# **ORIGINAL CONTRIBUTIONS**

## PENICILLIN RESISTANT GONOCOCCI

Meera Sharma, K C Agarwal, B Kumar and S K Sharma

Minimum inhibitory concentration (MIC) of penicillin was estimated for 25 strains of N. gonorrhoeae, isolated over a period of 10 months (September 1983 - June 1984). In 16 strains, the MIC of penicillin ranged between 0.01  $\mu$ g/ml and 0.63  $\mu$ g/ml and all were negative for penicillinase production. In 9 strains, the MIC was >1.25  $\mu$ g/ml, and 5 of these strains produced penicillinase. Of these 5 penicillinase producing strains, 4 had MIC >10 $\mu$ g/ml and in one it was 2.5  $\mu$ g/ml.

Key Words: Penicillin, Resistance, Gonococci, Penicillinase.

Strains of N. gonorrhoeae resistant to penicillin have been reported from all over the world including our country.1-6 This increasing resistance to penicillin has been further complicated by the appearance of penicillinase producing strains of N. gonorrhoeae (PPNG).7 These PPNG strains have been reported to have very high minimum inhibitory concentrations (MIC's) of penicillin.8-11 Available data shows that PPNG constitute 10-30% of all the isolates in various parts of Asia and Africa. Such strains have also been reported from our country in the recent past.8,13-16 The present communication describes the penicillin sensitivity pattern and penicillinase production in N. gonorrhoeae in this part of our country.

#### Material and Methods

Over a period of 10 months (September 1983 to June 1984), 25 strains of *N. gonorrhoeae* were isolated from patients suffering from acute gonococcal urethritis attending the Nehru hospital attached to the PGIMER, Chandigarh,

From the Departments of Medical Microbiology, Dermatology, and Urology, Postgraduate Institute of Medical Education and Research, Chandigarh, India.

Address correspondence to : Dr. Mecra Sharma; Department of Medical Microbiology, P.G.I. Chandigarh, India. India. The organisms were isolated and identified by the conventional techniques.<sup>17</sup>

All the isolates were screened for resistance to penicillin by the disc diffusion technique using 6  $\mu$ g (10 i u) disc of penicillin. The strains showing an inhibition zone diameter of < 20 mm were recorded resistant to penicillin and suggestive of penicillinase production.

The minimum inhibitory concentration of penicillin was tested in all the strains by the plate dilution technique.18 Doubling dilutions of penicillin G (1640 units/mg) obtained from Sarabhai Chemicals (India) were incorporated in GC agar (Difco) with 1% haemoglobin (Difco) and 1% isovitalex (BBL) to give concentrations from 0.01 to 10  $\mu$ g/ml. The inoculum was prepared by making a suspension of N. gonorrhoeae taken from 18-20 hour growth on chocolate agar. The suspension was made in proteose peptone No 3 broth (Difco) and was adjusted to contain 10<sup>8</sup> colony forming units/ml by matching the suspension to a 0.5 McFarland standard. The suspension was then diluted in proteose peptone No 3 broth to contain 106 colony forming units/ml. A drop (2-5 µl) of this working dilution was then delivered on the surface of antibiotic containing agar plate. inoculation was also made on a chocolate agar

plate without the antibiotic and Oxford strain of Staphylococcus aureus (MIC of penicillin 0.03  $\mu$ g/ml) was used as control. The plates were incubated at 36°C in 10% CO<sub>2</sub> for 18 hours and the MICs were read the next day. An organism having an MIC of  $\leq$  0.08  $\mu$ g/ml was considered to be highly sensitive to penicillin; MIC between 0.16-0.63  $\mu$ g/ml moderately resistant and MIC of  $\geq$  1.25  $\mu$ g/ml as highly resistant.

The penicillinase production in all the isolates was checked by the rapid iodometric technique. The following strains were used as controls: (1) Penicillinase producing *N. gonorrhoeae* strains WHO 5731/77 and 6788/71 obtained from Dr Inga Lind, Neisseria department Staten Serum Institute, Copenhagen, Denmark. (2) A local penicillinase producing strain of *Staphylococcus aureus*, and (3) A local penicillin sensitive strain of *N. gonorrhoeae*.

#### Results

Five of the 25 strains showed an inhibition zone diameter of <20 mm in disc diffusion technique using 6  $\mu$ g disc of penicillin and produced penicillinase, whereas the other 20 strains had an inhibition zone diameter of <20 mm and were negative for this enzyme. The results of MIC values of 25 strains of N. gonorrhoeae are shown in table I. Nine (36%) strains showed MIC of <0.08  $\mu$ g/ml of penicillin (sensitive), 7 (28%) had MIC of 0.016-0.63  $\mu$ g/ml (moderately resistant), and 9 (36%) showed MIC of >1.25  $\mu$ g/ml (highly resistant).

Out of the 9 resistant strains (MIC range  $1.25 \mu g/ml - 10 \mu g/ml$ ), 5 produced penicillinase

(PPNG), while 4 were negative for this enzyme (Non-PPNG). Four of the five PPNG had MIC>10  $\mu$ g/ml, whereas in one it was 2.5  $\mu$ g/ml.

Patients from whom resistant strains were isolated did not respond to 4.8 mega units of procain penicillin with 1 gm probenecid and were treated with 2 gm kanamycin sulphate intramuscularly. Of the 5 patients infected with PPNG strains, 2 were Nigerians and 3 Indians.

#### **Comments**

Penicillin resistance in N. gonorrhoeae was first reported in 1955.19 Since then, resistance has been reported with greater frequency from different parts of the world ranging between 38.4 per cent to 86 per cent. 3\_6,20\_24 Different reports from India show wide variations in the degree of resistance to penicillin. In Madras, out of 197 gonococci isolates tested, 65.5% had MIC of 0.44  $\mu$ g/ml or more.<sup>6</sup> Fifty six per cent of 216 isolates from Bombay were reported to have MIC values of 0.15 µg/ml.5 In Delhi, over a period of 14 years (1969 to 1982) the increase in resistance has ranged from 9.1 per cent to (51.68%) per cent.4 In the present study, 16 (64%) of 25 strains showed moderate to high resistance to penicillin (MIC>0.08)  $\mu$ g/ml).

Out of 9 strains with MIC>1.25  $\mu$ g/ml, 5 with MIC range of 2.5 to<10  $\mu$ g/ml produced penicillinase (PPNG), while 4 with MIC of 1.25  $\mu$ g/ml showed intrinsic resistance (Non-PPNG). Such observations have also been made earlier by Chowdhury et al,<sup>9</sup> where 15 per cent of the non-PPNG strains showed MIC of penicillin ranging between 0.5 to 2  $\mu$ g/ml.

Table I. Minimum inhibitory concentration of penicillin in N. gonorrhoeae.

	Number of strains with the MIC value in $\mu$ g/ml											
	>10	5	2,5	1.25	0.63	0.32	0.16	0.08	0.04	0.02	0.01	Total
Penicillinase negative N. gonorrhoeue				4		4	3	1	1		7	20
Penicillinase positive N. gonorrhoeae	4		1	•		_			<u> </u>			5

The isolation of 5 PPNG strains from our population suggests that there is a reservoir of such strains in this part of our country. Isolation of such strains is not surprising in a cosmopolitan city like Chandigarh where students from other parts of Asia and Africa come for higher studies. Since two of the strains were isolated from Nigerian students, it is quite possible that these strains came from the African continent. Four of the 7 patients infected with PPNG strains were reported to be foreign students (3 Nigerian, 1 Iranian) in our earlier study. 13 Epidemiology of the disease could not be investigated due to non-cooperation of the patients and as such the source of infection could not be ascertained.

We conclude that the increasing resistance to penicillin and the discovery of PPNG strains in our environments should alert us to a periodical reappraisal of penicillin sensitivity patterns. There should be routine screening and confirmation of all the strains for penicillinase production.

### Acknowledgements

The technical assistance provided by Mr. A.D. Verma and Mr. Roshan Lal is gratefully acknowledged.

#### References

- 1. Willcox RR: A survey of problems in the antibiotic treatment of gonorrhoea with special reference to South East Asia, Brit J Ven Dis, 1970; 46: 217-242.
- 2. Willcox RR: A worldwide view of venereal diseases, Brit J Ven Dis, 1972; 48: 163-176.
- Reyn A: Drug susceptibility pattern of N. gonorrhoeae, a worldwide review, Asian J Infect Dis, 1977; 1: 1-14.
- Bhujwala RA, Pandhi RK, Bhargava NC et al: N. gonorrhoeae and its sensitivity to penicillin and tetracyclin over a decade, Ind J Med Microbiol, 1983; 1:43-48.
- Moses JM, Desai MS, Bhosle CB et al: Present pattern of antibiotic sensitivity of gonococcal strains isolated in Bombay, Brit J Ven Dis, 1971; 47: 273-278.

- Gepalan KN (1970) Quoted from Reyn A: Drug susceptibility pattern of N. gonorrhoeae, a world wide review, Asian J Infect Dis, 1971; 1: 114.
- Perino PL, Morton RS, Piot P et al: Epidemiology and treatment of penicillinase producing Neisseria gonorrhoeae. World Health Organisation document WHO/VDT/79/1979 and WHO/VDT/RS/Gon/79/ 1979/122.
- 8. Singh KG, Singh Gurmohan, Pandey SS et al: Penicillinase producing *Neisseria gonorrhoeae* in Eastern India, Brit J Ven Dis, 1983; 59: 278.
- Chowdhury MNH, Pareek SS, Mahgoub Sheikh EL: Penicillinase producing Neisseria gonorrhoeae in Riyadh, Saudi Arabia, Brit J Ven Dis, 1981; 57: 256-258.
- 10. NG WS, Chau PY, Ling Julia, Echeverria P et al: Penicillinase producing N. gonorrhoeae isolates from different localities in South East Asia: susceptibility to 15 antibiotics. Brit J Ven Dis, 1983; 59; 232-236.
- 11. Meheus Andre, Wirski RW, Joye D Costa et al: Treatment of gonorrhoea in males in the central African republic with spectinomycin and procain penicillin, Bull WHO, 1984; 62:89-94.
- 12. Wong ES and Stamm WE: Urethral infections in men and women, Ann Rev Med, 1983; 34:337-358.
- 13. Vijayalakshmi K, Gopalan KN, Gopal Krishnan B et al: The first case of B lactamase strains, Ind J Sex Trans Dis, 1982; 3: 13-14.
- Rao KB, Tayakar PA, Prasad ASV et al: Incidence of penicillin insensitive and B-lactamase producing strains of N. gonorrhoeae in Visakhapatnam, J Ind Med Assoc, 1984; 82: 115-118.
- Sowmini CN: Penicillinase producing N. gonorrhoeae infections, Ind J Sex Trans Dis, 1981; 2: 39-41.
- Sharma Meera, Kumar B, Agarwal KC et al: Penicillinase producing strains of N. gonorrhocae from Chandigarh, Ind J Med Res, (in press).
- 17. Cruickshank R, Duguid JP, Maramion BP et al: Medical Microbiology, 12th Ed, Churchill Livingstone, London, 1975; 11: 399-402.
- World Health Organisation: Neisseria gonorrhocae and gonococcal infections, Technical report series, 1978; 616: 137-142.
- Del Love B and Findland M: Susceptibility of N, gonorrhoeae to eleven antibiotics and sulphadiazine, Arch Int Med, 1955; 95: 66-73.

- Nayyar KC, Michol MF and Stolz E: Antibiotic sensitivity of gonococci isolated in Rotterdam and results of treatment with cefuroxime, Brit J Ven Dis, 1980: 56: 249-251.
- 21. Olsen GA and Lomhold G: Gonorrhoea treated by a combination of probenecid and sodium penicillin, Brit J Ven Dis, 1969; 45: 144-148.
- Amies CR: Sensitivity of N. gonorrhoeae to penicillin and other antibiotics, Brit J Ven Dis, 1969;
   216-222.
- 23. Jaffe MW, Biddle JW, Thornsberry C et al: Gonorrhoea therapy monitoring: In vitro antibiotic susceptibility and its correlation with treatment results, N Eng J Med, 1976; 294: 5-9.
- Osoba AO, Montefiore DG, Sogoeton AO et al: Sensitivity pattern of Neisseria gonorrhoeae to penicillin and screening of B. lactamase production in Ibadan, Nigeria, Brit J Ven Dis, 1977; 53: 304-307.