Mycoplasma Genitalium – RD 18

DEFINITION

M. genitalium causes symptomatic and asymptomatic urethritis among men and is the etiology of approximately 15%–20% of NGU, 20%–25% of nonchlamydial NGU, and 40% of persistent or recurrent urethritis. Data are insufficient to implicate M. genitalium infection with chronic complications among men (e.g., epididymitis, prostatitis, or infertility. Among women, M. genitalium has been associated with cervicitis, PID, preterm delivery, spontaneous abortion, and infertility, with an approximately twofold increase in the risk for these outcomes among women infected with M. genitalium. M. genitalium infections among women are also frequently asymptomatic, and the consequences associated with asymptomatic M. genitalium infection are unknown. Rectal infection with M. genitalium has been reported among 1%–26% of MSM and among 3% of women. Rectal infections often are asymptomatic, although higher prevalence of M. genitalium has been reported among men with rectal symptoms. Similarly, although asymptomatic M. genitalium has been detected in the pharynx, no evidence exists of it causing oropharyngeal symptoms or systemic disease.

SUBJECTIVE

May include:

1. No symptoms (common among both men and women). (Screening of asymptomatic M. genitalium infection among women and men or extragenital testing for M. genitalium is not recommended)
2. Inconsistent condom use.
3. New sexual partner(s).
4. Vaginal discharge, penile discharge, or urethral erythema.
5. Dysuria or urinary frequency.
6. Recently confirmed STD.
7. Sexual partner with a history of non-gonococcal urethritis, epididymitis or prostatitis, or chlamydia.
8. Sexual partner with symptoms of dysuria, testicular pain, or recent penile discharge.
9. Pelvic pain, post-coital bleeding, or changes in menses
10. Rectal discharge or irritation
11. History of miscarriage or stillbirth.

OBJECTIVE

May include:

1. Erythematous or friable cervix.
2. Mucopurulent discharge from the cervix.
3. Mild tenderness on compression of the cervix.
4. Cervical motion tenderness. (Positive Chandelier Sign)
5. Adnexal or uterine tenderness.
6. Urethral erythema or penile discharge.
7. Rectal irritation or discharge

LABORATORY

May include:

1. NAAT for M. genitalium (is FDA cleared for use with urine and urethral, penile meatal, endocervical, and vaginal swab samples
2. Vaginitis/STI screening
3. Wet mount with >10 WBC/HPF

ASSESSMENT

Mycoplasma genitalium

PLAN

1. In clinical practice, if testing is unavailable, M. genitalium should be suspected in cases of persistent or recurrent urethritis or cervicitis and considered for PID.
2. Recommended Regimens if M. genitalium Resistance Testing Is Available
   - If macrolide sensitive: Doxycycline 100 mg orally 2 times/day for 7 days, followed by azithromycin 1 g orally initial dose, followed by 500 mg orally daily for 3 additional days (2.5 g total)
   - If macrolide resistant: Doxycycline 100 mg orally 2 times/day for 7 days followed by moxifloxacin 400 mg orally once daily for 7 days
3. Recommended Regimen if M. genitalium Resistance Testing Is Not Available
   If M. genitalium is detected by an FDA-cleared NAAT: Doxycycline 100 mg orally 2 times/day for 7 days, followed by moxifloxacin 400 mg orally once daily for 7 days
4. In settings without access to resistance testing and when moxifloxacin cannot be used, an alternative regimen can be considered, based on limited data:
   Doxycycline 100 mg orally 2 times/day for 7 days, followed by azithromycin (1 g orally on day 1 followed by 500 mg once daily for 3 days) and a test of cure 21 days after completion of therapy.

CLIENT EDUCATION

1. Provide client education handout(s) with review of symptoms, treatment options, and medication side effects.
2. Advise to avoid intercourse until client and partner(s) complete treatments, (14 days)
3. Sex partners of patients with symptomatic M. genitalium infection can be tested, and those with a positive test can be treated to possibly reduce the risk for reinfection. If testing the partner is not possible, the antimicrobial regimen that was provided to the patient can be provided.
4. Advise client to seek immediate medical care if one develops fever or chills, severe abdominal pain, symptoms of PID, or increasing dysuria, rectal symptoms.
5. Review safer sex education, as appropriate.
6. Recommend client return to clinic as needed or if symptoms reoccur.
7. Review with client when re-testing is advised. Test of cure is not recommended for asymptomatic persons who received treatment with a recommended regimen.
8. Asymptomatic M. genitalium has been detected in the pharynx but no evidence exists of it causing oropharyngeal symptoms or systemic disease.

CONSULT / REFER TO PHYSICIAN

Persons with persistent urethritis, cervicitis, or PID accompanied by detection of M. genitalium

REFERENCES

1. Sexually Transmitted Infections Treatment Guidelines, 2021 (cdc.gov)
2. Mycoplasma genitalium and Other Reproductive Tract Infections in Pregnant Women, Papua New Guinea, 2015–2017 - Volume 27, Number 3—March 2021 - Emerging Infectious Diseases journal - CDC
3. Educational Opportunities - Events & Trainings | Department of Health (nd.gov) (Webinar session)