Mycoplasma genitalium Frequently Asked Questions

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When do you test someone for Mycoplasma genitalium (Mgen)?

Test someone for *Mycoplasma genitalium* (Mgen) when they are experiencing symptoms that might be caused by this bacterium. This includes urethritis, cervicitis, as well as pelvic inflammatory disease (PID), although the utility of testing patients with PID for Mgen is currently unknown. Mgen can be an asymptomatic colonizer of the urogenital tract and is a less common cause of symptoms than other pathogens/processes (such as gonorrhea, chlamydia, trichomonas, BV, and Candida), and testing for Mgen is often considered after these have been ruled out. Mgen is a common cause of persistent/recurrent urethritis or cervicitis and should definitely be considered in patients with these complaints. Rectal or pharyngeal Mgen testing is generally not recommended. **Screening asymptomatic patients for** *Mycoplasma genitalium* **is not recommended.**

Which tests should be used to diagnose Mgen?

Nucleic acid amplification tests (NAATs) are the most common and most effective way to diagnose Mgen. Ideally the Mgen NAAT should not be combined with testing for other urogenital mollicutes such as Ureaplasma or *Mycoplasma hominis*, as these are not recognized as sexually transmitted infections. **Multiplex PCR panels that include testing for Mgen should not be used when the intent is to screen an asymptomatic patient for other STIs (e.g., gonorrhea/chlamydia).**

When should sex partners be tested?

Since Mgen concordance between partners is high, it is reasonable to test the partners of people with a symptomatic Mgen infection to prevent reinfection, though no studies have shown that partner treatment prevents reinfection. **This is the only instance in which individuals who do not have symptoms may be reasonably tested for Mgen**. Testing should ideally focus on ongoing sex partners — people with whom the patient does not have an ongoing sexual relationship do not need to be notified or tested.

When should sex partners be treated?

Partners of people with symptomatic Mgen infection should be treated if they test positive for Mgen, even if the partner does not have symptoms. Partners should generally be prescribed the same treatment as the "index" patient. If testing the partner is not possible, the antimicrobial regimen that was provided to the index patient can be provided to the partner. The index patient and their partner should abstain from sex until they have finished their antibiotics and symptoms have resolved.

