



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

Alaska ID ECHO: HCV, HIV, PrEP and common STIs

August 8, 2023

This ECHO (Extension for Community Healthcare Outcomes) is supported by a grant from the Northwest Portland Area Indian Health Board and funding is provided by the HHS Secretary's Minority HIV/AIDS Fund.

AK ID ECHO

Consultant team

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- Lisa Townshend, ANP Hepatology Provider



ALASKA NATIVE
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Agenda

Didactic Presentation:

- Mycoplasma genitalium STI

Presented by:

- Mercedes Cheslock, PhD, Medical Science Liaison – Mountain Region for Hologic
- Theresa P. Savidge, M(ASCP)^{CM} Clinical Microbiology Laboratory Manager, Alaska Department of Health
- Katie Presser, Pharm.D., BCPS, BCIDP, Infectious Diseases Clinical Pharmacy Specialist, ANMC

Patient Case

Welcome to Alaska Infectious Disease ECHO: HCV, HIV, PrEP, STI

Approved Provider Statements:



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Contact Hours:

ANMC designates this activity for a maximum of 12 contact hours, including 3 total pharmacotherapeutics contact hours, commensurate with participation.

Financial Disclosures:

Mercedes Cheslock, Ph.D., faculty for the 8/8/23 event is a medical science liaison for Hologic. Youssef Barbour, MD & Lisa Townshend-Bulson, APRN / faculty for this educational event, are primary investigators in an ANTHC sponsored hepatitis C study funded in part by Gilead Sciences. All of the relevant financial relationships listed have been mitigated.

Requirements for Successful Completion:

To receive CE credit please make sure you have actively engaged in the entire activity, your attendance is recorded by the facilitator, and complete the course evaluation form found here: <https://forms.gle/18t4EgvN2WdnM4P77>



For more information contact
jfielder@anthc.org or (907) 729-1387



ALASKA NATIVE
MEDICAL CENTER

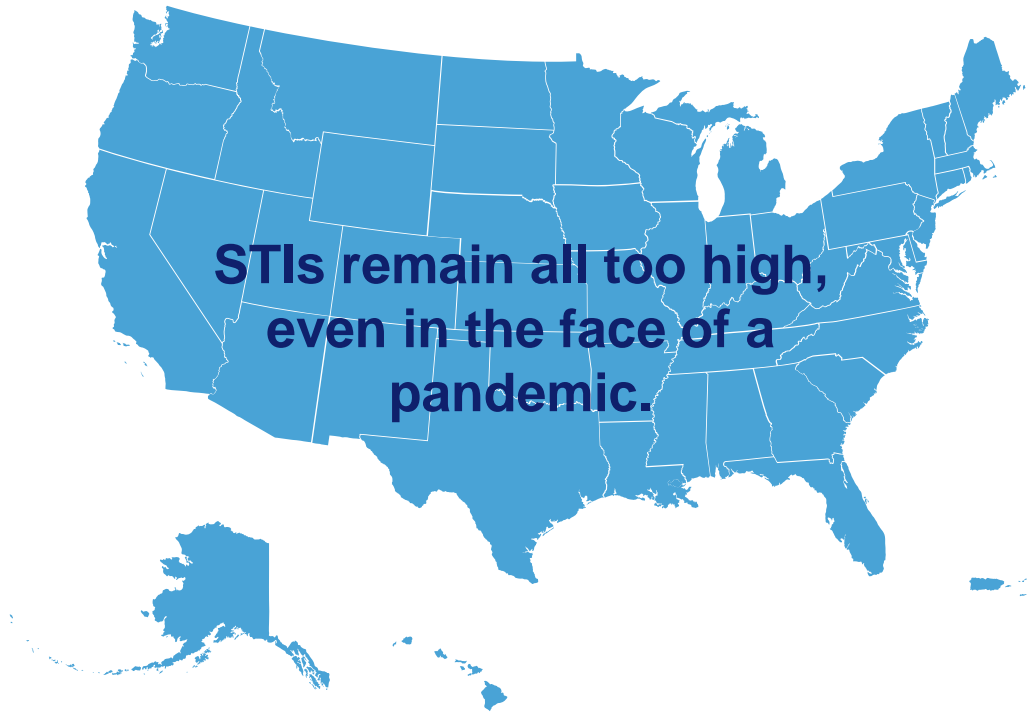




Break the STI Cycle with Accurate *Mycoplasma genitalium* (M. gen) Testing

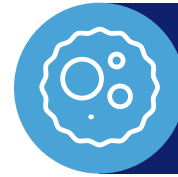
Mercedes Cheslock, Ph.D.

Importance of STI Surveillance



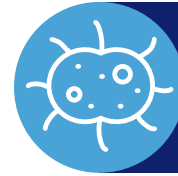
Anyone who has sex could get an STD, but some groups are more affected

- Young people aged 15-24
- Gay and bisexual men
- Pregnant people
- Racial and ethnic minority groups



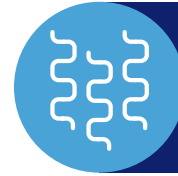
CHLAMYDIA

↓ 4.7% since 2017
1.6 million cases



GONORRHEA

↑ 25% since 2017
696,764 cases



SYPHILIS

↑ 68% since 2017
171,074 cases



SYPHILIS (AMONG NEWBORNS)

↑ 185% since 2017
2,677 cases

Persistent or Recurring Cervicitis

Definition cervicitis that persists after treatment.¹

- Frequently asymptomatic¹
- Commonly caused by CT, NG, TV, HSV-2 and M. gen¹

Diagnostic Criteria¹

1. **Purulent or mucopurulent endocervical discharge** visible in the endocervical canal or on an endocervical swab specimen
2. Signs of **inflammation** such as sustained **endocervical bleeding** easily induced by gentle passage of a cotton swab through the Cervical Os



Most persistent cases of cervicitis **are not** caused by reinfection with CT/NG, rather other factors might be involved such as **M. gen**^{1,2}

Pelvic Inflammatory Disease (PID)

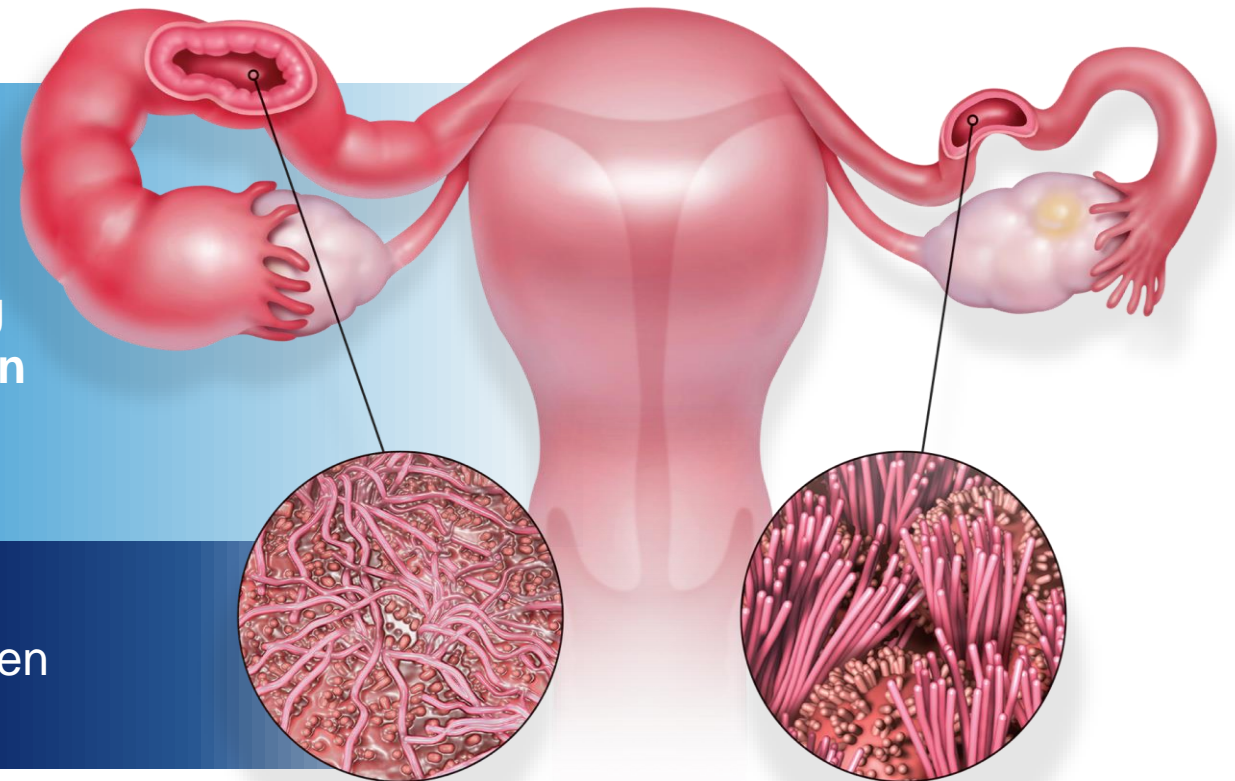
- Can be difficult to diagnose due to subtle or non-specific symptoms
- Commonly caused by STIs such as CT, NG, and associated with TV and M. gen

Diagnostic Criteria

One or more of the following may be present during pelvic examination to consider PID: **cervical motion tenderness, uterine tenderness, or adnexal tenderness.**



Up to **22%** of women with PID have M. gen

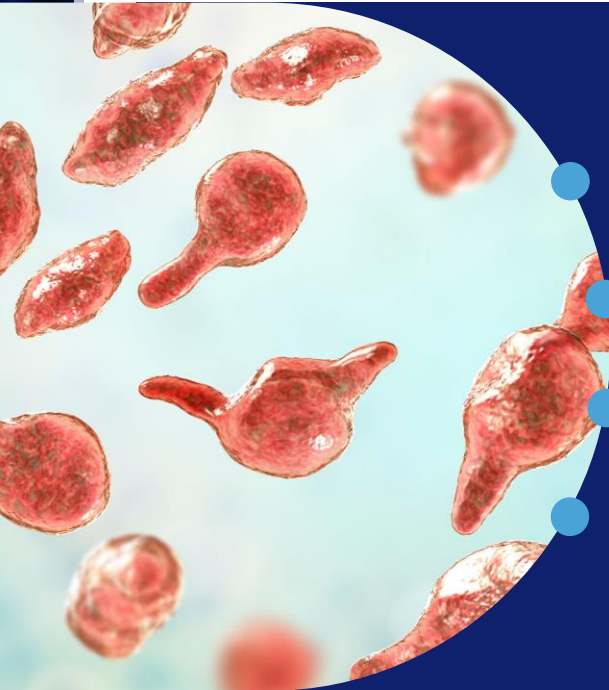


Microscope image of fallopian tube lining **after PID.**

Microscope image of **normal** fallopian tube lining.

Consider M. gen

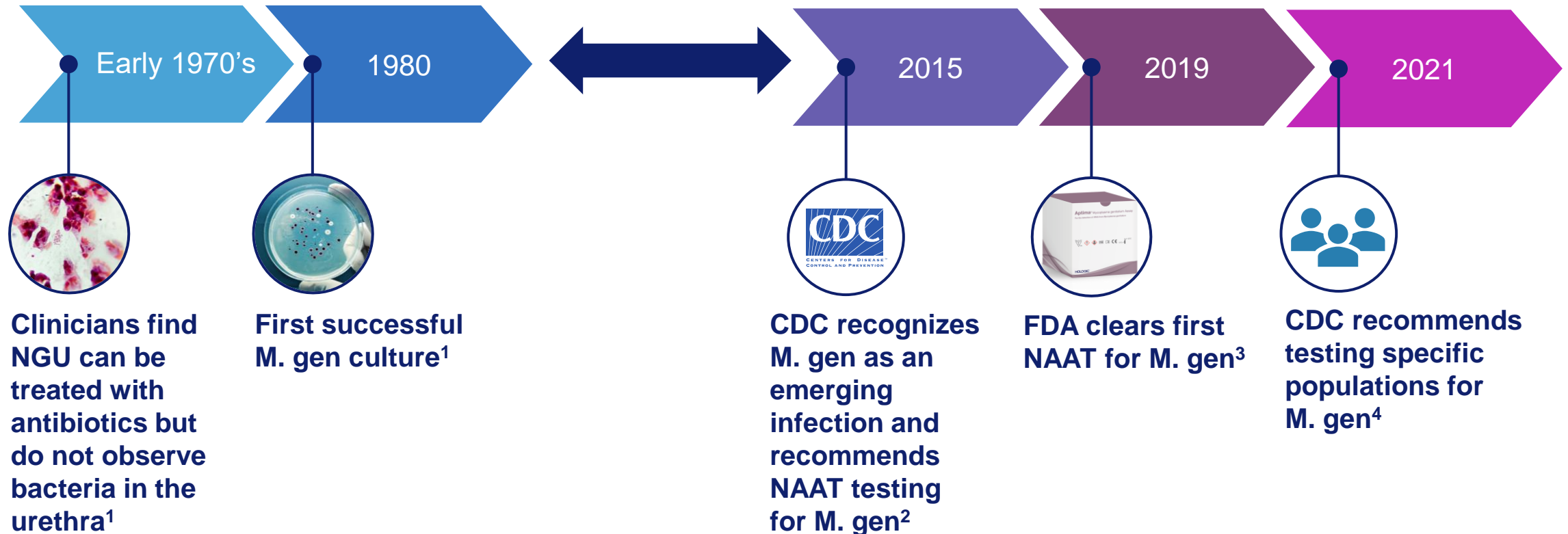
A Prevalent, Often Misdiagnosed STI



- First identified in male non-gonococcal urethritis cases in 1981^{1,2}
- Lives on and in the epithelial cells of the urinary and genital tracts^{1,2}
- Significant morbidity in men²
- Sexually transmitted infection²

Why Are We Only Hearing About This Now?

The Challenge of Diagnosing M. gen



1. Taylor-Robinson D and Jensen JS. *Mycoplasma genitalium*: from chrysalis to multicolored butterfly. *Clin Microbiol Rev.* 2011 July; 24: 498-514. 2. CDC. Sexually Transmitted Diseases and Treatment Guidelines: *Mycoplasma genitalium*. Updated June 4, 2015. Accessed January 22, 2020. <http://www.cdc.gov/std/tg2015/emerging.htm> 3. FDA permits marketing of first test to aid in the diagnosis of a sexually-transmitted infection known as *Mycoplasma genitalium* [press release]. Silver Spring, MD: FDA; January 23, 2019. 4. Workowski, et al. Sexually Transmitted Infections Treatment Guidelines 2021. *MMWR Recomm Rep* 2021;70

Detection of M. gen Requires NAAT



Clinical Presentation

Can be similar to other STIs.¹



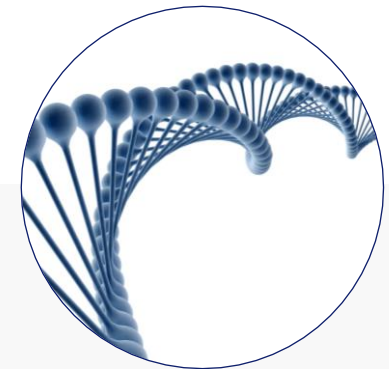
Microscopy

Cannot be seen because M. gen has no cell wall.²



Culture

Is not clinically feasible as it may take up to six months.²



Nucleic Acid Amplification Test (NAAT)

Is the recommended method of detection.²

1. Falk, et al. Signs and symptoms of urethritis and cervicitis among women with or without Mycoplasma genitalium or Chlamydia trachomatis infection. *Sex Transm Infect.* 2005;81(1):73-78. 2. Workowski, et al. Sexually Transmitted Infections Treatment Guidelines 2021. *MMWR Recomm Rep* 2021;70

Clinical Presentation

A woman wearing a white lab coat and glasses is sitting at a desk, looking down at a laptop. The background is a blurred office or clinical setting. The entire image has a blue color overlay.

M. gen: A Prevalent, Often Misdiagnosed STI

Similar Symptoms ^{1,2}						
	Trichomoniasis	Bacterial Vaginosis	Yeast Infection	Chlamydia	Gonorrhea	<i>Mycoplasma genitalium</i>
Abnormal Discharge	✓	✓	✓	✓	✓	✓
Vaginal Odor	✓	✓				
Vaginal Irritation	✓	✓	✓	✓	✓	✓
Pain During Urination/Sex	✓		✓	✓	✓	✓

- Prevalence ~10% in women³
- Rates higher than gonorrhea, and at times as high as chlamydia⁴
- Exhibits similar clinical presentation to trichomonas, chlamydia and gonorrhea⁵

Table adapted from Kent and Mobley

1. Kent H. Epidemiology of vaginitis. Am J Obstet Gynecol. 1991;165(4):1168-1176. 2. Mobley V and Seña AC. Mycoplasma genitalium infection in men and women. UpToDate. Last updated February 15, 2019. Accessed September 8, 2021. 3. Gaydos C, et al. Molecular Testing for Mycoplasma genitalium in the United States: Results from the AMES Prospective Multicenter Clinical Study. J Clin Microbiol. 2019;57(11):e01125-19. Published 2019 Oct 23. doi:10.1128/JCM.01125-19 4. Getman D, et al. Mycoplasma genitalium prevalence, coinfection, and macrolide antibiotic resistance frequency in a multicenter clinical study cohort in the United States. J Clin Microbiol. 2016 Sep; 54(9): 2278-83. 5. Powell, AM. Acute cervicitis. Last updated January 27, 2020. Accessed October 15, 2021. <https://www.uptodate.com/contents/acute-cervicitis>.

M. gen Can Lead to Health Consequences for Females



- Detected in **10-30%** of women with clinical cervicitis.¹
- Identified in up to **22%** of pelvic inflammatory disease (PID) cases.¹
- Persons **<34 years** of age are the most likely to be affected by M. gen.²

2x

Two-fold increased risk of cervicitis, PID, infertility and adverse pregnancy outcomes with M. gen infection.^{3,4}

1. Workowski, et al. Sexually Transmitted Infections Treatment Guidelines 2021. MMWR Recomm Rep 2021;70. 2. Manhart LE, et al. Characteristics of Mycoplasma genitalium Urogenital Infections in a Diverse Patient Sample from the United States: Results from the Aptima Mycoplasma genitalium Evaluation Study (AMES). J Clin Microbiol. 2020;58(7):e00165-20. Published 2020 Jun 24. doi:10.1128/JCM.00165-20 3. Falk, et al. Signs and symptoms of urethritis and cervicitis among women with or without Mycoplasma genitalium or Chlamydia trachomatis infection. Sex Transm Infect. 2005;81(1):73-78 4. Lis R., et al. Mycoplasma genitalium Infection and Female Reproductive Tract Disease: A Meta-analysis. Clinical Infectious Diseases® 2015;61(3):418-26

M. gen Can Lead to Health Consequences for Males



- More likely to exhibit symptoms of an M. gen infection¹
- Responsible for **40%** of persistent or recurrent urethritis in men^{1,2}
- 73% of M. gen positive men show symptoms of urethritis³

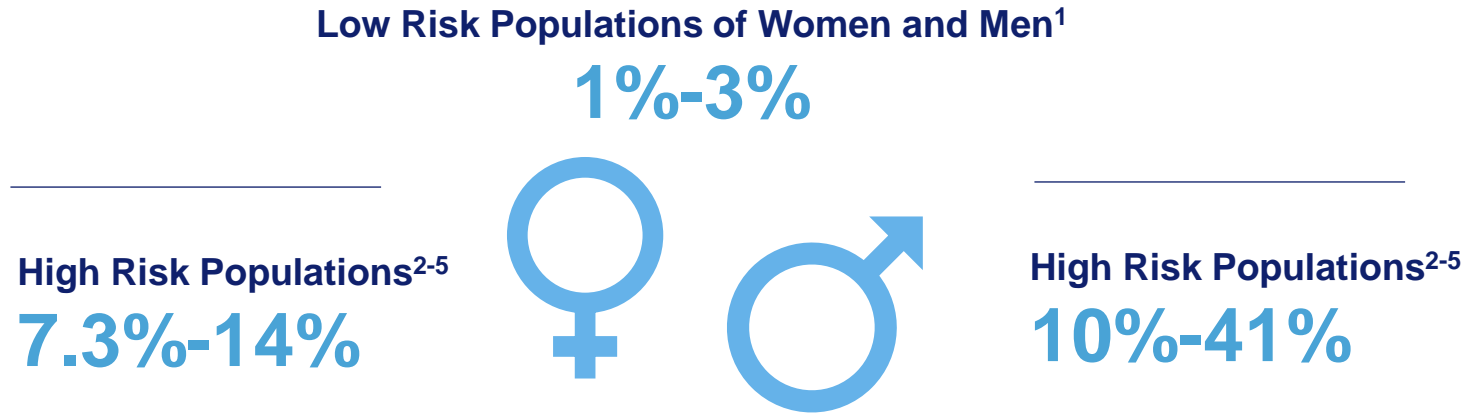
25%

M. gen present in up to **25%** of men with **acute NGU** and over **>33%** of men with **NCNGU**²



Prevalence

Prevalence of M. gen by Population



M. gen Prevalence Studies: Characteristics of Low and High Risk Individuals⁴

Low Risk

- Patients not attending an STI clinic
- Patients attending fertility clinic
- Patients randomly selected from an otherwise healthy population

High Risk

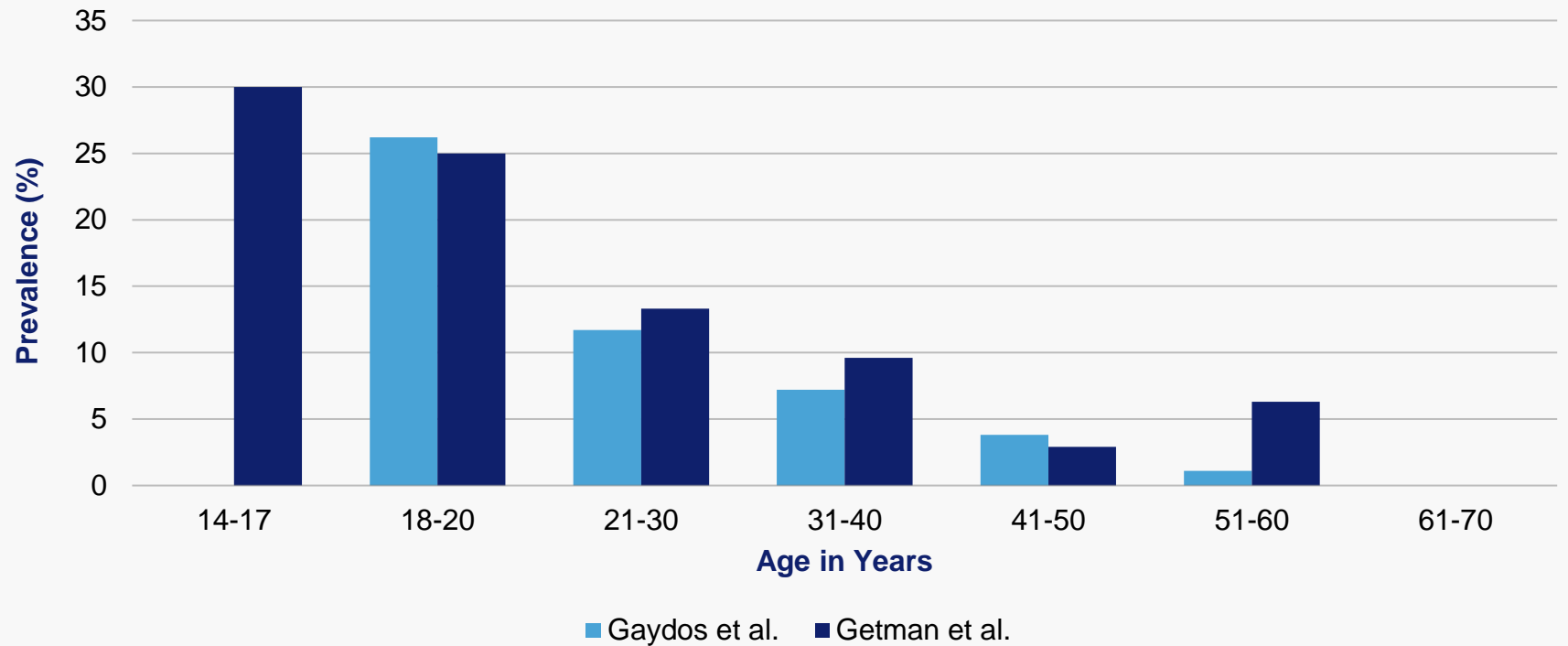
- Patients attending an STI clinic
- Patients presenting to family planning clinics for termination of pregnancy
- Symptoms of urogenital disease
- Sex workers

1. Anagrus C, et al. Treatment of *Mycoplasma genitalium*. Observations from a Swedish STD Clinic. PLOS One. 2013 Apr 8;8(4):e61481. 2. Hilton J, et al. Sex Health. 2010;7(1):77-81. 3. Wikström, et al. *Mycoplasma genitalium*: a common cause of persistent urethritis among men treated with doxycycline. Sex Transm Infect. 2006; 82:276-279. 4. McGowan CL, et al. *Mycoplasma genitalium*: An Emerging Cause of STD in Women. PLoS Pathog. 2011;7(5):e1001324. 5. Wroblewski, et al. Comparison of Transcription-Mediated Amplification and PCR Assay Results for Various Genital Specimen Types for Detection of *Mycoplasma genitalium*. J Clin Microbiol. 2006; 44:3306-12. doi:10.1128/JCM.00553-06.

Prevalence of M. gen by Age: Females



Females: 10.2%¹ to 16.1%²

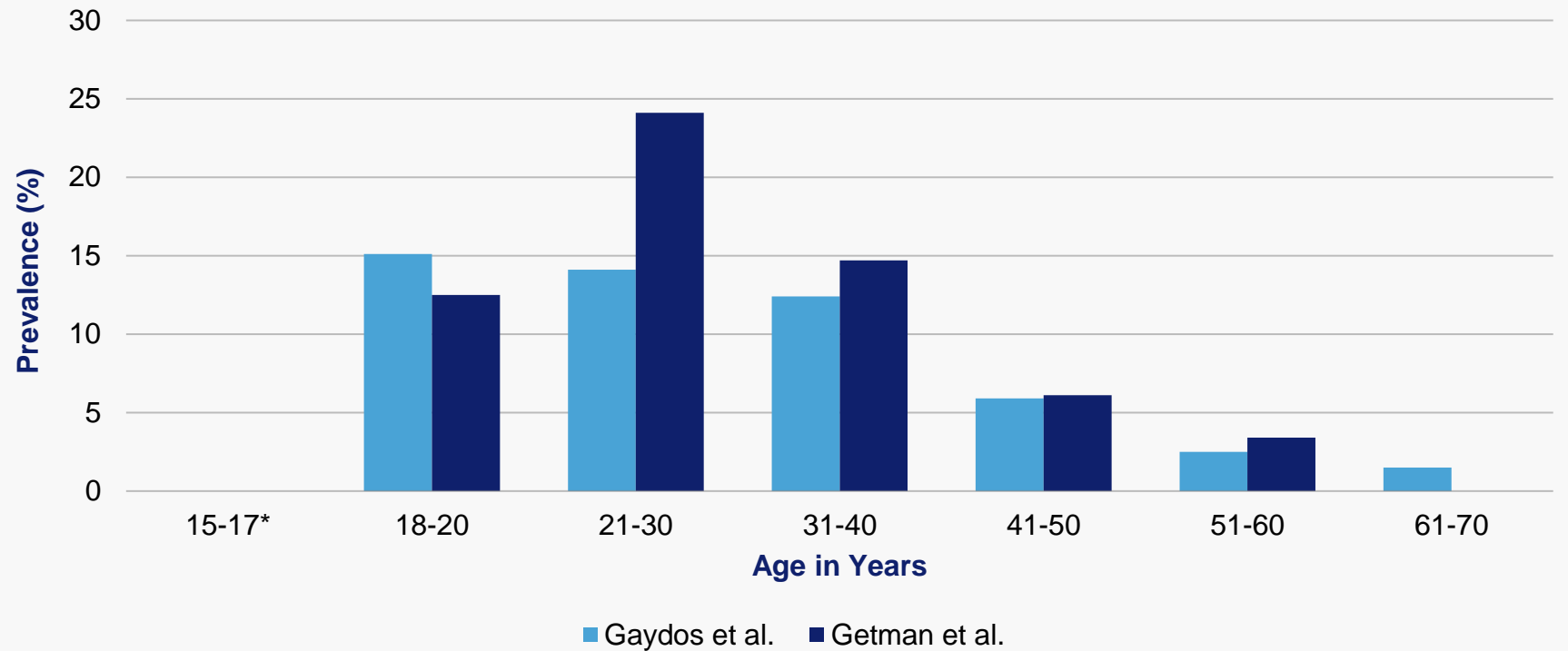


1. Gaydos CA, et al. Molecular testing for Mycoplasma genitalium in the United States: results from the AMES prospective multi-center clinical study. *J Clin Microbiol.* 2019 Oct 23; 57(11). 2. Getman D, et al. Mycoplasma genitalium prevalence, coinfection, and macrolide antibiotic resistance frequency in a multicenter clinical study cohort in the United States. *J Clin Microbiol.* 2016 Sep; 54(9): 2278-83.

Prevalence of M. gen by Age: Males



Males: 10.6%¹ to 17.2%²



*No data for 15-17 age range from Getman, et al study

1. Gaydos CA, et al. Molecular testing for Mycoplasma genitalium in the United States: results from the AMES prospective multi-center clinical study. *J Clin Microbiol.* 2019 Oct 23; 57(11). 2. Getman D, et al. Mycoplasma genitalium prevalence, coinfection, and macrolide antibiotic resistance frequency in a multicenter clinical study cohort in the United States. *J Clin Microbiol.* 2016 Sep; 54(9): 2278-83.

Guidelines

Recommended M. gen testing populations



Whom to Test



Testing is recommended for women with recurrent cervicitis and should be considered in women with PID

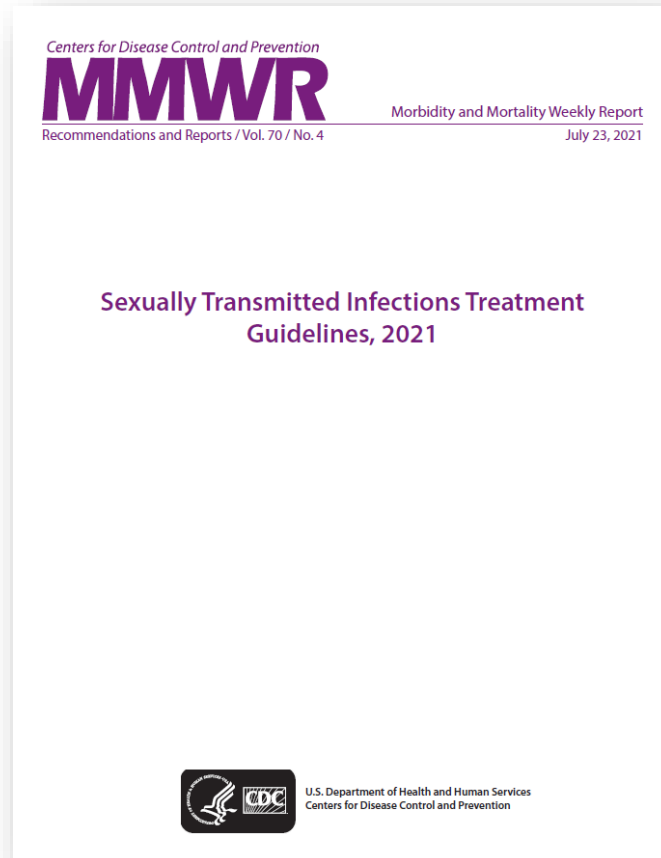
Whom to Test



Testing is recommended for men with recurrent non-gonococcal urethritis

Testing for Other Mycoplasmas

CDC Does Not Recommend *Ureaplasma/M. hominis* Testing Due to Inconsistent and Insufficient Data



“ Data are inconsistent regarding other *Mycoplasma* and *Ureaplasma* species as etiologic agents of urethritis. The majority of men with *Ureaplasma* infections do not have overt disease unless a high organism load is present.

Testing for *U. parvum*, *U. urealyticum*, *Mycoplasma hominis*, or genital culture for group B streptococcus is not recommended.

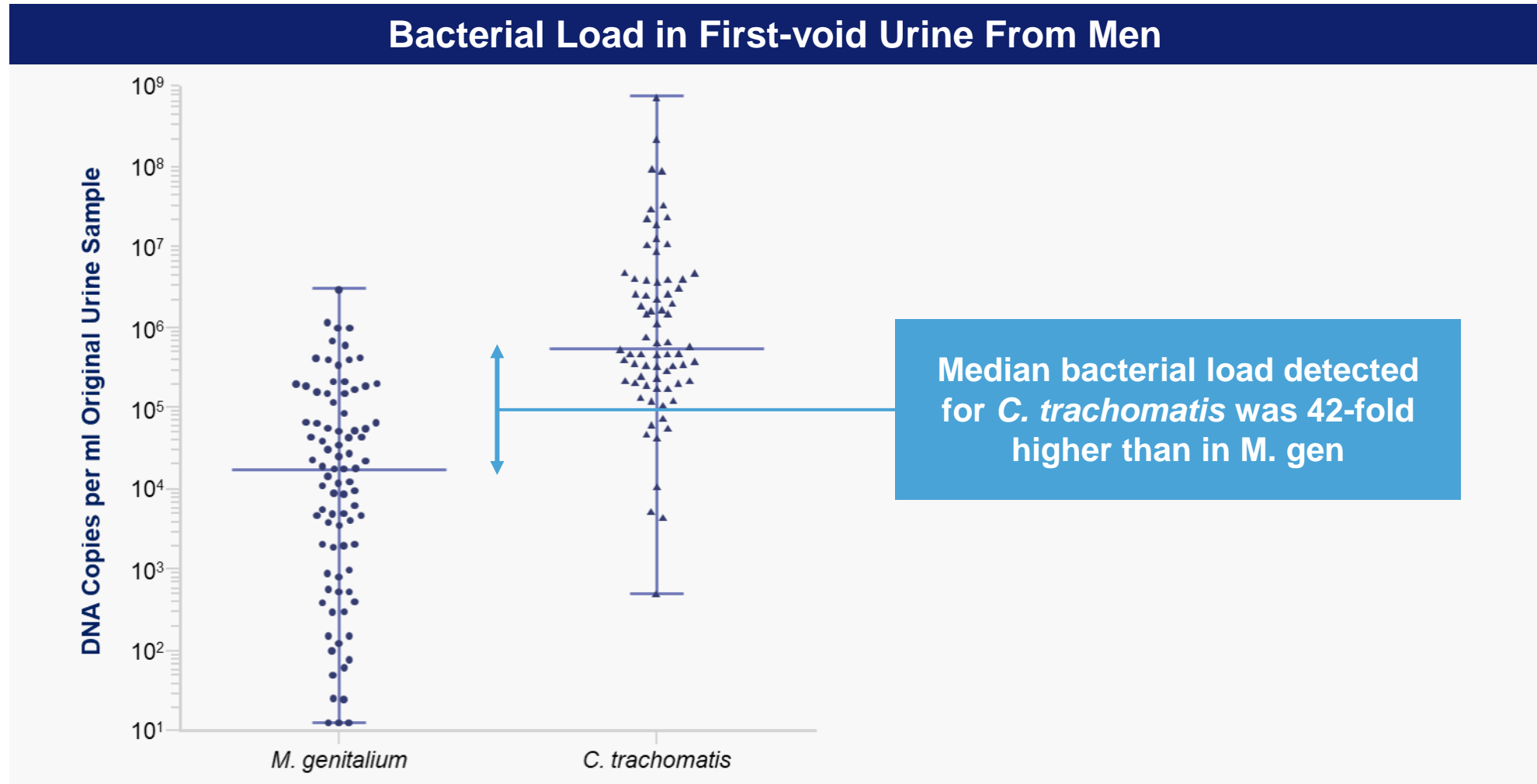
No specific evidence exists for a role for *Ureaplasma parvum* or *Ureaplasma urealyticum* in cervicitis. ”

Detection



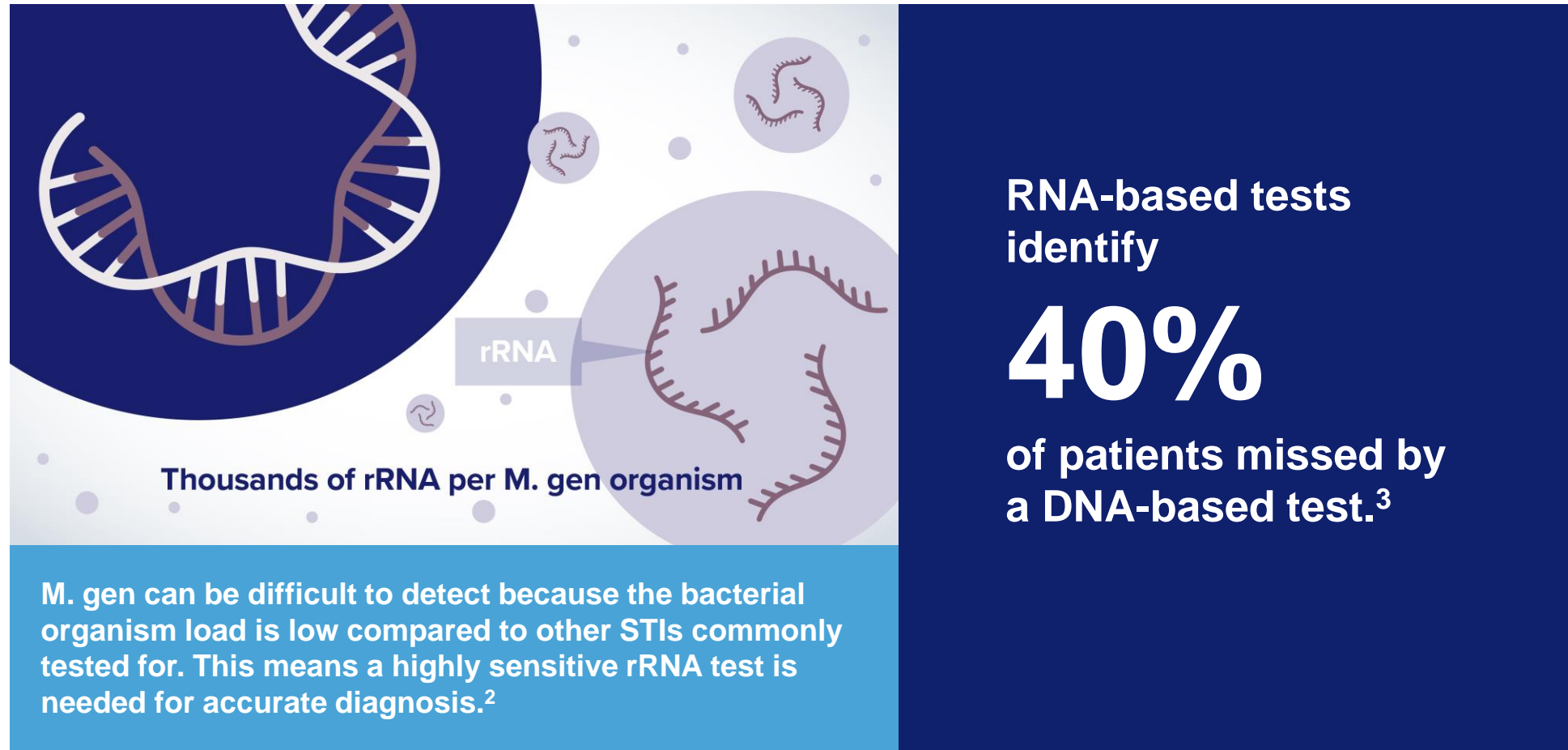
M. gen Organism Load

Why Targeting RNA Matters



Targeting rRNA is Needed to Detect M. gen With High Sensitivity

CDC recommends NAATs to detect M. gen¹

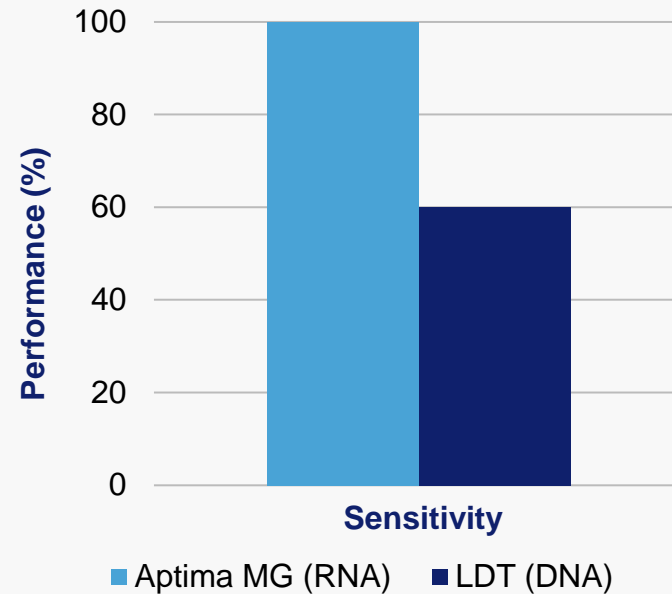


1. CDC. Sexually Transmitted Diseases and Treatment Guidelines: *Mycoplasma genitalium*. Updated June 4, 2015. Accessed January 22, 2020. <http://www.cdc.gov/std/tg2015/emerging.htm> 2. Frølund M, et al. Urethritis-associated pathogens in urine from men with non-gonococcal urethritis: a case-control study. *Acta Derm Venereol*. 2016;96(5):689-694 3. Le Roy C, et al. French prospective clinical evaluation of the Aptima Mycoplasma genitalium CE-IVD assay and macrolide resistance detection using three distinct assays. *J Clin Microbiol*. 2017;55(11):3194-3200.

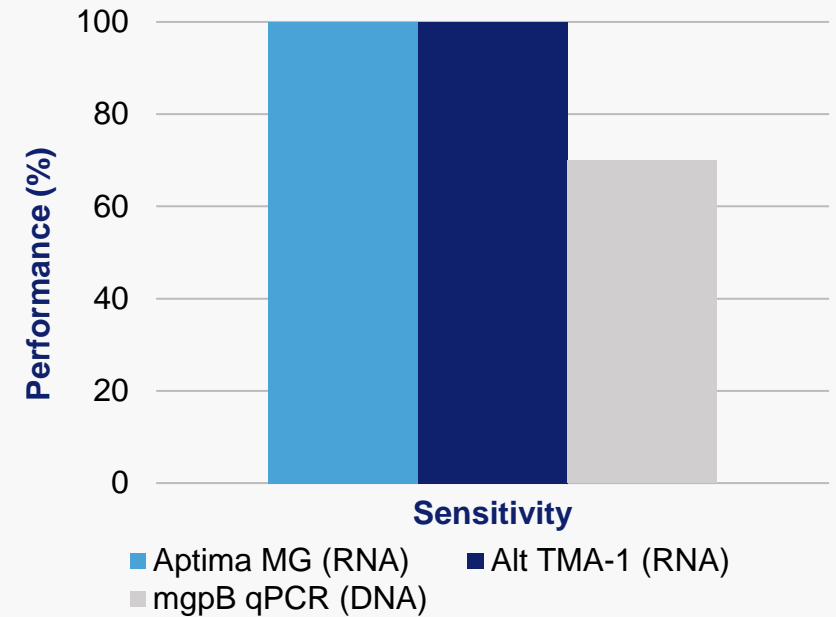
Why Targeting RNA Matters



FAME study¹



NAME study²



RNA-based testing accurately identified the **30-40%** of patients missed by DNA-based testing^{1,2}

1. Adapted from: LeRoy C, et al. French prospective clinical evaluation of the Aptima *Mycoplasma genitalium* CEIVD assay and macrolide resistance detection using three distinct assays. *J Clin Microbiol.* 2017 Nov; 55(11): 3194-3200. 2. Adapted from: Unemo M, et al. Clinical and analytical evaluation of the new Aptima *Mycoplasma genitalium* assay, with data on *M. genitalium* prevalence and antimicrobial resistance in *M. genitalium* in Denmark, Norway and Sweden in 2016. *Clin Microbiol Infect.* 2018 May; 24(5): 533-539.

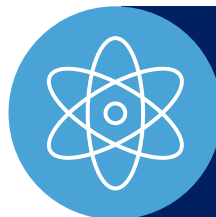
Key Takeaways

M. gen testing is recommended for all patients with recurrent cervicitis, urethritis and PID.¹



Testing for and targeting the right infection with the right treatment is critical.

NAAT is the CDC recommended method for detection of M. gen.¹



The sensitivity of RNA-based tests have been shown to detect the 40% of infections overlooked by DNA-based tests.²

1. Workowski, et al. Sexually Transmitted Infections Treatment Guidelines 2021. MMWR Recomm Rep 2021;70 2. Le Roy C, et al. French prospective clinical evaluation of the Aptima Mycoplasma genitalium CE-IVD assay and macrolide resistance detection using three distinct assays. J Clin Microbiol. 2017;55(11):3194-3200.

Mycoplasma genitalium

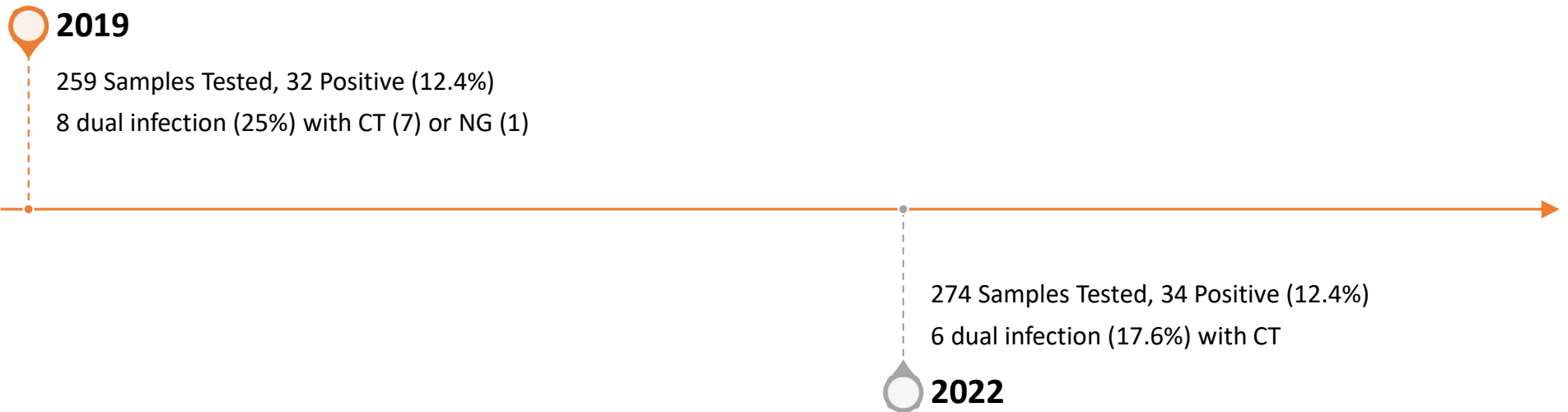
Testing in Alaska - 2023



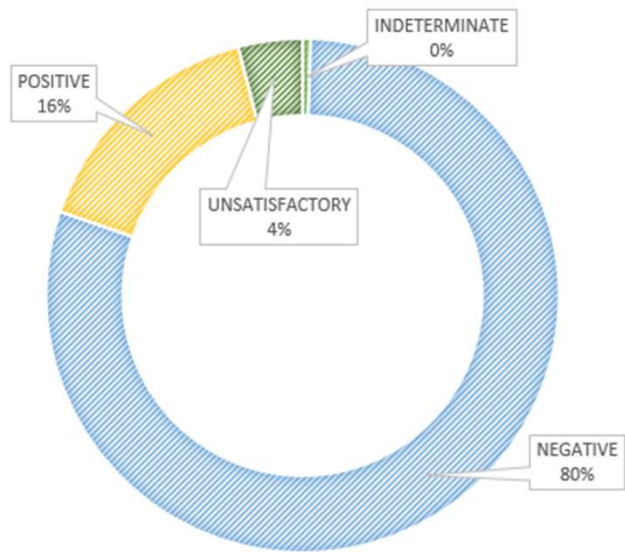
Theresa Savidge

Clinical Microbiology Laboratory Manager
State of Alaska Department of Health
08 August 2023

Test Positivity Studies in Alaska

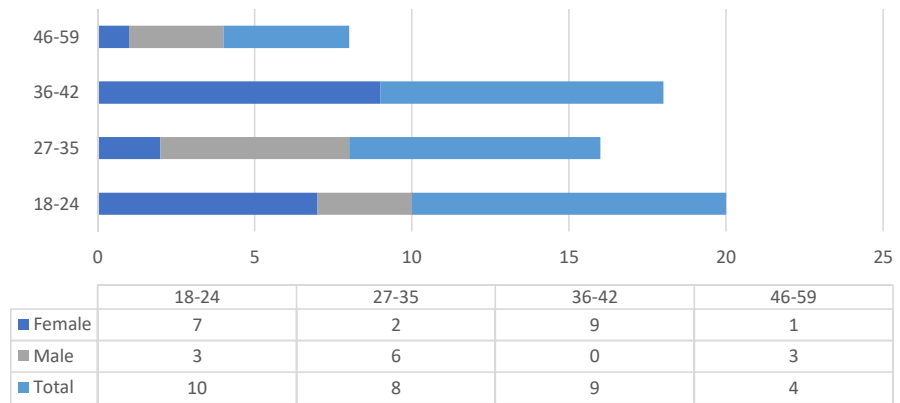


April 5, 2023 - July 31, 2023



RESULTS

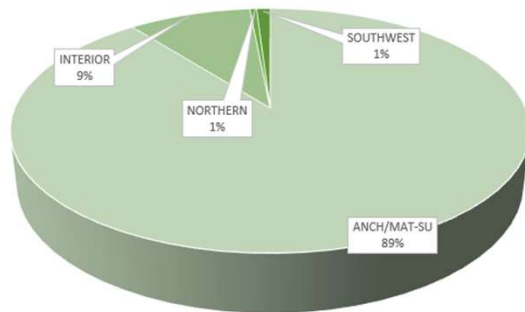
Age Distribution



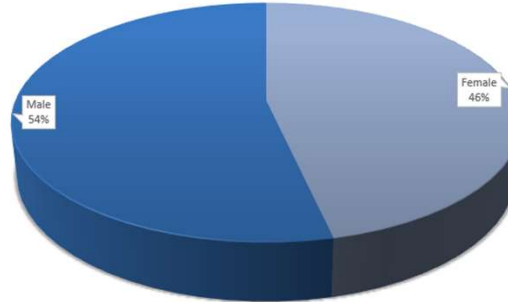
■ Female ■ Male ■ Total

Demographic Statistics

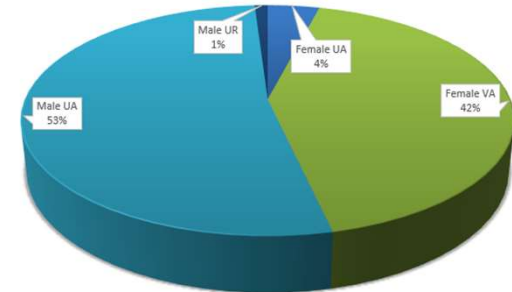
Regional Sample Distribution



Male/Female Submissions



Specimen source



Laboratory Testing at the State Lab

- Methodology
- Collection
- Storage/Transport
- TAT/Final Report
- Test Request Form
- Resistance Testing



Alaska State Public Health Laboratories		Anchorage Lab Request Form 10-22-2007	
PO Box 196003 Anchorage, AK 99519 Phone: 907-334-2100 24 hour: 1-855-222-9918 STPAA Complaint Fax: 907-334-2161		This unique patient identifier is required on the specimen and the requestor. Please print clearly. Indicate if first required fields will result in specimen processing delays.	
Patient Information: Preprinted labels are recommended.		Submitter Information - Report Results to:	
<input type="checkbox"/> Non-Human Sample	Collection Date: _____ Time: _____ am/pm	Facility Name (Hospital/Clinic/etc.): _____	Phone Number: _____
Patient ID (Chart, MR#, etc.): _____	Race: _____ Ethnicity: _____	Provider Name: _____	Fax Number: _____
Last Name: _____ First Name: _____ MI: _____	Mailing Address: _____		
Date of Birth: _____	Gender: _____	Patient Phone Number: _____	
Patient Physical Address: _____		City/Village: _____	State: _____ Zip Code: _____
Chlamydia & Gonorrhea NAAT		Bacteriology	
<input type="checkbox"/> CT/NG Urine	<input type="checkbox"/> CT/NG Endocervical	<input type="checkbox"/> Diptheria Culture Source: _____	<input type="checkbox"/> Contact Epidemiology 1-800-423-0064
<input type="checkbox"/> CT/NG Vaginal	<input type="checkbox"/> CT/NG Urethral	<input type="checkbox"/> Bacterial Culture Complicates: E. coli, Salmonella, Shigella	<input type="checkbox"/> Contact ASPHL 1-855-222-0957
<input type="checkbox"/> CT/NG Oropharyngeal	<input type="checkbox"/> CT/NG Rectal	<input type="checkbox"/> Aeromonas/Fish Pathosis	<input type="checkbox"/> Pre-BAT Serum (min. 10mL serum per patient)
<input type="checkbox"/> CT Eye *Chlamydia Testing Only**		<input type="checkbox"/> Vibrio	<input type="checkbox"/> Data/Time BAT Administered
Trichomonas NAAT, Fee Applies		<input type="checkbox"/> Yersinia	<input type="checkbox"/> Stool
<input type="checkbox"/> Trichomonas Urethral		<input type="checkbox"/> Positive Stigma Screen (EU)	<input type="checkbox"/> Gastric/Colonoscopy
<input type="checkbox"/> Trichomonas Vaginal		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other/Focus: _____
<input type="checkbox"/> Trichomonas Endocervical		Reportable Organism Submission	
<input type="checkbox"/> M. genitalium NAAT, reflex testing		Source: _____	<input type="checkbox"/> Contact Epidemiology 1-800-423-0064
<input type="checkbox"/> M. gen. Urethral	<input type="checkbox"/> M. gen. Urethral	<input type="checkbox"/> Carbanapem Resistance Testing	<input type="checkbox"/> Contact ASPHL 1-855-222-0957
<input type="checkbox"/> M. gen. Vaginal	<input type="checkbox"/> M. gen. Vaginal	<input type="checkbox"/> CHECK/PAC/CRAB **Attach AST**	Specify Pathogen: _____
<input type="checkbox"/> M. gen. Endocervical	<input type="checkbox"/> M. gen. Endocervical	<input type="checkbox"/> Carbapenems	Source: _____
Syphilis		<input type="checkbox"/> Condo/serif	<input type="checkbox"/> Pertussis
<input type="checkbox"/> Syphilis Screen (RPR)		Culture Independent Method Used? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Pertussis PCR
Date For use if trace: < 5 days		CDT Method: _____	<input type="checkbox"/> Boven or M. gen. Resistant to Tetracycline Only
Epidemiology Investigation <input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> Repeat Attach CDT Instrument Protocol**	Send for analysis: complete only antibiotic suscept. (not done)
<input type="checkbox"/> Syphilis Exposure Culture (RPR and RFTA)		<input type="checkbox"/> Comorbidity	Antibiogram start date: _____
Mycobacteriology (TB)		<input type="checkbox"/> Concomitant anti-TB therapy	<input type="checkbox"/> Chemical Threat
Source: _____		<input type="checkbox"/> E. coli STEC (reflexed Positive)	<input type="checkbox"/> Contact ASPHL 1-855-222-0951
<input type="checkbox"/> AF & Culture and Swab		<input type="checkbox"/> E. coli O157 Method Used: _____	Suspected Agent/Strain: _____
Susceptibility testing performed on initial TB positive culture only		<input type="checkbox"/> E. coli H7C12	Source: _____
<input type="checkbox"/> TB NAAT: Contact Aptima TB Control at 1-800-299-0000 for appropriate ordering		<input type="checkbox"/> Shiga Toxin EA Method Used: _____	<input type="checkbox"/> CINA Trace Drug Panel (Izbe CDT)
Parasitology		<input type="checkbox"/> Adenovirus Infection**	<input type="checkbox"/> Test: Alcohol and Glycol (reflex Blood Only - gas top preferred - no CDT)
<input type="checkbox"/> Ova and Parasite Exam		<input type="checkbox"/> Lactaria monocytogenes	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Giardia Cryptosporidium OVA		<input type="checkbox"/> Listeria monocytogenes	Source: _____
<input type="checkbox"/> Acid Fast Exam		<input type="checkbox"/> Yersinia pseudotuberculosis	**Only authorized providers can request Chemistry Testing**
<input type="checkbox"/> Cyclospora, Cryptosporidium, and Cystoisospora		<input type="checkbox"/> Yersinia enterocolitica	<input type="checkbox"/> Blood Lead (Pb) (Initial Source: Capillary or Venous Blood)
<input type="checkbox"/> Pleurocyt Exam		<input type="checkbox"/> Yersinia enterocolitica	<input type="checkbox"/> CINA Trace Drug Panel (Izbe CDT)
<input type="checkbox"/> Helminth Parasite/NeuroID		<input type="checkbox"/> Yersinia enterocolitica	<input type="checkbox"/> Test: Alcohol and Glycol (reflex Blood Only - gas top preferred - no CDT)
<input type="checkbox"/> Blood Parasite Exam		<input type="checkbox"/> Yersinia enterocolitica	Source: _____
Submit EDT and Slotted Thin Smears for malaria		<input type="checkbox"/> Yersinia enterocolitica	
Travel History: _____		<input type="checkbox"/> Yersinia enterocolitica	

If the desired test is not on this form, please review the Fairbanks test request form: <http://ohhs.alaska.gov/ohhs/Labs/Pages/publications/060413.pdf>



Mycoplasma genitalium Treatment

August 2023

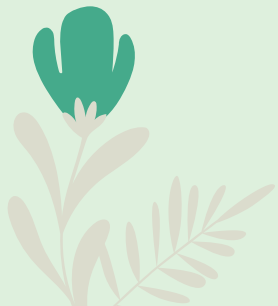
Katie Presser, Pharm.D., BCPS, BCIDP

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Antimicrobial
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01

Antimicrobial Resistance



Resistance

Mgen treatment failures

- <https://airc.cdc.gov/surveys/?s=7NCDWJAYF7ML4PRK>
- CDC Division of STD Prevention reviews and follows up for demographic information



Antimicrobials



Macrolides

- Azithromycin alone is thought to select for resistance.
- Resistance reported from 44-90% in US, Canada, Western Europe and Australia

Quinolones

- Resistance markers are much lower.
- Associated with S831 mutation in the parC gene.
- 0-15% in the US for the mutation.
- Doesn't correlate as well with treatment failure.

Coexistent

- Quinolone resistance is often associated with macrolide resistance also present

Mechanism of Action

M. genitalium

Lacks a cell wall



Antimicrobials

Cell wall active agents are ineffective
(beta-lactams)



02

CDC

Recommendations



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 once 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

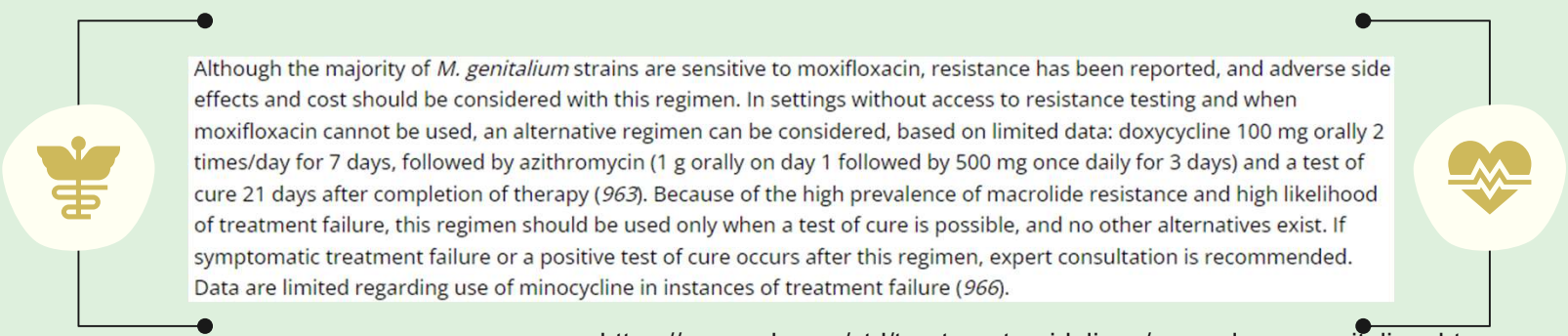
Recommended Regimens if *M. genitalium* Resistance Testing is Not Available

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

But we don't have moxifloxacin



DIFFERENT TREATMENTS



Although the majority of *M. genitalium* strains are sensitive to moxifloxacin, resistance has been reported, and adverse side effects and cost should be considered with this regimen. 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 (963). Because of the high prevalence of macrolide resistance and high likelihood of treatment failure, this regimen should be used only when a test of cure is possible, and no other alternatives exist. If symptomatic treatment failure or a positive test of cure occurs after this regimen, expert consultation is recommended. Data are limited regarding use of minocycline in instances of treatment failure (966).

<https://www.cdc.gov/std/treatment-guidelines/mycoplasmagenitalium.htm>.
Accessed July 13, 2023


03

State of Alaska







Epidemiology Bulletin



Since resistance testing for *Mgen* is not currently available in Alaska, the recommended treatment regimen is doxycycline 100 mg orally 2 times per day for 7 days, followed by moxifloxacin 400 mg orally once per day for 7 days.^{2,7}



For cases occurring in pregnancy, consult the [STD Clinical Consultation Network](#) for treatment recommendations.⁸ Report *Mgen* treatment failures to the [CDC registry](#).⁹

Questions!

DO YOU HAVE ANY
QUESTIONS?



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ALASKA NATIVE
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CONSORTIUM

Questions

You're welcome to unmute yourself or add your question in the chat box.

AK ID ECHO

Alaska Infectious Disease ECHO:
HCV, HIV, PrEP and common STIs

AK LD ECHO

Alaska Liver Disease ECHO



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

- Second Tuesday of every month from noon-1:00 PM AKDT
- Upcoming sessions
 - September 12: Hepatitis B
 - October 10: DoxyPEP
- www.anthc.org/ak-id-echo
- akidecho@anthc.org

- Third Thursday of every month from noon-1:00 PM AKDT
- Upcoming sessions
 - August 17: Importance of Diabetes Management in NAFLD/NASH
 - September 21: Recognizing Common Autoimmune Liver Diseases Seen in Alaska Native and American Indian People
- www.anthc.org/ak-ld-echo
- akldecho@anthc.org

Evaluation and Continuing Education Credit

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Continuing education also available for Behavioral Health (APA), Social Work (ASWB-ACE), and Dietitians (CPEU).

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- A PDF certificate of credit will be automatically emailed to the address provided in the electronic evaluation form.
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- <https://forms.gle/I8t4EgyN2WdnM4P77>

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ANTHC Liver Disease and Hepatitis Program: 907-729-1560

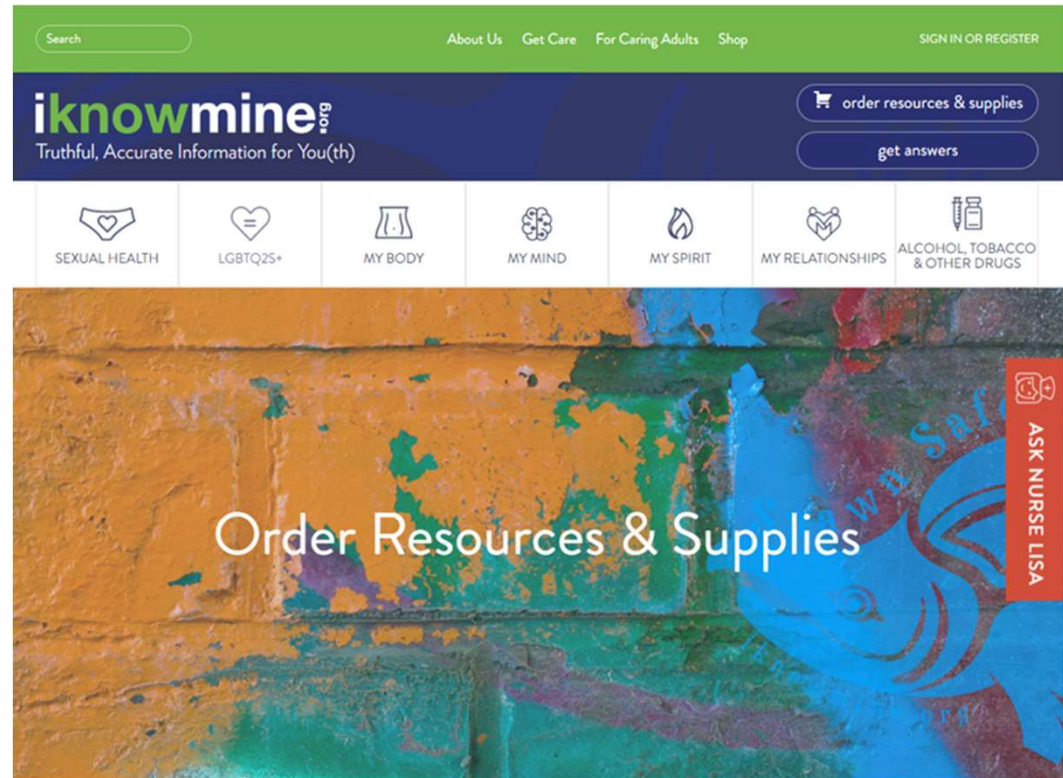
Northwest Portland Area Indian Health Board // www.indiancountryecho.org

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ANTHC's iknowmine.org program

Free prevention resources are available
at iknowmine.org/shop.



HARM REDUCTION KIT



CONDOMS FOR ORGANIZATIONS



HIV SELF-TEST KIT



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Thank you!

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