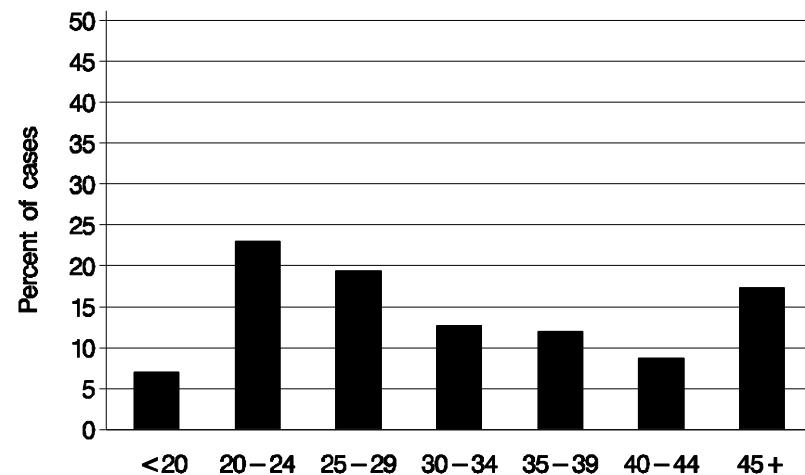
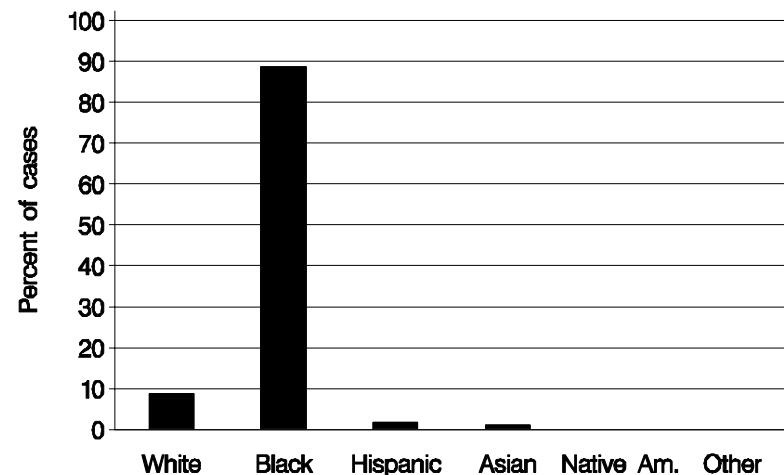


**Philadelphia, Pennsylvania – 2005 (N=300)**

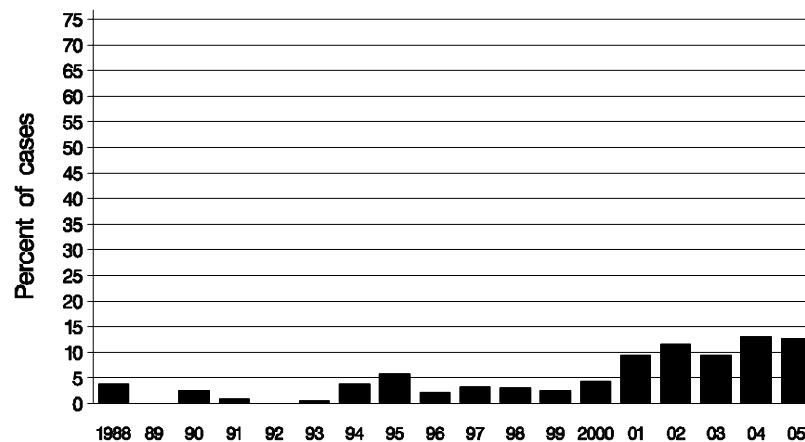
**Figure A. Age of GISP participants, in years, 2005**



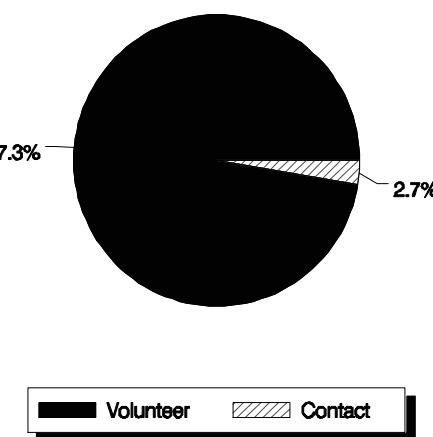
**Figure B. Race/ethnicity of GISP participants, 2005**



**Figure C. Percentage of GISP participants identifying as men who have sex with men, 1988–2005**

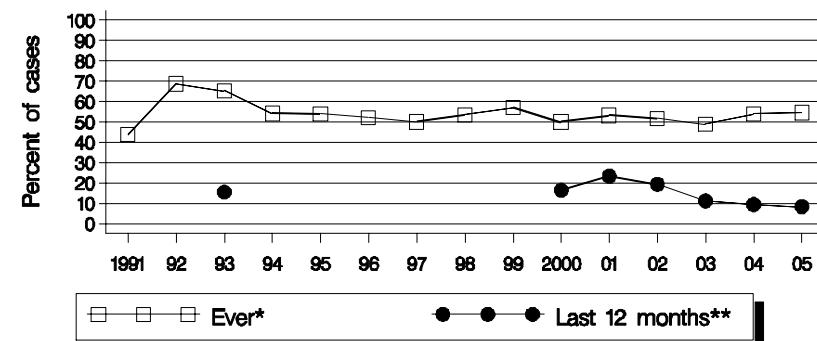


**Figure D. Reason for visit among GISP participants, 2005**



## Philadelphia, Pennsylvania – 2005 (N=300)

**Figure E. Previous episode of gonorrhea among GISP participants, 1991–2005**

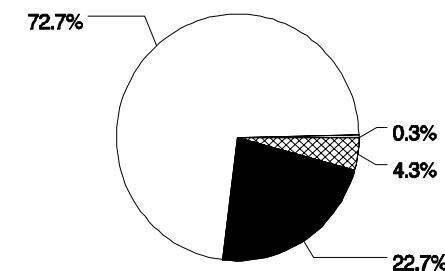


\*Data first collected in 1991.

\*\*Data first collected in 1992.

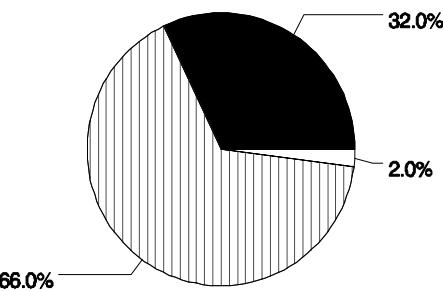
Note: Data points not shown when >30% data missing.

**Figure F. Drugs used to treat gonorrhea among GISP participants, 2005**



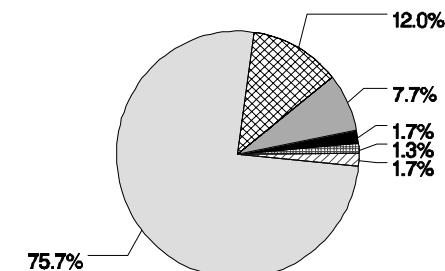
Drug	Percentage
Ceftriaxone 125 mg	72.7%
Ciprofloxacin	22.7%
Ceftriaxone 250 mg	4.3%
None	0.3%

**Figure G. Drugs used to treat *Chlamydia trachomatis* infection among GISP participants, 2005**



Drug	Percentage
Doxy/Tet	32.0%
Azi/Ery	66.0%
None/Other	2.0%

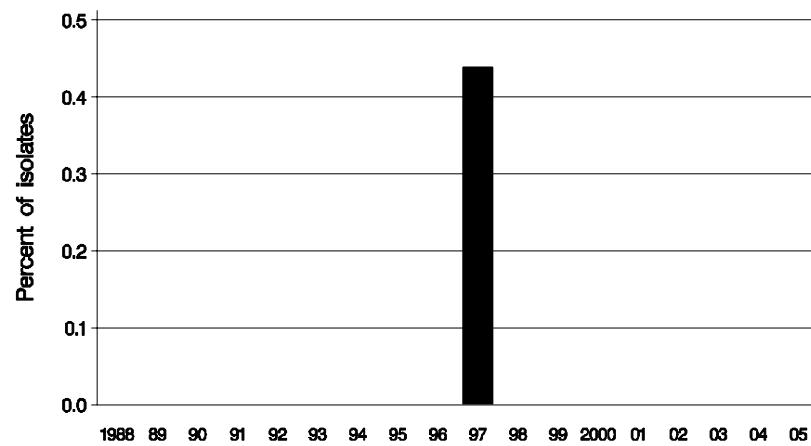
**Figure H. Resistance to penicillin and tetracycline among GISP isolates, 2005**



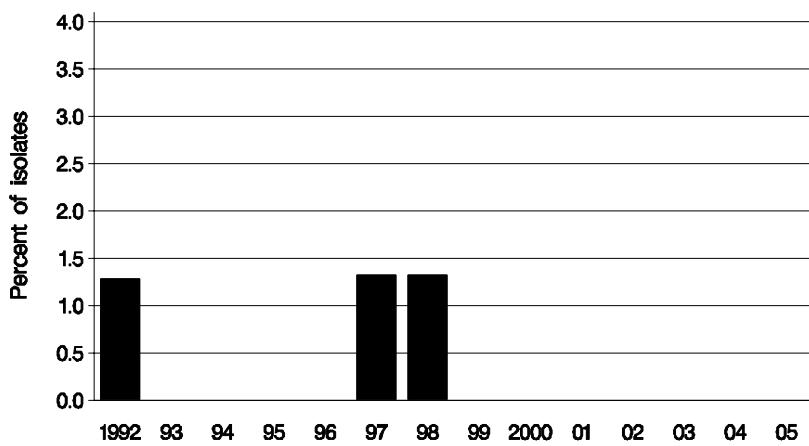
Resistance Type	Percentage
Susceptible	75.7%
PenR	12.0%
TetR	7.7%
TRNG	1.3%
CMRNG	1.7%

## Philadelphia, Pennsylvania – 2005 (N=300)

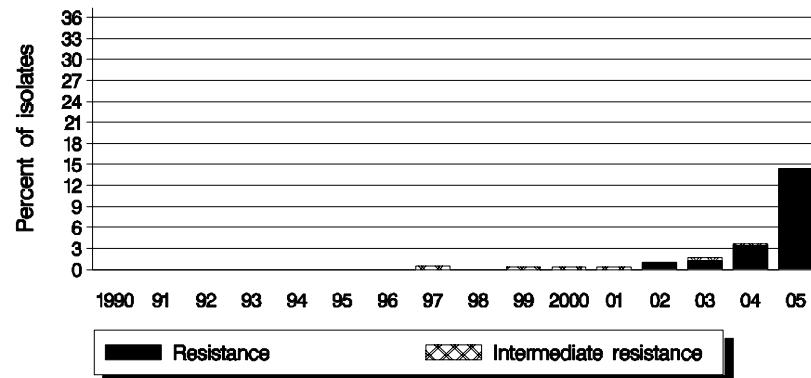
**Figure I. Decreased susceptibility to ceftriaxone among GISP isolates, 1988–2005**



**Figure J. Decreased susceptibility to cefixime among GISP isolates, 1992–2005**

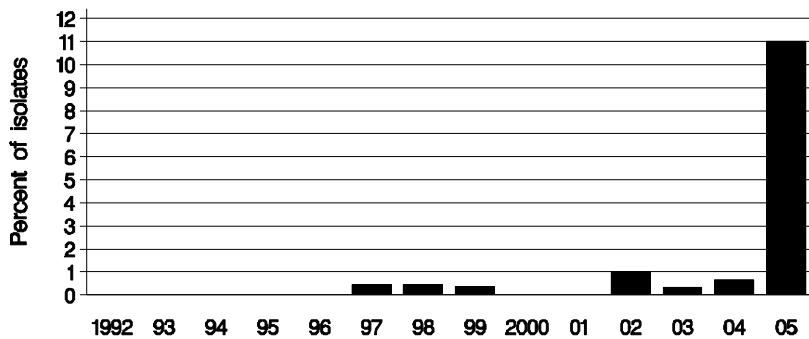


**Figure K. Intermediate resistance and resistance to ciprofloxacin among GISP isolates, 1990–2005**



Note: Susceptibility to ciprofloxacin first measured in 1990.

**Figure L. Decreased susceptibility to azithromycin among GISP isolates, 1992–2005**



Note: Susceptibility to azithromycin first measured in 1992.

Note: Decreased susceptibility to azithromycin is defined here as  $\geq 1.0 \mu\text{g/ml}$ .

No NCCLS criteria currently exist.