all patients recovered without requiring immunoglobulin and/ or blood transfusions.

**Conclusion**
In the HAART era, the presence of chronic anemia in HIV-infected patients should alert the physician to the possibility of B19V infection especially during epidemics. There were no apparent relationships between the infecting genotype and the clinical course and this is the first report of genotype 3b in Rio de Janeiro.

**Results**
Annual geometric mean cefixime MICs increased from 0.009 µg/ml (2005) to 0.021 (2013), ceftriaxone from 0.005 (2006) to 0.01 (2007–2013), and azithromycin from 0.171 (2011) to 0.242 (2008). Western sites had the highest median MICs (0.1–0.234), and ceftriaxone by site. We used QuintilesIMS data (captures>70% of US outpatient prescriptions and projects to 100% coverage) to calculate annual cephalosporin and macrolide rates prescribing per 1000 men by each county corresponding to a GISP site. For descriptive analyses, we calculated site-specific medians of these measures. We constructed multivariable linear mixed models for each agent with exposure and one-year lagged prescribing rates as the exposure and one-year lagged prescribing rate as the exposure and one-year lagged geometric mean MIC as the outcome.

**Introduction**
To what degree population-level antibiotic use contributes to *Neisseria gonorrhoeae* (NG) resistance in the US is unclear. We investigated whether outpatient prescribing is associated with NG antibiotic susceptibility.

**Methods**
Using data from the Gonococcal Isolate Surveillance Project (GISP), a US surveillance system that samples male urethral isolates) during 2005–2013, we calculated annual geometric mean minimum inhibitory concentrations (MICs) of azithromycin, cefixime, and ceftriaxone by site. We used QuintilesIMS data (captures>70% of US outpatient prescriptions and projects to 100% coverage) to calculate annual cephalosporin and macrolide rates prescribing per 1000 men by each county corresponding to a GISP site. For descriptive analyses, we calculated site-specific medians of these measures. We constructed multivariable linear mixed models for each agent with annual prescribing rates as the exposure and one-year lagged geometric mean MIC as the outcome.

**Results**
Annual geometric mean cefixime MICs increased from 0.009 µg/ml (2005) to 0.021 (2013), ceftriaxone from 0.005 (2006) to 0.01 (2007–2013), and azithromycin from 0.171 (2011) to 0.242 (2008). Western sites had the highest median cefixime MICs (0.018–0.03 by site); Southern sites had the lowest (0.016–0.019). Northeastern (0.298), Midwestern (0.258–0.314), and Western (0.136–0.295) sites had the highest median azithromycin MICs; Southern had the lowest (0.1–0.234). Ceftriaxone MICs demonstrated little geographic variation. Southern sites had the most susceptible NG (lowest MICs), but highest median cephaplorins (45–440 by site) and macrolides (98–244) prescribing rates. Western sites had the lowest cephaplorin (39–75) and macrolide (61–125) prescribing rates. Multivariable models did not demonstrate associations between prescribing and NG susceptibility.

**Conclusion**
Using these data, we found no association between US antibiotic prescribing rates and NG susceptibility. Elucidation of factors contributing to resistance, including further investigation of antibiotic use, is warranted.

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