

## **Review of demographics and treatment of *Mycoplasma genitalium* infections at a Sexual Health clinic in Sydney's inner west**

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### **Background:**

*Mycoplasma genitalium* (MG) is a sexually transmitted infection commonly seen in sexual health clinics and primary care. It is often asymptomatic but is implicated in the causation of urethritis, cervicitis and pelvic inflammatory disease. Current guidelines recommend testing only in symptomatic populations. As susceptibility testing is not possible, some patients require multiple courses of therapy to achieve cure.

### **Methods:**

An audit was performed of all diagnoses of MG infections at this service between 1 March 2024 and 28 February 2025, including patients who tested positive at our service and those who were referred from general practices with a positive test. Data collected included gender, sex at birth, sex of partners within the last 12 months, Medicare status, appropriateness of testing, macrolide resistance, initial treatment, and subsequent testing.

### **Results:**

Fifty-one MG infections were diagnosed in the study period. The median age was 27 years. Of these diagnoses, 34 infections were diagnosed in cisgender men (66.7%) and 17 were diagnosed in cisgender women (33.3%). Most (68.6%) reported only heterosexual sexual encounters within the last 12 months. The majority (68.6%) had Medicare access. There were eight tests for MG that were not appropriate in the clinical context (15.7%).

Macrolide resistance was detected in thirty (58.8%) specimens, with eight suggesting macrolide susceptibility. Other macrolide susceptibility results were either discordant (n=11) or not available (n=2).

Doxycycline followed by moxifloxacin (n=34) was the most utilized antimicrobial regimen for management. Doxycycline followed by azithromycin was used in 3 cases. Test of cure following completion of treatment was performed in 13 cases, with two persistently positive.

### **Conclusion:**

MG infections remain an issue in sexual health clinics, with rates of macrolide resistance similar to those reported elsewhere. Doxycycline followed by moxifloxacin was the most utilized therapy, which may be difficult to acquire for patients with limited resources.

### **Disclosure of Interest Statement:**

None