

America). These measures would also reduce the risk of introducing new strains of *P. destructans* to regions where bats are already infected (e.g., eastern North America and Europe). These measures are necessary to prevent the devastating effects this pathogen has had on bats in North America and would help maintain the ecosystem services that bats provide (9,10).

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New Clinical Strain of *Neisseria gonorrhoeae* with Decreased Susceptibility to Ceftriaxone, Japan

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To the Editor: In 2009, 2010, and 2013, *Neisseria gonorrhoeae* strains H041 (ceftriaxone MIC of 2 mg/L), F89 (ceftriaxone MIC of 1 mg/L), and A8806 (ceftriaxone MIC of 0.5 mg/L) were isolated from samples from patients in Japan (1), France (2) and Australia (3), respectively. In Japan, no other clinical *N. gonorrhoeae* strains with decreased susceptibility to ceftriaxone were reported until 2014, when clinical strain GU140106 (ceftriaxone MIC of 0.5 mg/L) was isolated from a man in Nagoya, Japan. We report details of this case and sequencing results of the *penA* gene for the strain. The study was approved by the Institutional Review Board of the Graduate School of Medicine, Gifu University, Japan.

N. gonorrhoeae strain GU140106 was isolated from a urethral swab sample from a man with acute urethritis. The man had received fellatio, without condom use, from a female sex worker in Nagoya in December 2013. He visited our clinic in January 2014 for urethral discharge. Culture of a urethral swab sample was positive for *N. gonorrhoeae*. We used the Cobas 4800 CT/NG Test (Roche Molecular Systems Inc., Pleasanton, CA, USA) to test a first-voided urine sample; results were positive for *N. gonorrhoeae* but negative for *Chlamydia trachomatis*. The infection was treated with a single-dose regimen of ceftriaxone (1 g) administered by intravenous drip infusion. Two weeks later,

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female sex worker; thus, the bacteria could have derived from her pharynx. *N. gonorrhoeae* strain H041 was previously isolated from the pharynx of a female sex worker (1). To prevent the emergence and spread of ceftriaxone-resistant *N. gonorrhoeae*, pharyngeal gonorrhea must be treated. It is uncertain whether a 1-g dose of ceftriaxone would be effective against pharyngeal gonorrhea caused by strains with decreased susceptibility to ceftriaxone, and this regimen might facilitate the selection of such strains from oral cephalosporin-resistant strains in the pharynx. The emergence of *N. gonorrhoeae* GU140106 in Japan suggests that new strategies (not just increased ceftriaxone doses), including combination treatment with ceftriaxone and another class of antimicrobial drugs and multiple dose regimens of ceftriaxone, might be required to treat pharyngeal gonorrhea.

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Measles Outbreak among Adults, Northeastern China, 2014

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To the Editor: In 2005, the World Health Organization (WHO) proposed to eliminate measles in the Western Pacific Region by 2012, and in 2006, China began a 6-year measles elimination campaign. The strategy included a routine 2-dose measles-containing vaccine (MCV) for children 8 months and 18–23 months of age, supplemented by nationwide vaccination activities in 2010 for children born during 1996–2010 (1). As a result, China's measles incidence rate has dropped sharply since 2008 and reached its lowest level (0.46 cases/100,000 population) in 2012 (2). However, the rate has risen again since 2012; in 2014, incidence was 3.88 cases/100,000 population (3). Shenyang, a hub city in northeastern China, experienced a massive measles outbreak in 2014, and we analyzed the causes and characteristics of this outbreak.

Shenyang Center of Disease Control reported 2,058 confirmed measles cases (1,447 laboratory diagnosed, 611 clinically diagnosed) in 2014 (25.02 cases/100,000 population), much higher than that reported in Shenyang in 2013 (2.33/100,000). Most cases occurred in children 0–1 years of age (487 cases; 1,145.77/100,000), followed by persons 25–30 (227 cases; 28.57/100,000), 30–35 (203 cases; 32.42/100,000), and 35–40 (203 cases; 35.02/100,000) years of age. Among all 2,058 confirmed cases, 438 patients were hospitalized because of measles complications; no deaths were reported.

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