## MYCOPLASMA GENITALIUM





Causative organism	Mycoplasma genitalium (Mg)
•	
Incubation period	Unknown but likely to be 60 days or longer
How far back to trace	The time period for contact tracing is unknown. Contact tracing is recommended for ongoing sexual partners
Usual testing method	Nucleic acid amplification testing on first pass urine in penile urethra (urethral swab less sensitive) or, high vaginal swab (cervical swab slightly less sensitive and first pass jurine least sensitive). A rectal swab should be collected in individuals engaging in anal sex. A throat swab is not indicated.
Common symptoms	Often asymptomatic. Symptoms and signs when present are similar to those of chlamydia but less frequent.  If symptomatic, causes penile urethral discharge, urethral discomfort/irritation or dysuria.  In those with a vagina, M. genitalium has been associated with post-coital bleeding, cervicitis and pelvic inflammatory disease.  Symptoms of PID include abdominal and/or pelvic pain, dyspareunia [1-2] and may include fever.  Evidence suggests an association with proctitis in MSM (rectal pain, bleeding and tenesmus), although studies do not show a strong and consistent association
Likelihood of transmission per act of condomless intercourse	Unknown  Although it is established that M. genitalium is sexually transmitted, it is not known how often this occurs per episode of condomless sexual intercourse [3]
	Infection rates in a study of sexual contacts, that predominantly represented
Likelihood of long-term sexual partner being infected	long term partners, are in the order of 40–50% in women and MSM (cis and trans) (rectal site more often infected than urethral site), and 30% in heterosexual men[4].  *Note: the gendered language is that used in the research and repeated here.
	trans) (rectal site more often infected than urethral site), and 30% in heterosexual men[4].  *Note: the gendered language is that used in the research and repeated here.
partner being infected	trans) (rectal site more often infected than urethral site), and 30% in heterosexual men[4].
partner being infected  Protective effect of condoms	trans) (rectal site more often infected than urethral site), and 30% in heterosexual men[4].  *Note: the gendered language is that used in the research and repeated here.  Likely high
partner being infected  Protective effect of condoms  Transmission by oral sex	trans) (rectal site more often infected than urethral site), and 30% in heterosexual men[4].  *Note: the gendered language is that used in the research and repeated here.  Likely high  Low as pharyngeal infection is uncommon (<1%).[3]  Uncertain; however, persistent infection is common: 25% of untreated cervical infections persist > 12 months and infections up to 2.9 years have been reported. With rising antimicrobial resistance persistent infection due to
partner being infected  Protective effect of condoms  Transmission by oral sex  Duration of potential infectivity	trans) (rectal site more often infected than urethral site), and 30% in heterosexual men[4].  *Note: the gendered language is that used in the research and repeated here.  Likely high  Low as pharyngeal infection is uncommon (<1%),[3]  Uncertain; however, persistent infection is common: 25% of untreated cervical infections persist >12 months and infections up to 2-3 years have been reported. With rising antimicrobial resistance persistent infection due to treatment failure is also increasingly common.  PID, spontaneous abortion, post-abortal PID preterm delivery and possibly tubal factor infertility.  Limited evidence to suggest a possible role in sexually acquired reactive
partner being infected  Protective effect of condoms  Transmission by oral sex  Duration of potential infectivity  Important sequelae  Direct benefit of detection and	trans) (rectal site more often infected than urethral site), and 30% in heterosexual men[4].  *Note: the gendered language is that used in the research and repeated here.  Likely high  Low as pharyngeal infection is uncommon (<1%),[3]  Uncertain; however, persistent infection is common: 25% of untreated cervical infections persist >12 months and infections up to 2-3 years have been reported. With rising antimicrobial resistance persistent infection due to treatment failure is also increasingly common.  PID, spontaneous abortion, post-abortal PID preterm delivery and possibly tubal factor infertility.  Limited evidence to suggest a possible role in sexually acquired reactive arthritis and epididymo-orchitis
partner being infected  Protective effect of condoms  Transmission by oral sex  Duration of potential infectivity  Important sequelae  Direct benefit of detection and treatment of contacts	trans) (rectal site more often infected than urethral site), and 30% in heterosexual men[4].  *Note: the gendered language is that used in the research and repeated here.  Likely high  Low as pharyngeal infection is uncommon («1%),[3]  Uncertain; however, persistent infection is common: 25% of untreated cervical infections persist >12 months and infections up to 2-3 years have been reported. With rising antimicrobial resistance persistent infection due to treatment failure is also increasingly common.  PID, spontaneous abortion, post-abortal PID preterm delivery and possibly tubal factor infertility.  Limited evidence to suggest a possible role in sexually acquired reactive arthritis and epididymo-orchitis  Cure/prevent transmission  Counselling, clinical examination, testing of ongoing sexual partners.
partner being infected  Protective effect of condoms  Transmission by oral sex  Duration of potential infectivity  Important sequelae  Direct benefit of detection and treatment of contacts  Usual management of contacts	trans) (rectal site more often infected than urethral site), and 30% in heterosexual men[4].  *Note: the gendered language is that used in the research and repeated here.  Likely high  Low as pharyngeal infection is uncommon («1%),[3]  Uncertain; however, persistent infection is common: 25% of untreated cervical infections persist >12 months and infections up to 2-3 years have been reported. With rising antimicrobial resistance persistent infection due to treatment failure is also increasingly common.  PID, spontaneous abortion, post-abortal PID preterm delivery and possibly tubal factor infertility.  Limited evidence to suggest a possible role in sexually acquired reactive arthritis and epididymo-orchitis  Cure/prevent transmission  Counselling, clinical examination, testing of ongoing sexual partners.  Treat based on test results according to STI guidelines

## References

- Read TRH, Murray GL, Danielewski JA, Fairley CK, Doyle M, Worthington K, Su J, Mokany E, Tan LT, Lee D, Vodstroil LA, Chow EPF, Garland SM, Chen MY, Bradshaw CS. Symptoms, Sites, and Significance of Mycoplasma genitalium in Men Who Have Sex with Men. Emerg Infect Dis. 2019 Apr;25(4):719-727.DDI: 10.3201/eid2504.181258
  Lattimer RI, Shilling HS, Vodstroil LA, Machalek DA, Fairley CK, Chow EPF, Read TR, Bradshaw CS. Prevalence of Mycoplasma genitalium by anatomical site in men who have sex with men: a systematic review and meta-analysis. Sex Transm Infect. 2020 Apr 27: sextrans-2019-054310. doi: 10.1136/sextrans-2019-054310.

  Taylor-Robinson D, Jensen JS. Mycoplasma genitalium: from Chrysalis to multicolored butterfly. Clin Microbiol Rev. 2011 Jul;24(3):498-514. doi: 10.1128/CMR.00006-11. PMID: 21734246; PMCID: PMC3131060.

  Siffirski JB, Vodstroil LA, Fairley CK, et al Mycoplasma genitalium Infection in Adults Reporting Sexual Contact with Infected Partners, Australia, 2008-2016. Emerg Infect Dis. 2017 Nov;23(11):1826-1833

Page last updated September 2022



Useful resources and websites References and further reading