

Proper diagnosis is important to drive **the right treatment decisions.**

Treatment is Organism Specific¹

Trichomoniasis

- ▶ **Metronidazole**
500 mg orally 2 times /day for 7 days
- or
- ▶ **Tinidazole**
2 g orally single dose

Gonorrhea

- ▶ **Ceftriaxone**
1500 mg* IM in a single dose for persons weighing <150 kg
- If chlamydial infection has not been excluded, treat for chlamydia with **Doxycycline** 100 mg orally 2 times/day for 7 days
- * For persons weighing ≥150 kg, 1 g **Ceftriaxone** should be administered.

Chlamydia

- ▶ **Doxycycline**
100 mg orally 2 times/day for 7 days

M. gen Treatment Considerations¹

Mycoplasma genitalium

Stage 1: Recommended Regimens if M. gen Resistance Testing Is Available:

- ▶ If macrolide sensitive: 100 mg orally 2x/day for 7 days of **Doxycycline**, followed by 1g orally initial dose of **Azithromycin**, followed by 500 mg orally 1x/ day of **Azithromycin** for an additional 3 days (2.5g total)
- ▶ If macrolide resistant: 100 mg orally 2x/day for 7 days of Doxycycline, followed by 400 mg orally 1x/ daily for 7 days of **Moxifloxacin**

Stage 2: Recommended Regimens if M. gen Resistance Testing Is **NOT** Available:

- ▶ 100 mg orally 2x/day for 7 days of **Doxycycline**, followed by 400 mg orally 1x/daily for 7 days of **Moxifloxacin**

The content in this piece is for information purposes only and is not intended to be medical advice. It is the responsibility of the treating provider to determine the appropriate course of action.

One sample. Multiple results. Maximum Efficiency.

Choose the **FDA-cleared NAAT** for the detection of ribosomal RNA (rRNA) from *M. gen*

Aptima® Multitest Swab

Detect up to **7 infections** and disease states with just one vaginal swab sample.

Self and clinician-collected vaginal swabs are the **preferred collection method** for *M. gen* testing.¹⁴



Vaginal Sample



Penile Meatal Sample*



* Penile meatal sample only FDA-cleared for *M. gen*.

Alternative Specimen Collection Also Available

Urine
▶ Female urine (first catch)
▶ Male urine (first catch)

Unisex Swab
▶ Endocervical swabs
▶ Male urethral swabs

Visit **HologicWomensHealth.com** for more information.

Refer to the appropriate assay package insert for available specimen types.

References: 1. Workowski, et al. Sexually Transmitted Infections Treatment Guidelines 2021. MMWR Recomm Rep 2021;70 2. Falk L, et al. Signs and symptoms of urethritis and cervicitis among women with or without *Mycoplasma genitalium* or *Chlamydia trachomatis* infection. *Sex Transm Infect.* 2005;81(1):73-78. 3. Frolund M, et al. Urethritis-associated pathogens in urine from men with non-gonococcal urethritis: a case-control study. *Acta Derm Venereol.* 2016;96(5):689-694. 4. Kent H. Epidemiology of vaginitis. *Am J Obstet Gynecol.* 1991;165(4):1168-1176. 5. Mobley V and Seña AC. Mycoplasma genitalium infection in men and women. UpToDate. Last updated February 15, 2019. Accessed September 8, 2021. 6. Gaydos C, et al. Molecular Testing for Mycoplasma genitalium in the United States: Results from the AMES Prospective Multicenter Clinical Study. *J Clin Microbiol.* 2019;57(11):e01125-19. Published 2019 Oct 23. doi:10.1128/JCM.01125-19 7. Jensen et al., *Mycoplasma genitalium*: prevalence, clinical significance, and transmission. *Sex Transm Infect.* 2005;81:458-462. 8. Taylor-Robinson D and Jensen JS. Mycoplasma genitalium: from chrysalis to multicolored butterfly. *Clin Microbiol Rev.* 2011;24(3):498-514. 9. Vandepitte J, et al. Association between *Mycoplasma genitalium* infection and HIV acquisition among female sex workers in Uganda: evidence from a nested case-control study. *Sex Transm Infect.* 2014;90(7):545-549. 10. Lis R, et al. *Mycoplasma genitalium* infection and female reproductive tract disease: a meta-analysis. *Clin Infect Dis.* 2015;61(3):418-426. 11. Le Roy C, et al. French prospective clinical evaluation of the Aptima Mycoplasma genitalium CE-IVD assay and macrolide resistance detection using three distinct assays. *J Clin Microbiol.* 2017;55(11):3194-3200. 12. Unemo M, et al. Clinical and analytical evaluation of the new Aptima Mycoplasma genitalium assay, with data on *M. genitalium* prevalence and antimicrobial resistance in *M. genitalium* in Denmark, Norway and Sweden in 2016. *Clin Microbiol Infect.* 2018;24(5):533-539.

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Aptima® Mycoplasma genitalium
Assay


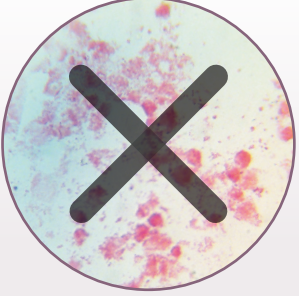
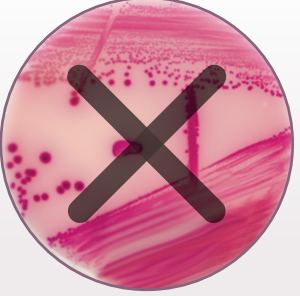
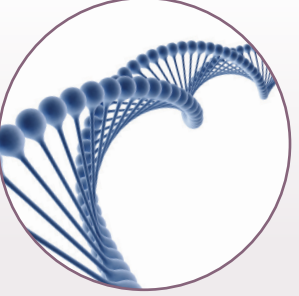
Know the Cause,
Target the Therapy

Mycoplasma genitalium — the emerging health concern that you can now accurately identify.

Aptima® Mycoplasma genitalium
Assay

Mycoplasma genitalium is an Emerging Health Concern and the Test You Choose Matters¹

Detection of *Mycoplasma genitalium* (*M. gen*) Requires Nucleic Acid Amplification Testing

 <p>Clinical Presentation can be similar to other sexually transmitted infections (STIs).²</p>	 <p>Microscopy cannot be seen because <i>M. gen</i> has no cell wall.¹</p>	 <p>Culture is not clinically feasible as it may take up to six months.¹</p>	 <p>Nucleic Acid Amplification Test (NAAT) is the recommended method of detection.^{1,3}</p>
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Trichomoniasis, Chlamydia, Gonorrhea and *M. gen* are Associated with Similar Clinical Presentation^{4,5}

	Similar Symptoms					
	Trichomoniasis	Bacterial Vaginosis	Yeast Infection	Chlamydia	Gonorrhea	<i>Mycoplasma genitalium</i>
Abnormal Discharge	✓	✓	✓	✓	✓	✓
Vaginal Odor	✓	✓				
Vaginal Irritation	✓	✓	✓	✓	✓	✓
Pain During Urination/Sex	✓		✓	✓	✓	✓

Adapted from: Kent and Mobley^{4,5}

Testing is recommended for women with recurrent cervicitis and should be considered in women with PID¹



- ▶ Prevalence of **10.2%**⁶
- ▶ Detected in **10% - 30%** of women with clinical cervicitis^{1,7}
- ▶ Identified in up to **22%** of pelvic inflammatory disease (PID) cases^{1,7}
- ▶ Untreated PID can lead to adverse pregnancy outcomes^{1,7}

Testing is recommended for men with recurrent non-gonococcal urethritis¹



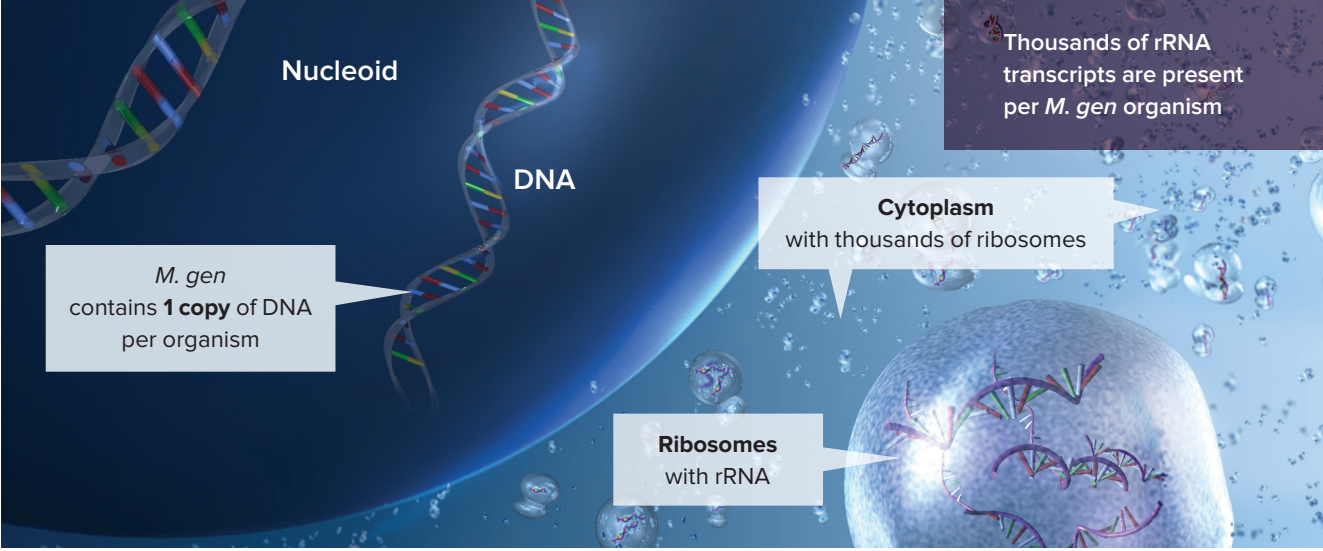
- ▶ Prevalence of **10.6%**⁶
- ▶ More likely to exhibit symptoms of *M. gen* infection⁷
- ▶ Responsible for **30%** of persistent or recurrent urethritis in men¹



May also increase the risk of HIV acquisition and transmission^{1,8,9}

When patients do experience symptoms, they are similar to those associated with other urogenital tract bacterial infections.^{3,10}

NAAT is Needed to Detect *M. gen* Because the Infection Contains a Very Low Organism Load³



M. gen contains **1 copy** of DNA per organism

Cytoplasm with thousands of ribosomes

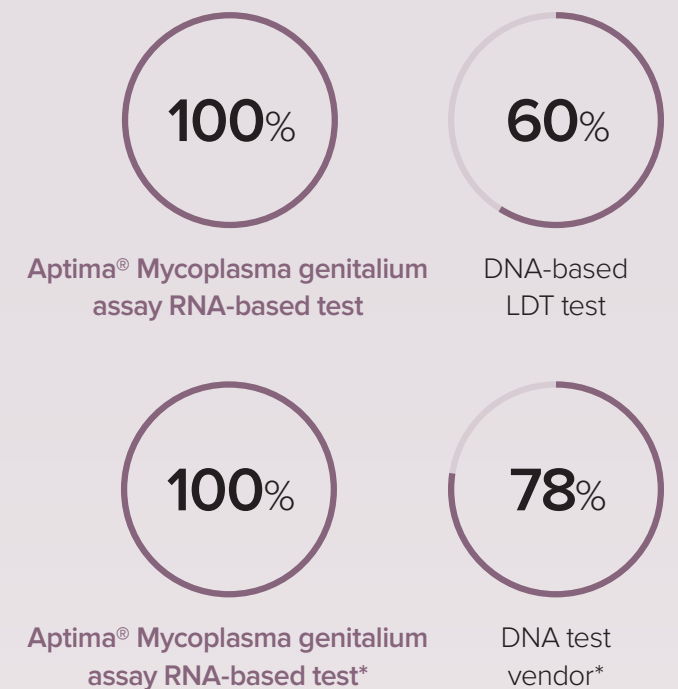
Ribosomes with rRNA

Thousands of rRNA transcripts are present per *M. gen* organism

M. gen can be difficult to detect because the bacterial organism load is low compared to other STIs commonly tested for. This means that a highly sensitive rRNA test is needed for accurate diagnosis.³

An RNA-based test accurately identified the **40% of patients missed** by a DNA-based test.¹¹

Sensitivity of Detection in Patients with Known *M. gen* Infections^{11,12}



CDC recommends **NAATs** to detect *M. gen*.¹



* Performance in vaginal specimen