

M. genitalium detection and resistance testing is now available at SNP

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M. genitalium is thought to affect up to 400,000 Australians. It causes urethritis in men, and in women it can lead to pelvic inflammatory disease, cervicitis and preterm labour. It is also a recognised cause of anorectal proctitis along with other infections including *Chlamydia trachomatis* (including the LGV strains), gonorrhoea, syphilis, HSV and shigellosis. Asymptomatic infection is also common.

Who to test

Only test those with symptoms and their contacts. Screening asymptomatic people for *M. genitalium* is not currently recommended.

Diagnosis

Females: PCR on endocervical or vaginal swab, first pass urine (FPU), ThinPrep® collected by cervical brush/swab.

Males: PCR on urethral swab (in preference to FPU), anorectal swabs. Throat swabs are not recommended as pharyngeal infection is uncommon.

In addition to detection of the pathogen, the assay used at SNP detects macrolide (azithromycin) resistant mutations to help guide choice of therapy.

Current treatment recommendations

Preliminary data from the patient populations tested at SNP suggests resistance rates to macrolides may be as high as 64%. The highest rates are likely to be in the men who have sex with men (MSM) population. Although information regarding fluoroquinolone resistance (moxifloxacin) is not available with this test, some studies suggest resistance to fluoroquinolones is present in 10-15% of infections.

Doxycycline alone is ineffective in two-thirds of infections but will lower bacterial load in most cases, increasing the likelihood of cure with a subsequent antibiotic. Pretreating *M. genitalium* infections with doxycycline for one week and then treating susceptible infections with azithromycin and macrolide-resistant infections with a fluoroquinolone eradicates >90% of infections.

Current treatment regimens

Macrolide sensitive

Doxycycline 100mg bd for 7 days followed by azithromycin 1g stat then 500mg daily for three days (total 2.5g)

OR

Doxycycline 100mg bd for 7 days followed by azithromycin 1g single dose.

It is not known to what extent the improved outcomes resulting from the use of doxycycline followed by 2.5g azithromycin are due to this dose of azithromycin, rather than simply the pre-treatment with doxycycline. The higher dose of azithromycin requires a private prescription.

Macrolide resistant

Doxycycline 100mg bd for 7 days followed by moxifloxacin 400mg daily for 7 days. A longer course of moxifloxacin may be required in women with pelvic inflammatory disease.

Moxifloxacin requires a private prescription, cannot be used in pregnancy and is expensive. It is associated with diarrhoea, occasional tendinopathy and rare neurological and cardiac events.

Treatment failures following appropriate fluoroquinolone treatment may require specialist advice.

Additional actions

Advise no sex without condoms until tested for cure (14 days after completion of treatment).

Advise no sex with untested previous sexual partners.

Test of cure

Test of cure by PCR should be done at least 2 weeks after treatment is completed i.e. 4 weeks after commencing therapy.

Contact tracing

In heterosexuals, the risk of PID and reproductive complications suggests a greater need to trace, test and treat infected contacts. The time period for contact tracing is unknown.

Asymptomatic infection and macrolide resistance are more common in MSM and there is only limited evidence that this is harmful. As moxifloxacin will probably be required for treatment, contact tracing may be best confined to continuing partners of a symptomatic person.

What to order

Test requests: *M. genitalium* detection and resistance testing

Clinical notes: Please include all relevant clinical details including if the patient previously has failed first-line therapy for *M. genitalium*.

Sample: Females: endocervical swab/ vaginal swab/ or first pass urine/ThinPrep® collected via cervical brush/ swab.
Males: urethral swab or anorectal swab. Throat swabs are not recommended.

If multiple specimens are received for an individual patient's investigation (e.g. FPU, urethral, rectal, and throat swabs if submitted) these will be combined prior to testing.

Transport: Ambient temperature; if there is any delay from collection to transport to the laboratory, the sample must be refrigerated.

References:

Draft guidelines for 2017 are available on Australian STI Management Guidelines for Use in Primary Care sti.guidelines.org.au/item/2016annualreviewcomplete (Review due for completion end of February 2018.)

Australian Contact Tracing Manual contacttracing.ashm.org.au/conditions/when-contact-tracing-is-recommended/mycoplasma-genitalium

Note that these recommendations may be subject to change as new information becomes available.

Changes to services for Easter 2018

Warfarin Care enrolments

To ensure the safe and complete enrolment of patients into our Warfarin Care program, enrolments will be closed between the following dates:

Community patients: closing 5 pm Friday 16 March 2018 and re-opening 9 am Tuesday 3 April 2018.

Hospital patients: closing 5 pm Tuesday 20 March 2018 and re-opening 9 am Tuesday 3 April 2018.

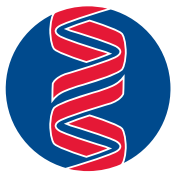
Collection centres

Please see www.snp.com.au for information regarding collection centre closures.

Cardiology services

The Cardiology department will be closed from close of business Thursday 29 March 2018 and will reopen Tuesday 3 April 2018.

Monitoring services are unavailable during this time. All services will recommence on Tuesday 3 April 2018.



Special request forms for skin allergy and therapeutic venesection

Skin allergy testing and therapeutic venesection collection have special requirements that make it essential for patients to bring with them a designated referral form. If the patient does not bring the form, unavoidably, our collection centre staff will need to contact you and this may cause delays.

Skin allergy and therapeutic venesection referral forms are available on the SNP website. The relevant form needs to be completed, printed and given to the patient to bring with them, along with the standard request form, to their appointment.

Skin allergy test

This requires a referral letter in accordance with Medicare Australia guidelines. If the patient arrives without the special referral we will need to call your clinic to access the form. This may delay the collection procedure.

Therapeutic venesection

This procedural collection is conducted under supervision by our doctors and requires detailed clinical information. The special request/consent form sets this out. Please note that patients using this service need to be re-registered annually.

Request forms are available on snp.com.au on the Doctor Services menu

Insights into Cervical Screening Testing

Clinical Audit – Cervical Screening Test

Continuing professional development activity

Sullivan Nicolaides Pathology has developed a CST Audit that provides personalised statistical audit reports at 6 monthly intervals, allowing participants to:

- reflect on clinical outcomes
- look for practice improvement and educational learning opportunities.

By selecting a representative group of women, participants can also monitor patients who need to transition into the new CST Program.

Features

- No minimum number of referrals
- One of the largest clinical audits in Australia
- Generate patient results lists at any time using Sonic Dx

Continuing professional development

OBSTETRICIANS AND GYNAECOLOGISTS

RANZCOG Fellows

Practice Audit and Reflection (PAR) points

RANZCOG Certificants/Diplomates

RACGP category 1 points in the specific area of Women's Reproductive Health and ACRRM PRPD and Obstetric MOPS

GPs

RACGP – QI & CPD program (Women's reproductive health activity)

40 category 1 points + QI component

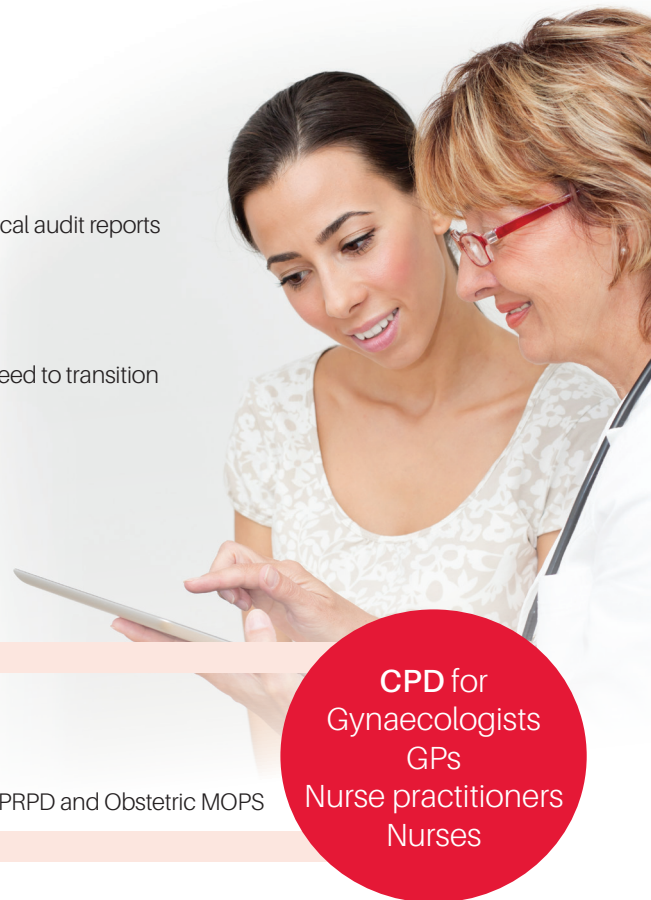
ACRRM – PRPD points

30 PRPD and 30 Obstetric MOPS points

NURSES/NURSE PRACTITIONERS

Continuing professional development activity

Register at register.apps.sonichealthcare.com/audits or contact your Medical Liaison Manager – 1300 767 284



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