Drug-resistant gonorrhoea threatens Africa



Experts warn that without better testing, surveillance, and new medicines, infections could become untreatable.

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Imagine an infection that was once easily treatable suddenly becoming unstoppable. This is the looming reality of drug-resistant gonorrhoea in Africa.

Gonorrhoea is a sexually transmitted infection caused by the bacterium Neisseria gonorrhoeae. It affects millions of people globally each year, leading to painful genital discharge, pregnancy complications, and even infertility. In Uganda, the disease remains a major public health concern, particularly among high-risk groups.

DID YOU KNOW

- **Silent spread:** Many people with gonorrhoea show no symptoms, which means the infection can spread unknowingly for months. Women are more likely to be asymptomatic than men.
- **Global alert:** The World Health Organisation lists *Neisseria gonorrhoeae* as a "high-priority" pathogen for the development of new antibiotics due to rising resistance.
- **Historical resistance:** Gonorrhoea has developed resistance to almost every antibiotic used against it over the past 70 years, including penicillin, tetracycline, and ciprofloxacin.
- **Ugandan context:** There is limited data on drug-resistant gonorrhoea in Uganda. Experts warn that without proper testing and surveillance, resistant strains could silently spread in high-risk populations before detection.

Rising resistance across Africa

For years, gonorrhoea has been treated with antibiotics, usually a combination of a ceftriaxone injection and an oral azithromycin tablet. However, reports from Asia, Europe, and Australia show that these drugs are failing in some patients.

Alarmingly, Africa carries the highest burden of gonorrhoea worldwide. In South Africa alone, more than two million new cases occur every year, yet information on antibiotic resistance remains limited.

One of the biggest dangers is that in many countries, including South Africa and Uganda, patients are often treated presumptively. This means they receive antibiotics without laboratory confirmation of the infection. While this approach is cheap and convenient, it encourages bacteria to develop resistance to multiple drugs.

A recent study in Johannesburg analysed bacterial strains from 42 high-risk men who showed symptoms of gonorrhoea. The results were concerning.

Nearly 30 percent of the strains were multidrug-resistant, almost 80 percent were resistant to ciprofloxacin, a drug previously used to treat gonorrhea, and about 15 percent were resistant to azithromycin.

Fortunately, no resistance was found to cefixime or ceftriaxone. Most of the strains were unique to South Africa and genetically different from those reported in other parts of the world. These findings highlight serious gaps in controlling drug-resistant gonorrhoea.

The urgent need for surveillance and new treatments

Current surveillance systems often exclude high-risk populations such as men who have sex with men and commercial sex workers. These are precisely the groups where drug-resistant gonorrhoea usually emerges first.

In South Africa, the first cases of cefixime-resistant gonorrhoea were reported in men who have sex with men in 2012, and additional cases, including resistance to azithromycin, have since been detected.

In some regions, azithromycin resistance has been reported in up to 68 percent of bacterial strains, while national surveillance reports show less than five percent. Such discrepancies underscore the need for better, more inclusive monitoring to guide treatment and prevent unnecessary antibiotic use.

Way forward

Preventing a future epidemic of drug-resistant gonorrhoea requires urgent action. Doctors need access to point-of-care diagnostic tests that allow them to prescribe the right antibiotic for each patient.

High-risk populations must be included in surveillance programs to detect resistance early. Prescription practices should be improved to reduce unnecessary antibiotic use, which contributes to resistance. Finally, the development of new treatments is crucial. Clinical trials are already underway for drugs such as zoliflodacin, which could offer new hope against resistant strains.

While ceftriaxone-resistant gonorrhoea has not yet been detected in South Africa or Uganda, the rise of resistance to cefixime and azithromycin is a clear warning. Without urgent investment in testing, surveillance, and new drugs, gonorrhoea could become a serious and untreatable public health crisis in Africa.



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