Mycoplasma genitalium Management in Adults

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Table 1: Recommended Antimicrobial Regimens for Mycoplasma genitalium Infection Treatment		
Selected Conditions	Oral Regimens	Considerations
M. genitalium Detected by FDA-Approve	ed NAAT	
Resistance testing unavailable or macrolide resistant	Doxycycline 100 mg twice daily for 7 days followed by moxifloxacin 400 mg once daily for 7 days	 Pregnancy: Doxycycline and moxifloxacin are generally not recommended [a]. Preferred for PID: 14-day moxifloxacin-containing regimen [b]
Macrolide susceptible or moxifloxacin unavailable	Doxycycline 100 mg twice daily for 7 days followed by azithromycin 1 g on day 1 followed by azithromycin 500 mg once daily for 3 days	 Persistent symptoms: If regimen is used in the absence of macrolide-susceptibility testing, perform test of cure at 21 days after treatment completion [CDC 2021]. Pregnancy: Doxycycline is generally not recommended [a].
M. genitalium NAAT Unavailable		
High clinical index of suspicion (other STIs should be reasonably excluded before initiating treatment)	Doxycycline 100 mg twice daily for 7 days followed by moxifloxacin 400 mg once daily for 7 days	 Pregnancy: Doxycycline and moxifloxacin are generally not recommended [a]. Preferred for PID: 14-day moxifloxacin-containing regimen [b]

Abbreviations: FDA, U.S. Food and Drug Administration; NAAT, nucleic acid amplification testing; PID, pelvic inflammatory disease; STI, sexually transmitted infection.

Notes:

- a. See guideline section Treatment > Treatment in Pregnancy.
- b. A 14-day regimen containing moxifloxacin (400 mg per day) is effective for PID treatment [Ovens, et al. 2020; Latimer, et al. 2019; Judlin, et al. 2010; Ross, et al. 2006], in addition to an empiric 14-day regimen for PID that contains doxycycline [CDC 2021]. The evaluation and treatment of PID are not limited to the management discussed here.

References

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