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Event: Increase in cases of ceftriaxone-resistant gonorrhoea acquired in England

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Incident Routine

Response Plan (IRP) Level

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Distribution: Please see page 4 for information with regards to the distribution instructions for this Briefing Note.

Summary:

The UKHSA STI reference laboratory (STIRL) has confirmed 20 cases of ceftriaxone-resistant *Neisseria gonorrhoeae* in 2026. This includes 5 cases associated with a swinging venue in the Midlands, none of whom reported travelling abroad. An additional 3 epidemiologically unlinked cases were also acquired in England and not associated with travel abroad. Cases have been identified in bisexual individuals for the first time, as well as in heterosexual individuals.

Background and Interpretation:

Cases of ceftriaxone-resistant *N. gonorrhoeae* have been increasing since 2022. STIRL has confirmed 20 cases to date in 2026, compared with 29 cases in 2025, and 13 cases in 2024. Prior to 2026, almost all cases identified were associated with travel to and from the Asia Pacific region (including Cambodia, China, Thailand and Vietnam). Concerningly, this year there has been evidence of transmission within England, with 3 unlinked individuals with no known travel links, as well as a cluster associated with a Midlands swingers club described below. Cases have been identified mainly in heterosexual individuals, but in 2026 cases have also been detected in bisexual men and women for the first time, suggesting a changing epidemiological picture. There were also several untraceable sexual contacts.

In April and May 2026, 5 confirmed cases plus 1 possible case were associated with a Midlands swinging venue. The cases were mainly women, aged in their 30s to 50s and included both heterosexual and bisexual individuals. None of the cases reported travelling abroad, although they reported that other members of the club were known to visit sex-on-premises venues in Gran Canaria. The 5 confirmed cases all corresponded to MLST ST-7365 and NG-STAR ST-8133, and all had the mosaic *penA* allele 237.001 which confers ceftriaxone resistance.

UKHSA's regional HPT has convened an Incident Management Team. To support the response STIRL is undertaking enhanced surveillance in selected laboratories which have been asked to send residual *N. gonorrhoeae*-positive molecular specimens to STIRL for PCR testing to enable direct detection of the *penA* alleles most commonly associated with ceftriaxone resistance. An additional two cases have been identified via this route, with both specimens containing the *penA* allele 237.001. Neither case has any identified epidemiological links to the swinging venue.

Ceftriaxone is the last-line option for empirical therapy of gonorrhoea. Ceftriaxone 1g is usually sufficient to treat genital ceftriaxone-resistant strains, but extragenital (pharyngeal and rectal) infections are more difficult to treat and a total of 6 treatment failures have occurred in England, including 2 this year. Therefore, detection of these cases, including in new sexual networks, is an ongoing public health concern and there is likely further and undetected transmission within England.

Implications and Recommendations for UKHSA Regions:

1. UKHSA has sent an Alert to all members of the British Association of Sexual Health and HIV (BASHH; healthcare workers at sexual health services in the UK) to inform them about these cases and implications for practice.
2. Lead Public Health Microbiologists are asked to discuss with hospital microbiology departments highlighting that all *N. gonorrhoeae* detections [including from NAATs] should be cultured and susceptibility testing performed. All *N. gonorrhoeae* isolates with suspected ceftriaxone resistance (MIC > 0.125 mg/L) should be sent to STIRL for confirmation.
3. If contacted by GPs, HPTs should remind them to refer all suspected cases of gonorrhoea to sexual health services for appropriate management according to BASHH guidance.

Implications and Recommendations for UKHSA sites and services:

1. Clinical laboratories are reminded to continue to refer all *N. gonorrhoeae* isolates with suspected resistance to ceftriaxone (MIC >0.125 mg/L) to STIRL for confirmation. The referral forms can be found through the following link: [Bacteriology reference department \(BRD\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/organisations/bacteriology-reference-department). Further information regarding referral of specimens or isolates can be sought from STIRL via STIlab@ukhsa.gov.uk.

Implications and Recommendations for NHS:

1. Sexual health services should ensure that before treatment is given, a specimen is taken for culture from all patients with suspected gonorrhoea. A test of cure should be performed according to BASHH guidance. For further information:

[British Association of Sexual Health and HIV UK National Guideline for the Management of infection with Neisseria gonorrhoeae, 2025](#)

2. Pharyngeal sampling is required as per the BASHH guidelines for:
 - a) all individuals with genital gonorrhoea
 - b) all contacts of gonorrhoea cases
 - c) all GBMSM
 - d) all sex workers
3. Clinics are requested to ensure that their local microbiology laboratory refers any isolate reported as ceftriaxone resistant to STIRL.
4. Laboratories may be asked to send residual gonorrhoea positive molecular specimens to STIRL as part of enhanced surveillance. Please contact STILab@ukhsa.gov.uk for additional information.
5. Ceftriaxone treatment failures should be reported to UKHSA through the following link: <https://hivstidataexchange.ukhsa.gov.uk/hivstide>
6. Clinics should make every effort to maximise partner notification, testing and treatment where appropriate.

Treatment advice is available by contacting Grasp.Enquiries@ukhsa.gov.uk.

Implications and recommendations for Local Authorities:

1. Local authority sexual health leads and/or commissioners may be asked to assist with the investigation of suspected cases and support provision of local sexual health promotion activities.
2. Sexual health leads and/or commissioners should ensure sexual health care pathways enable prompt diagnosis, culture for susceptibility testing, effective treatment, test of cure, partner notification and a full STI screen.

References or Sources of information:

- [Sexually transmitted infections quarterly report, England, June 2026](#)
- BASHH guideline for the management of gonorrhoea (2025). Available at: [British Association of Sexual Health and HIV UK National Guideline for the Management of infection with Neisseria gonorrhoeae, 2025](#)
- [Ceftriaxone-resistant Neisseria gonorrhoeae: incident management - GOV.UK](#)

Instructions for Cascade:

Briefing Notes are routinely cascaded to the below groups:

- UKHSA Private Office Groups who cascade onwards within Groups
- UKHSA Health Protection in Regions:
UKHSA Field Services
UKHSA Health Protection Teams including UKHSA Regional Deputy Directors
Deputy Directors in Regions Directorate
- UKHSA Lab Management Teams
- UKHSA Regional Communications
- Generic inbox for each of the Devolved Administrations
- Inboxes for each of the Crown Dependencies
- UKHSA UKOT Programme SPOC
- DHSC CMO (*excluding internal UKHSA briefing notes*)
- OHID Regional Directors of Public Health
- National NHSE Emergency Preparedness, Resilience and Response (EPRR)
- NHSE National Operations Centre

- **Devolved Administrations** to cascade to Medical Directors and other DA teams as appropriate to their local arrangements.
- **UKHSA Regional Deputy Directors** to cascade to Directors of Public Health
- **UKHSA microbiologists** to cascade to non-UKHSA labs (NHS labs and private)
- **UKHSA microbiologists** to cascade to NHS Trust infection leads
- **NHS labs/NHS infection leads/NHS microbiologists/NHS infectious disease specialists**
- **NHSE National Operations Centre** to cascade to *infectious disease and microbiology departments*

- **Royal College of General Practitioners**
- **Faculty of Sexual and Reproductive Healthcare**