Public Health Ontario | Santé publique Ontario

SURVEILLANCE REPORT

Gonorrhea in Ontario: Focus on 2024

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Purpose

This annual report summarizes data on trends over time, age and sex, geography, site of infection, testing, and antimicrobial susceptibility for confirmed cases of gonorrhea in Ontario, with a focus on cases reported in 2024. It includes cases that meet the provincial confirmed gonorrhea case definition[1], and is based on data available from Ontario's integrated Public Health Information System (iPHIS) as of **July 7, 2025**.

Key Messages

- Gonorrhea, caused by *Neisseria gonorrhoeae,* is the second-most commonly reported sexually transmitted infection in Ontario, with an average of approximately 10,000 cases reported annually between 2015 and 2024. During this period, the incidence of gonorrhea nearly doubled, largely driven by a marked increase in cases among males.
- Males consistently accounted for the majority of laboratory-confirmed gonorrhea cases in the province, with the highest incidence occurring among those 20-39 years of age. Among females, the highest burden was observed in those aged 15-29 years.
- Although Ontario observed a 7.0% decrease in the overall incidence rate of gonorrhea in 2024 compared to 2023, eight public health units reported increases. These regional differences highlight the need for targeted public health interventions that are responsive to local context, population needs, and service accessibility.
- Approximately 44% of gonorrhea infections occurred at extragenital sites only (i.e., pharyngeal and rectal), and among males, this proportion was higher at 53.7% compared to 7.6% among females, highlighting the importance of open, respectful conversations about sexual health practices to guide appropriate extragenital STI screening.[2]
- Antimicrobial susceptibility testing performed at Public Health Ontario (PHO) in 2024 found that most *N. gonorrhoeae* isolates showed susceptibility. Susceptibility to ceftriaxone, the Public Health Agency of Canada's (PHAC) preferred treatment, was 99.4%. Similarly, high levels of susceptibility to alternative treatments were also found for azithromycin (96.9%) and cefixime (99.4%).[3] Five cases of gonorrhea with non-susceptibility to ceftriaxone were identified in 2024.
    - Despite a small increase in culture testing for gonorrhea at PHO in 2024, its overall utilization has decreased since 2018. This downward trend limits antibiotic resistance surveillance, as laboratory culture remains essential for detecting resistance patterns in *N. gonorrhoeae.* To support effective clinical management and strengthen public health monitoring, providers are encouraged to consult PHAC's recommendations for appropriate indications for collecting specimens for *N.* gonorrhoeae culture.[2]

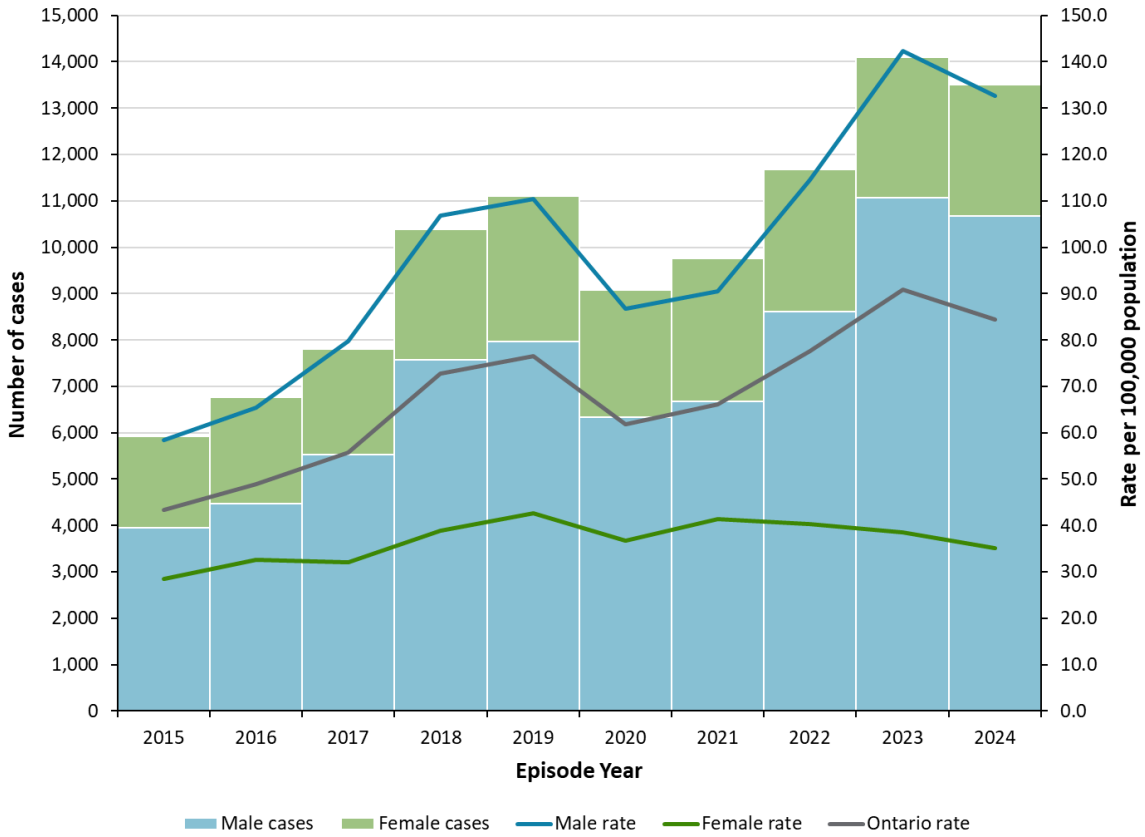
- A comprehensive approach to reducing the provincial incidence of gonorrhea includes primary prevention through safer sex education, culturally appropriate counselling, and stigma-reduction campaigns that promote routine STI testing. Equitable access to inclusive, non-judgmental sexual health services[4], alongside the expansion of innovative service delivery models (e.g., mobile clinics, digital platforms), can enhance reach and uptake. Routine screening of sexually active individuals at all relevant anatomical sites and timely treatment of cases and their sexual partners are essential to interrupt transmission.

Trends over Time

The provincial incidence of laboratory-confirmed gonorrhea nearly doubled between 2015 and 2024 (from 43.3 to 84.4 cases per 100,000 population). (Figure 1) In 2024, 13,608 cases were reported, representing a 4.1% decrease from the 14,188 cases reported in 2023. The observed decline in gonorrhea in 2020 likely reflects the impact of the COVID-19 pandemic on testing and health-seeking behaviours and should be interpreted with caution.

Between 2015 and 2022, males consistently accounted for more than two-thirds of reported gonorrhea cases in Ontario (average: 69.7%; range: 66.0%-73.3%). This proportion increased to 78.0% in both 2023 and 2024. Over the past decade, the annual incidence of gonorrhea among males has consistently been 2.0 to 3.8 times higher than that among females.

Figure 1: Gonorrhea Cases and Rate per 100,000 Population by Year and Sex*: Ontario, 2015-2024



Data sources: Cases: Integrated Public Health Information System (iPHIS) [database]. Population Estimates: Statistics Canada.[5]

*Excludes cases that reported their sex as transgender, other, or unknown due to the lack of an appropriate denominator.

Age and Sex

In 2024, the average age of reported gonorrhea cases was 33.6 years with a median age of 31.8 years. (Table 1) Half of all gonorrhea cases occurred among individuals aged 25.6 to 39.1 years (i.e., interquartile range).

Among males, the highest incidence of gonorrhea was observed in those aged 30–34 years (348.5 cases per 100,000 population), followed by those aged 25–29 years (317.9), and 35–39 years (288.9). (Figure 2) Among females, the highest incidence occurred in those aged 20-24 years (136.9 cases per 100,000 population).

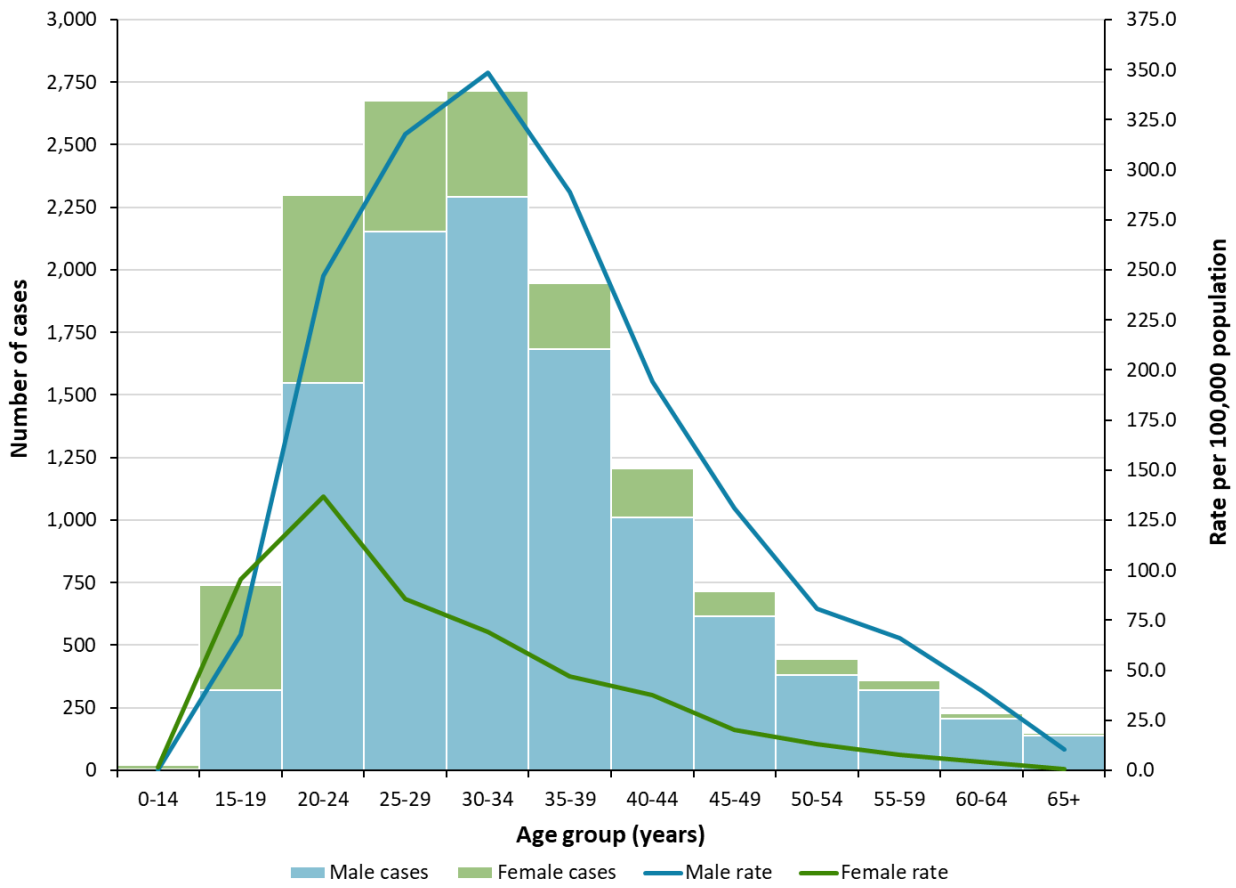
Table 1: Gonorrhea Cases by Age Group and Sex: Ontario, 2024 (n=13,608)

Demographic Characteristic	2024
Mean Age (years)	33.6
Median Age and Interquartile Range (years)	31.8 (25.6 - 39.1)
Age Group	**n (%)**
<20 years	771 (5.7)
20 – 29 years	5,025 (36.9)
30 – 39 years	4,693 (34.5)
40 – 49 years	1,932 (14.2)
50 – 59 years	811 (6.0)
60 – 69 years	316 (2.3)
70+ years	60 (0.4)
Unknown	0 (0.0)
Sex	**n (%)**
Male	10,666 (78.4)
Female	2,836 (20.8)
Transgender	89 (0.7)
Other	6 (<0.1)
Unknown	11 (0.1)

Data source: iPHIS

Note: Due to limitations in how data are captured in iPHIS, it is not possible to determine an individual's self-identified gender. Therefore, cases whose sex is reported as 'Transgender' include both transgender males and transgender females.

Figure 2: Gonorrhea Cases and Rate per 100,000 Population by Age Group and Sex*: Ontario, 2024

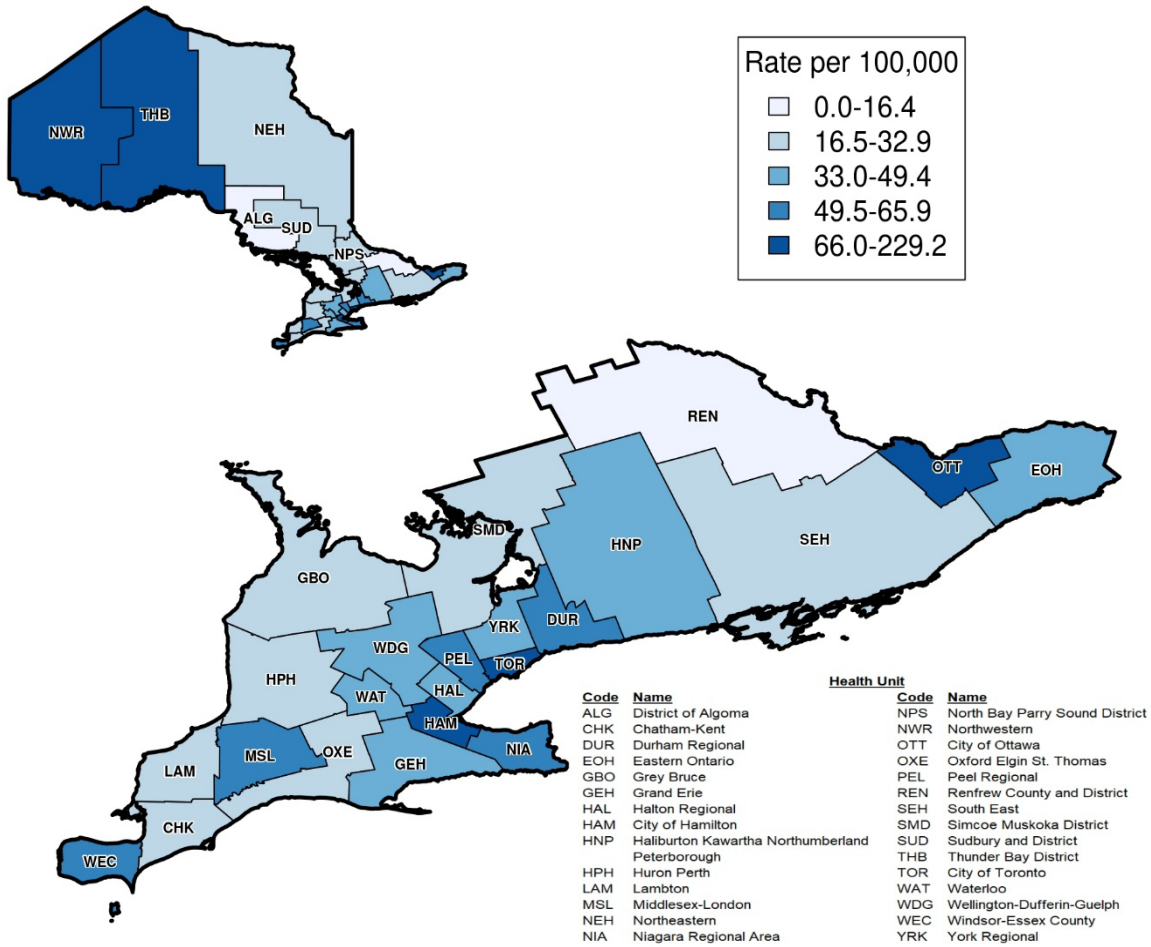


Data sources: iPHIS; Statistics Canada.[5]
*Excludes cases that reported their sex as transgender, other, or unknown due to the lack of an appropriate denominator.

Geography

In 2024, the public health units (PHUs) with the highest incidence of gonorrhea infections were Northwestern Health Unit (229.2 cases per 100,000 population), Toronto Public Health (216.0), Thunder Bay District Health Unit (118.0), Ottawa Public Health (86.6) and City of Hamilton Public Health Services (66.4). (Figure 3) While the overall incidence rate of gonorrhea cases in Ontario decreased in 2024, eight PHUs reported a 5.0% or greater increase in rate compared to 2023: Eastern Ontario Health Unit, Halton Region Public Health, Middlesex-London Health Unit, Niagara Region Public Health, North Bay Parry Sound District Health Unit, Northeastern Public Health, Northwestern Health Unit, and Windsor-Essex County Health Unit.

Figure 3: Rate of Gonorrhea Cases by Public Health Unit: Ontario, 2024



Data sources: iPHIS; Statistics Canada.[5]
Note: Data available in Appendix A**:** Table A1. Haliburton, Kawartha Northumberland Peterborough (HNP) refers to Lakelands Public Health. Oxford Elgin St. Thomas (OXE) refers to Southwestern Public Health.

Site of Infection

In 2024, most (87.5%) gonorrhea infections among females were detected from specimens collected at urogenital sites only. (Table 2) Among males, 38.3% of gonorrhea infections involved urogenital sites only, while 53.7% involved extragenital sites only. Among these extragenital infections in males, pharyngeal sites (44.7%) were more commonly reported than rectal sites (33.1%).

Table 2: Gonorrhea Cases by Site of Infection and Sex*: Ontario, 2024

Site of Infection	Male n (%)	Female n (%)	Total n (%)
Urogenital Only**	**3,903 (38.3)**	**2,247 (87.5)**	**6,150 (48.3)**
Extragenital Only	**5,467 (53.7)**	**196 (7.6)**	**5,663 (44.4)**
Rectal	1,808 (33.1)	24 (12.2)	1,832 (32.4)
Pharyngeal	2,443 (44.7)	159 (81.1)	2,602 (45.9)
Rectal and Pharyngeal	1,216 (22.2)	13 (6.6)	1,229 (21.7)
Urogenital and Extragenital	**809 (7.9)**	**124 (4.8)**	**933 (7.3)**
Total†	**10,179 (100.0)**	**2,567 (100.0)**	**12,746 (100.0)**

Data source: iPHIS

*Excludes cases that reported their sex as transgender, other, or unknown due to small case counts when stratified by site of infection.

**Defined as those involving specimens collected from the urethra, urine, vagina (females only), and cervix (females only).

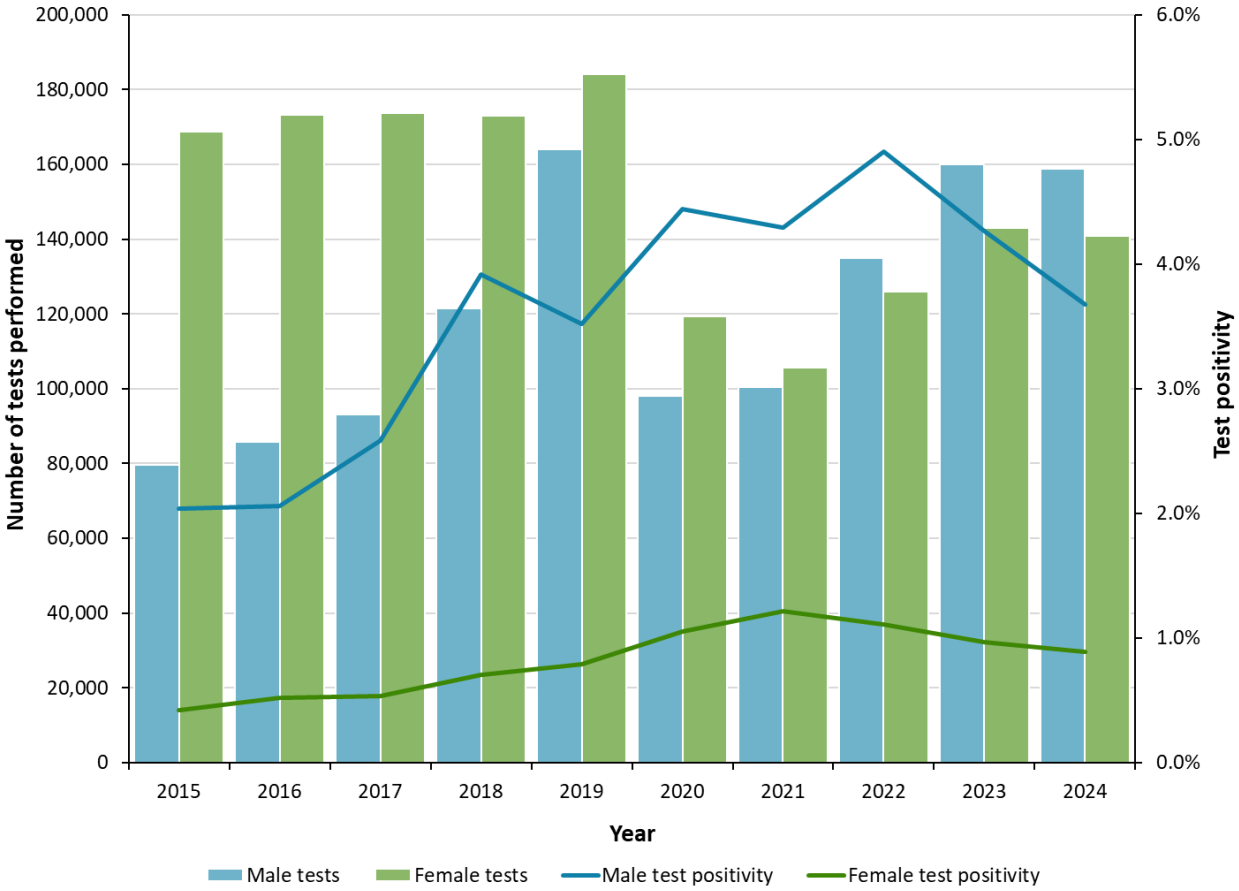
†Excludes 756 cases that either had a site of infection not classified as urogenital and/or extragenital (e.g., joint fluid, blood, eye; n=561) or had no site of infection entered in iPHIS (n=195).

Testing

In 2024, PHO conducted nucleic acid amplification tests (NAATs) for *N. gonorrhoeae* on 140,754 specimens from females and 158,738 specimens from males. Between 2015 and 2024, overall test positivity increased from 0.4% to 0.9% among females and from 2.0% to 3.7% among males. (Figure 4)

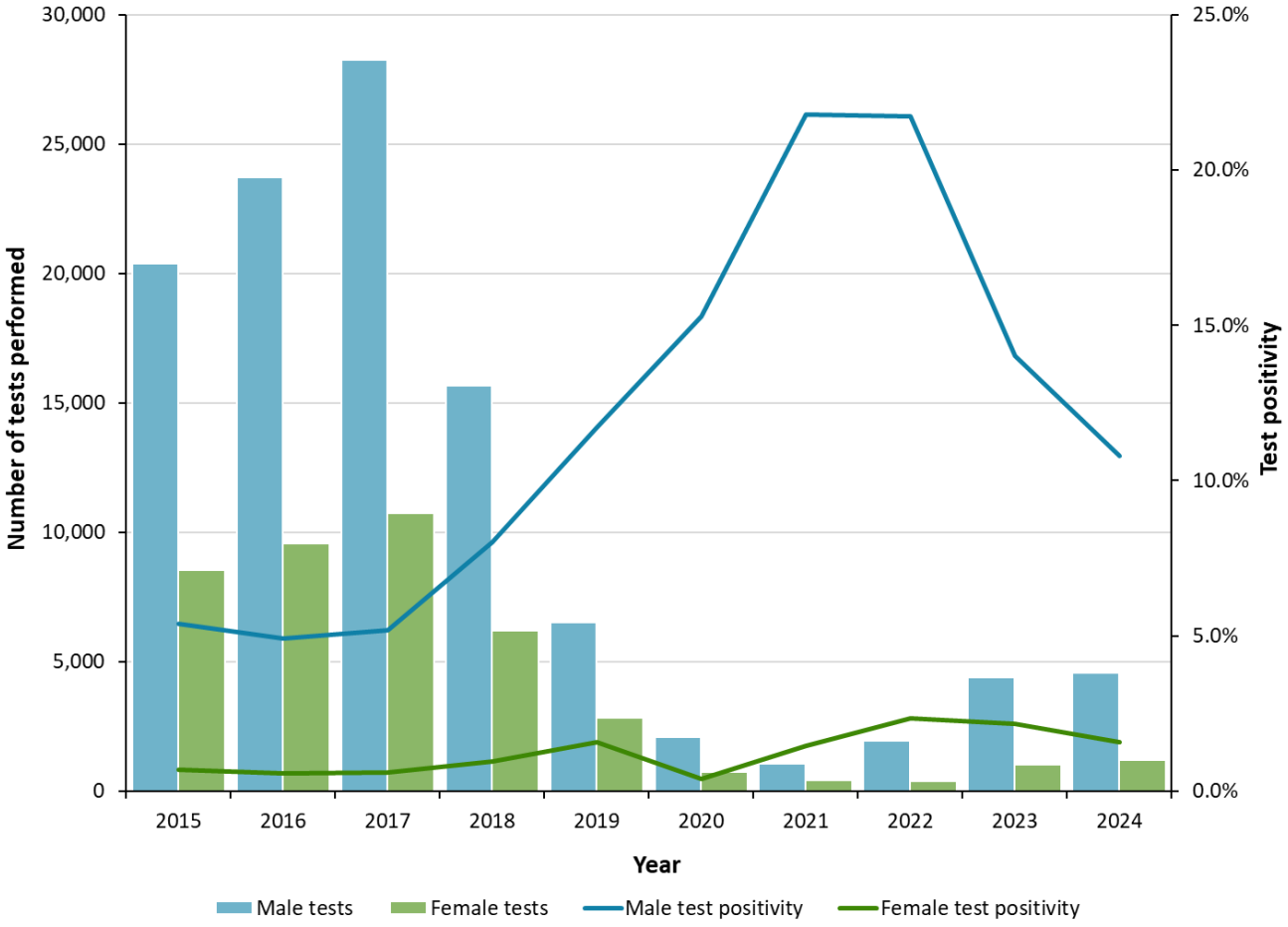
In 2024, PHO also conducted culture testing for *N. gonorrhoeae* on 1,200 specimens from females and 4,582 specimens from males. The number of specimens submitted for culture testing has decreased considerably, particularly among males, since PHO began accepting rectal and pharyngeal specimens for NAAT in 2018. In 2017, 28,255 specimens were submitted by males for culture testing which is a decrease of 83.8% compared to the 4,582 specimen submitted in 2024. (Figure 5).

Figure 4: Number of Nucleic Acid Amplification Tests (NAATs) Performed by PHO* and Test Positivity for *N. gonorrhoeae* by Year and Sex: Ontario, 2015-2024**



Data source: PHO Laboratory Information Management System (LIMS).
Note: Rectal and pharyngeal specimens accepted for NAAT at PHO since April 2018.
*Laboratory data only represent testing performed at PHO (i.e., does not include testing performed at community laboratories throughout the province that conduct a large proportion of testing for gonorrhea in Ontario).
**Excludes cases that reported their sex as unknown. The general requisition used for *N. gonorrhoeae* testing does not include options for reporting sex as transgender or other.

Figure 5: Number of Culture Tests Performed by PHO and Test Positivity for *N. gonorrhoeae* by Year and Sex*: Ontario, 2015-2024



Data source: PHO LIMS

*Excludes cases that reported their sex as unknown. The general requisition used for *N. gonorrhoeae* testing does not include options for reporting sex as transgender or other.

**Rectal and pharyngeal specimens have been accepted for NAAT at PHO since April 2018.

Antimicrobial Susceptibility

At PHO, antimicrobial susceptibility testing for *N. gonorrhoeae* is performed by determining the minimum inhibitory concentration (MIC), the lowest concentration of an antibiotic [mg/L] that prevents visible growth of the bacteria. MIC values are interpreted using established breakpoints to classify isolates as susceptible (MIC below breakpoint) or non-susceptible (MIC above breakpoint). Refer to the Data Caveats for further details on testing and interpretation.

Between 2020 and 2024, PHO completed antimicrobial susceptibility testing on 4,022 *N. gonorrhoeae* isolates. In 2024, most isolates that underwent antimicrobial susceptibility testing were susceptible to PHAC's preferred treatment regimen, ceftriaxone (99.4%), (Table 3) as well as to alternative treatment options including azithromycin (96.9%) (Table 4), cefixime (99.4%) (Table 5).

Table 3: Number and Percentage of *N. gonorrhoeae* Isolates Tested at PHO that were Susceptible and Non-susceptible to Ceftriaxone: Ontario, 2020-2024

MIC Interpretation*	2020 n (%)	2021 n (%)	2022 n (%)	2023 n (%)	2024 n (%)	Total n (%)
Susceptible (≤0.25 mg/L)	726 (100.0)	668 (100.0)	777 (100.0)	1,023 (99.9)	822 (99.4)	4,016 (99.9)
Non-susceptible (≥0.5 mg/L)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.1)	5 (0.6)	6 (0.1)
Total	**726**	**668**	**777**	**1,024**	**827**	**4,022**

Data source: PHO LIMS
*MIC breakpoint = ≤0.25 mg/L. See Appendix B for the number and percentage of *N. gonorrhoeae* isolates tested at PHO by year and ceftriaxone MIC.

Table 4: Number and Percentage of *N. gonorrhoeae* Isolates Tested at PHO that were Susceptible and Non-susceptible to Azithromycin: Ontario, 2020-2024

MIC Interpretation*	2020 n (%)	2021 n (%)	2022 n (%)	2023 n (%)	2024 n (%)	Total n (%)
Susceptible (≤1.0 mg/L)	711 (97.9)	659 (98.7)	771 (99.2)	1006 (98.2)	801 (96.9)	3,948 (98.2)
Non-susceptible (≥2.0 mg/L)	15 (2.1)	9 (1.3)	6 (0.8)	18 (1.8)	26 (3.1)	74 (1.8)
Total	**726**	**668**	**777**	**1,024**	**827**	**4,022**

Data source: PHO LIMS
*MIC breakpoint = ≤1.0 mg/L. See Appendix B for the number and percentage of *N. gonorrhoeae* isolates tested at PHO by year and azithromycin MIC.

Table 5: Number and Percentage of *N. gonorrhoeae* Isolates Tested at PHO that were Susceptible and Non-susceptible to Cefixime: Ontario, 2020-2024

MIC Interpretation*	2020 n (%)	2021 n (%)	2022 n (%)	2023 n (%)	2024 n (%)	Total n (%)
Susceptible (≤0.25 mg/L)	726 (100.0)	668 (100.0)	777 (100.0)	1,023 (99.9)	822 (99.4)	4,016 (99.9)
Non-susceptible (≥0.5 mg/L)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.1)	5 (0.6)	6 (0.1)
Total	**726**	**668**	**777**	**1,024**	**827**	**4,022**

Data source: PHO LIMS
*MIC breakpoint = ≤0.25 mg/L. See Appendix B for the number and percentage of *N. gonorrhoeae* isolates tested at PHO by year and cefixime MIC.

Technical Notes

Data Sources

Case Data

- The data for this report were based on information entered in the Ontario Ministry of Health (MOH) integrated Public Health Information System (iPHIS) database as of **July 7, 2025**.
- iPHIS is a dynamic disease reporting system that allows ongoing updates to previously entered data. As a result, data extracted from iPHIS represent a snapshot at the time of extraction and may differ from previous or subsequent reports.

Laboratory Data

- Data on the results of nucleic acid amplification tests (NAAT) and culture testing were extracted from the PHO Laboratory Information System (LIMS) on **July 14, 2025.**
- Antimicrobial susceptibility data were extracted from LIMS on **July 18, 2025**.

Ontario Population Data

- Statistics Canada. Table 17-10-0157-01 Population estimates, July 1, by health region and peer group, 2023 boundaries [Internet]. Ottawa, ON: Government of Canada; 2025 Feb 19 [extracted 2025 Feb 21].[5]

Data Caveats

- Surveillance and testing data for gonorrhea reported between 2020 and 2023 should be interpreted with caution due to changes in the availability of health care, health seeking behaviour, public health follow-up, and case entry during the COVID-19 pandemic and subsequent recovery periods.

iPHIS

- These data only represent laboratory-confirmed cases of gonorrhea reported to public health and recorded in iPHIS. As a result, all case counts are subject to varying degrees of underreporting due to a variety of factors, such as disease awareness and medical care seeking behaviours, which may depend on severity of illness, clinical practices, and changes in laboratory testing and reporting behaviours.
- Only gonorrhea cases meeting the confirmed case classification as listed in the Ontario MOH surveillance case definitions are included in the reported case counts.[1] Provincial surveillance case definitions are available online under the Infectious Diseases Protocol are the most current.
    - Changes to provincial surveillance case definitions and disease classifications have occurred over the years and thus may impact the analysis of trends over time. Cases are classified in iPHIS based on the Ontario MOH surveillance case definitions in use at the time the case was identified.
    - PHO's technical report "Factors Affecting Reportable Diseases in Ontario: Case Definition Changes and Associated Trends 1991-2016" and its associated appendix provide more detailed information on this topic.[6,7]

- Cases of gonorrhea are reported based on the Episode Date, which is an estimate of the onset date of disease for a case. In order to determine this date, the following hierarchy exists in iPHIS: Onset Date > Specimen Collection Date > Lab Test Date > Reported Date.
    - For example: if an Onset Date exists, it will be used as the Episode Date. If Onset Date is not available, then the next available date in the hierarchy (i.e., Specimen Collection Date) will be used, and so on.
- Case counts by geography are based on the diagnosing health unit (DHU). DHU refers to the case's public health unit of residence at the time of illness onset or report to public health.
    - Cases for which the DHU was reported as MOHLTC (to signify a case that is not a resident of Ontario) were excluded from this analysis.
- As of January 1, 2025, a number of public health units have merged:
    - Brant County Health Unit and Haldimand-Norfolk Health Unit have merged into Grand Erie Public Health;
    - Hastings and Prince Edward Counties Health Unit, Kingston, Frontenac and Lennox and Addington Health Unit and Leeds, Grenville and Lanark District Health Unit have merged into South East Health Unit;
    - Porcupine Health Unit and Timiskaming Health Unit have merged into Northeastern Public Health Unit; and
    - Haliburton, Kawartha, Pine Ridge District Health Unit and Peterborough County-City Health Unit have merged into Lakelands Public Health Unit.
- Map breakpoints used in figure 3 were defined by dividing the 80th percentile value into four equal intervals, creating five total categories: four below the 80th percentile and one capturing higher outliers.
- Cases for which the Disposition Status was reported as ENTERED IN ERROR, DOES NOT MEET DEFINITION, DUPLICATE-DO NOT USE, or any variation on these values, were excluded from this analysis.
- The following values for sex are derived from the data entered in the Gender field of iPHIS: MALE, FEMALE, TRANSGENDER, OTHER, UNKNOWN. Counts or rates presented as 'Total' include all of these values; however, for sex-specific rates or proportions, only Male and Female counts are included as denominators are not available for the other values.
    - Note: Cases reported as transgender include both transgender males and transgender females as it is not possible to determine the case's preferred gender identity in iPHIS.
- The potential for duplicate case records exists because duplicate sets were not identified and excluded unless they were already resolved at either the local or provincial level prior to data extraction from iPHIS.
- Extragenital infections of gonorrhea are reported based on the body site of the positive laboratory specimen. Note, however, that not all cases of gonorrhea have a body site entered in iPHIS.

Laboratory Information Management System

- The laboratory data only represent tests performed at PHO. These data do not include testing performed outside of PHO.
    - The data were based on unique specimens as opposed to unique individuals and may over-represent case counts due to submission of multiple specimens (due to specimens received from multiple anatomical sites or for repeated testing) per patient.
- Test positivity is calculated as the number of specimens positive for *N. gonorrhoeae* divided by the total number of specimens tested for *N. gonorrhoeae*, as a percentage.
- The total test count may exceed the combined counts for males and females due to tests with unspecified or unknown sex. The general requisition used for *N. gonorrhoeae* testing does not include options for reporting sex as transgender or other.
- Rectal and pharyngeal specimens were first accepted for NAATs in April 2018, contributing to fewer culture tests after this date.
- Antimicrobial susceptibility testing (AST) requires isolation of *N. gonorrhoeae* from culture. As culture is not the primary diagnostic method for *N. gonorrhoeae* infection, these data only represent a small subset of all *N. gonorrhoeae* infections in Ontario. PHO may not receive all *N. gonorrhoeae* isolates cultured in other laboratories for AST.
- On December 1, 2021, PHO implemented the Roche assay for NAAT, which made it no longer possible to request only *C. trachomatis* or *N. gonorrhoeae* testing. Therefore, any impacts to NAAT testing after this date would have an impact on the testing of both *C. trachomatis* and *N. gonorrhoeae.* For this reason, the test volumes in 2021 and onward may not necessarily reflect screening practices for *N. gonorrhoeae*.
- Login date was used to assign year of test.
- Demographic information is based on handwritten data submitted on the requisition accompanying the specimen and is thus subject to transcription errors.
- The MIC of one antibiotic cannot be compared to the MIC of another antibiotic. PHO uses the breakpoints outlined in the Performance Standards for Antimicrobial Susceptibility Testing from the Clinical and Laboratory Standards Institute (CLSI).
    - The breakpoint for azithromycin was not established by CLSI until 2019; prior to this, susceptibility was inferred using an epidemiological cut-off value.
- Since the introduction of NAAT for *N. gonorrhoeae* testing in Ontario, the percentage of cases with culture testing has greatly decreased. Since AST relies on culture, the AST results presented in this report represent a small proportion (<20%) of cases in Ontario and may not be generalizable to all gonorrhea infections.

References

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Appendix A

Table A1: Gonorrhea Case Counts and Rate per 100,000 Population by Public Health Unit* and Year: Ontario, 2020-2024

Public Health Unit	2020	2021	2022	2023	2024
Algoma Public Health	18 (15.3)	120 (102.0)	88 (73.3)	56 (45.5)	20 (15.8)
Chatham-Kent Public Health	97 (90.4)	79 (73.0)	122 (111.5)	72 (65.1)	34 (30.4)
City of Hamilton Public Health Services	477 (81.1)	535 (90.1)	419 (69.5)	479 (77.7)	420 (66.4)
Durham Region Health Department	404 (56.6)	368 (50.6)	403 (54.1)	520 (67.8)	505 (63.7)
Eastern Ontario Health Unit	37 (17.0)	29 (13.1)	78 (34.7)	43 (18.8)	84 (36.0)
Grand Erie Public Health	135 (49.1)	137 (48.9)	138 (47.9)	108 (36.5)	109 (35.8)
Grey Bruce Health Unit	30 (16.9)	76 (42.0)	49 (26.4)	38 (20.2)	38 (19.9)
Halton Region Public Health	171 (27.9)	206 (33.2)	223 (35.4)	254 (39.4)	276 (42.0)
Huron Perth Public Health	48 (32.7)	47 (31.6)	34 (22.5)	41 (26.7)	41 (26.3)
Lakelands Public Health	99 (28.7)	110 (31.5)	121 (33.9)	172 (47.3)	150 (40.3)
Lambton Public Health	51 (38.0)	88 (65.3)	53 (38.4)	41 (29.2)	31 (21.7)
Middlesex-London Health Unit	343 (66.3)	420 (80.0)	335 (61.7)	259 (46.1)	287 (49.5)
Niagara Region Public Health	338 (68.9)	426 (85.7)	423 (83.1)	292 (55.7)	322 (59.7)
North Bay Parry Sound District Health Unit	27 (20.4)	35 (26.1)	24 (17.4)	25 (17.6)	30 (20.4)
Northeastern Public Health	30 (25.2)	22 (18.4)	28 (23.2)	20 (16.3)	28 (22.6)

Public Health Unit	2020	2021	2022	2023	2024
Northwestern Health Unit	180 (218.5)	114 (137.1)	144 (173.2)	181 (217.6)	191 (229.2)
Ottawa Public Health	488 (46.4)	595 (56.0)	819 (75.7)	961 (86.1)	999 (86.6)
Peel Public Health	774 (50.8)	716 (47.3)	879 (57.5)	1,057 (66.4)	1,083 (65.1)
Public Health Sudbury & Districts	77 (36.9)	101 (48.0)	80 (37.5)	64 (29.3)	67 (29.7)
Region of Waterloo Public Health and Emergency Services	302 (49.8)	257 (41.8)	267 (41.8)	310 (46.0)	279 (39.5)
Renfrew County and District Health Unit	14 (12.7)	15 (13.4)	17 (15.0)	21 (18.3)	19 (16.4)
Simcoe Muskoka District Health Unit	118 (19.3)	263 (42.1)	279 (43.4)	230 (34.9)	201 (29.9)
South East Health Unit	368 (64.4)	314 (54.2)	324 (54.7)	285 (47.4)	197 (32.3)
Southwestern Public Health	51 (23.1)	78 (34.6)	107 (46.5)	47 (20.0)	41 (17.1)
Thunder Bay District Health Unit	221 (138.5)	212 (133.5)	162 (101.3)	204 (126.1)	193 (118.0)
Toronto Public Health	3,629 (122.9)	3,742 (128.3)	5,326 (178.5)	7,517 (240.1)	7,069 (216.0)
Wellington-Dufferin-Guelph Public Health	87 (27.5)	120 (37.4)	120 (36.7)	117 (35.2)	119 (35.2)
Windsor-Essex County Health Unit	183 (41.7)	251 (57.1)	276 (61.0)	235 (50.1)	289 (59.7)
York Region Public Health	326 (26.9)	348 (28.5)	406 (33.0)	539 (43.0)	486 (37.8)
Total	**9,123 (61.8)**	**9,824 (66.2)**	**11,744 (77.6)**	**14,188 (90.8)**	**13,608 (84.4)**

Data sources: Cases: iPHIS; Statistics Canada[5]

*See Data Caveats for a description of recent PHU mergers.

Appendix B

Table B1: Number and Percentage of *N. gonorrhoeae* Isolates Tested at PHO by Ceftriaxone MIC: Ontario, 2020-2024

Ceftriaxone MIC* (mg/L)	2020 n (%)	2021 n (%)	2022 n (%)	2023 n (%)	2024 n (%)	Total n (%)
≤ 0.03	711 (97.9)	657 (98.4)	767 (98.7)	989 (96.6)	811 (98.1)	3,935 (97.8)
= 0.06	13 (1.8)	10 (1.5)	8 (1.0)	33 (3.2)	8 (1.0)	72 (1.8)
= 0.12	2 (0.3)	1 (0.1)	1 (0.1)	1 (0.1)	3 (0.4)	8 (0.2)
= 0.25	0 (0.0)	0 (0.0)	1 (0.1)	0 (0.0)	0 (0.0)	1 (0.0)
= 0.5	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.1)	2 (0.2)	3 (0.1)
1.0	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	3 (0.4)	3 (0.1)
Total	**726**	**668**	**777**	**1,024**	**827**	**4,022**

Data source: PHO LIMS
*MIC breakpoint = ≤0.25 mg/L

Table B2: Number and Percentage of *N. gonorrhoeae* Isolates Tested at PHO by Azithromycin MIC: Ontario, 2020-2024

Azithromycin MIC* (mg/L)	2020 n (%)	2021 n (%)	2022 n (%)	2023 n (%)	2024 n (%)	Total n (%)
≤ 0.25	386 (53.2)	373 (55.8)	502 (64.6)	554 (54.1)	467 (56.5)	2,282 (56.7)
= 0.5	233 (32.1)	193 (28.9)	189 (24.3)	269 (26.3)	230 (27.8)	1,114 (27.7)
= 1.0	92 (12.7)	93 (13.9)	80 (10.3)	183 (17.9)	104 (12.6)	552 (13.7)
= 2.0	6 (0.8)	5 (0.7)	1 (0.1)	5 (0.5)	10 (1.2)	27 (0.7)
≥ 4.0	9 (1.2)	4 (0.6)	5 (0.6)	13 (1.3)	16 (1.9)	47 (1.2)
Total	**726**	**668**	**777**	**1,024**	**827**	**4,022**

Data source: PHO LIMS
*MIC breakpoint = ≤1.0 mg/L

Table B3: Number and Percentage of *N. gonorrhoeae* Isolates Tested at PHO by Cefixime MIC: Ontario, 2020-2024

Cefixime MIC* (mg/L)	2020 n (%)	2021 n (%)	2022 n (%)	2023 n (%)	2024 n (%)	Total n (%)
≤ 0.03	640 (88.2)	618 (92.5)	724 (93.2)	873 (85.3)	628 (75.9)	3,483 (86.6)
= 0.06	21 (2.9)	17 (2.5)	26 (3.3)	96 (9.4)	99 (12.0)	259 (6.4)
= 0.12	52 (7.2)	28 (4.2)	25 (3.2)	49 (4.8)	87 (10.5)	241 (6.0)
= 0.25	13 (1.8)	5 (0.7)	2 (0.3)	5 (0.5)	8 (1.0)	33 (0.8)
≥ 0.50	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.1)	5 (0.6)	6 (0.1)
Total	**726**	**668**	**777**	**1,024**	**827**	**4.022**

Data source: PHO LIMS
*MIC breakpoint = ≤0.25 mg/L

Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Gonorrhea in Ontario: focus on 2024. Toronto, ON: King's Printer for Ontario; 2026.

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