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Mycoplasma genitalium

Joseph Scott

The new chlamydia?

- New guidance
- Increasing awareness
- Clinical significance



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Microbiology

- Smallest known self-replicating bacterium.
- Lacks a cell wall.
- Slow-growing.
- Disease is thought to be due to host response to infection rather than organism specific.



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Epidemiology



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- Prevalence
 - General population: 1.3 % (high-income), 3.9% (low-income)
 - Clinic based MSM: 3.7%
- Transmission
 - Sexually
 - Oral carriage is uncommon
- Co-infection
 - Chlamydia

Clinical associations of *M. gen* in men



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Non-gonococcal urethritis (NGU)

- 15-25%

Asymptomatic

- majority

Other associations – not much evidence

- proctitis, prostatitis, epididymitis + HIV transmission

Clinical associations of *M. gen* in women



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Cervicitis and pelvic inflammatory disease (PID)

- “subclinical” PID and infertility

Asymptomatic

- majority

Adverse pregnancy outcomes

- Miscarriage, pre-term delivery



Testing

- ALL patients with non-gonococcal urethritis (NGU)
- ALL patients with pelvic inflammatory disease (PID)
- ALL current sexual contacts
- Consider: muco-purulent cervicitis, epididymitis + proctitis
- Not: asymptomatic individuals (unless current sexual contact), asymptomatic + GC/CT



Specimen collection

- MEN
 - First void urine

- WOMEN
 - Vaginal swab

*****M gen* positive samples should be sent for macrolide-resistance****



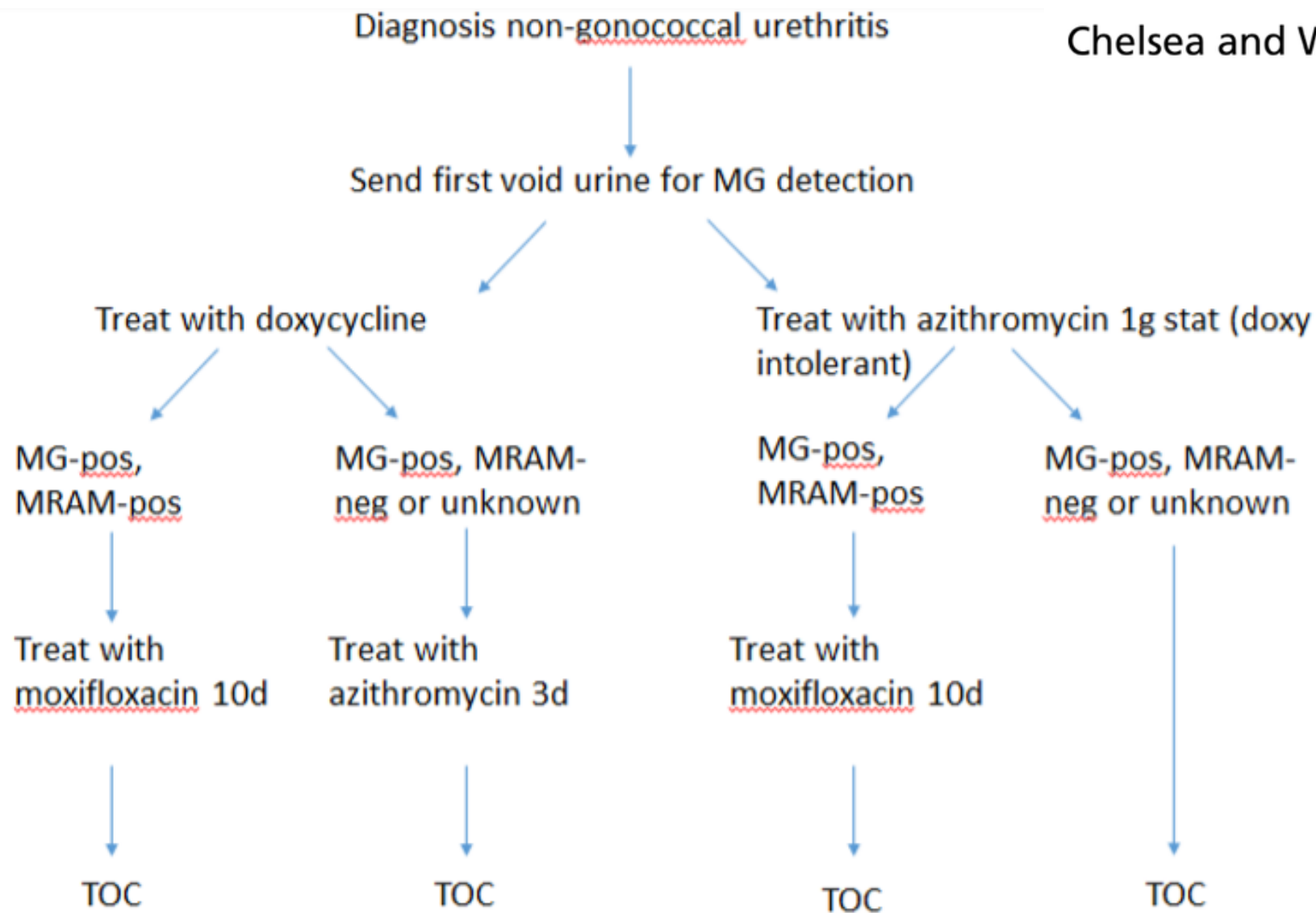
Management

- Sexual abstinence until treatment completed (+ current partner has completed treatment)
- Test-of-cure (5 weeks)
 - Risk of re-infection should be excluded and adherence to treatment verified
 - Treatment failure notified to PHE
- Partner notification
 - Current partners only
- Antibiotics
 - Depends on macrolide resistance testing



Recommended regimens

- Doxycycline 100mg BD for 7 days, followed by Azithromycin 1g stat + 500mg OD for 2 days
- Moxifloxacin 400mg PO OD for 10 days
 - If macrolide-resistance or azithromycin has failed
 - A 14 day course is recommended in complicated infection (PID, epididymo-orchitis)
- ****Special considerations****
 - Pregnancy: 3 day course of azithromycin, (moxifloxacin/doxycycline is contraindicated)
 - Breastfeeding: 3 day course of azithromycin, (moxifloxacin/doxycycline is contraindicated)
 - HIV: no difference in treatment





Take home

1. Largely asymptomatic – do not test asymptomatic (unless a contact)
2. Test for Mgen in: urethritis, PID + current sexual partners (of confirmed Mgen infection)
3. First void urine sample in men
4. Vaginal swab in women
5. Doxycycline followed by azithromycin is first line therapy (if macrolide-sensitive)
6. Test of cure in 5 weeks



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QUESTIONS?

References

- <https://www.bashhguidelines.org/media/1198/mg-2018.pdf>
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