M. genitalium Infects 11% of Sexually Active Teens

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Los Angeles — *Mycoplasma genitalium* infection had an incidence of 11% in the first study to investigate the epidemiology of this newly recognized sexually transmitted disease in female adolescents, Aneesh K. Tosh, M.D., said at the annual meeting of the Society for Adolescent Medicine.

The study involved 233 female adolescents who were each followed for 27 months, with vaginal samples collected and sexual history interviews conducted every 3 months. Of the study subjects, 85% were sexually active—with an average age of first sexual intercourse of 14 years—and 85% were African American. All lived in an urban area.

During the study, 26 of the 233 subjects tested positive for a *M. genitalium* infection, said Dr. Tosh of the department of pediatrics at Indiana University. Only one of those infections was present at the start of the study. Nine of those who tested positive also tested positive on repeated occasions.

None of the participants who was sexually inactive ever tested positive.

Factors that were identified as being associated with infection were a greater number of sexual partners in the prior 3 months and concurrent chlamydia infection. Condom use, or the lack thereof, and concurrent gonorrhea or trichomonas infection were not associated with *M. genitalium*. There were few non-African Americans in the study, but there was no difference in incidence of *M. genitalium* infection by race, Dr. Tosh said.

Male sexual partners of the subjects were invited to participate in the study, and 94 partners were enrolled. Four of 17 partners of those females who tested positive for infection also tested positive at some time (25%), and two of 77 partners of uninfected females tested positive (3%).

M. genitalium was first isolated in 1980, Dr. Tosh said. Because it is a small organism that is difficult to culture, reliable testing was not available until the advent of laboratory polymerase chain reaction techniques. Until this study, most studies have been conducted with males and in STD clinics, though infection in females has been implicated in urethritis, cervicitis, salpingitis, and endometritis.

Of 233 subjects, 26 tested positive for *M. genitalium* infection. None of those who were sexually inactive ever tested positive.

Currently there are no recommendations for treatment, because there is no approved clinical assay, though many believe guidelines of some sort [are likely to become available] soon, Dr. Tosh said.

None of the subjects in the study was treated, because the samples were collected a few years before the subjects were tested for *M. genitalium*. ■

Study Identifies Risk Factors for HSV-2 Shedding

Hormonal contraception and two common genital tract conditions appear to be among the risk factors for genital tract shedding of herpes simplex virus type 2 in women.

In a 12-month study of 330 women who were evaluated every 4 months, independent predictors of genital tract shedding of HSV-2 were HSV-2 seroconversion during the previous 4 months (adjusted odds ratio [OR] 3.0), bacterial vaginosis (adjusted OR 2.3), heavy colonization with group B streptococcus (adjusted OR 2.2), and the use of hormonal contraceptives (adjusted OR 1.8), according to Thomas L. Cherpes, M.D., and his colleagues at the University of Pittsburgh (Clin. Infect. Dis. 2005; 40:1422-8).

Because hormonal contraception is widespread, and bacterial vaginosis and vaginal group B streptococcus colonization are two of the most common genital conditions in women of reproductive age, the associations between these variables and increased genital tract shedding of HSV-2 is of concern.

—Sharon Worcester