



# Dr Helen Fifer Public Health England

Fourth Joint Conference of the British HIV Association with the British Association for Sexual Health and HIV Edinburgh International Conference Centre + 17-20 April 2018 2018 UK national guideline for the management of infection with *Mycoplasma genitalium* 

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#### **Conflicts of Interest**

• None to declare

#### Introduction

- New BASHH Guideline
- Aimed at level 3 services

# Epidemiology

- Estimated prevalence in general population 1-2%
- Amongst STI clinic attendees, prevalence 4 38%
- Risk factors for infection include younger age, non-white ethnicity, smoking, higher number of sexual partners
- Associated with other bacterial STIs, most frequently chlamydia

#### **Clinical associations**

- Strongly associated with NGU; prevalence in men with NGU is 10-20% and in men with NCNGU is 10-35%
- Detected in up to 40% of men with persistent and recurrent urethritis
- In women, associated with post coital bleeding and cervicitis, endometritis and PID
- Associated with pre-term birth and spontaneous abortion (pooled ORs 1.89 and 1.82 respectively)

#### Asymptomatic infection

- The majority of people infected with *M. genitalium* do not develop disease
- No evidence that screening asymptomatic individuals will be of benefit, and indeed is likely to do harm at a population level

Epidemiology of *Mycoplasma genitalium* in British men and women aged 16–44 years: evidence from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)

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#### New STD? What You Should Know About <u>Mycoplasma Genitalium</u>

by Rachael Rettner, Senior Writer | November 17, 2015 12:20pm ET



A little-known sexually transmitted disease that has attracted more attention lately may actually be fairly common, according to a new study.

The study found that the bacterium <u>Mycoplasma genitalium</u> , which is

# **Recommendations for testing**

- All men with urethritis
- All women with signs and symptoms suggestive of PID
- Consider testing:
  - Women with signs or symptoms of muco-purulent cervicitis, particularly post-coital bleeding
  - Men with epididymitis
  - MSM with sexually-acquired proctitis

#### Diagnosis

- Fastidious nutritional requirements and extremely slow growing; culture is not appropriate for diagnosis
- NAATs that detect *M. genitalium* specific DNA or RNA in clinical specimens are the only useful diagnostic method
- Several CE marked commercial tests available
- Local validation required



Рис. 1. Mycoplasma genitalium

#### AMR detection

- All *M. genitalium* positive specimens should be tested for macrolide resistance mediating mutations
- Commercial assays detecting macrolide resistance are available
- PHE Reference laboratory

## Specimen collection

- Men: first void urine
- Women: vaginal swabs (clinician- or self-taken)
- No data on incubation period

#### Management: AMR

- Macrolide resistance 30-100% globally
- UK macrolide resistance estimated at 40%
- Extended course azithromycin may be less likely to select for resistance than giving 1g as single dose alone
- Moxifloxacin resistance increasing in Asia-Pacific
- Doxycycline monotherapy poor efficacy (30-40%), but prior treatment with doxycycline may improve treatment success when followed by a 5-day extended azithromycin regimen

#### Management: uncomplicated infection

- 1) Azithromycin 500mg orally as a single dose followed by 250mg orally once daily for 4 days where organism is known to be macrolide-sensitive or where resistance status is unknown
- 2) Moxifloxacin 400mg orally once daily for 10 days if organism known to be macrolide-resistant or where treatment with azithromycin has failed

#### Management: complicated infection

• Moxifloxacin 400mg orally once daily for 14 days

#### • Alternative:

• Doxycycline 100mg orally twice daily for 7 days followed by pristinamycin 1g orally four times daily for 10 days

## Test of Cure and follow up

- All patients should attend for a TOC five weeks (and no sooner than three weeks) after the start of treatment
- Treatment failures should be reported to PHE at: https://hivstiwebportal.phe.org.uk

#### Partner notification

- Only current partner(s) should be tested and treated
- Partners being treated should be given the same antibiotic as the index patient

# Thank you

- Thanks to the writing group, patient representatives, BSIG and CEG
- Wednesday 11<sup>th</sup> July: 1 day educational event for clinicians, commissioners, directors of public health