APRIL 2023

PHARMACOLOGICAL TREATMENT

STBBI

CONFIRMED *MYCOPLASMA GENITALIUM* INFECTION

This optimal usage guide is intended for primary care physicians. It is provided for information purposes only and should not replace the judgment of the clinician who performs activities reserved under a statute or a regulation. The recommendations concern persons 14 years of age and older[1]. They were developed using a systematic process and are supported by the scientific literature and the knowledge and experience of Québec clinicians and experts. For further details, go to the section *Guides d'usage optimal* at inesss.qc.ca.

GENERAL INFORMATION

- When a person presents with a syndrome consistent with an STBBI and screens negative for *C. trachomatis* and *N. gonorrhoeae* and an appropriate syndromic treatment for the syndrome has proven ineffective, it is important to consider the possibility of the presence of other pathogenic agents or chronic conditions.
- Non-chlamydial/non-gonococcal infections can have different etiologies, such as *M. genitalium*.
- This optimal usage guide applies to individuals for whom appropriate microbiological testing has been performed **AND** whose results show the presence of M. genitalium. For further details, see the practice guideline entitled Prélèvements et analyses de laboratoire pour la recherche de *Mycoplasma genitalium*.
- It should be noted that a confirmed *M. genitalium* infection is not a notifiable disease.

MANAGEMENT

INTERVENTION WITH THE INFECTED PATIENT

Intervention should include:

- An appropriate treatment and a follow-up of the infected patient;
- A recommendation to abstain from sexual contact until the end of treatment **AND** until the symptoms are resolved[2]:
  - In case of doubt regarding abstinence, a recommendation to use barrier methods for all types of sexual contact (genital, oral-genital, anal or oral-anal).

INTERVENTION WITH SEXUAL PARTNERS

Partners should be contacted if they had sexual contact with the infected patient:

- Most recent partner and regular partners, regardless of the presence or absence of symptoms.

Intervention should include:

- A sample for *M. genitalium*;
- A treatment for *M. genitalium* if microbiological test results indicate the presence of *M. genitalium*;
- A clinical assessment including identifying risk factors for other STBBI;
- Screening for other STBBI based on the risk factors identified. Consult the tool ITSS à rechercher selon les facteurs de risque décelés.

MEDICATION FREE OF CHARGE

For persons who are registered with the Québec health insurance plan (RAMQ) and have a valid health insurance card, claim slip or temporary proof of eligibility for medication, enter on the prescription the code **K** (for the infected patient) or **L** (for sexual partners).

ANTIBIOTIC RESISTANCE

M. genitalium resistance to different antibiotics is increasing rapidly, and the recommended treatments might eventually be modified as susceptibility patterns evolve based on the mutations that confer resistance to the antibiotics used for treatment. Practitioners need to be vigilant because:

- Resistance to azithromycin is well established;
- Resistance to fluoroquinolones is on the rise.

1. For cases of suspected sexual abuse, refer to the *Guide d'intervention médicosociale pour répondre aux besoins des victimes d'agression sexuelle*.
2. In the event of noncompliance with the abstinence instruction, consult an experienced colleague to determine the appropriate management.

Québec

MYCOPLASMA GENITALIUM INFECTION

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TREATMENT PRINCIPLES

- When the screening results for macrolide or fluoroquinolone resistance mutations are known, antibiotic resistance should be considered when choosing a treatment for *M. genitalium*.
- Since the use of azithromycin can induce macrolide resistance, retreatment with azithromycin in a multi-day dosing regimen should not be prescribed to individuals who did not respond to this antibiotic during the initial treatment of a syndrome consistent with an STBBI.
- The use of moxifloxacin as first-line therapy in all cases of confirmed *M. genitalium* infection is not recommended as the other treatment options are limited.
- Sequential treatment with doxycycline before azithromycin or moxifloxacin (depending on macrolide resistance) is recommended. Doxycycline appears to reduce the *M. genitalium* bacterial load, which seems to promote the action of azithromycin and moxifloxacin.

TREATMENT

PATIENT

UNCOMPLICATED INFECTIONS: CERVICITIS OR URETHRITIS

Confirmed macrolide susceptibility OR No data concerning macrolide susceptibility in a person who did not receive azithromycin during syndromic treatment	Suspected or confirmed macrolide resistance OR Prior use of azithromycin during syndromic treatment	Suspected or confirmed fluoroquinolone resistance
Doxycycline* 100 mg PO BID x 7 days followed by azithromycin[1] 1 g PO initial dose followed by 500 mg PO daily x 3 days (total of 2.5 g)	Doxycycline* 100 mg PO BID x 7 days followed by moxifloxacin[1,2] 400 mg PO daily x 7 days	Consult an experienced colleague. *For example, pristinamycin could be prescribed. This antibiotic is available through Health Canada's Special Access Program (SAP) for drugs.*

* If doxycycline has been used as first-line therapy for an uncomplicated infection and the microbiology test results indicated the presence of *M. genitalium*, azithromycin or moxifloxacin should be administered as soon as possible after doxycycline. Doxycycline should not be repeated if the interval between the completion of doxycycline therapy and the initiation of azithromycin or moxifloxacin is less than 14 days.

COMPLICATED INFECTIONS: PELVIC INFLAMMATORY DISEASE (PID) OR EPIDIDYMITIS/EPIDIDYMO-ORCHITIS

Consult an experienced colleague.
The antibiotic combination to be used should include: Moxifloxacin[1, 2] 400 mg PO daily x 14 days

CURRENT SEXUAL PARTNER OF THE INFECTED PATIENT

EMPIRICAL TREATMENT

Same antibiotic therapy as for the patient,
unless the resistance data call for a different approach.

PREGNANT OR BREASTFEEDING WOMAN

UNCOMPLICATED INFECTIONS: CERVICITIS OR URETHRITIS (INFECTED PATIENT)
COMPLICATED INFECTIONS: PID (INFECTED PATIENT)
EMPIRICAL TREATMENT (CURRENT SEXUAL PARTNER OF THE INFECTED PATIENT)

Consult an experienced colleague.

1. Not approved by Health Canada for this indication.
2. A warning has been issued about the use of fluoroquinolones in persons under 18 years of age. Consult an experienced colleague.

TESTS OF CURE

If symptoms persist or recur, repeat the microbiological testing for *M. genitalium* at least 3 weeks after the end of treatment.

REFERENCES

To consult the references, see report in support of this OUG.

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