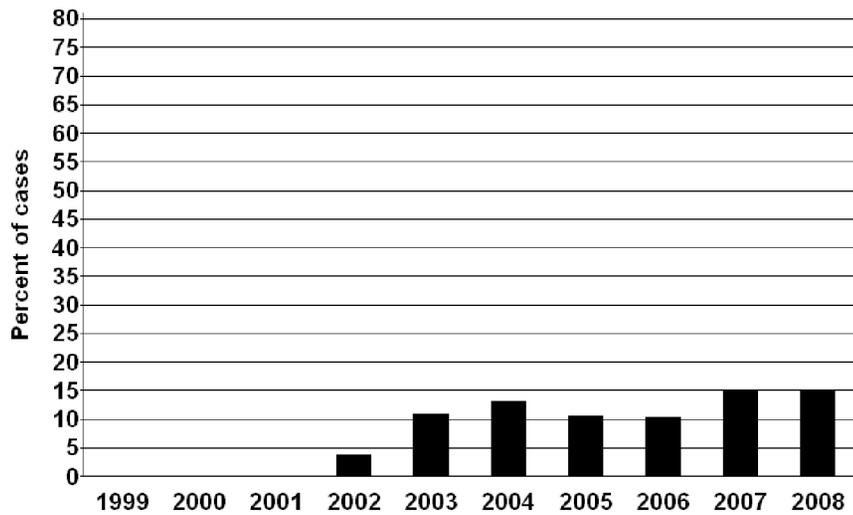
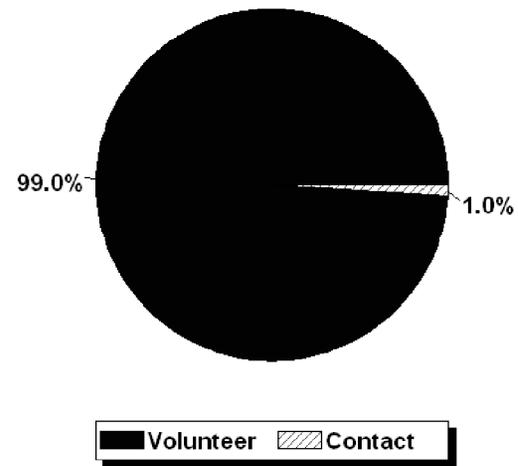
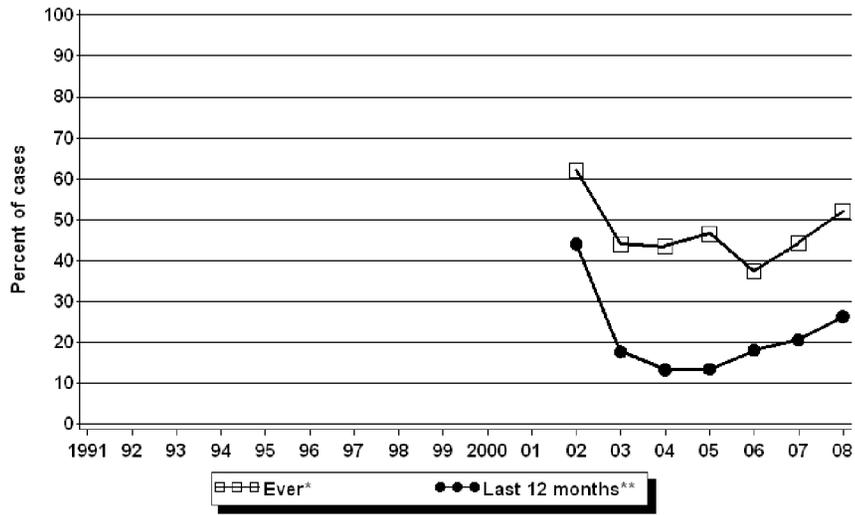


Figure D. Reason for visit among GISP participants, 2008



Las Vegas, Nevada - 2008 (N=300)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.
 Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

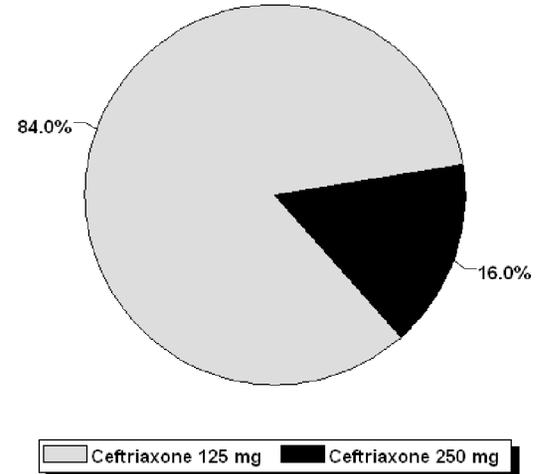


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

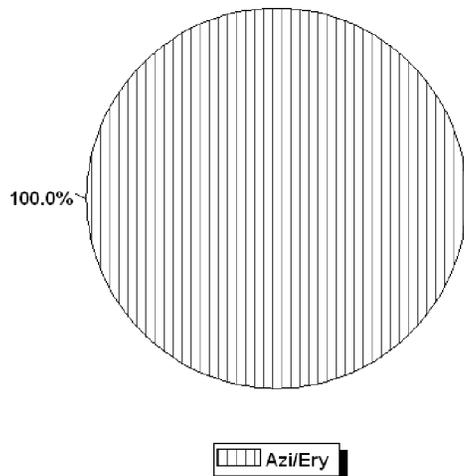
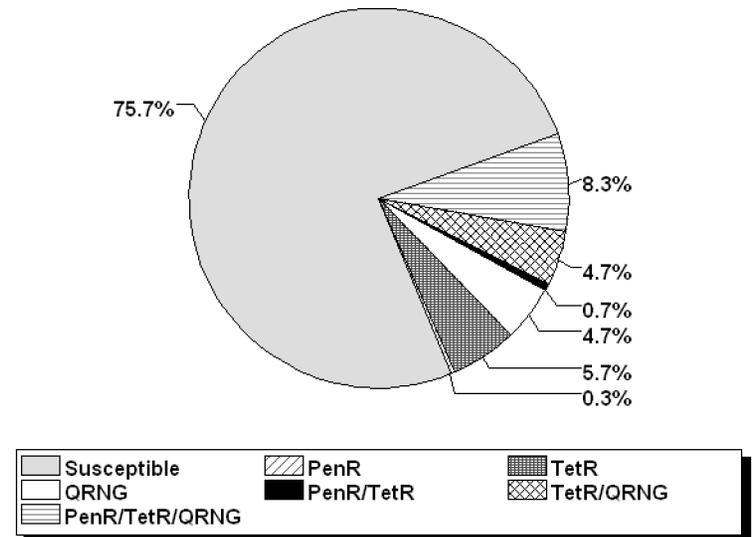


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



Las Vegas, Nevada - 2008 (N=300)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

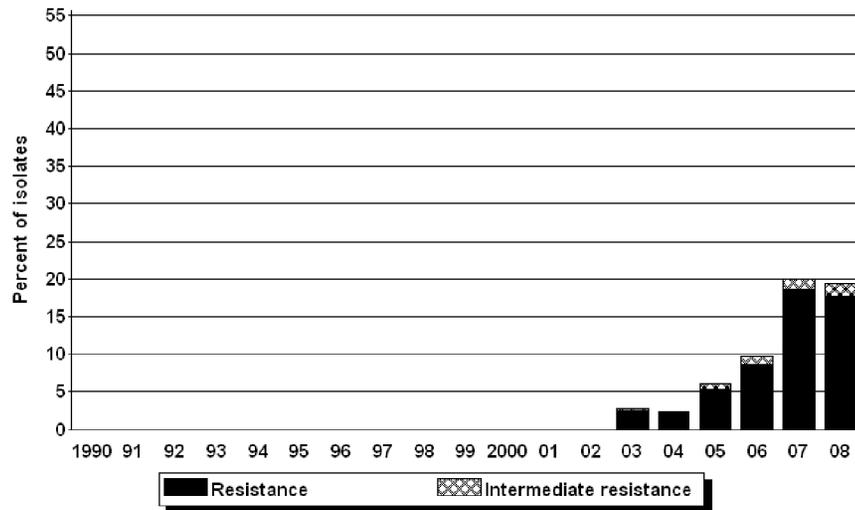
Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006

No isolates with decreased susceptibility to cefixime have been identified at this clinic during this time period.

Note: Susceptibility to ceftriaxone first measured in 1987.

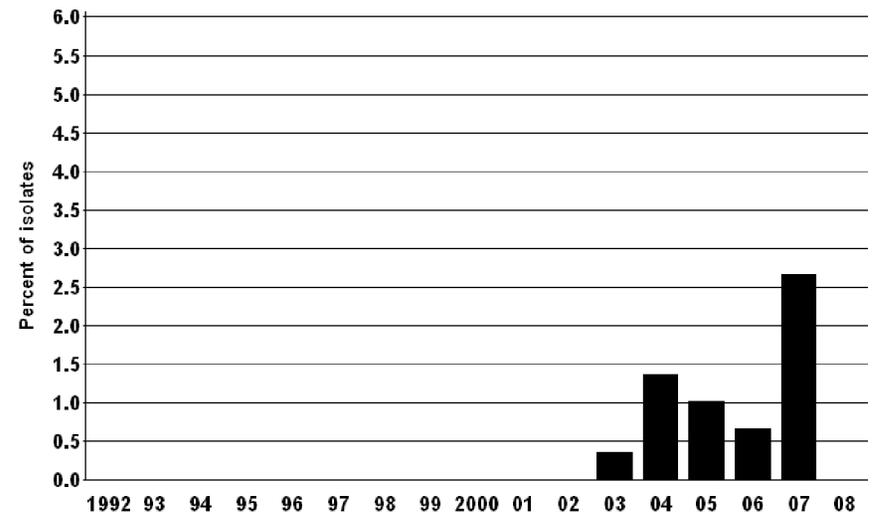
Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008



Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

Miami, Florida - 2008 (N=259)

Figure A. Age of GISP participants, in years, 2008

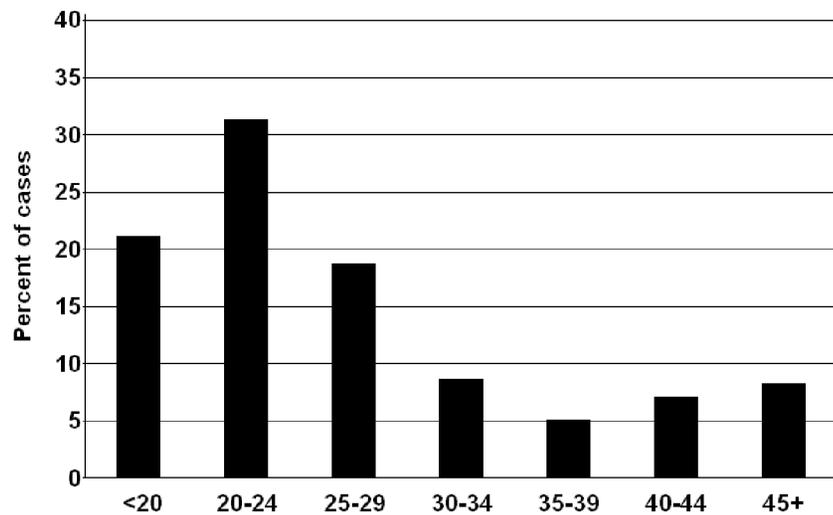


Figure B. Race/ethnicity of GISP participants, 2008

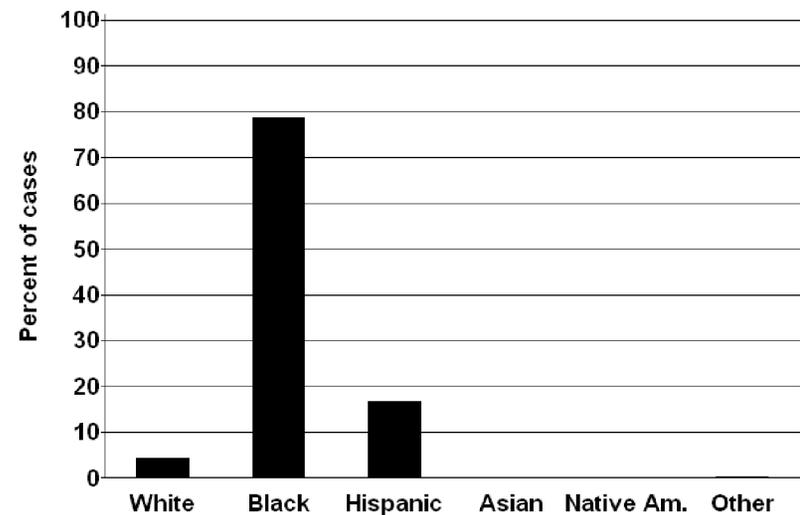


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

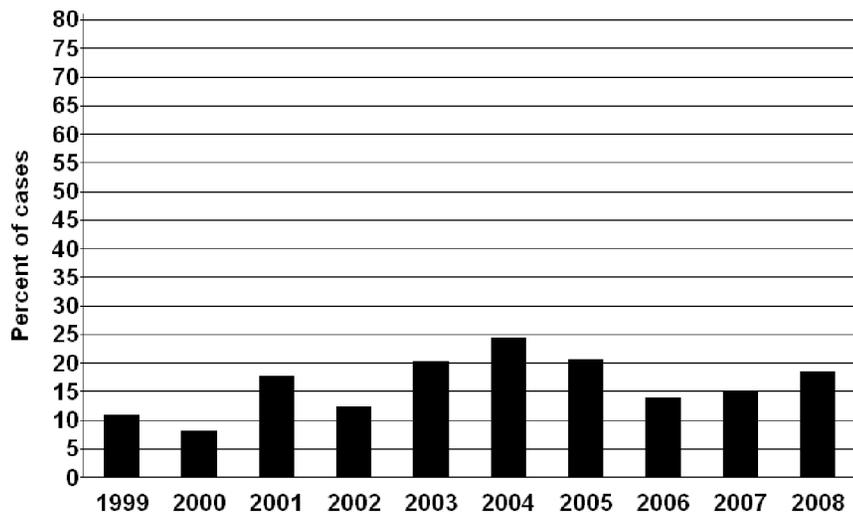
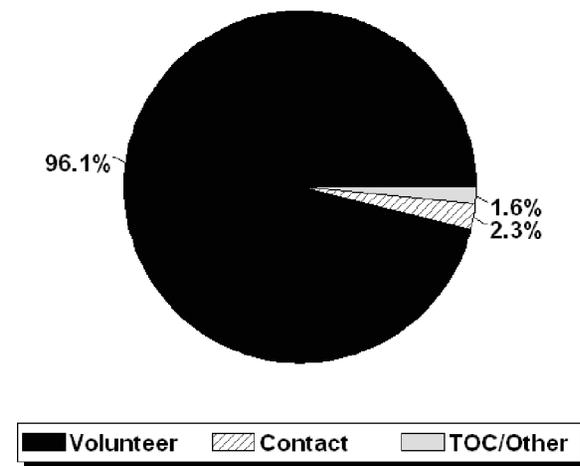
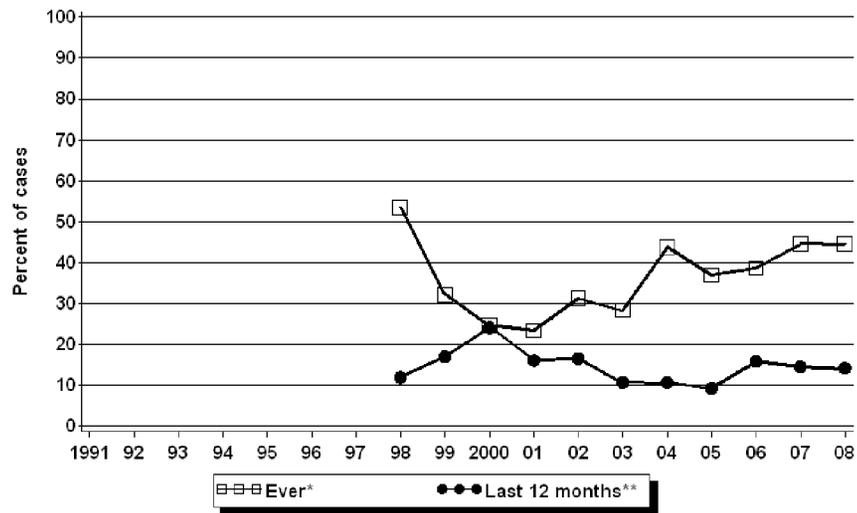


Figure D. Reason for visit among GISP participants, 2008



Miami, Florida - 2008 (N=259)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.
Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

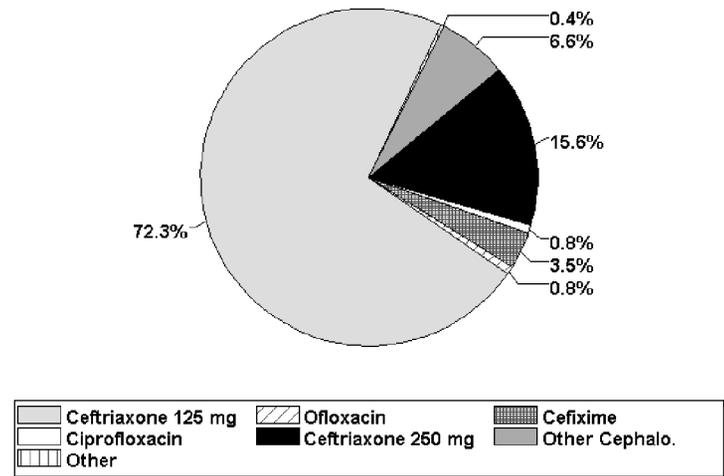


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

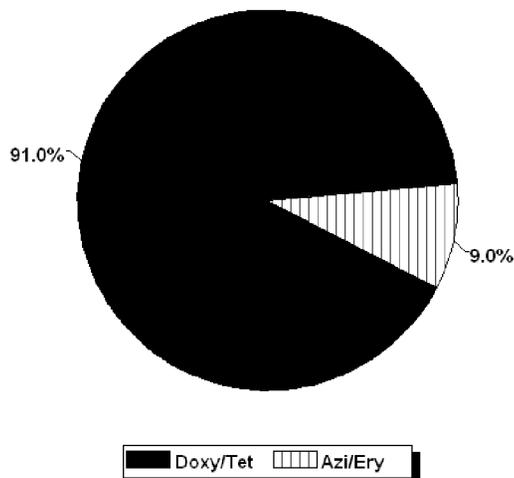
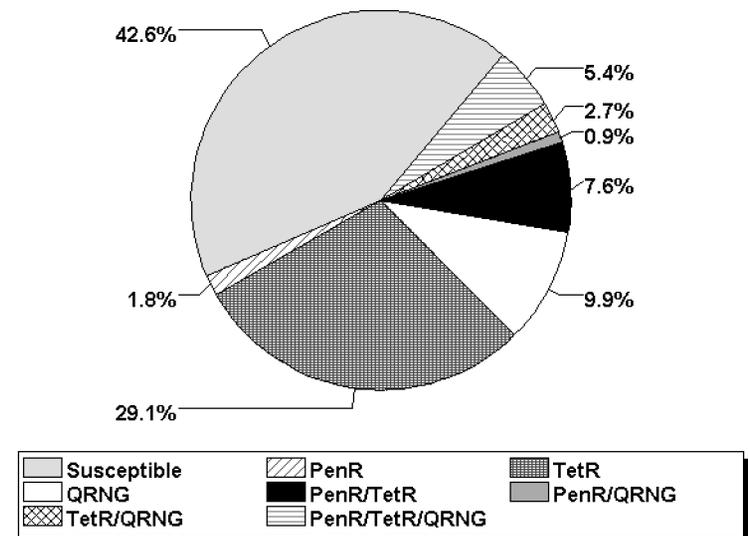


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



Miami, Florida - 2008 (N=259)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

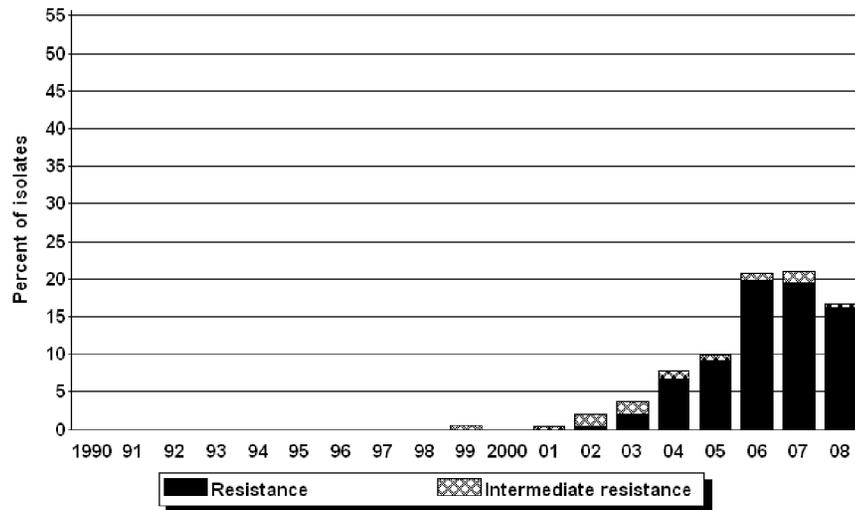
Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006

No isolates with decreased susceptibility to cefixime have been identified at this clinic during this time period.

Note: Susceptibility to ceftriaxone first measured in 1987.

Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008

No isolates with decreased susceptibility to azithromycin have been identified at this clinic during this time period.

Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

Minneapolis, Minnesota - 2008 (N=184)

Figure A. Age of GISP participants, in years, 2008

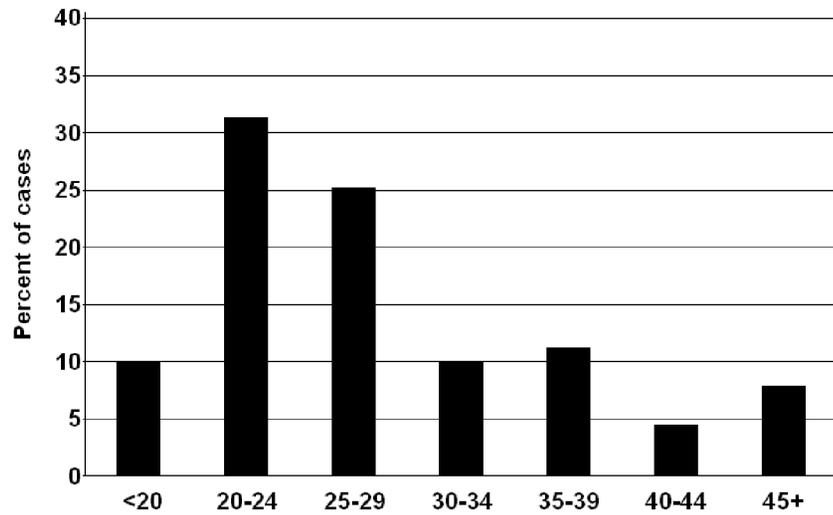


Figure B. Race/ethnicity of GISP participants, 2008

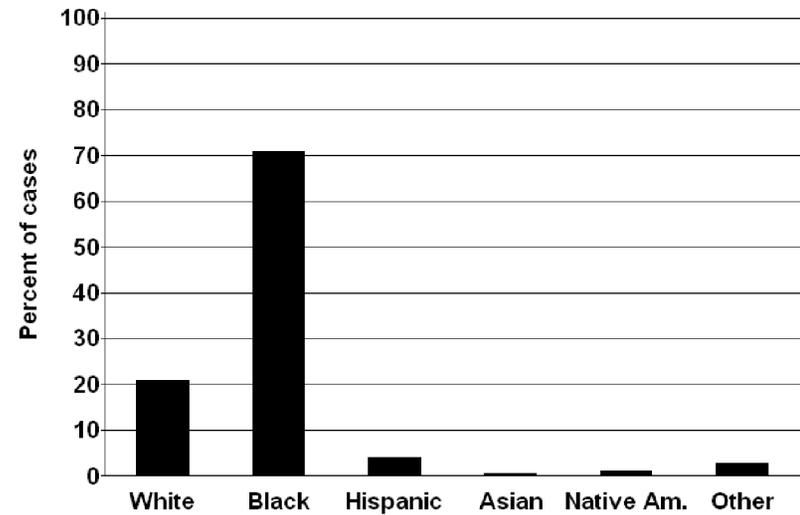


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

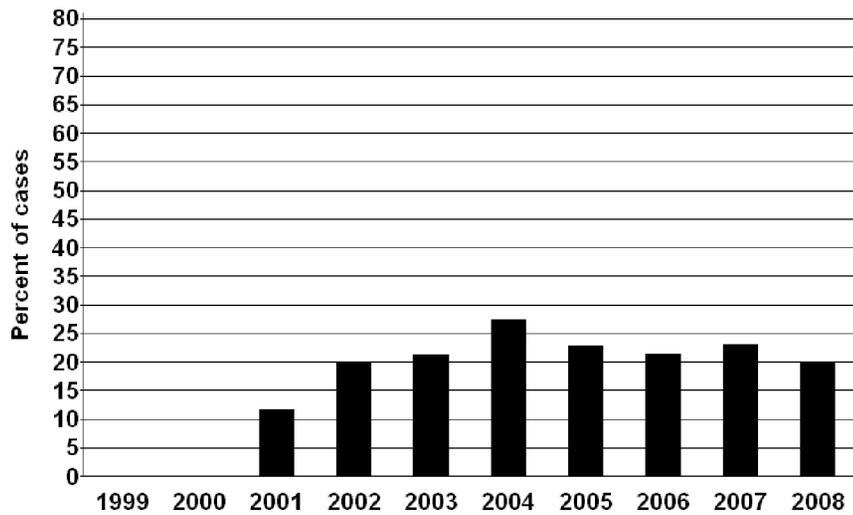
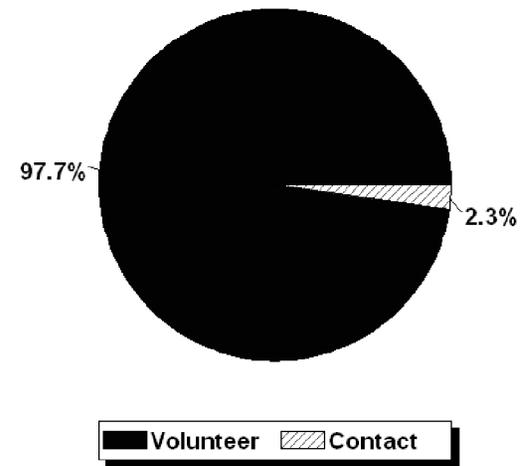
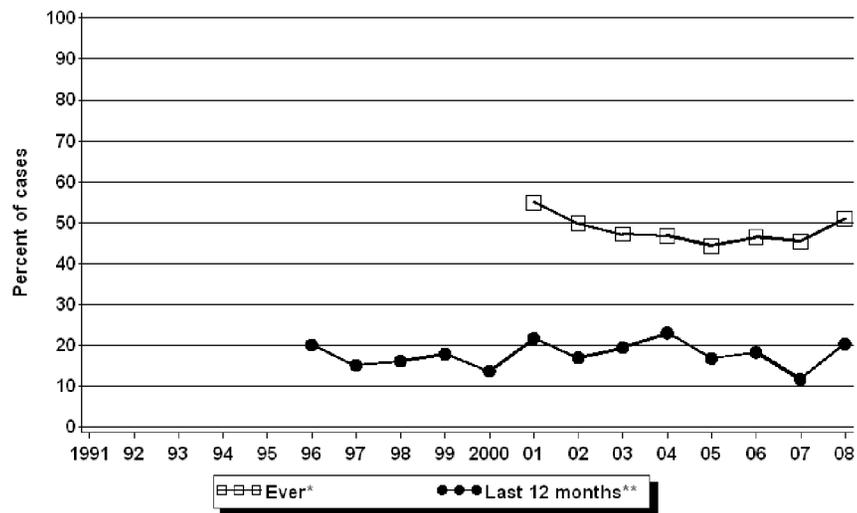


Figure D. Reason for visit among GISP participants, 2008



Minneapolis, Minnesota - 2008 (N=184)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.

Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

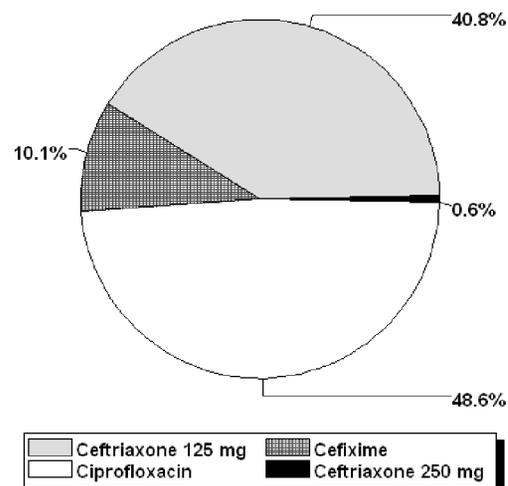


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

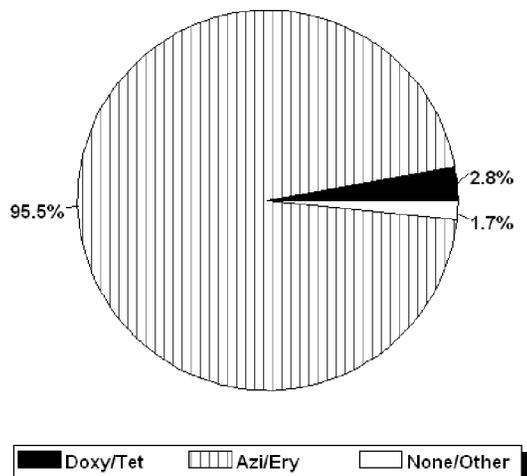
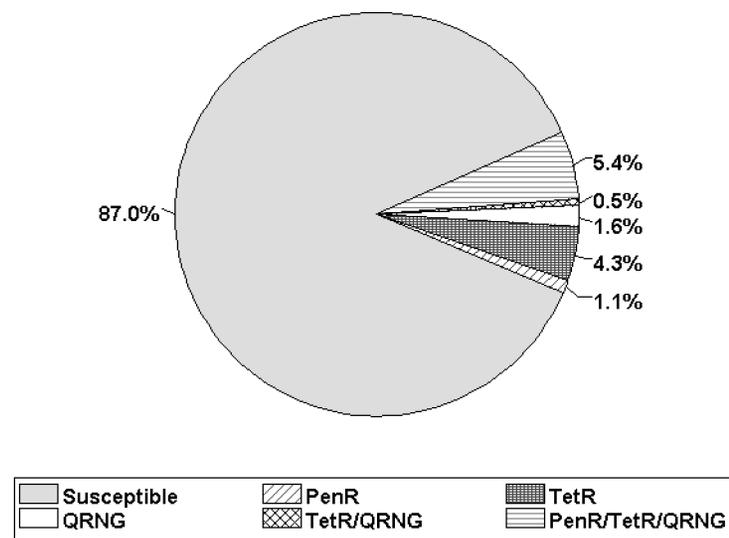


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



Minneapolis, Minnesota - 2008 (N=184)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

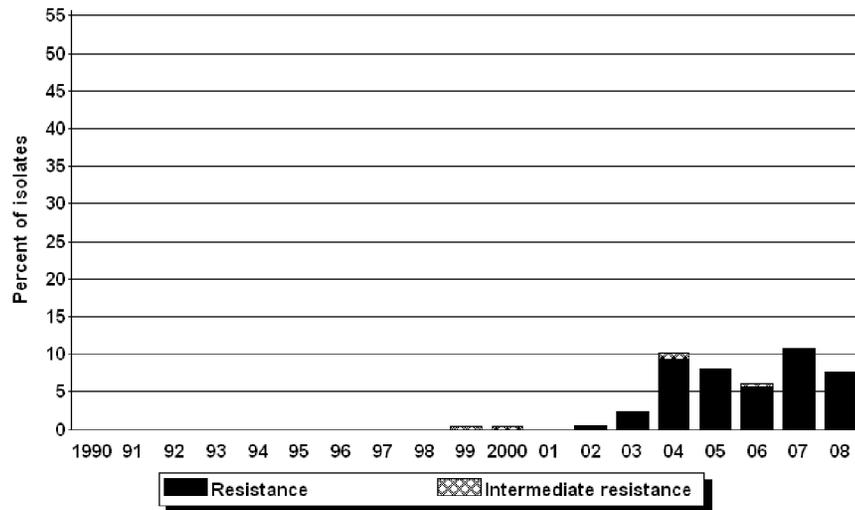
Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006

No isolates with decreased susceptibility to cefixime have been identified at this clinic during this time period.

Note: Susceptibility to ceftriaxone first measured in 1987.

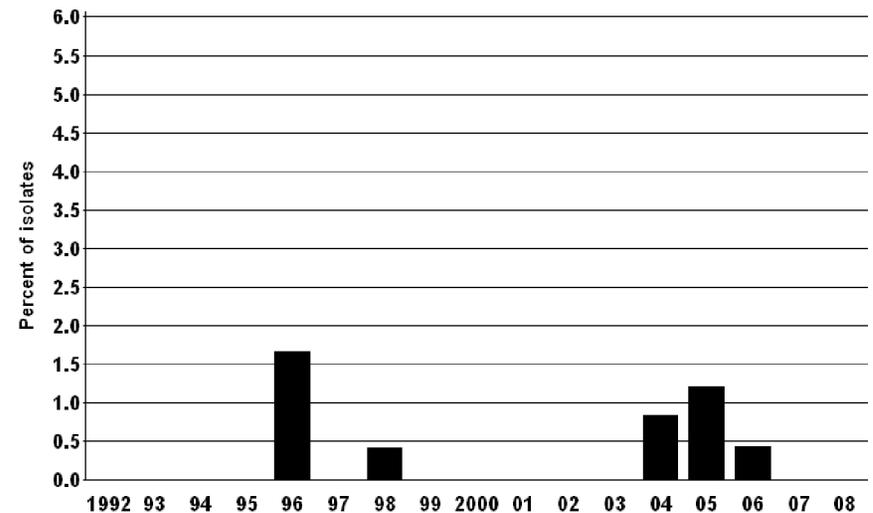
Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008



Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

New Orleans, Louisiana - 2008 (N=175)

Figure A. Age of GISP participants, in years, 2008

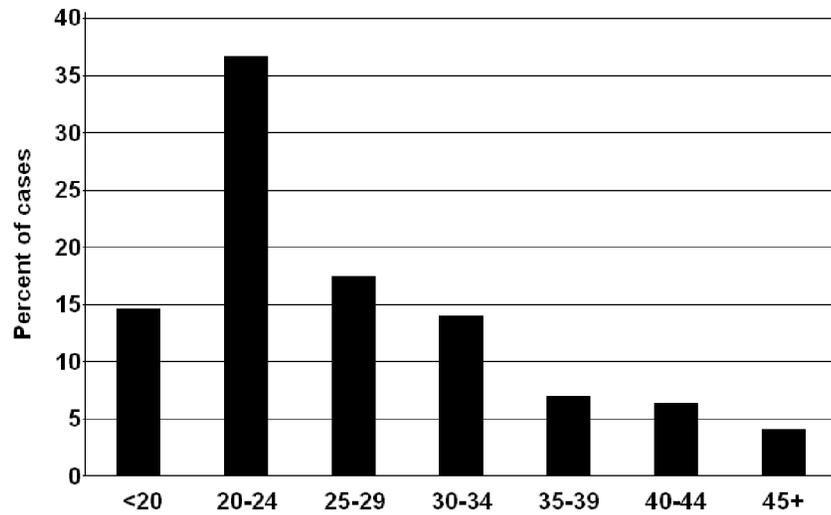


Figure B. Race/ethnicity of GISP participants, 2008

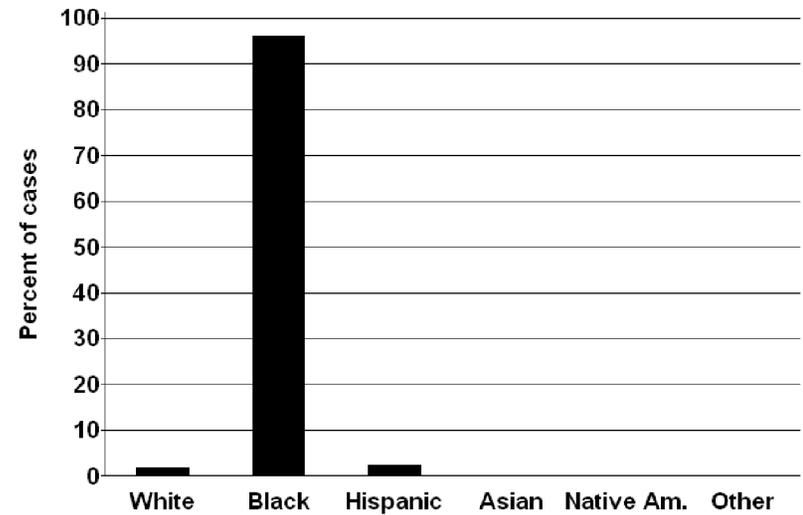


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

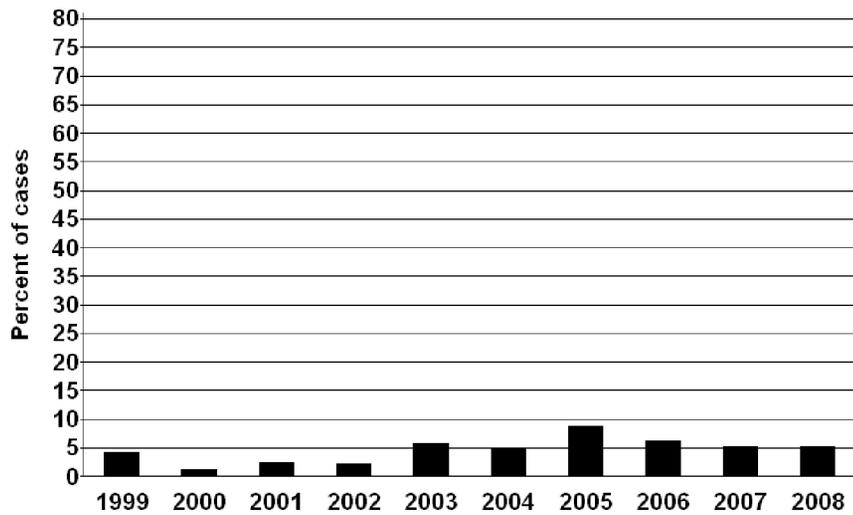
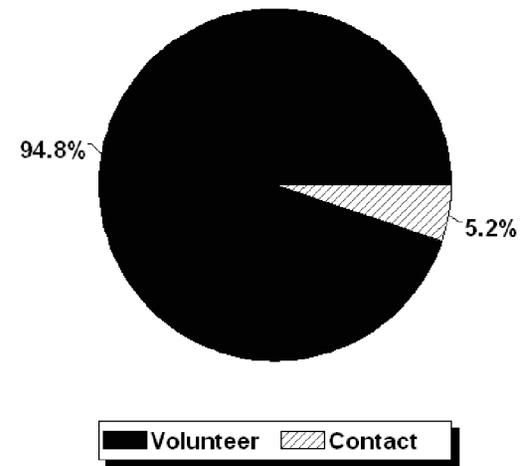
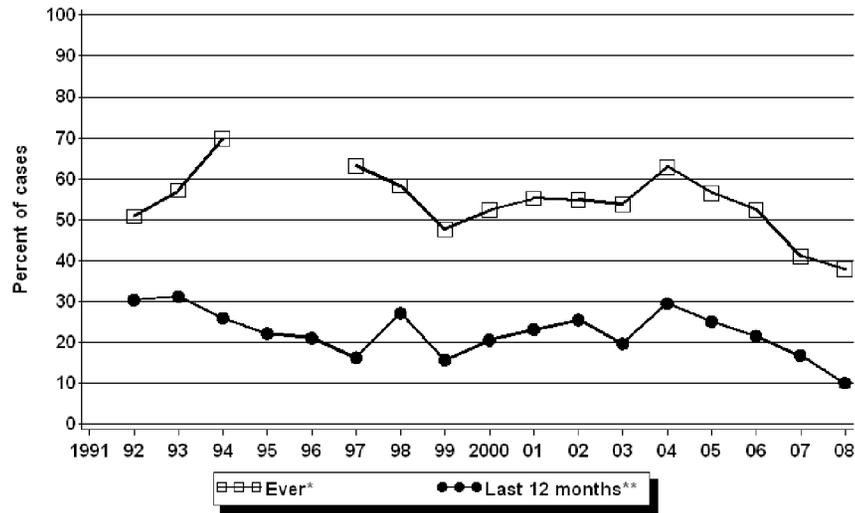


Figure D. Reason for visit among GISP participants, 2008



New Orleans, Louisiana - 2008 (N=175)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.
Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

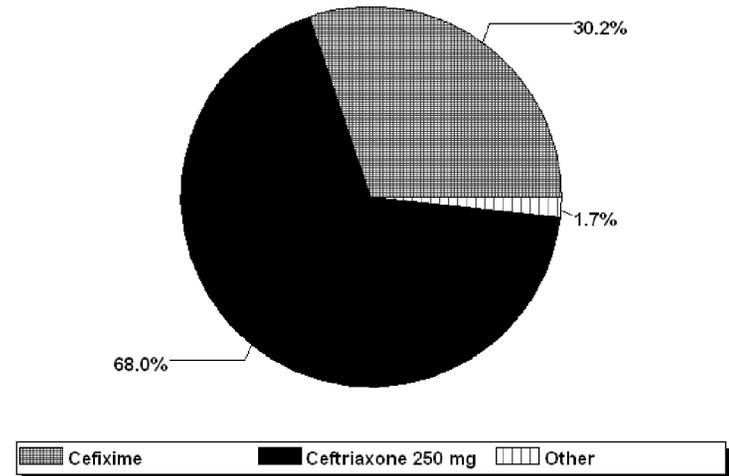


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

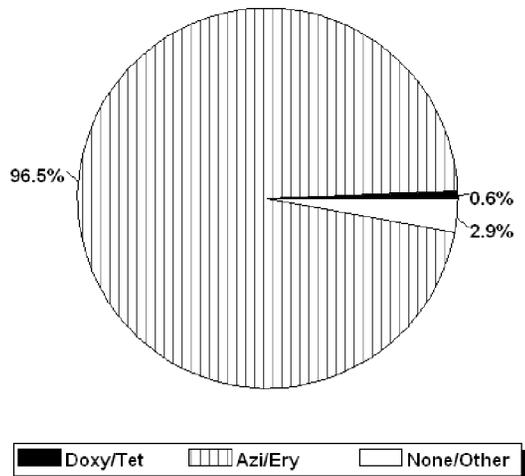
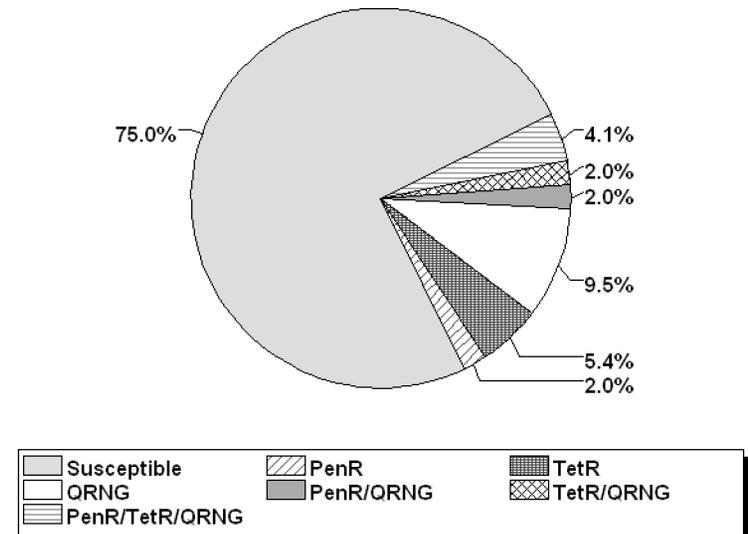


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008

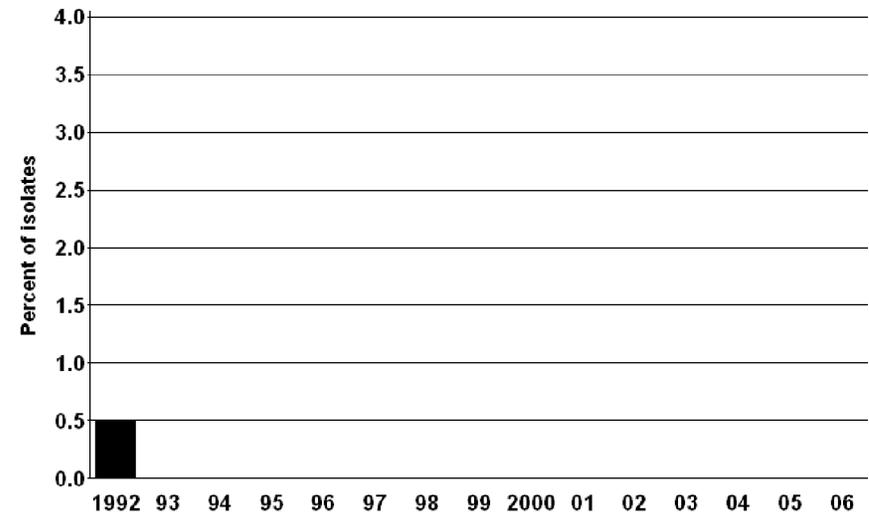


New Orleans, Louisiana - 2008 (N=175)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

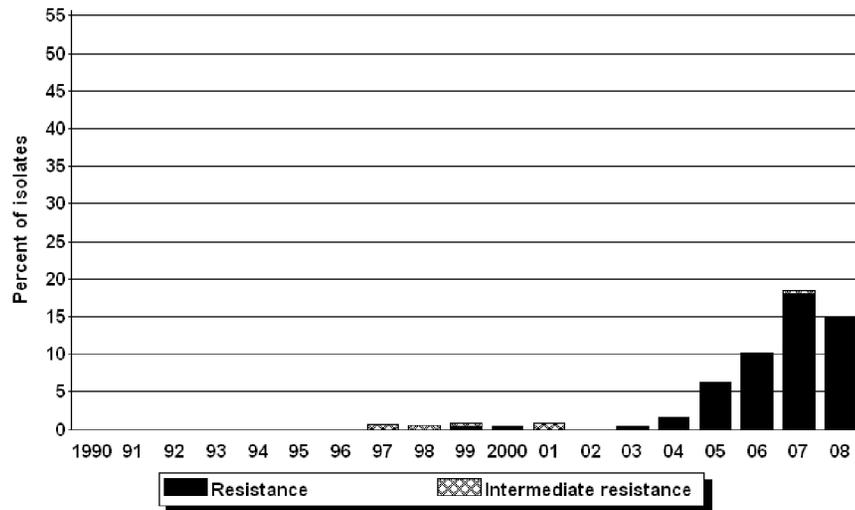
No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006



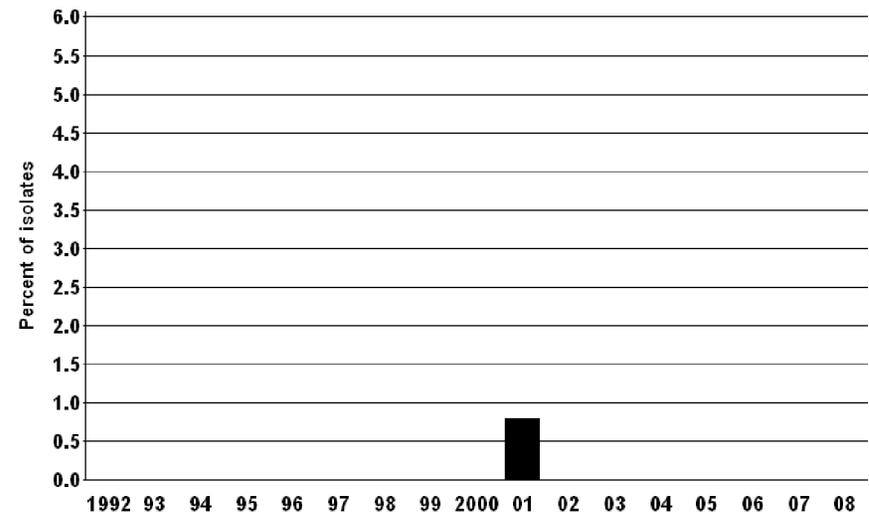
Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008



Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

New York City, New York - 2008 (N=123)

Figure A. Age of GISP participants, in years, 2008

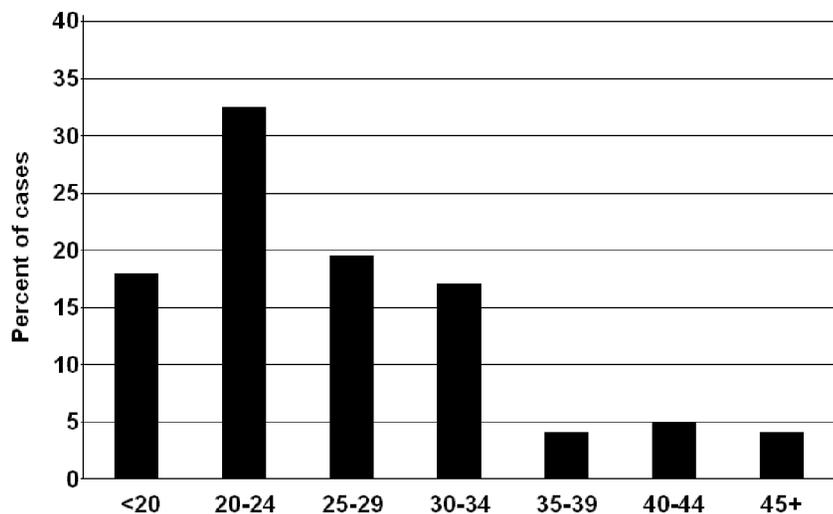


Figure B. Race/ethnicity of GISP participants, 2008

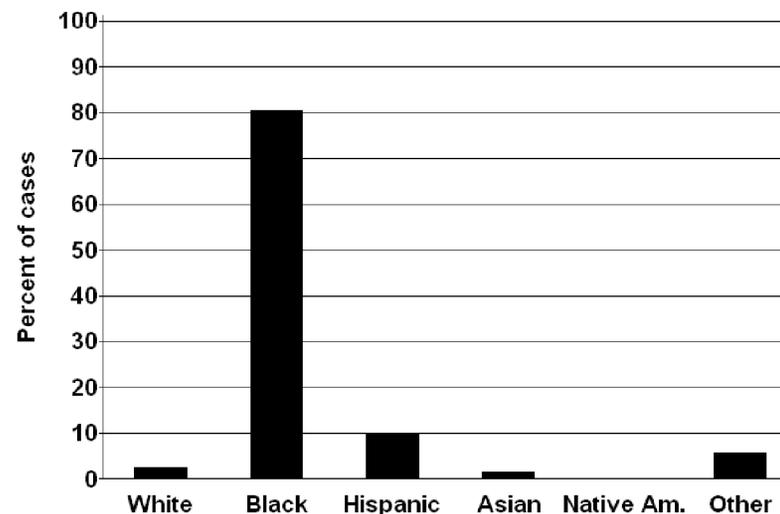


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

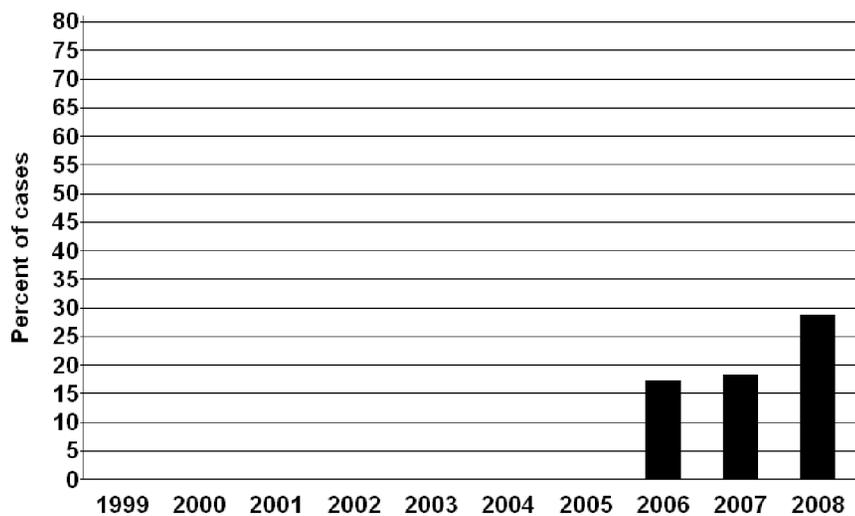
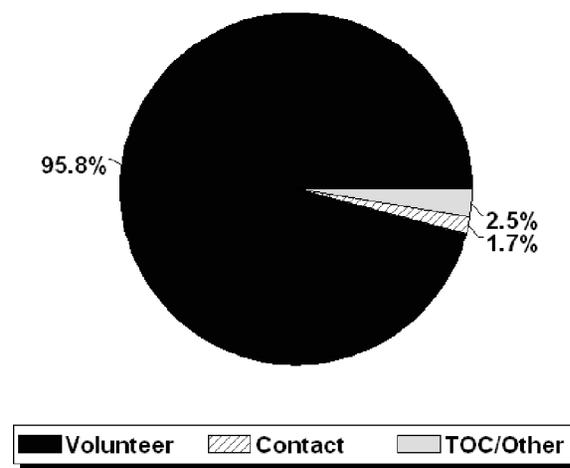
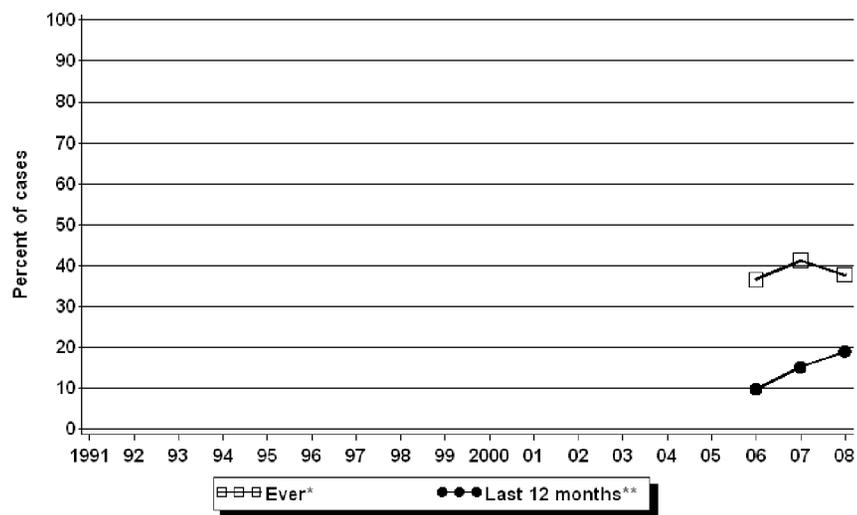


Figure D. Reason for visit among GISP participants, 2008



New York City, New York - 2008 (N=123)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.

Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

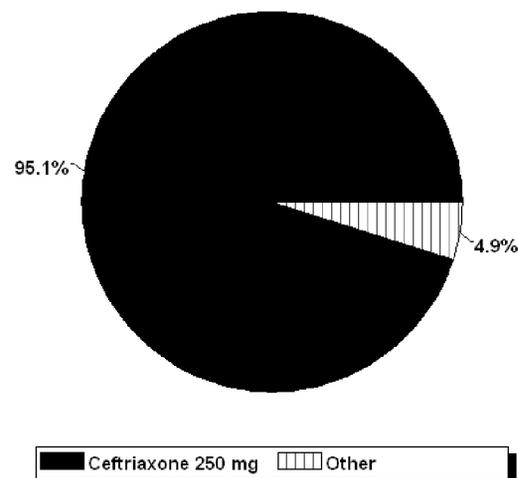


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

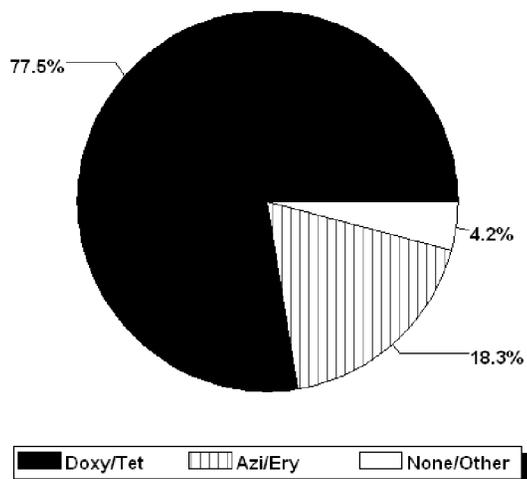
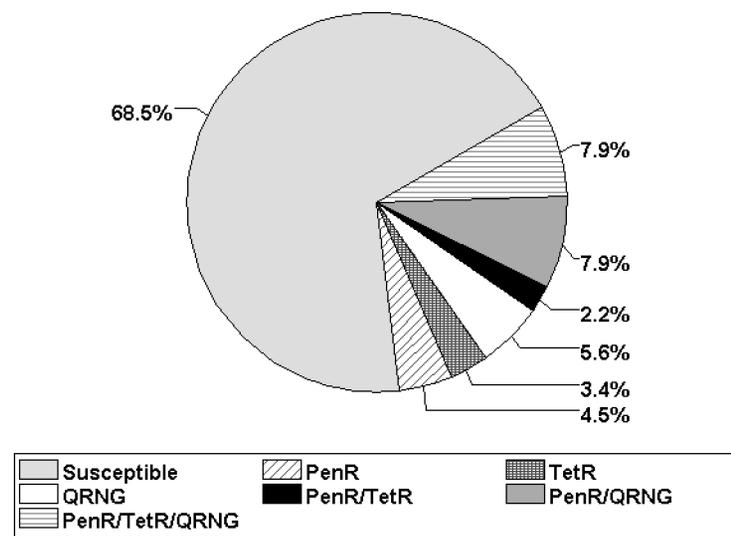


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



New York City, New York - 2008 (N=123)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

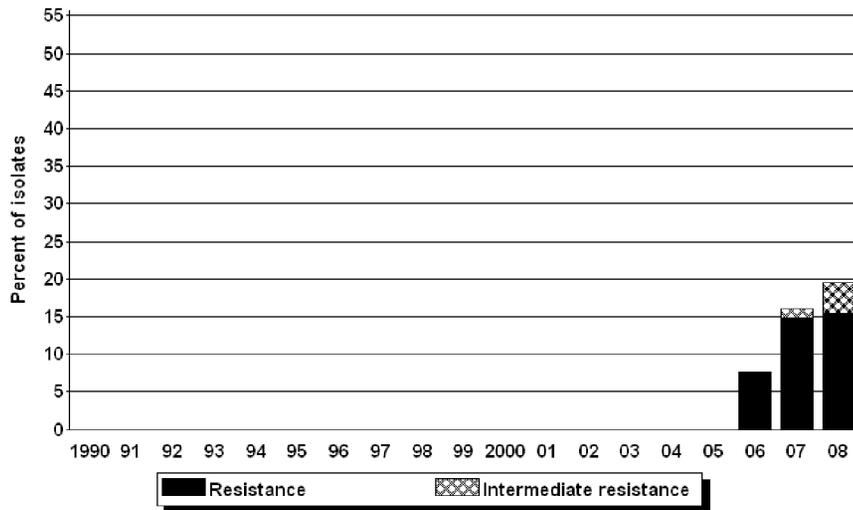
Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006

No isolates with decreased susceptibility to cefixime have been identified at this clinic during this time period.

Note: Susceptibility to ceftriaxone first measured in 1987.

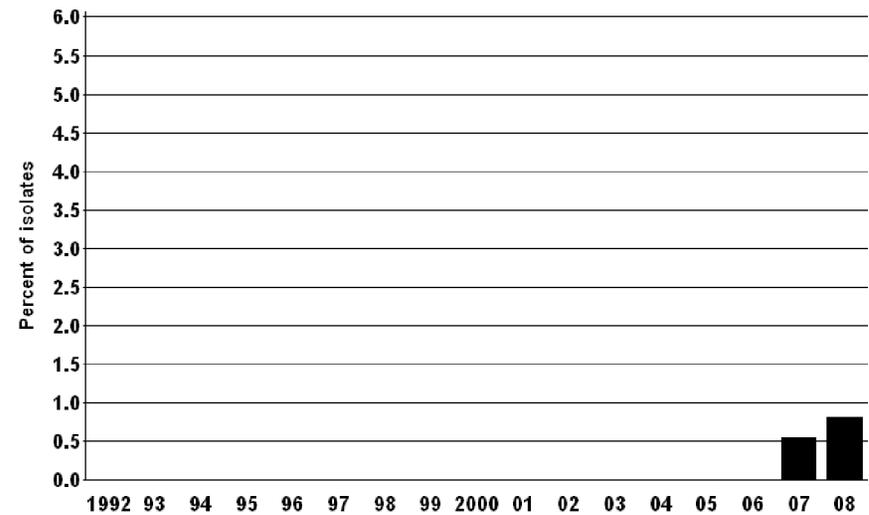
Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008



Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

Oklahoma City, Oklahoma - 2008 (N=293)

Figure A. Age of GISP participants, in years, 2008

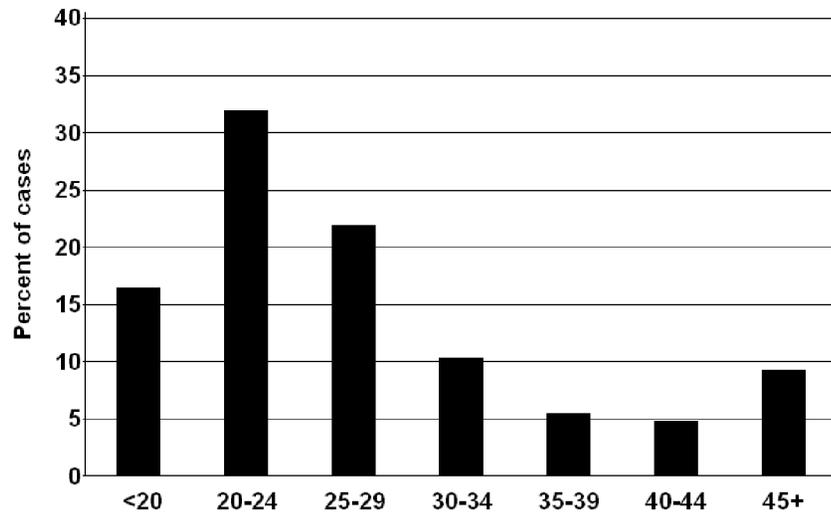


Figure B. Race/ethnicity of GISP participants, 2008

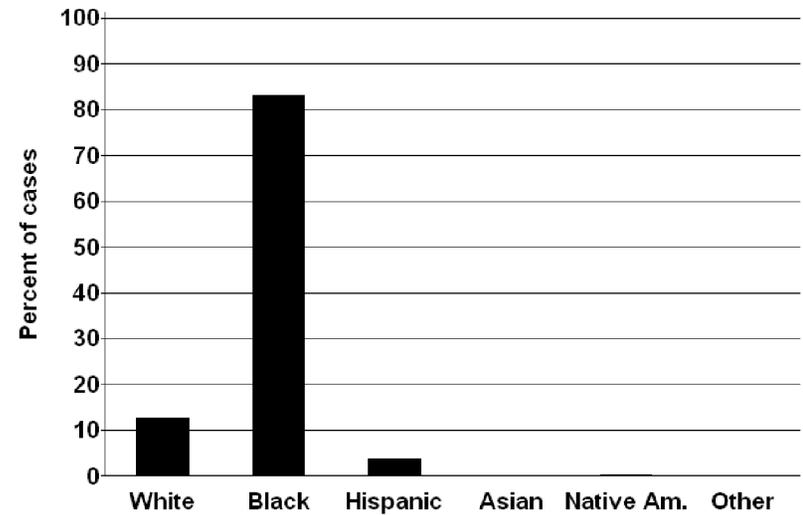


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

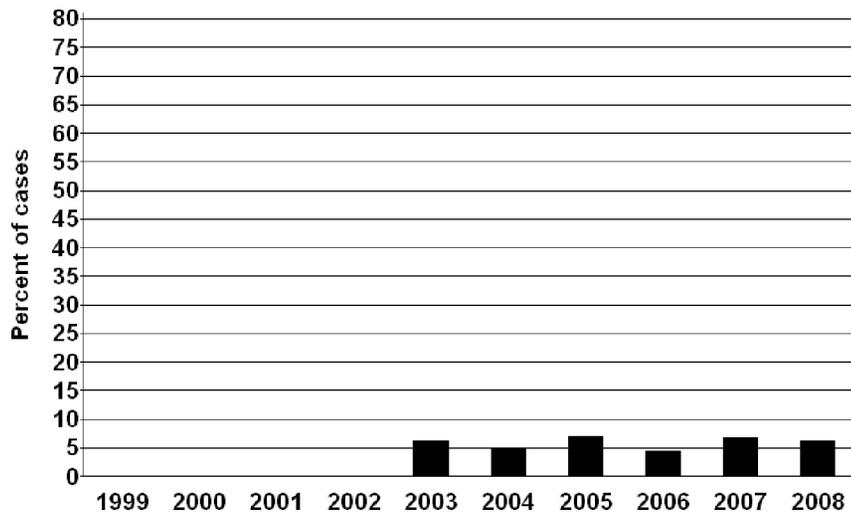
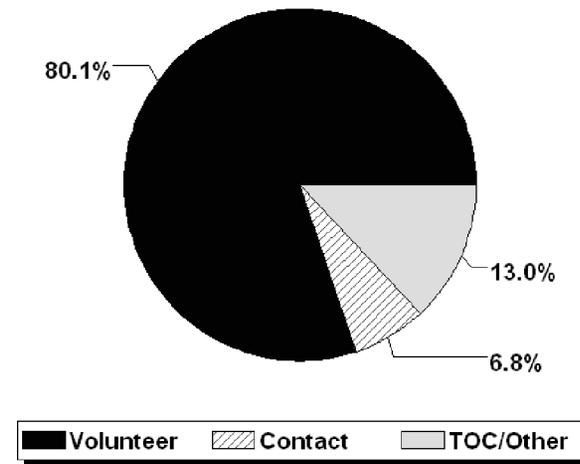
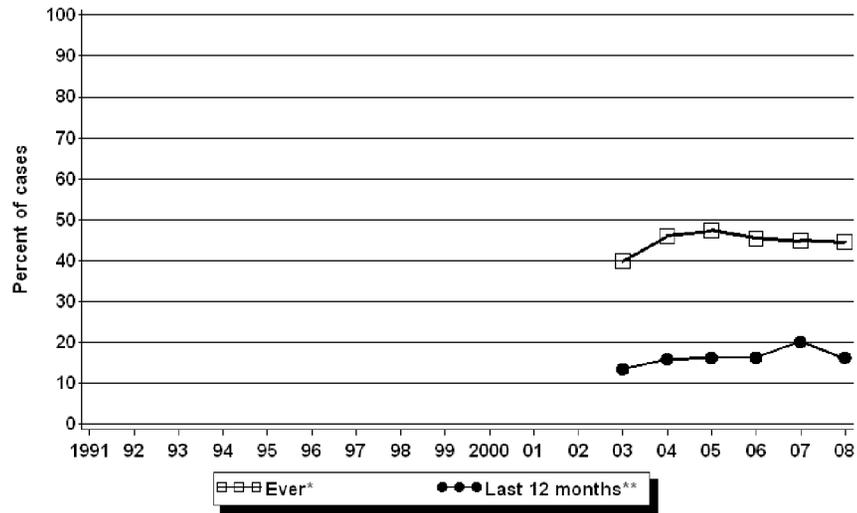


Figure D. Reason for visit among GISP participants, 2008



Oklahoma City, Oklahoma - 2008 (N=293)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.
 Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

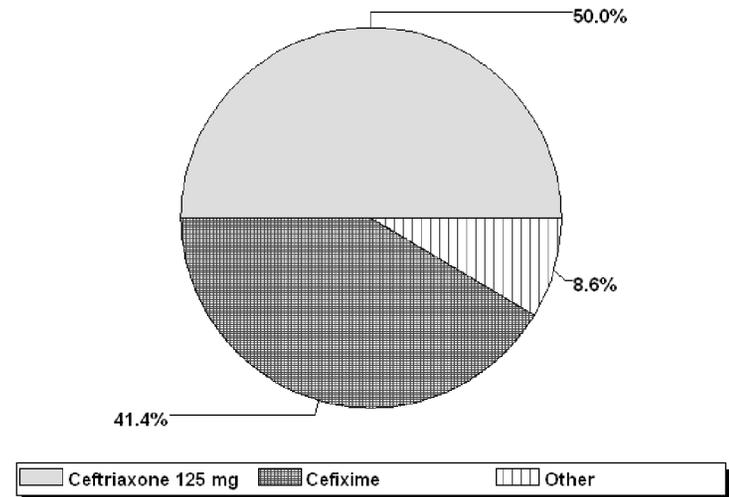


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

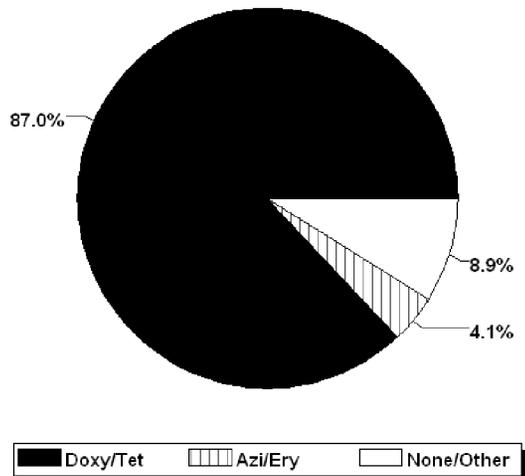
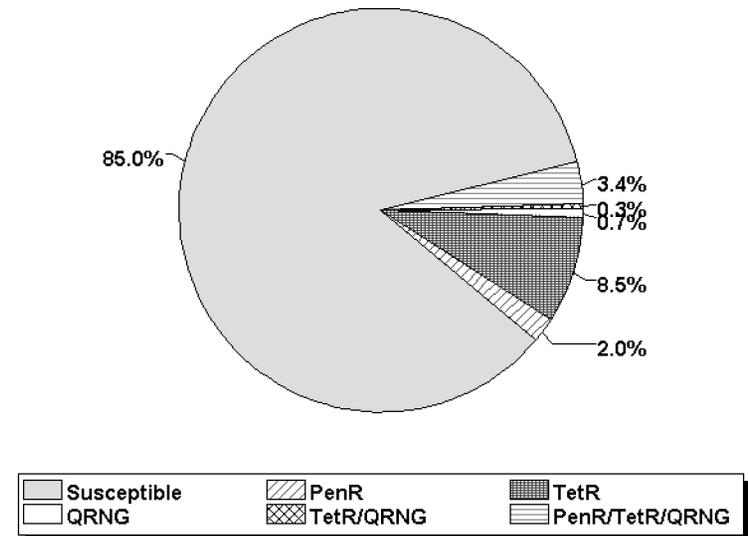


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



Oklahoma City, Oklahoma - 2008 (N=293)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

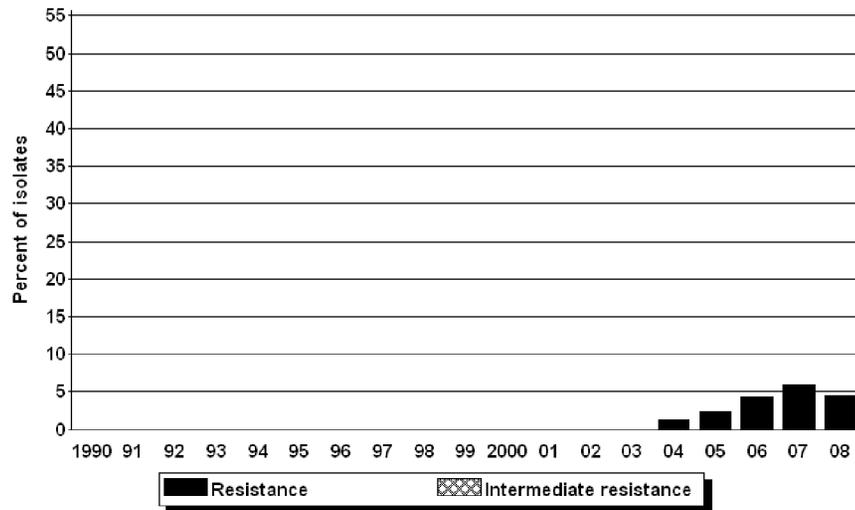
Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006

No isolates with decreased susceptibility to cefixime have been identified at this clinic during this time period.

Note: Susceptibility to ceftriaxone first measured in 1987.

Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008

No isolates with decreased susceptibility to azithromycin have been identified at this clinic during this time period.

Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

Orange County, California - 2008 (N=87)

Figure A. Age of GISP participants, in years, 2008

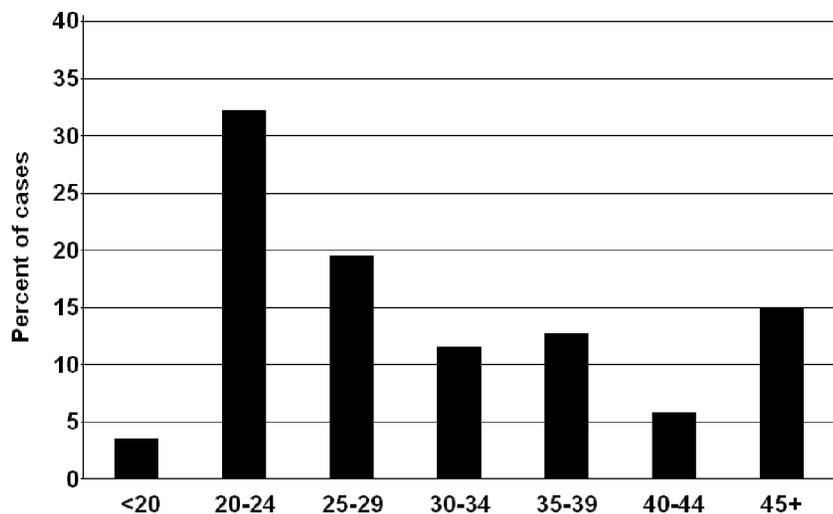


Figure B. Race/ethnicity of GISP participants, 2008

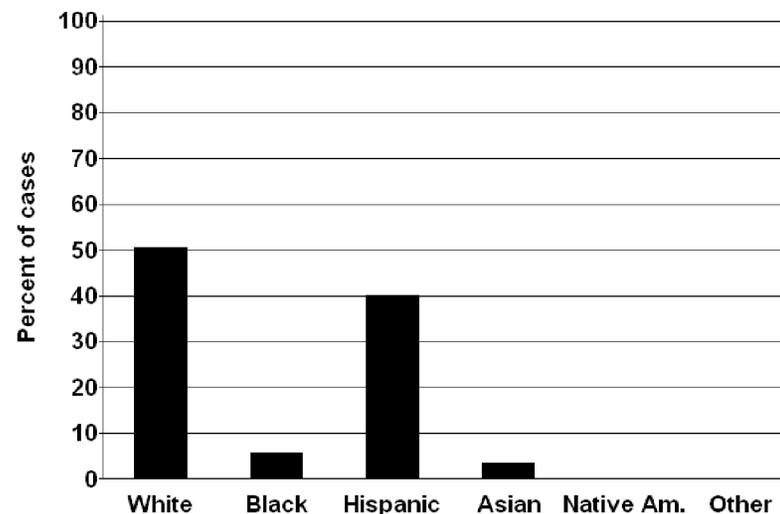


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

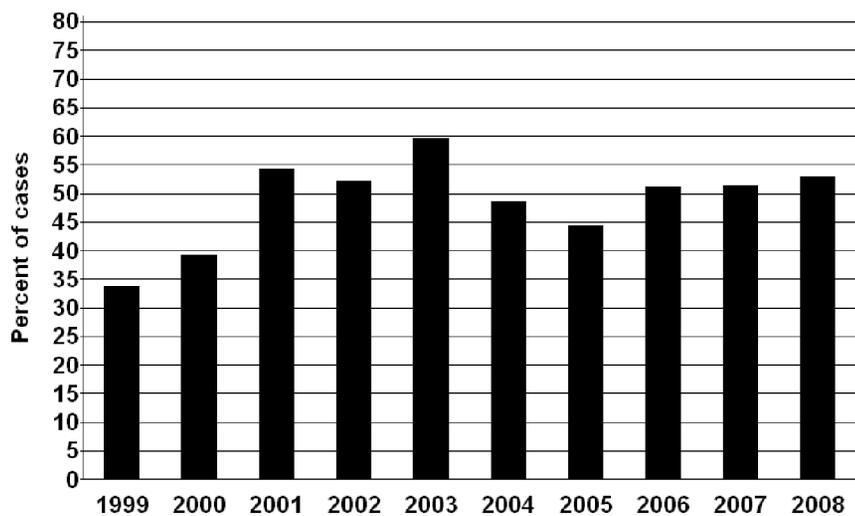
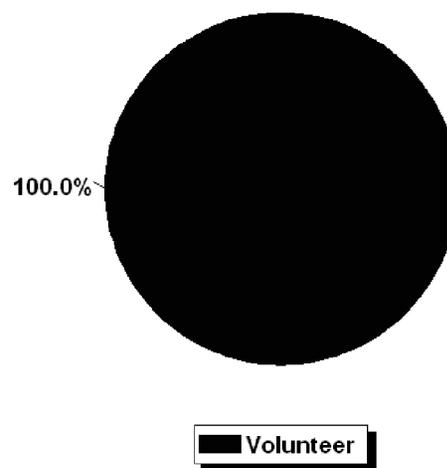
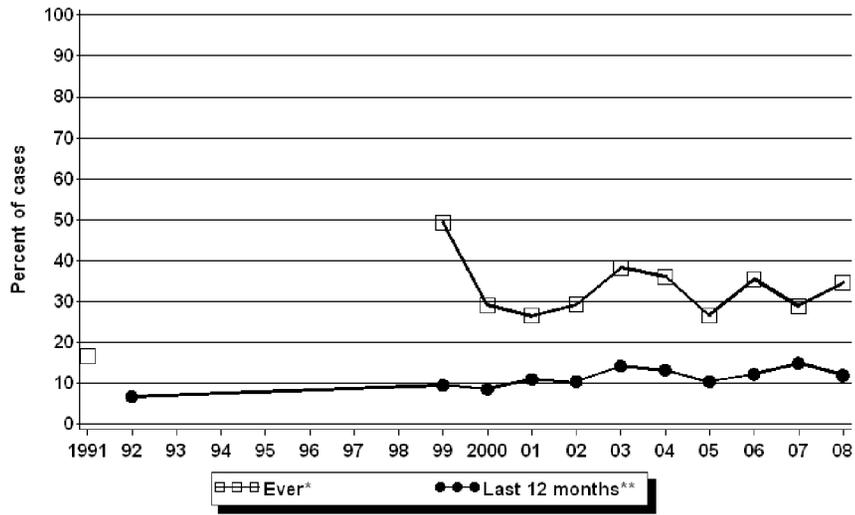


Figure D. Reason for visit among GISP participants, 2008



Orange County, California - 2008 (N=87)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.
 Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

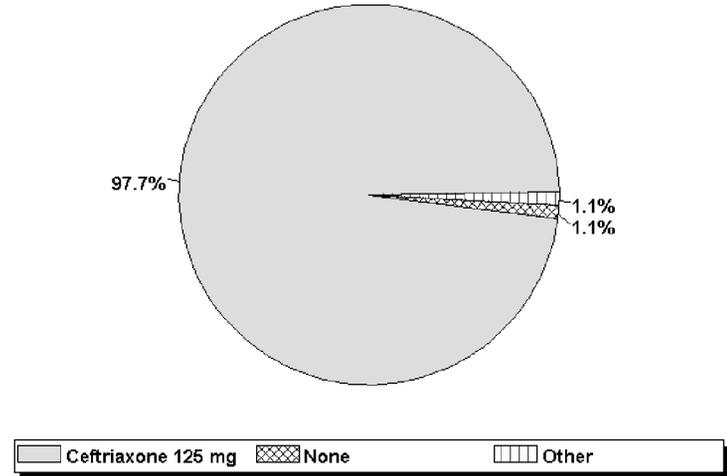


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

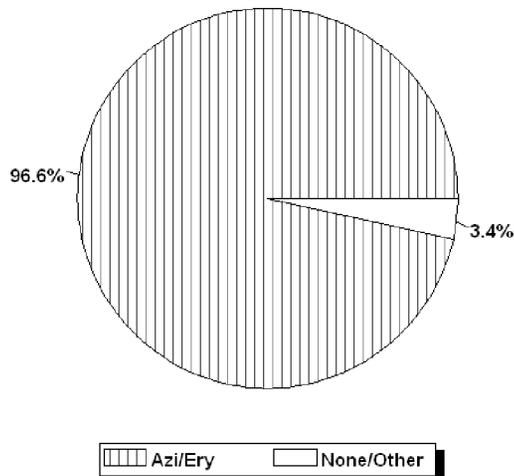
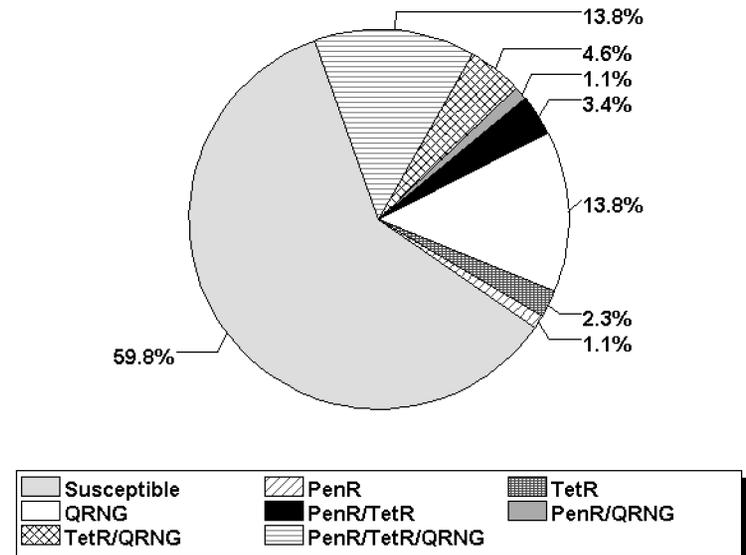


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



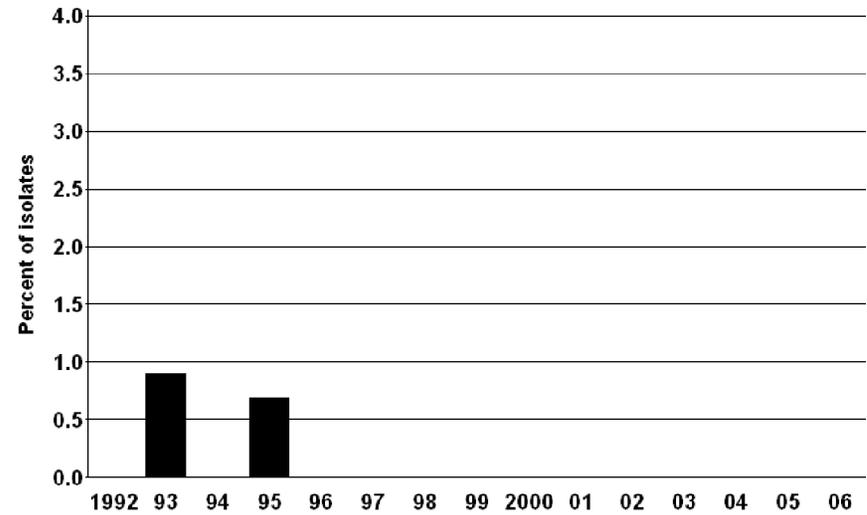
Orange County, California - 2008 (N=87)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

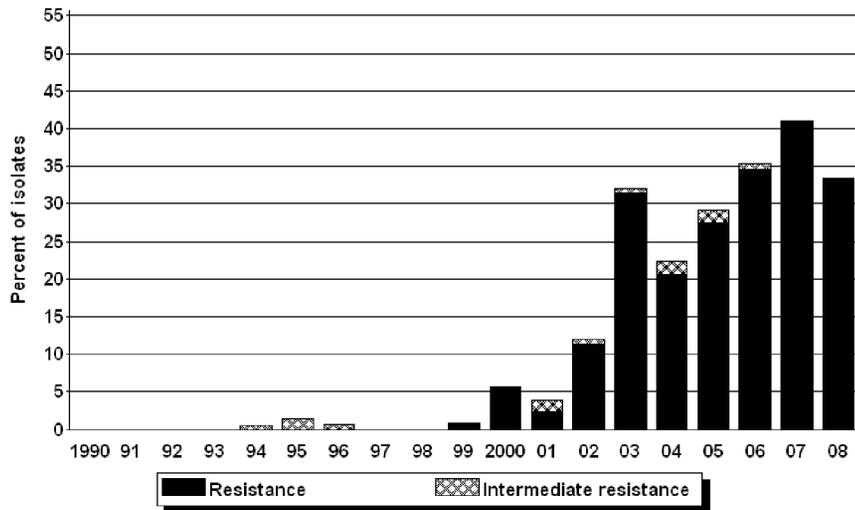
Note: Susceptibility to ceftriaxone first measured in 1987.

Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006



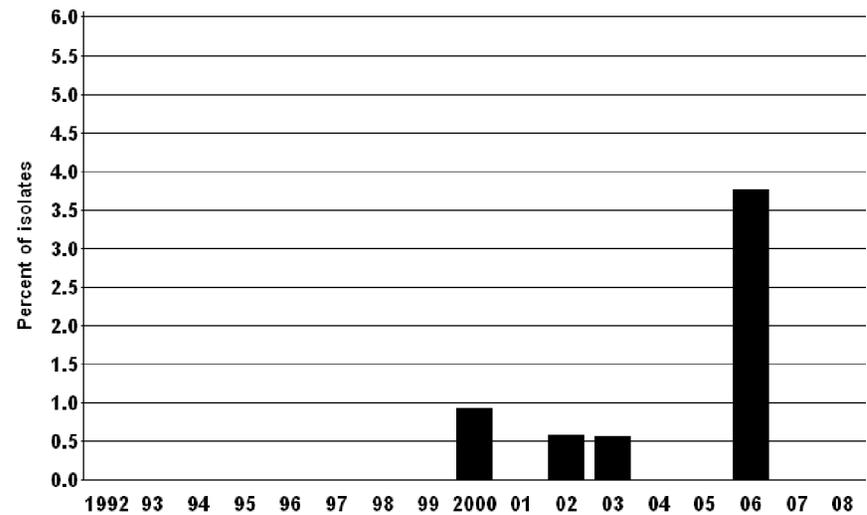
Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008



Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

Philadelphia, Pennsylvania - 2008 (N=253)

Figure A. Age of GISP participants, in years, 2008

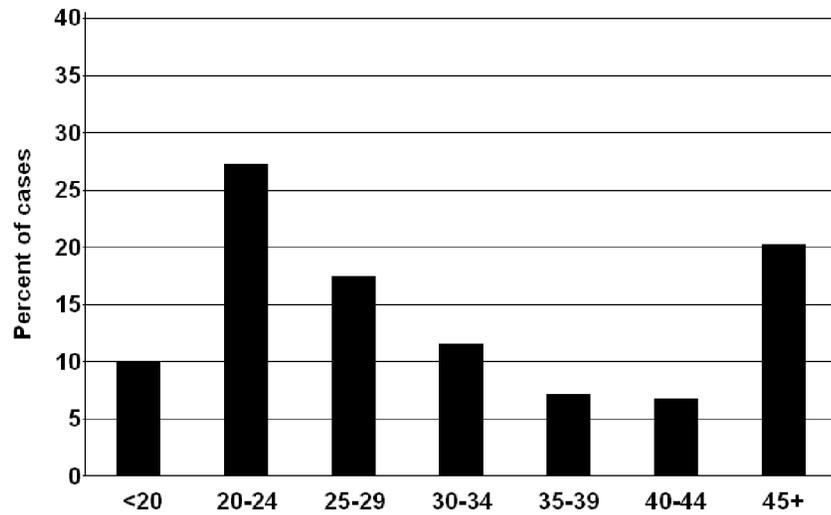


Figure B. Race/ethnicity of GISP participants, 2008

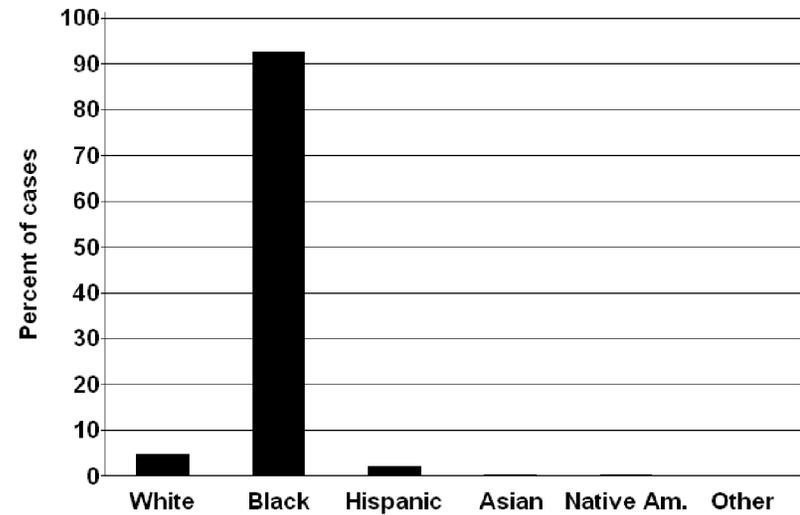


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

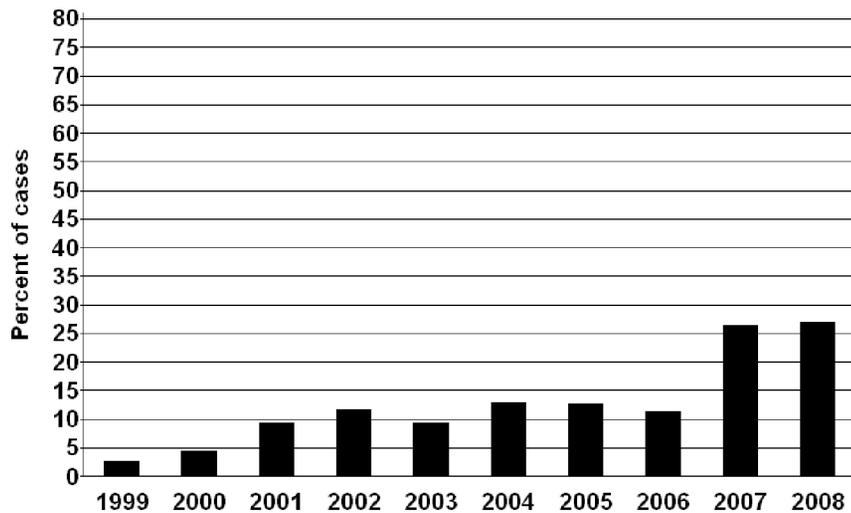
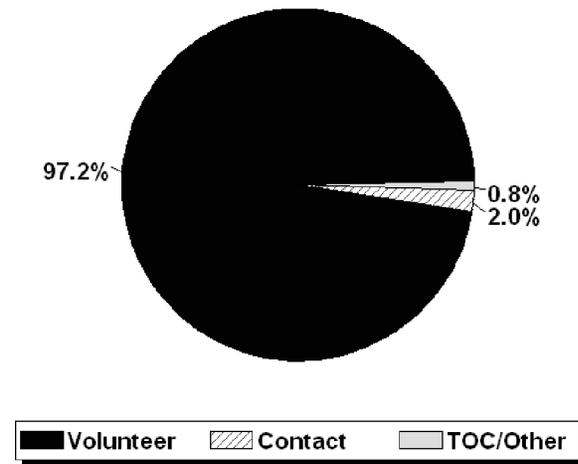
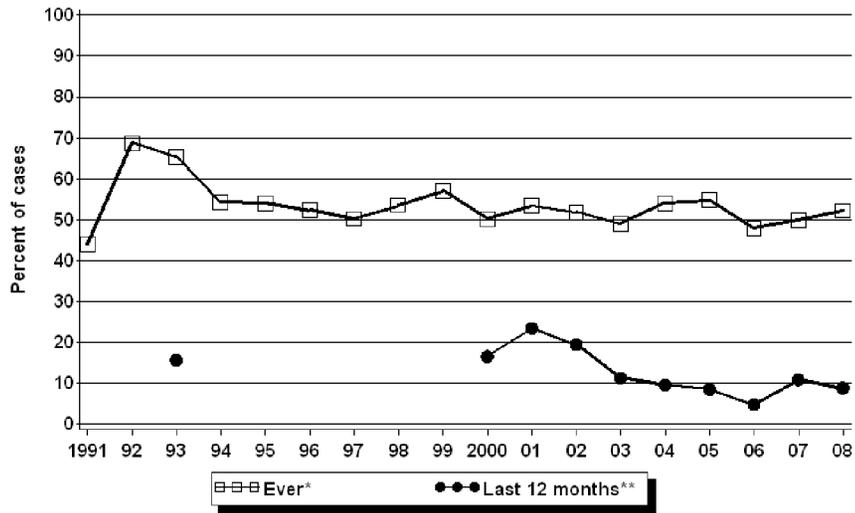


Figure D. Reason for visit among GISP participants, 2008



Philadelphia, Pennsylvania - 2008 (N=253)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.
 Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

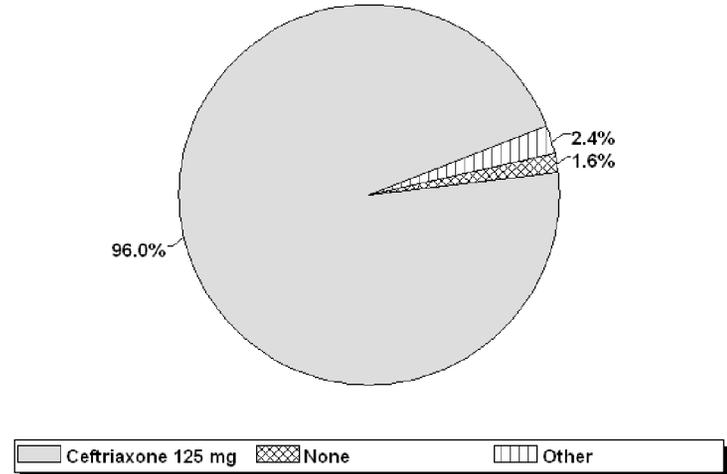


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

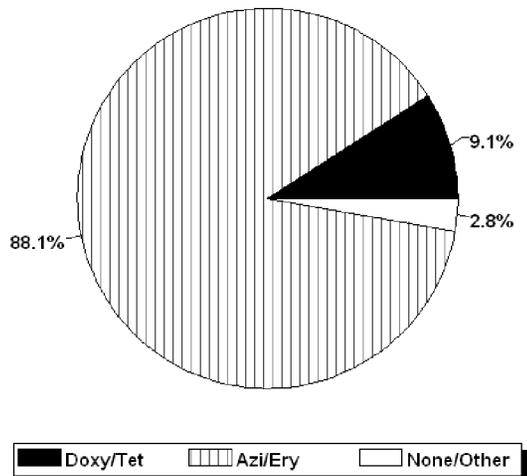
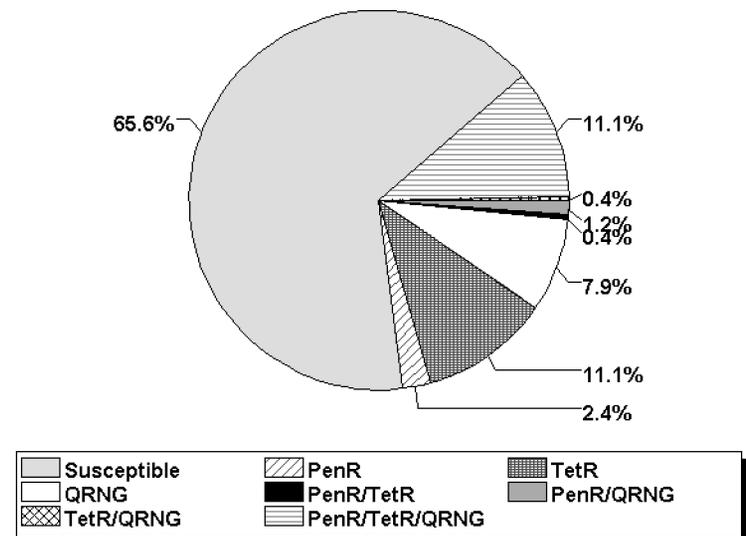
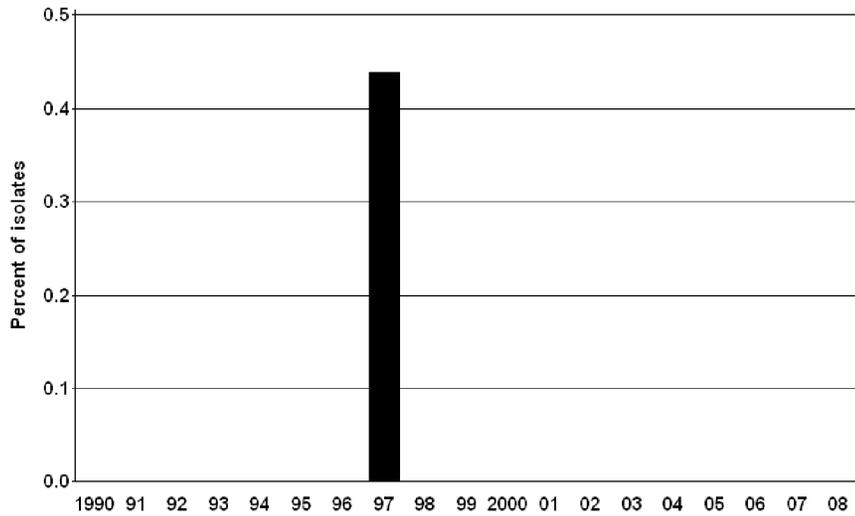


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



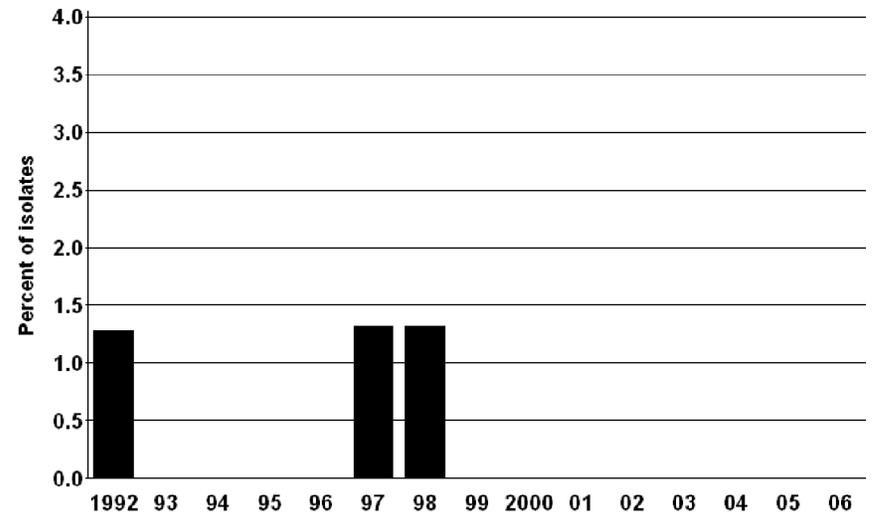
Philadelphia, Pennsylvania - 2008 (N=253)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008



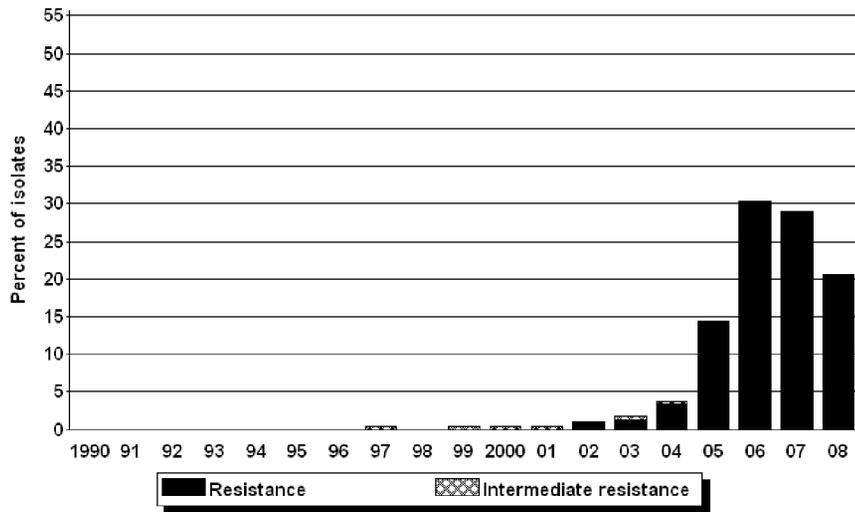
Note: Susceptibility to ceftriaxone first measured in 1987.

Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006



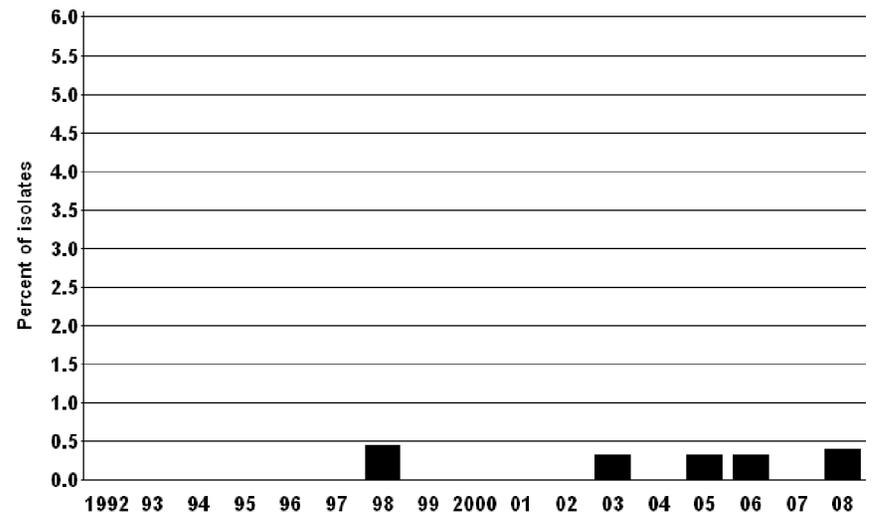
Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008



Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

Phoenix, Arizona - 2008 (N=248)

Figure A. Age of GISP participants, in years, 2008

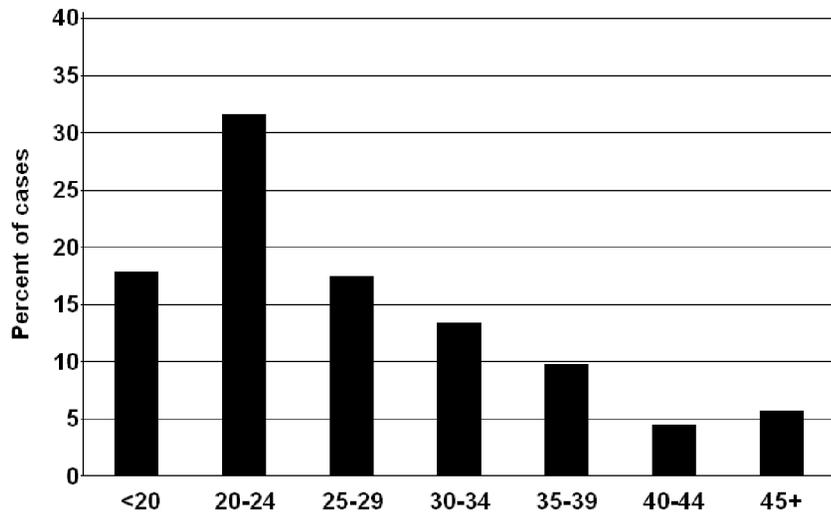


Figure B. Race/ethnicity of GISP participants, 2008

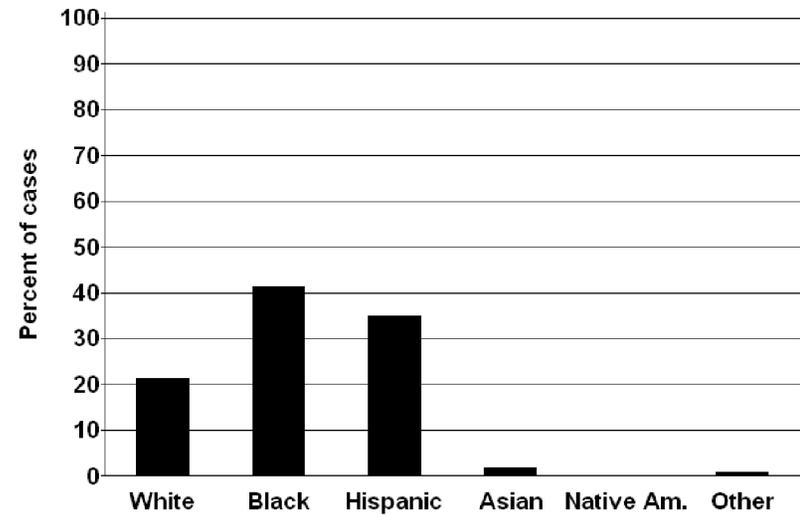


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

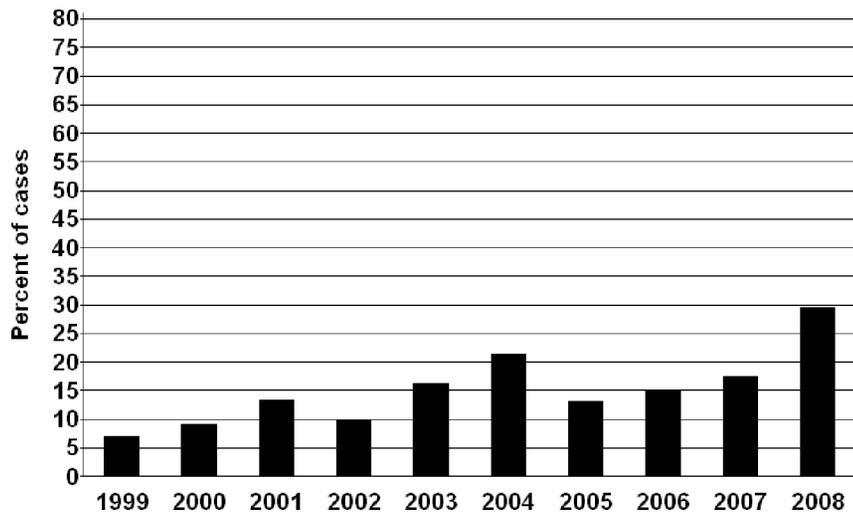
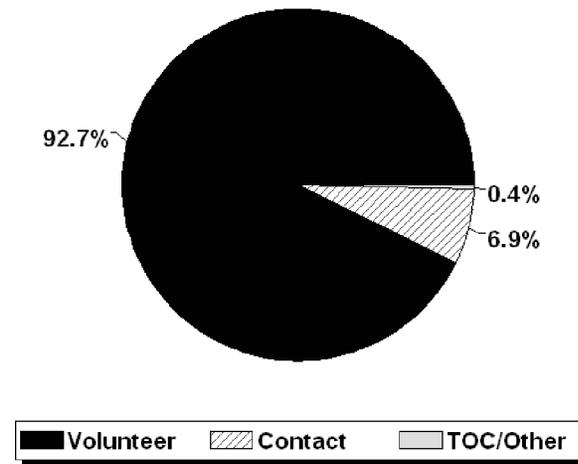
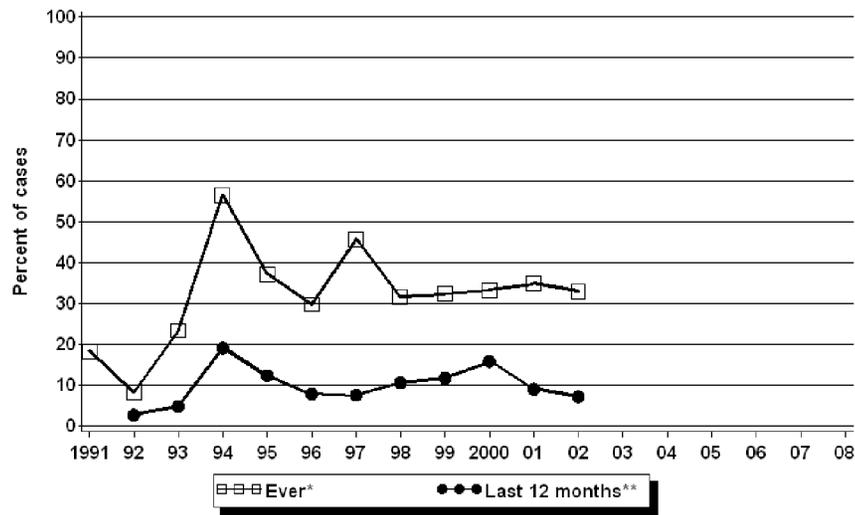


Figure D. Reason for visit among GISP participants, 2008



Phoenix, Arizona - 2008 (N=248)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.
 Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

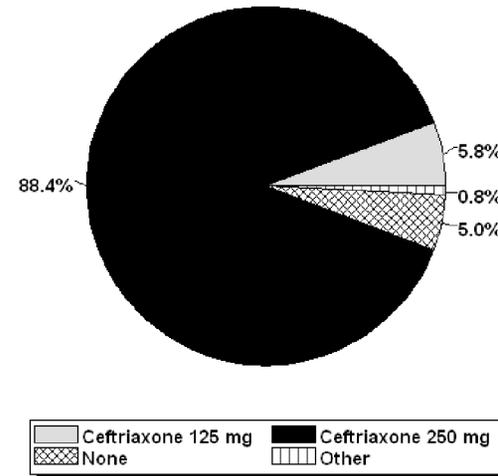


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

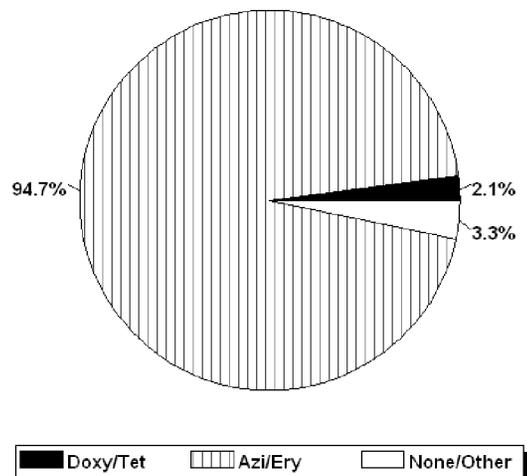
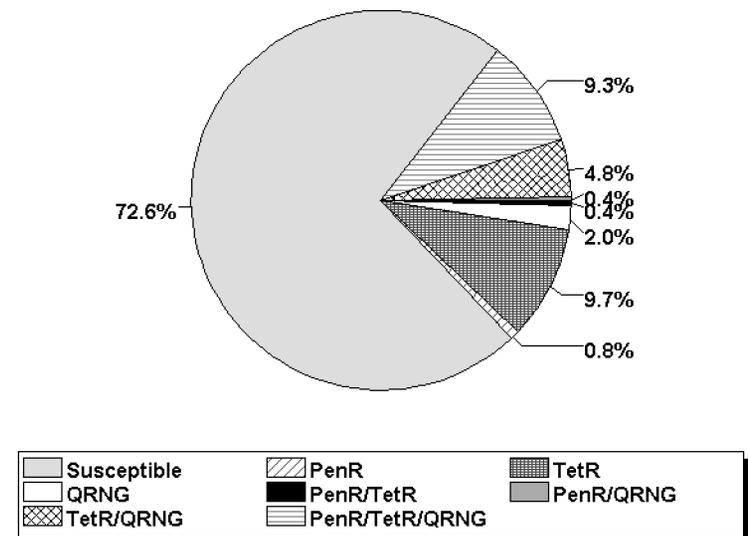


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



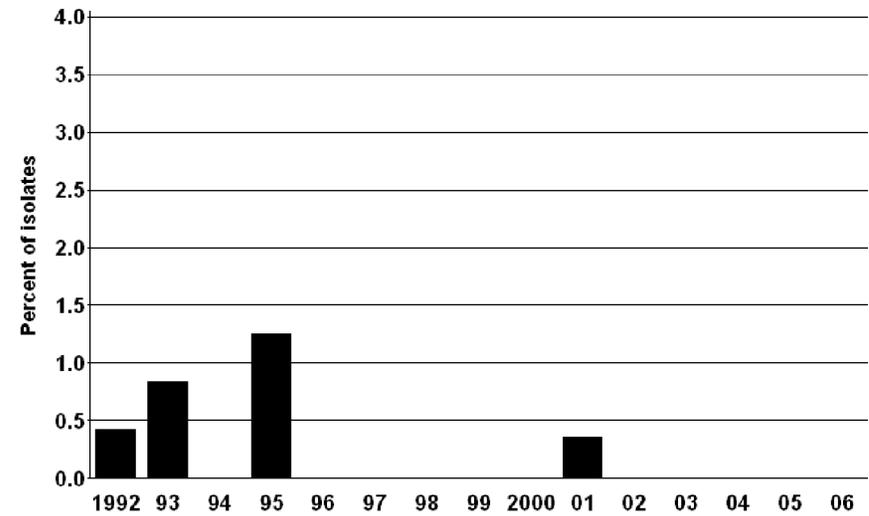
Phoenix, Arizona - 2008 (N=248)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

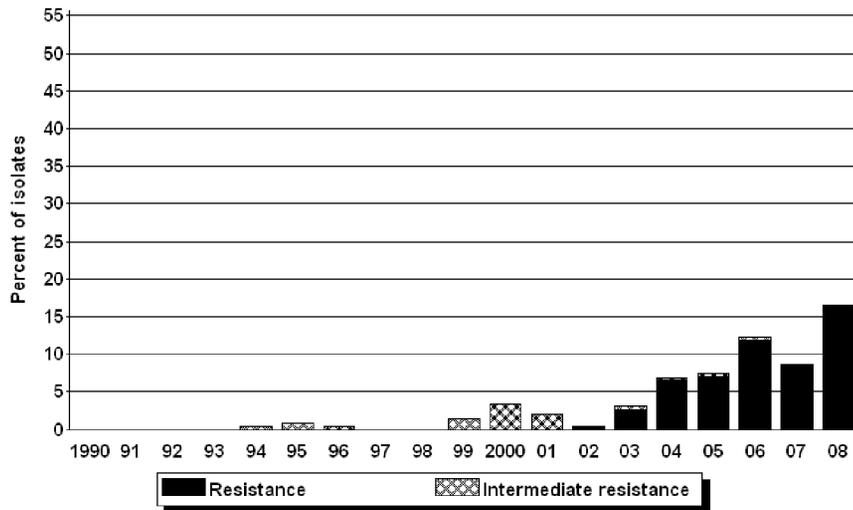
Note: Susceptibility to ceftriaxone first measured in 1987.

Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006



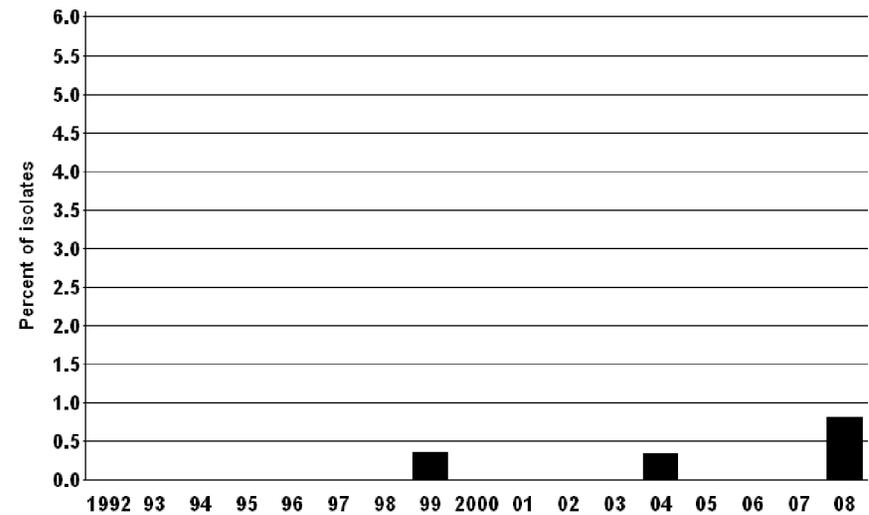
Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008



Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

Portland, Oregon - 2008 (N=157)

Figure A. Age of GISP participants, in years, 2008

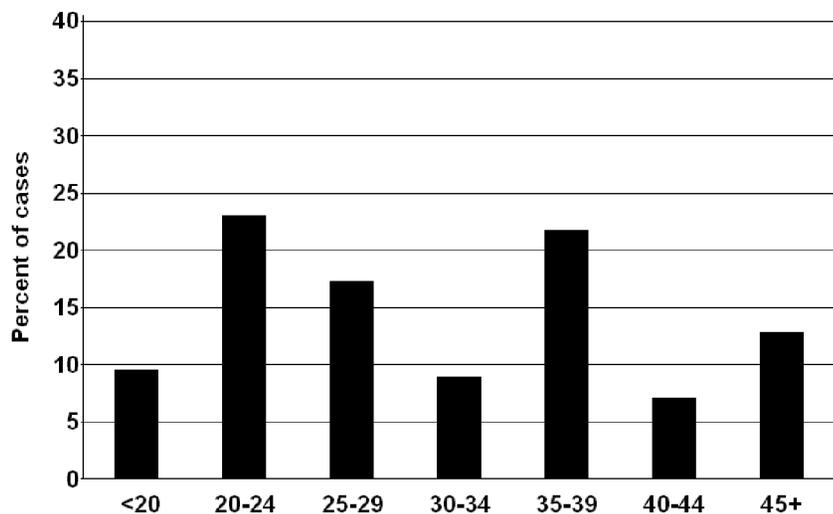


Figure B. Race/ethnicity of GISP participants, 2008

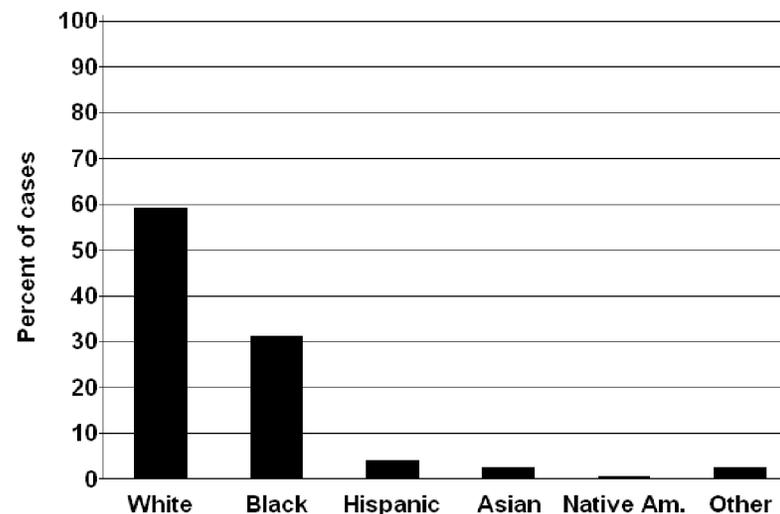


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

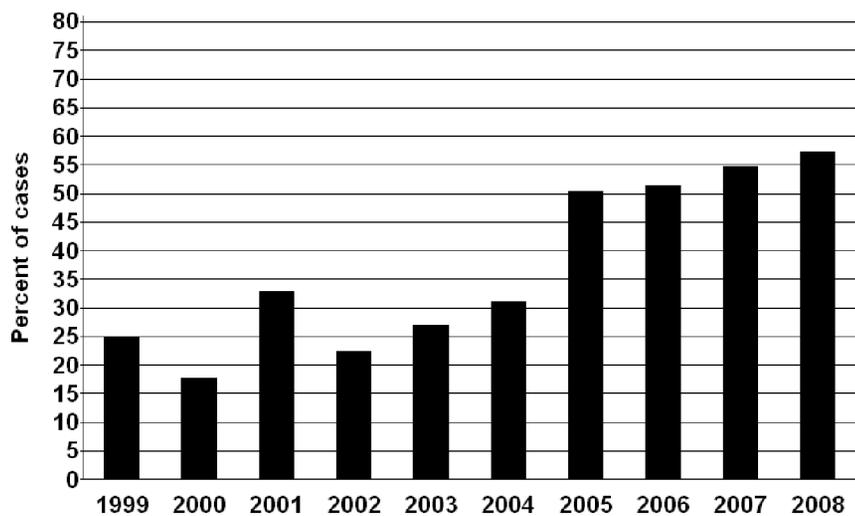
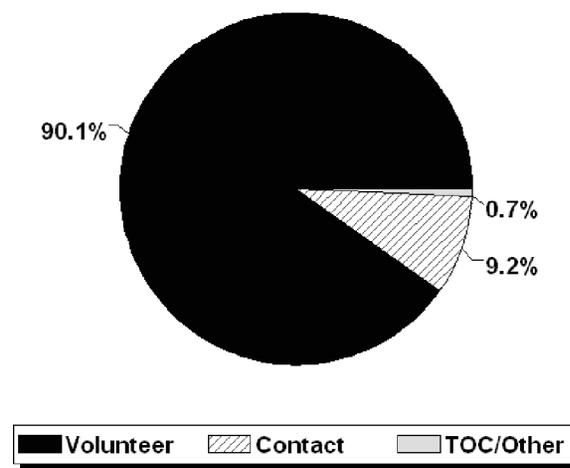
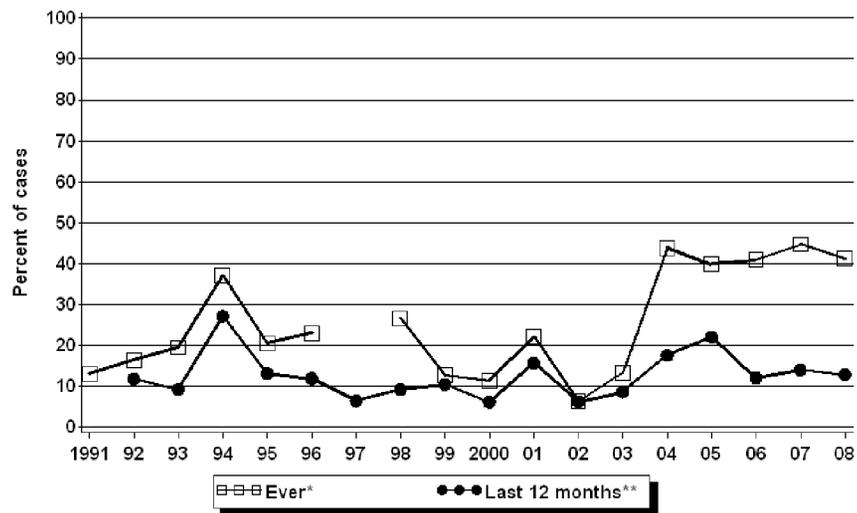


Figure D. Reason for visit among GISP participants, 2008



Portland, Oregon - 2008 (N=157)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.

Note: Data points not shown when >30% data missing.

Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

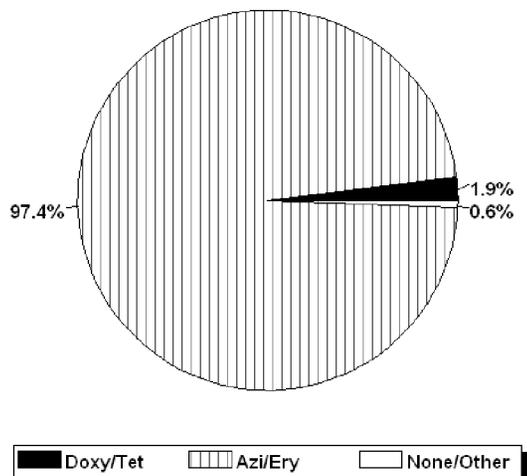


Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

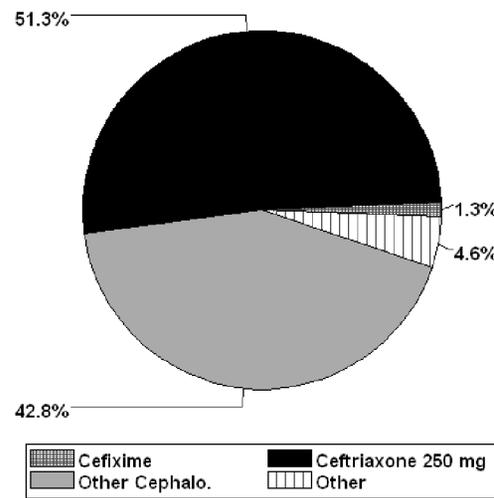
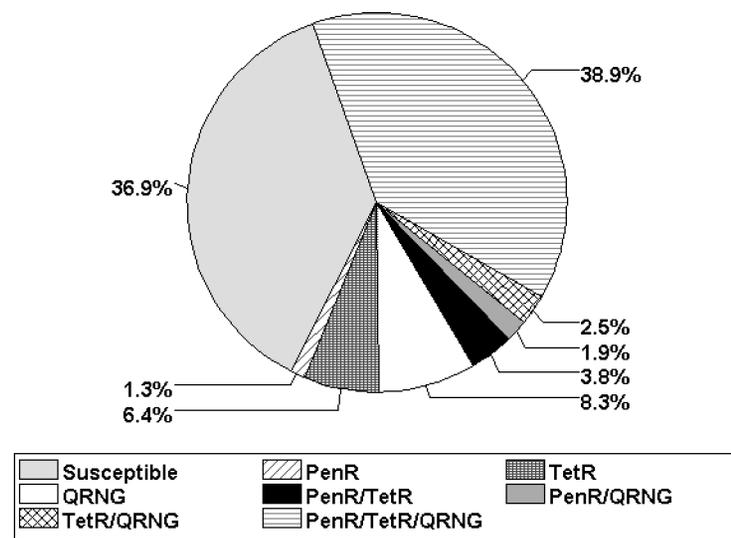


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



Portland, Oregon - 2008 (N=157)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

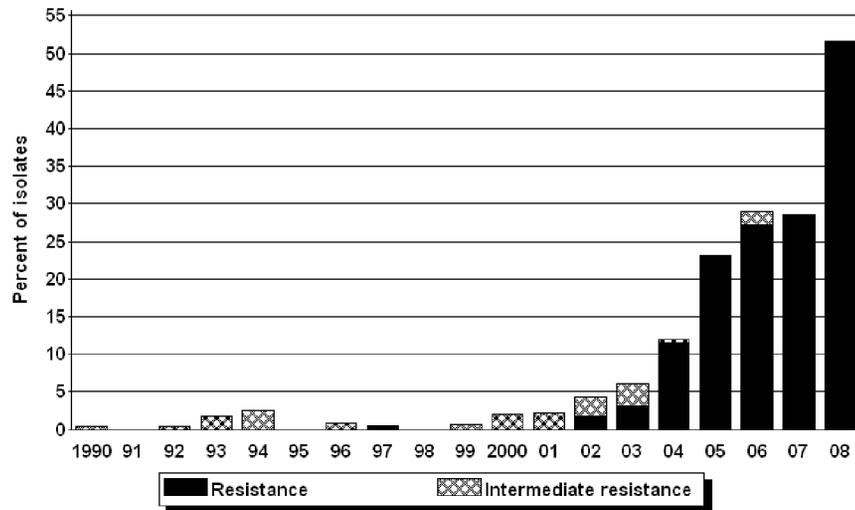
Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006

No isolates with decreased susceptibility to cefixime have been identified at this clinic during this time period.

Note: Susceptibility to ceftriaxone first measured in 1987.

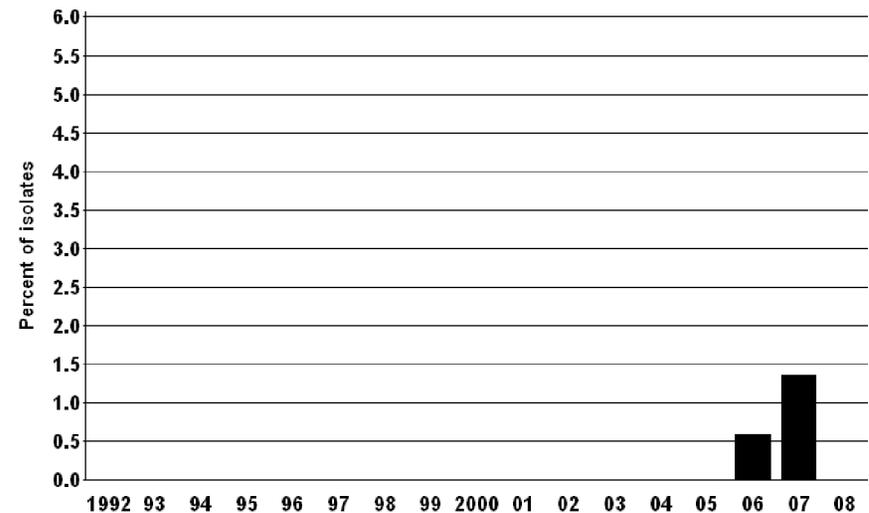
Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008



Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

Richmond, Virginia - 2008 (N=124)

Figure A. Age of GISP participants, in years, 2008

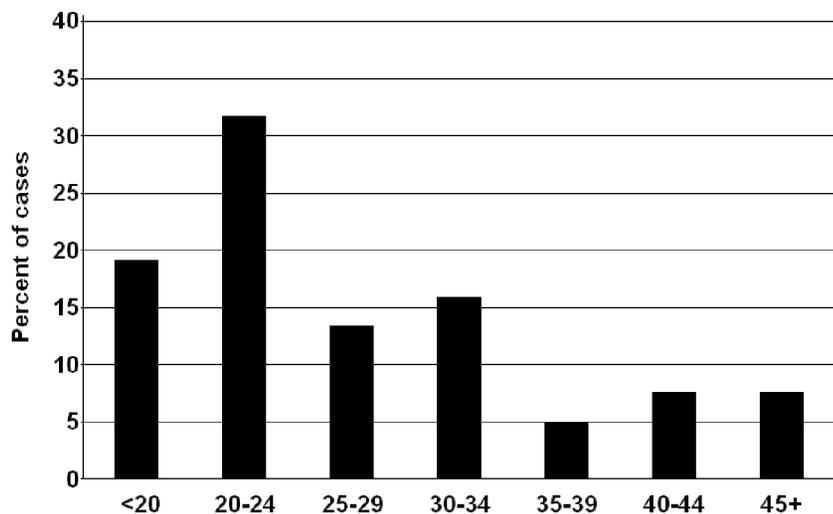


Figure B. Race/ethnicity of GISP participants, 2008

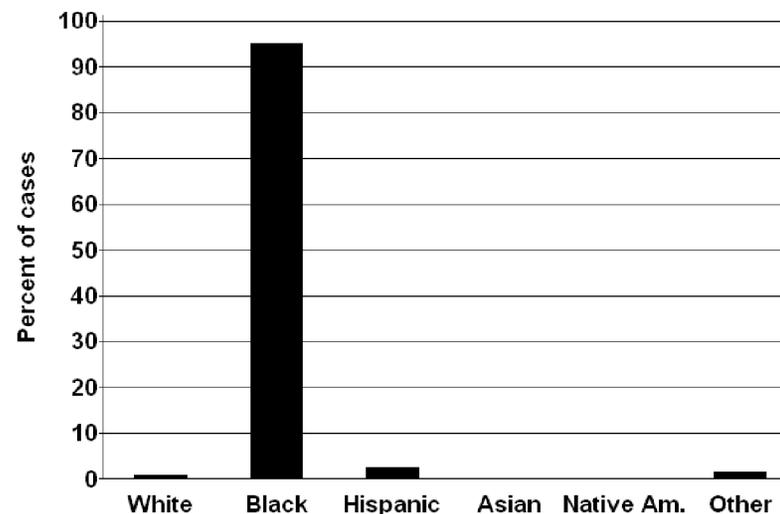


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

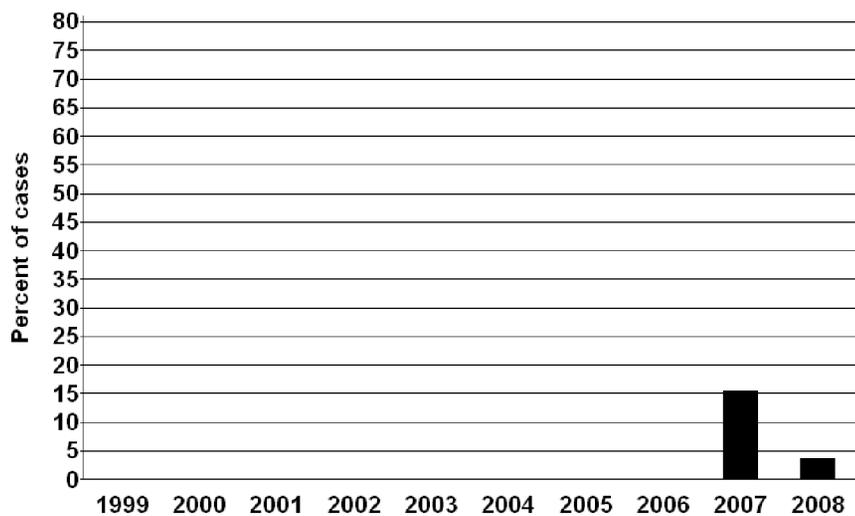
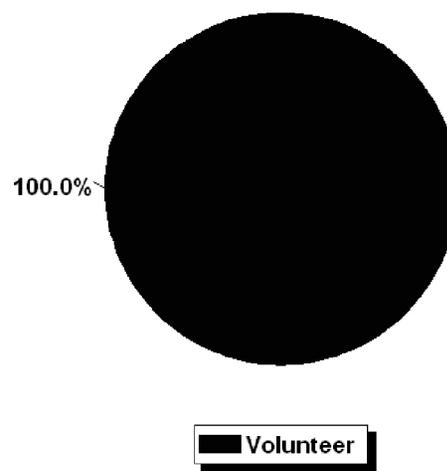
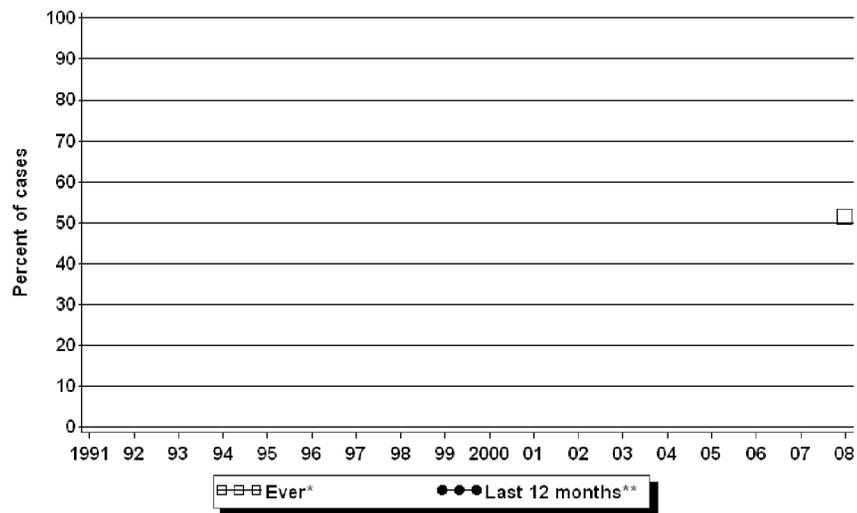


Figure D. Reason for visit among GISP participants, 2008



Richmond, Virginia - 2008 (N=124)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.
 Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

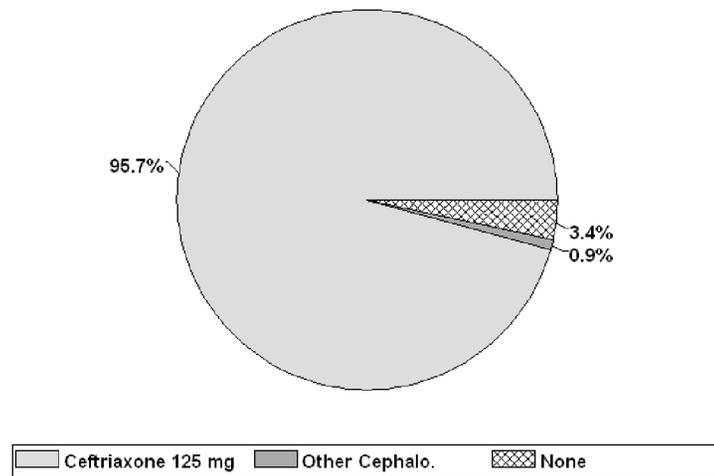


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

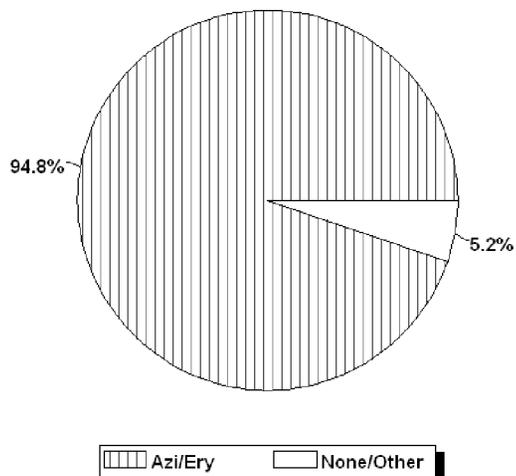
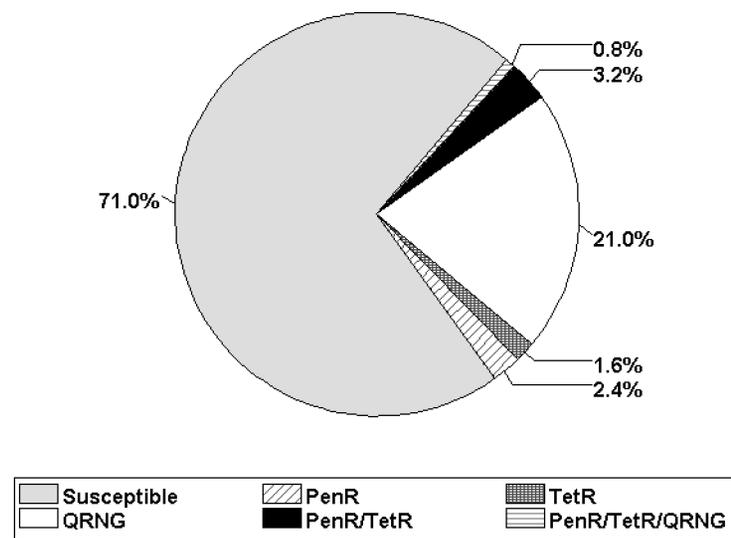


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



Richmond, Virginia - 2008 (N=124)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

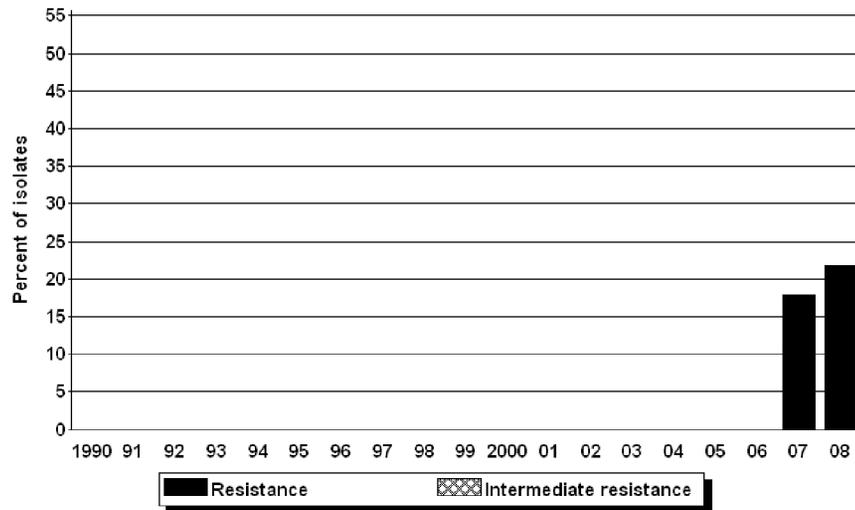
Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006

No isolates with decreased susceptibility to cefixime have been identified at this clinic during this time period.

Note: Susceptibility to ceftriaxone first measured in 1987.

Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008

No isolates with decreased susceptibility to azithromycin have been identified at this clinic during this time period.

Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

San Diego, California - 2008 (N=182)

Figure A. Age of GISP participants, in years, 2008

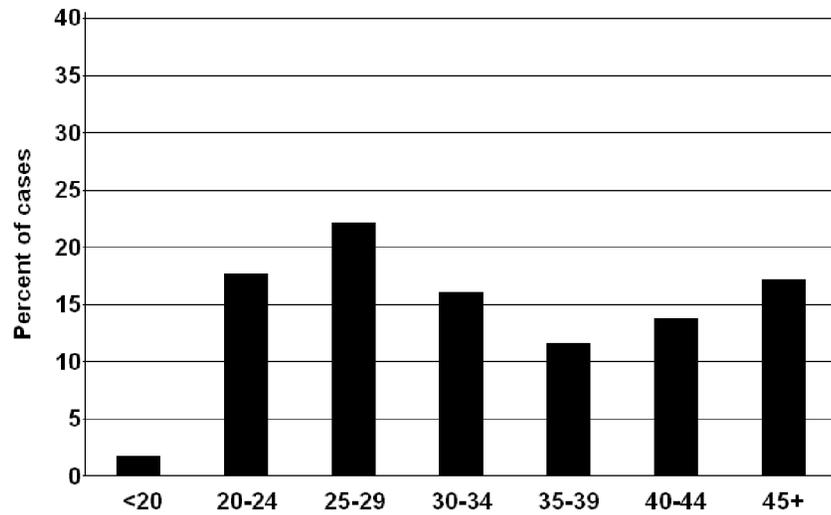


Figure B. Race/ethnicity of GISP participants, 2008

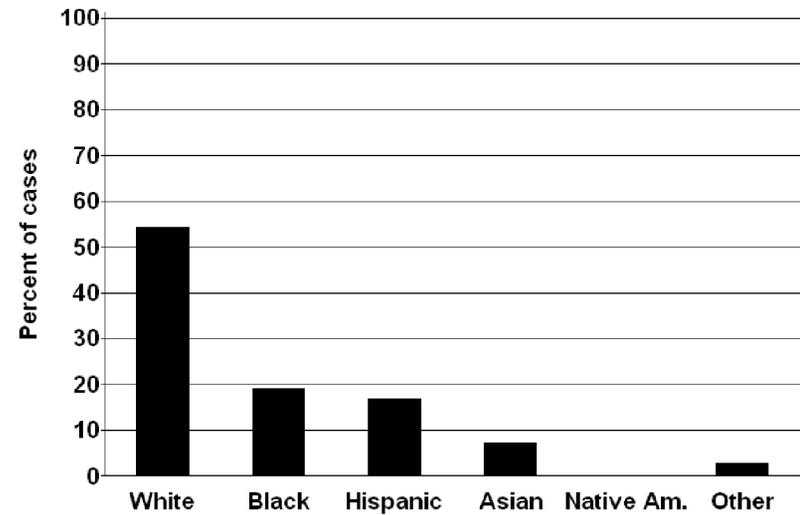


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

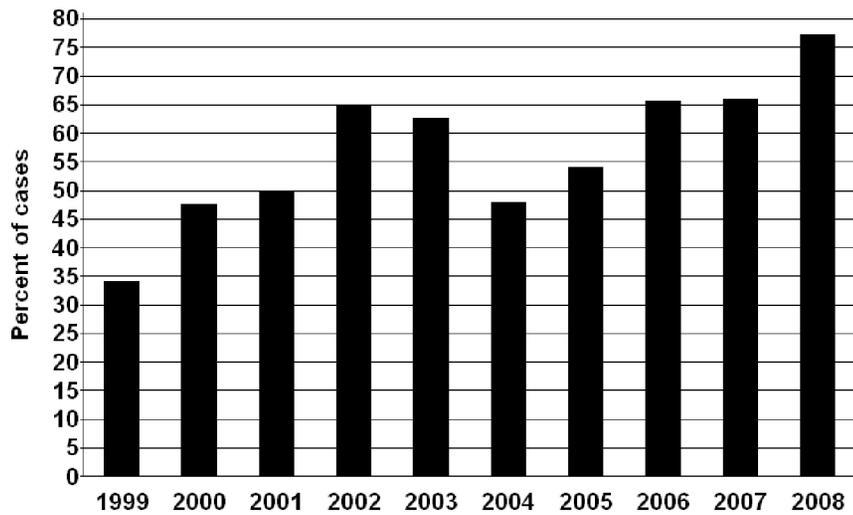
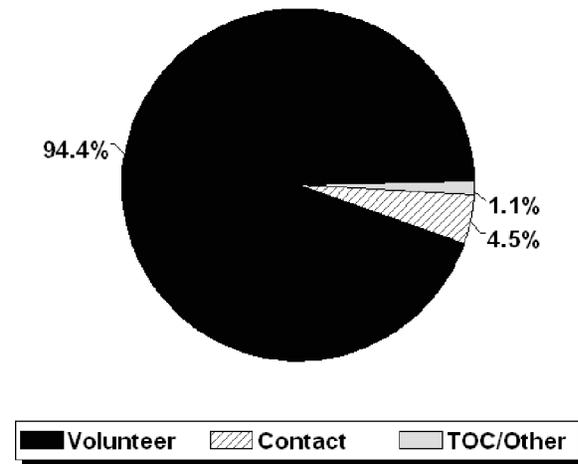
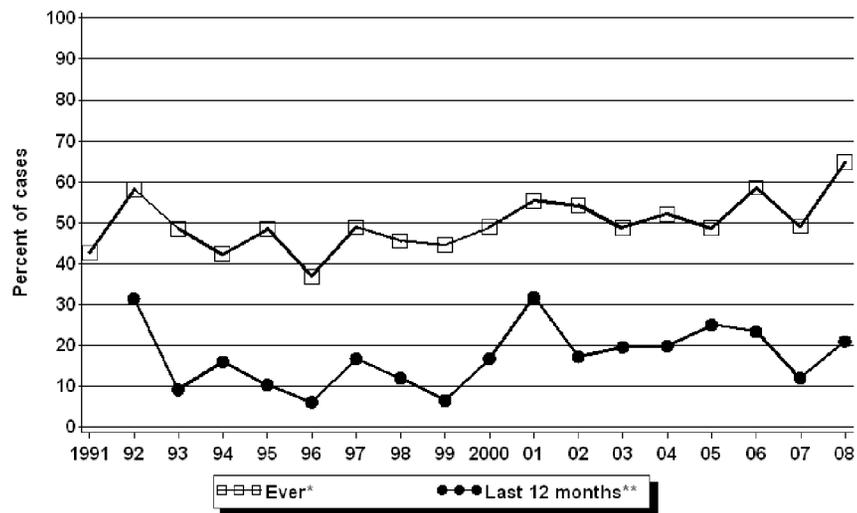


Figure D. Reason for visit among GISP participants, 2008



San Diego, California - 2008 (N=182)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.
 Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

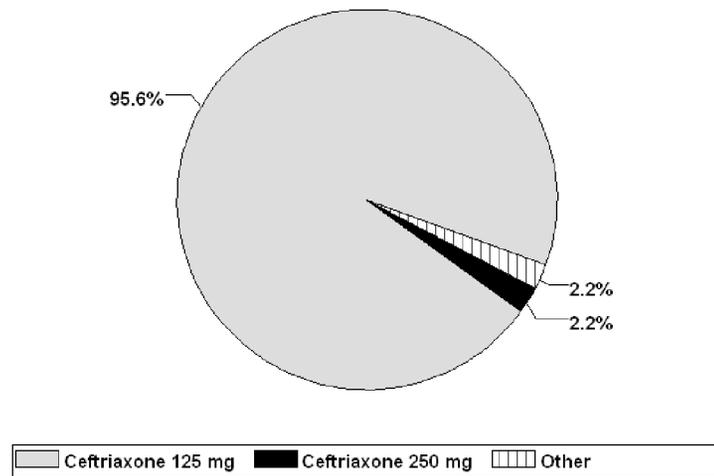


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

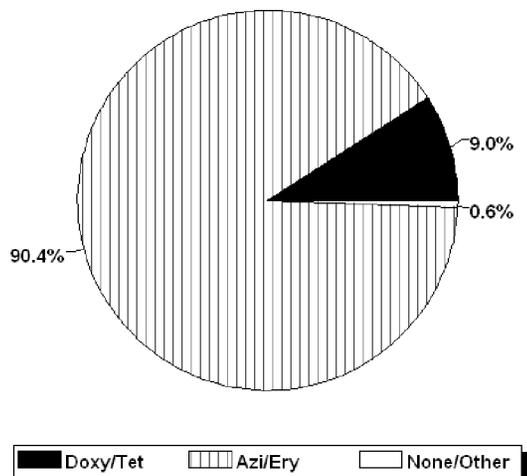
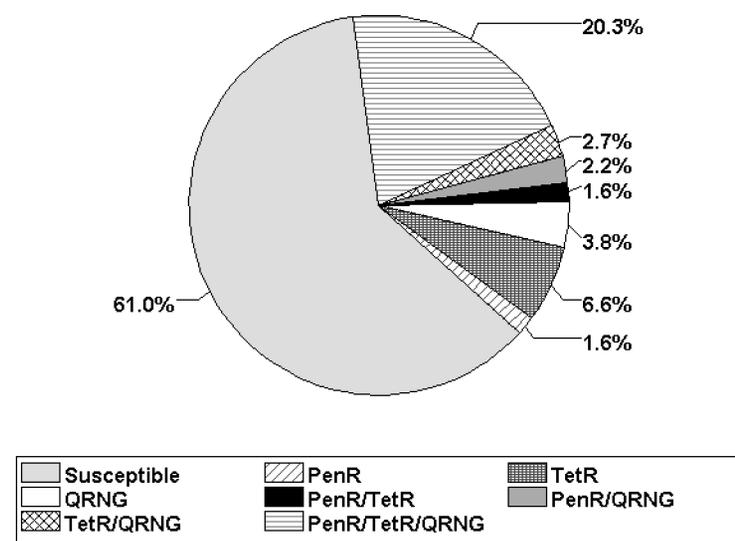


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



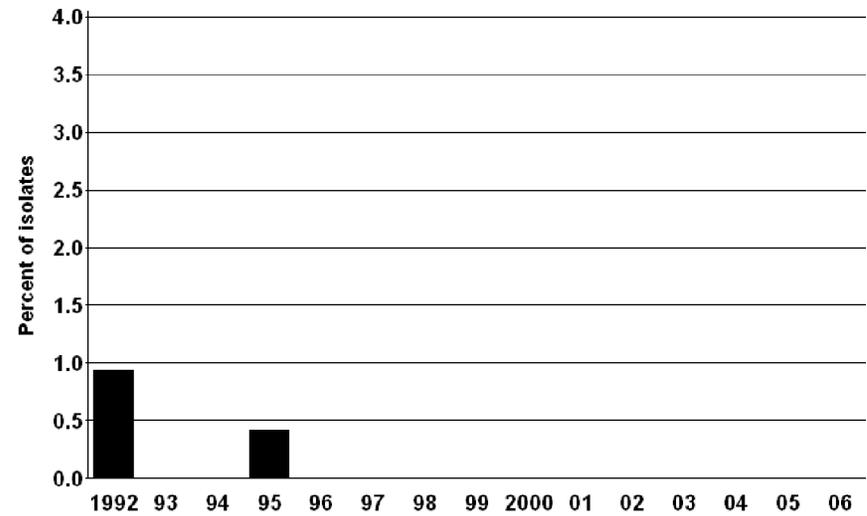
San Diego, California - 2008 (N=182)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

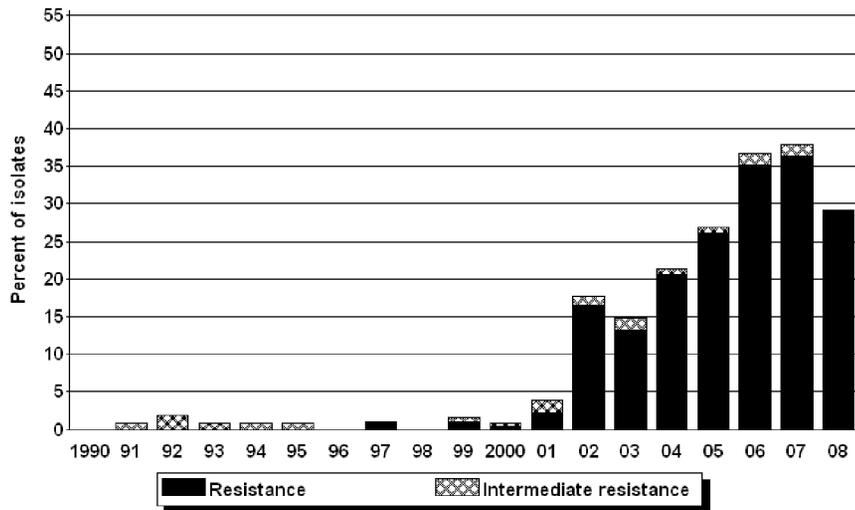
Note: Susceptibility to ceftriaxone first measured in 1987.

Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006



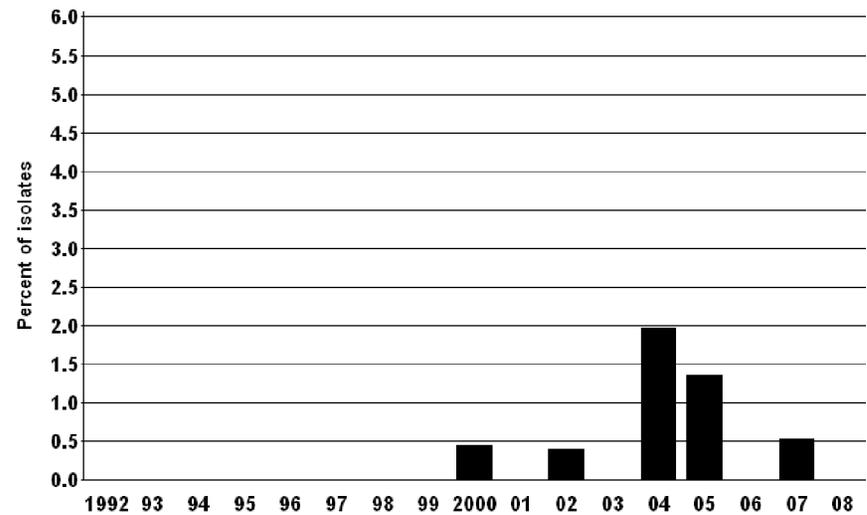
Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008



Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

Seattle, Washington - 2008 (N=163)

Figure A. Age of GISP participants, in years, 2008

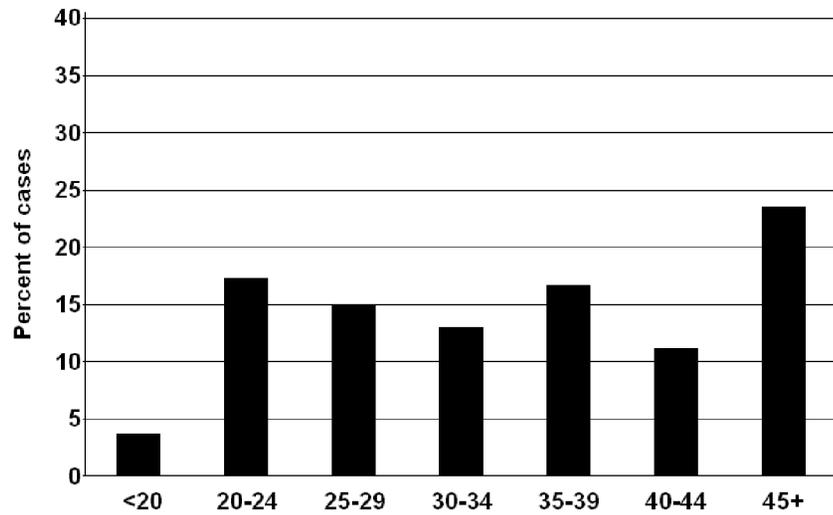


Figure B. Race/ethnicity of GISP participants, 2008

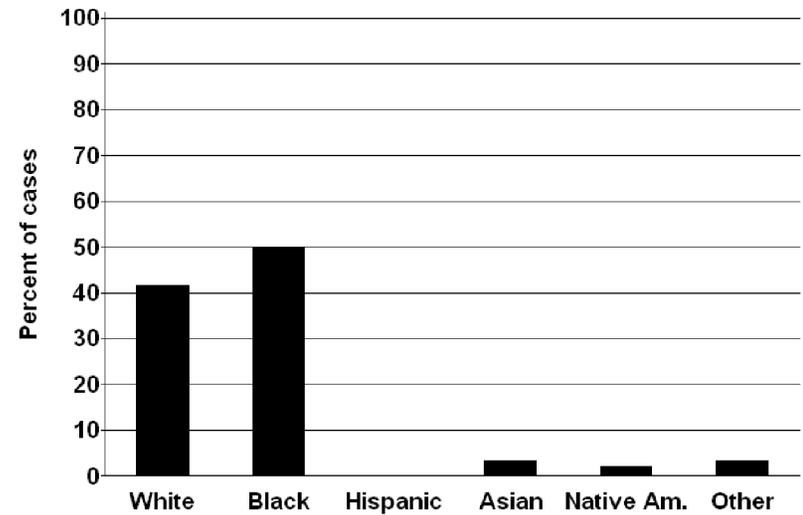


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

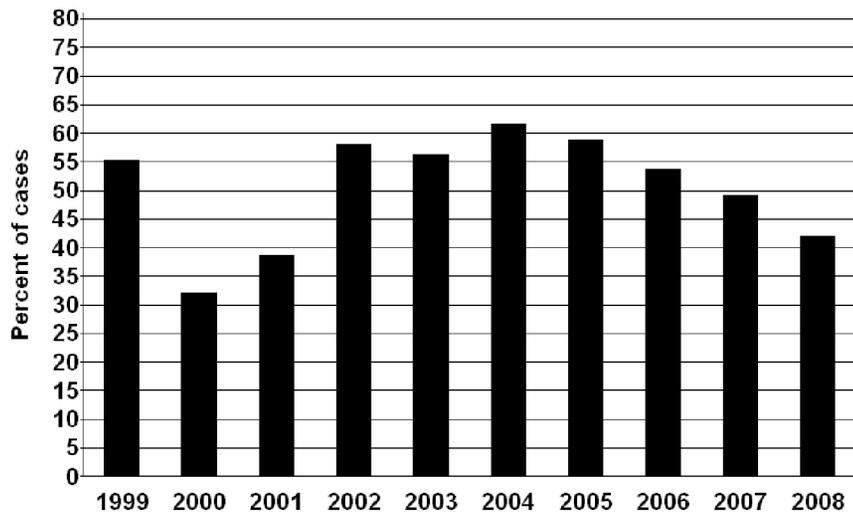
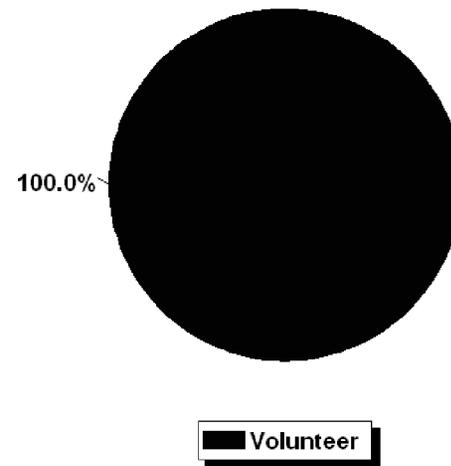
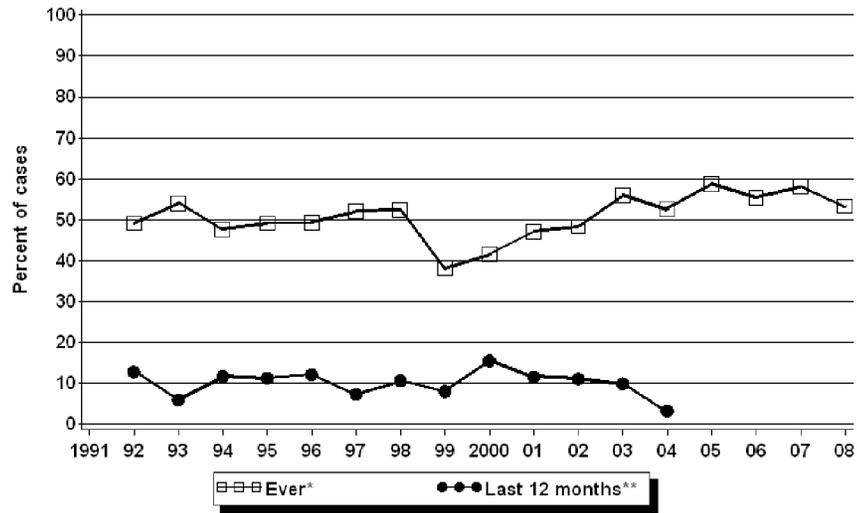


Figure D. Reason for visit among GISP participants, 2008



Seattle, Washington - 2008 (N=163)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008



*Data first collected in 1991. **Data first collected in 1992.
 Note: Data points not shown when >30% data missing.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

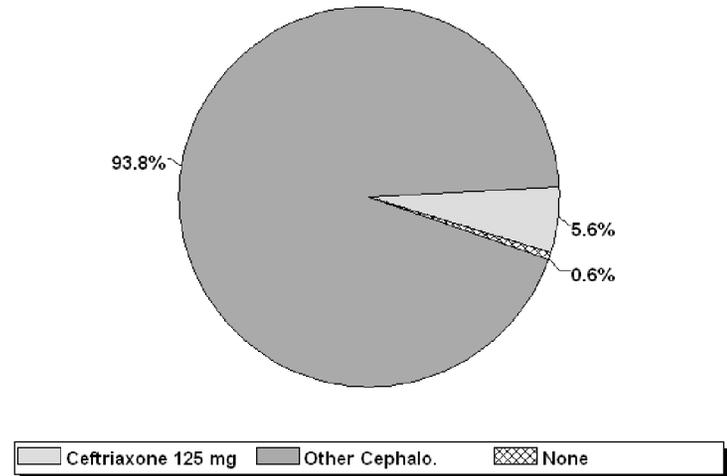


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

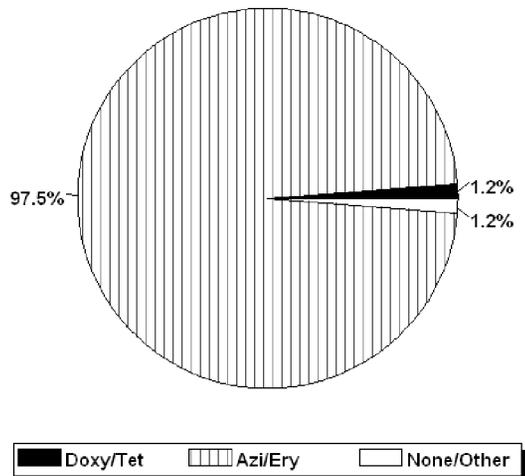
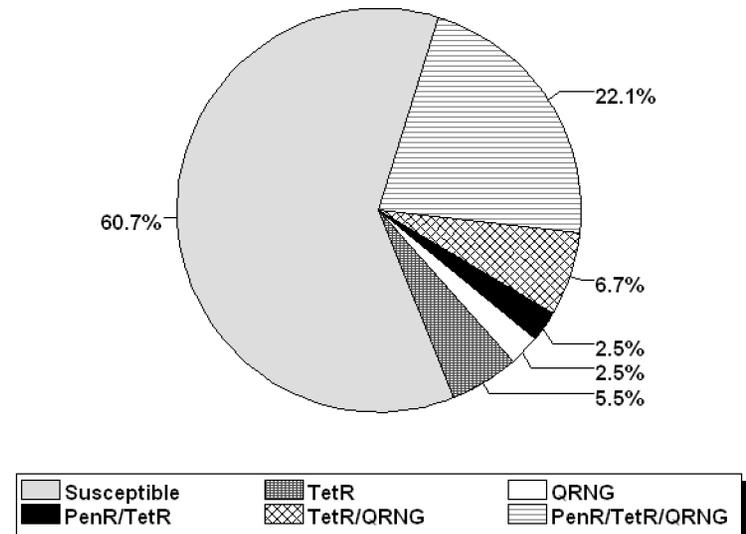


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



Seattle, Washington - 2008 (N=163)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

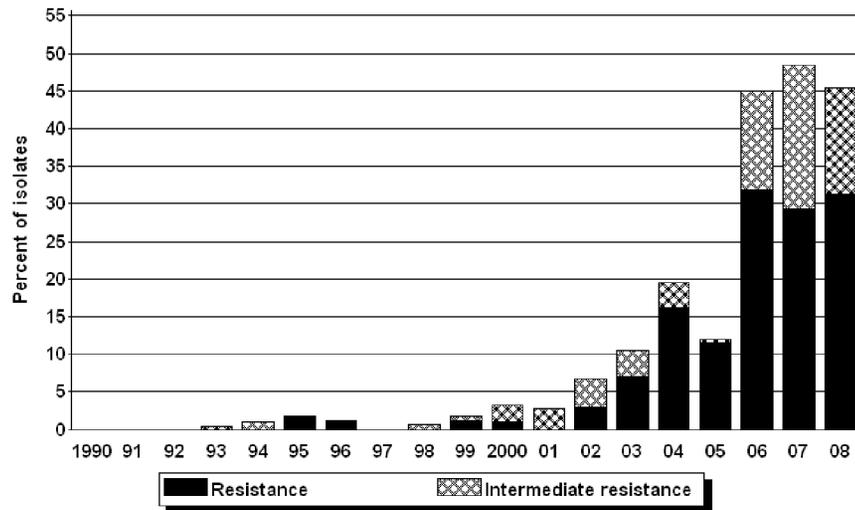
Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006

No isolates with decreased susceptibility to cefixime have been identified at this clinic during this time period.

Note: Susceptibility to ceftriaxone first measured in 1987.

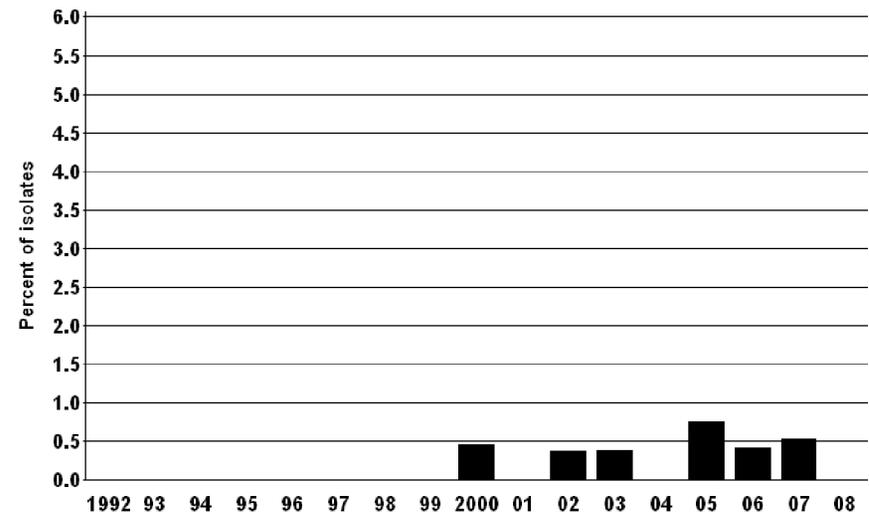
Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008



Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.

San Francisco, California - 2008 (N=211)

Figure A. Age of GISP participants, in years, 2008

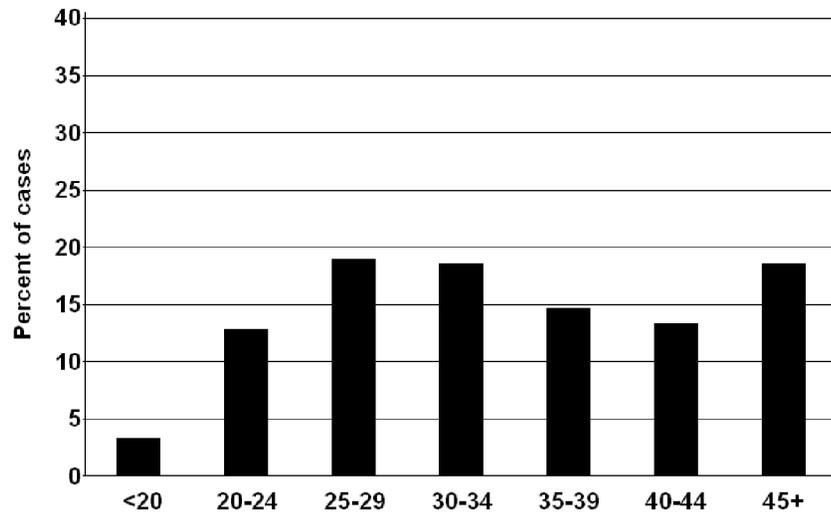


Figure B. Race/ethnicity of GISP participants, 2008

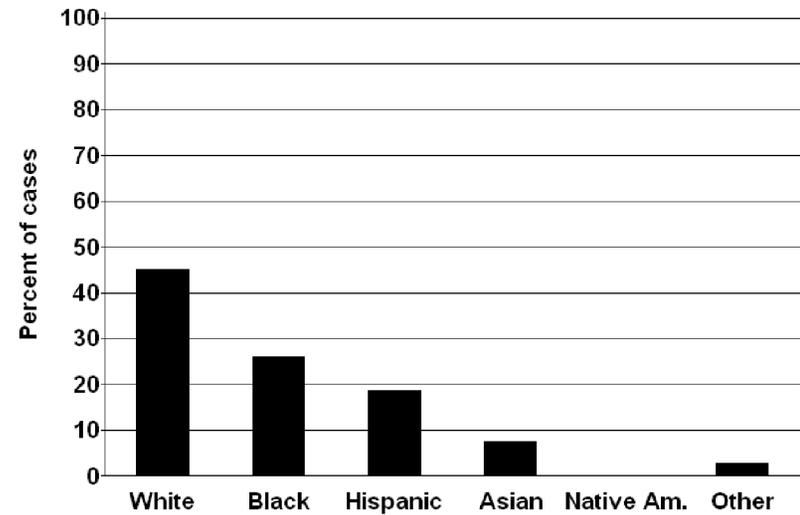


Figure C. Percentage of GISP participants identifying as men who have sex with men, 1999-2008

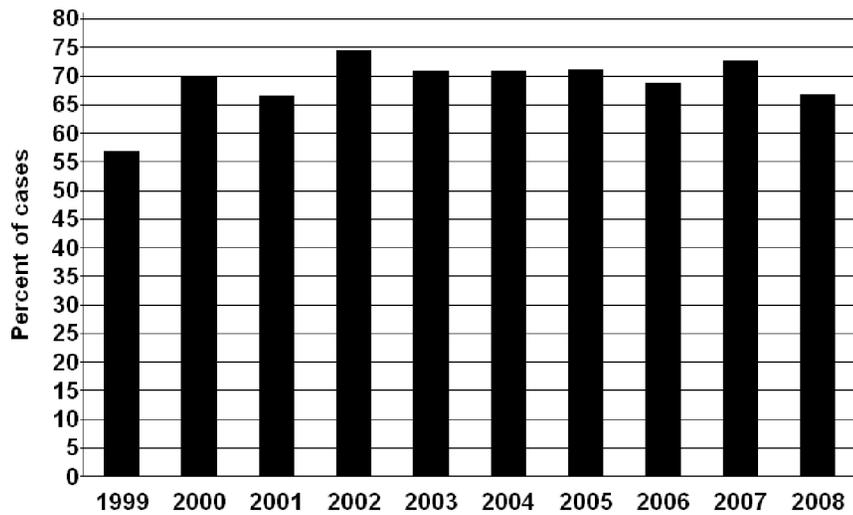
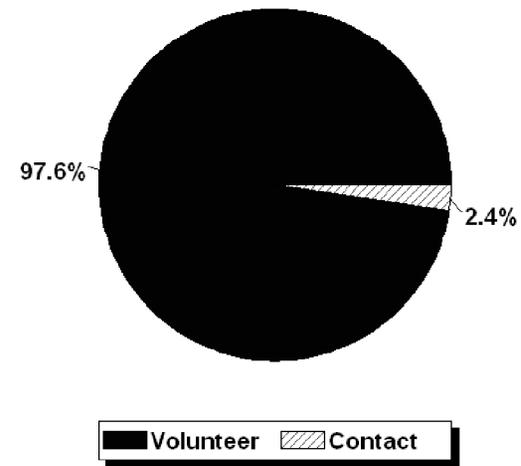


Figure D. Reason for visit among GISP participants, 2008



San Francisco, California - 2008 (N=211)

Figure E. Previous episode of gonorrhea among GISP participants, 1991-2008

Data currently not available.

Figure F. Drugs used to treat gonorrhea among GISP participants, 2008

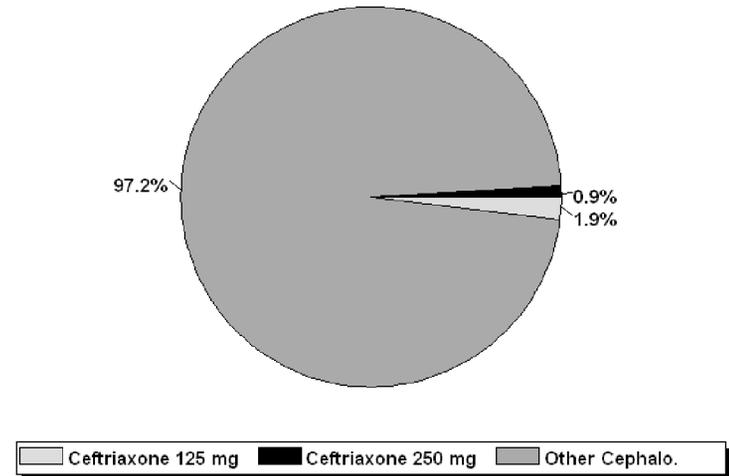


Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2008

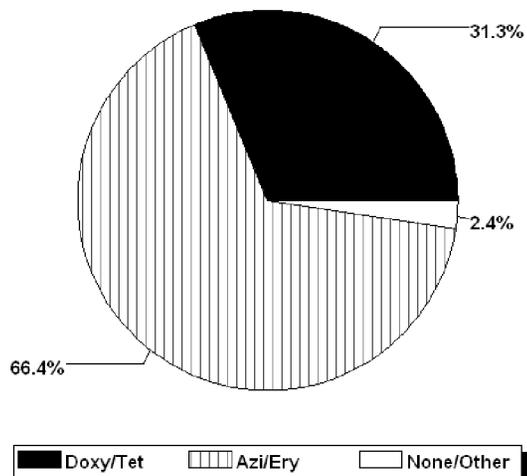
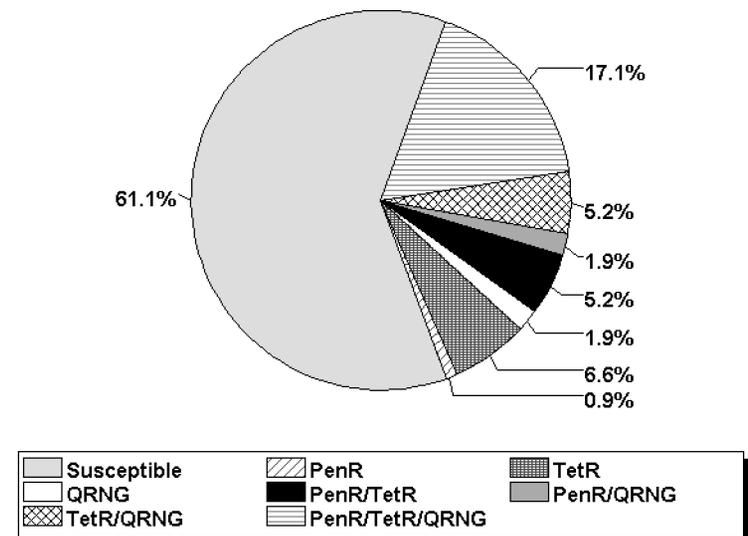


Figure H. Resistance to penicillin, tetracycline, and ciprofloxacin among GISP isolates, 2008



San Francisco, California - 2008 (N=211)

Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1990-2008

No isolates with decreased susceptibility to ceftriaxone have been identified at this clinic during this time period.

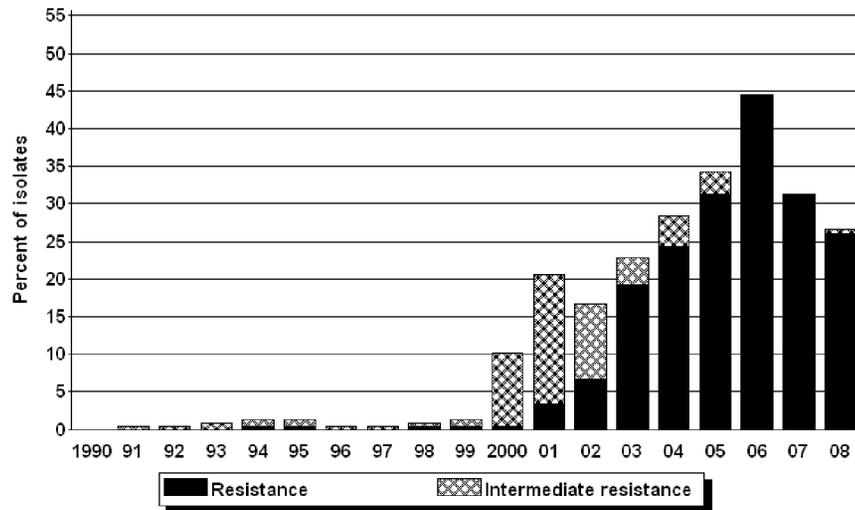
Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992-2006

No isolates with decreased susceptibility to cefixime have been identified at this clinic during this time period.

Note: Susceptibility to ceftriaxone first measured in 1987.

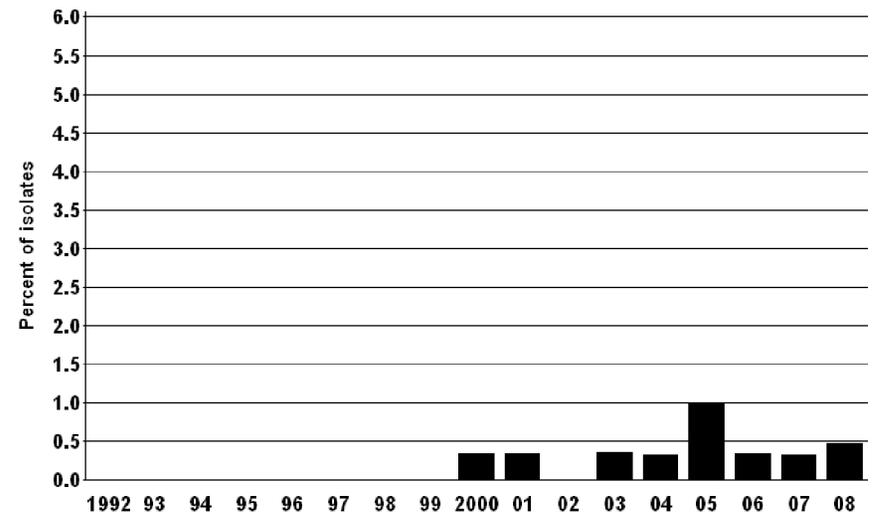
Note: Susceptibility to cefixime first measured in 1992. However, susceptibility testing for cefixime was discontinued in 2007 and 2008.

Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990-2008



Note: Susceptibility to ciprofloxacin first measured in 1990.

Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992-2008



Note: Susceptibility to azithromycin first measured in 1992. Decreased susceptibility to azithromycin is defined here as greater than or equal to 2.0 µg/ml. No CLSI criteria currently exist.