

INCREASING MACROLIDE TREATMENT FAILURE IN WOMEN WITH *MYCOPLASMA GENITALIUM* IN A PUBLIC HOSPITAL

the women's hospital victoria australia

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RESULTS: TOC AND



AUDIT 1

CONCLUSIONS

- Azithromycin 1gm stat efficacy decreasing
- » Our TOC failure rate was 20% on the background

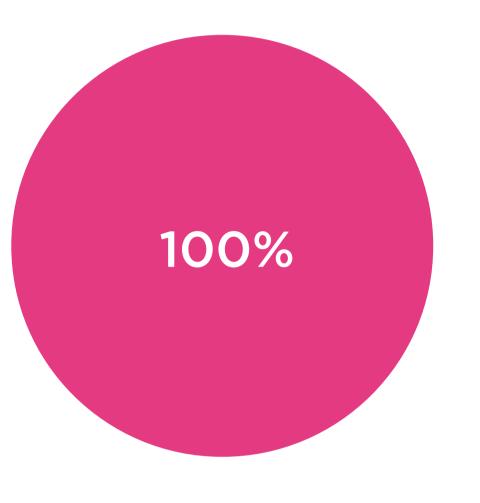
PUBLIC BURDEN

- » Relatively newly recognised
- » Few routine diagnostic assays available
- In Australia where measured prevalence low (2.4%)¹ but may be higher in women attending a Sexual Health Clinic
- » Often asymptomatic
- Consequences of women carrying it increases risk of PID- RR 2.35²
- » MG and termination of pregnancy increases risk of PID- OR 6.29²

DISEASE ASSOCIATIONS

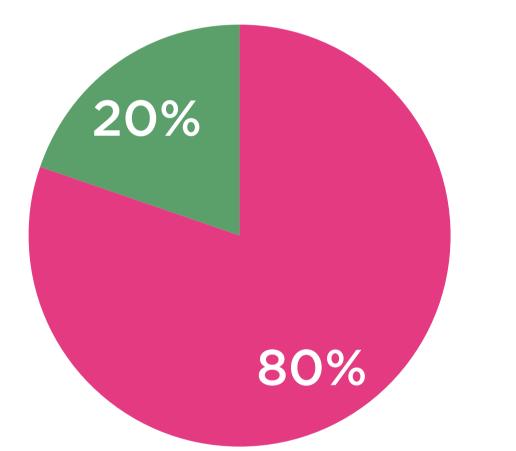
- » Upper genital tract infection (pooled OR 2.15)²
- » Ectopic pregnancy
- » Tubal factor infertility (pooled OR 2.43)²
- » Adverse pregnancy outcomes
 - Preterm birth (pooled OR 1.89)²
 - Spontaneous abortion (pooled OR 1.82)

Negative TOC n=55



AUDIT 2

Negative TOC 53
Failed TOC 13



- of a resistance rate of 48% as we were using MGMRT to guide our treatment
- The audit highlighted the need to improve processes around enabling patients to access TOC

ALTERNATIVE THERAPIES

- » Moxifloxacin 400mg OD for 10 days
 - Caution in pregnancy
 - Recently treatment failures up to 30%²
- » Pristinomycin
- Used for skin, respiratory and bone infections
- Melbourne Sexual Health 1gm QID for 10 days
- Royal Women's Hospital 1gm BD for 10 days

REMEMBER

- TOC essential at RWH TOC with resistance testing available
- Same syndrome as Chlamydia but treat differently due to rapid development of resistance to standard antibiotic treatment

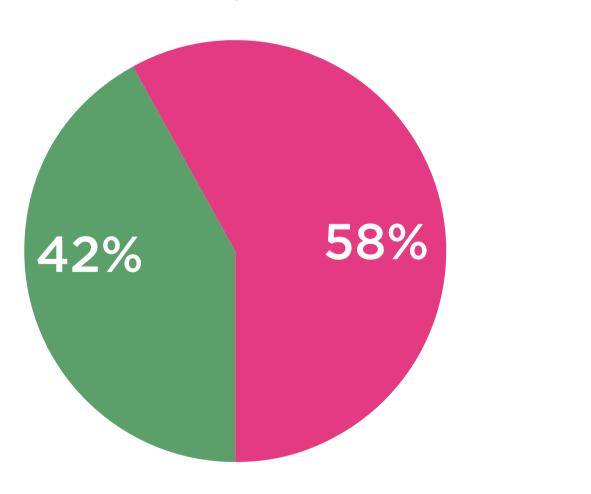
- Consider screening high risk women
 (e.g. new partner, STOP, gynae procedure)

METHOD

	Audit 1	Audit 2
Period of testing	Aug 2009– Dec 2010	Jan 2014– Oct 2015
Population of patients	1636 women requesting termination of pregnancy	9374 women tested hospital wide
No. tested +ve for MG	74 (4.5%)	222 (2.3%)
Test Of Cure (TOC)	55 negative*	53 – negative* 13 – positive
MG resistance testing (23S rRNA	Not available	48 (patients undergoing STOP, IUCD

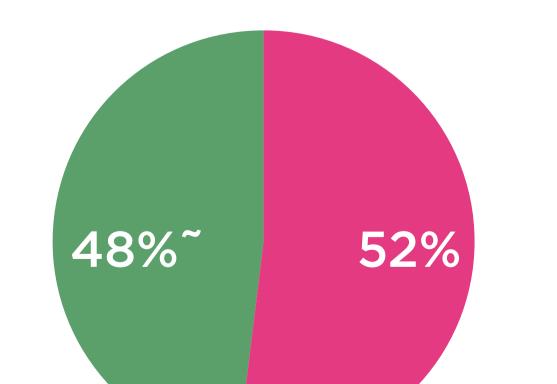
AUDIT 2 TOC WITH MGMRT

MGMR negative 10
 MGMR positive 14



MGMRT HOSPITAL WIDE

MGMR negative 25
 MGMR positive 23



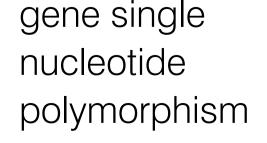
- Know the resistance profile in your population to guide your prescribing
- » Consider resistance testing if
 - Pregnant, PID, gynae procedure
 - Outcome of test would change management

ACKNOWLEDGEMENTS

The staff of molecular microbiology laboratory at the Royal Women's Hospital for the development of the resistance testing and their support while conducting this audit.

REFERENCE

- Walker et al. BMC Infectious Diseases 2011, 11:35 http://www.biomedcentral.com/ 1471-2334/11/35
- Jensen and Bradshaw BMC Infectious Diseases (2015) 15:343 DOI 10. 1186/s12879-015-1041-6

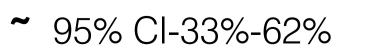




partners)

pregnant,

multiple



* Rest lost to follow up

MGMRT

Mycoplasma genitalium Macrolide Resistance Testing

CONTACT INFORMATION

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