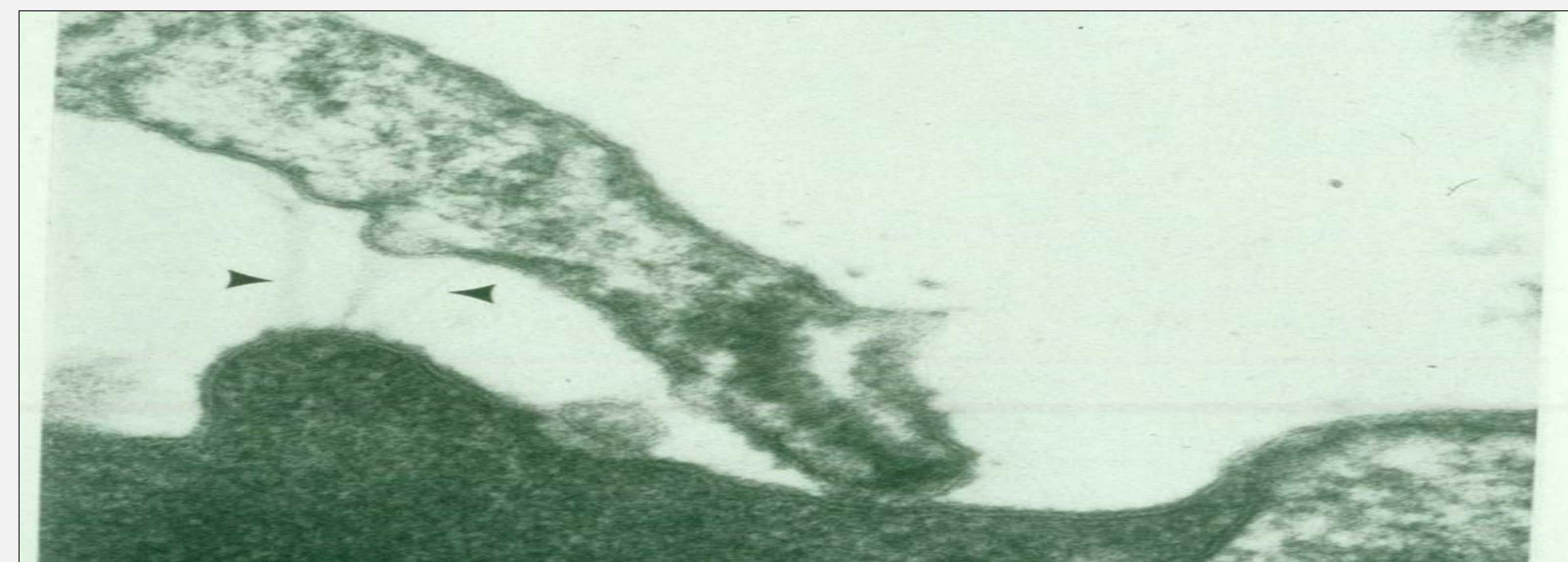


# Increased rates of urethral *Mycoplasma genitalium* in MSM at Western Sydney Sexual Health Centre. Implications for future screening.

## Background, Study Aim & Methods:

A case-control study in Sydney in 2006-7 found *Mycoplasma genitalium* (MG) in 4.5% of men with urethral symptoms and 0.8% of asymptomatic controls; most (86%) infections were in heterosexual men.

A retrospective clinical audit at Western Sydney Sexual Health Centre (WSSHC) investigated the proportions of men-who-have-sex-with-men (MSM) and heterosexual men among men testing positive for urethral MG from January 2013 to December 2015, and the change in the proportion testing MG-positive among men with NGU since 2006-7. Data were entered into Excel and analysed using STATA version 12.



Among men with urethral MG infection, the MSM proportion has increased more than 3-fold, from 14% in 2006-7 to 43% in 2013-5.

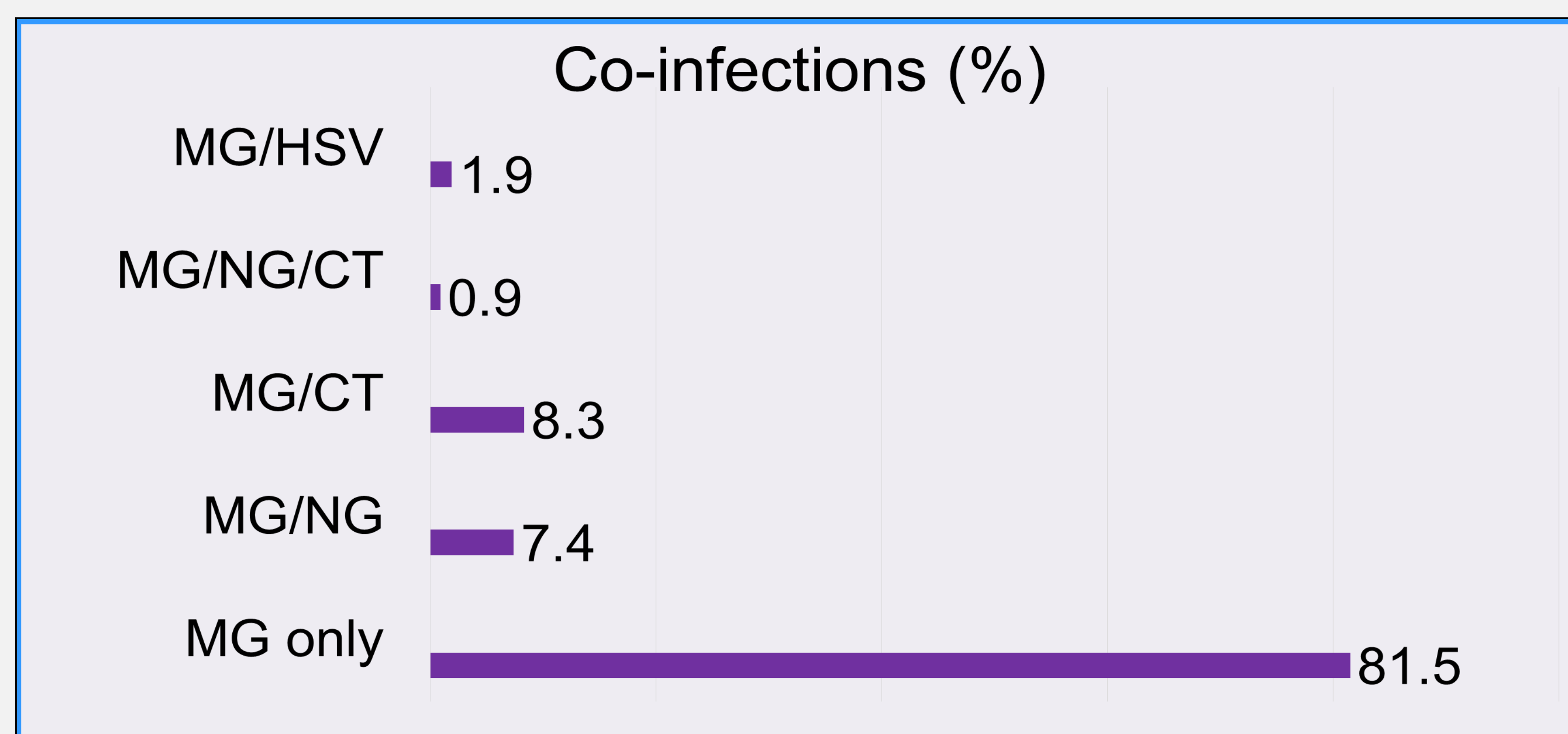
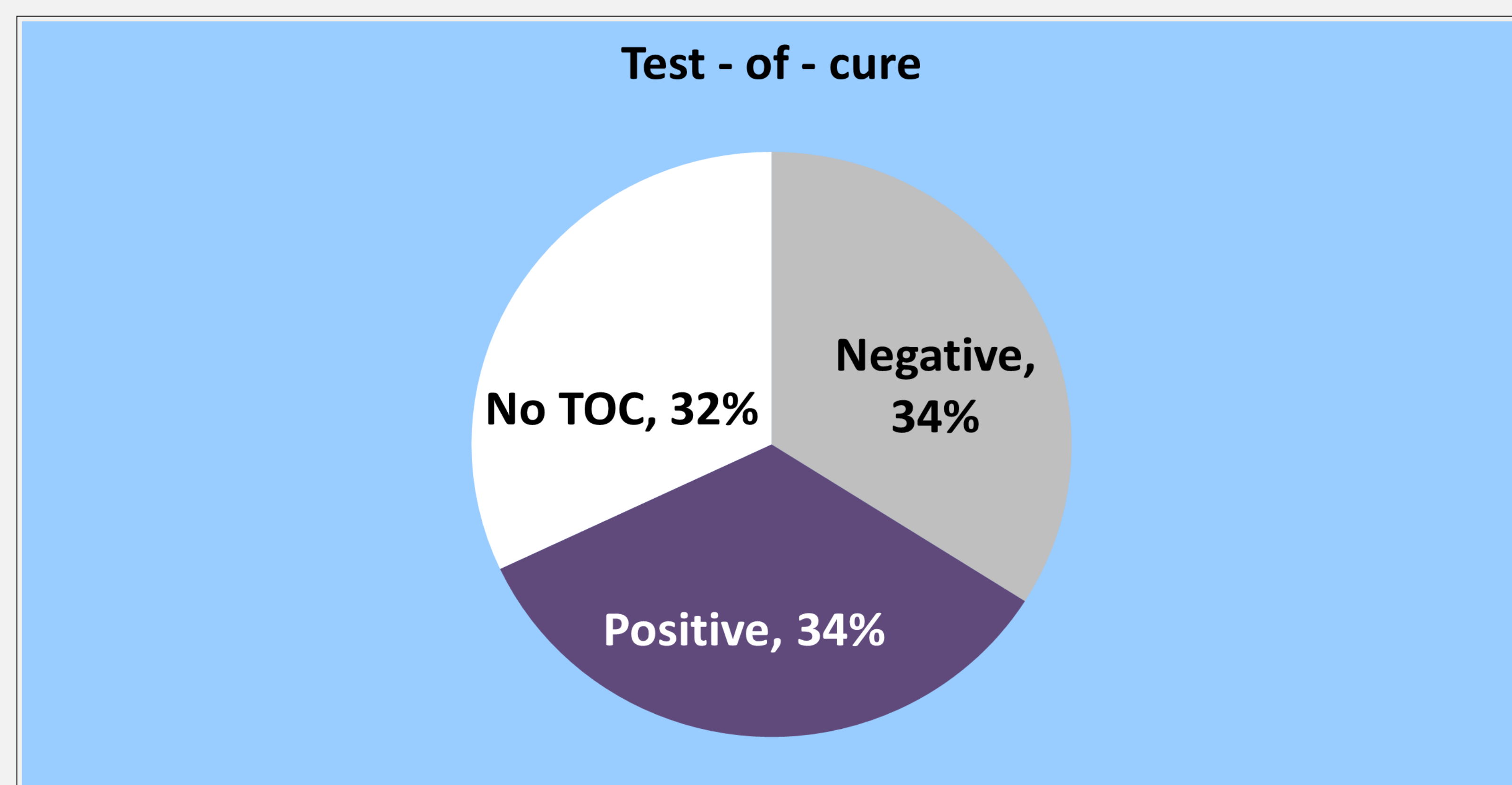
Over the same time period, MSM as a proportion of total men attending WSSHC has almost doubled from 26% to 49%, indicating an increase in MG among MSM with urethritis.

## Results

There were 94 men with urethral MG infections; 57% had only female partners and 43% were MSM. 92% were symptomatic, and 18.5% were co-infected with another urethral pathogen (*Chlamydia trachomatis*, and/or *Neisseria gonorrhoeae*, herpes simplex virus type 1 or 2).

There was no difference between MSM and heterosexual men in being symptomatic ( $p=.30$ ), having a co-infection ( $p=.34$ ), or testing positive at test-of-cure ( $p=.62$ ).

MG-positive cases comprised 16% of total NGU diagnoses recorded, but only 9% of positive laboratory samples, which included TOC results. Therefore it is likely that NGU diagnoses were under-recorded in the clinic database, and the true proportion of MG+ NGU is less than 9%.



## Conclusions

MSM comprised an increased proportion of MG-positive NGU cases (43% in 2013-5 compared with 14% in 2006-7).

A prospective study is needed to accurately measure current rates of MG among MSM and heterosexual men with NGU. Given high rates of anal sexually transmitted infections among MSM, recent reports of MG-associated proctitis, and evidence of increasing urethral MG infections, prevalence of rectal MG among MSM should be investigated.

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