**Prevalence, predictors and outcomes of Mycoplasma genitalium in HIV-infected and –uninfected pregnant women in Cape Town, South Africa**

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**INTRODUCTION**

- Sexually transmitted infections (STIs) increase the risk of HIV acquisition and transmission.
- *Mycoplasma genitalium* (MG) is an emerging sexually transmitted organism associated with cervicitis and pelvic inflammatory disease.
- Little is known about the prevalence and outcomes of MG in pregnant women.
- Our study evaluates the prevalence, incidence and predictors of MG infection in HIV-infected and –uninfected pregnant women.

**METHODS**

- Longitudinal study of 198 women ≥18 years receiving antenatal care in Cape Town, South Africa from 2018-2019.
- Self-collected vaginal swabs from 3 timepoints were tested for *Chlamydia trachomatis* (CT), *Neisseria gonorrhoea* (NG) and *Trichomonas vaginalis* (TV) using Xpert® assays (Cepheid, USA) and MG using an Aptima® assay (Hologic, USA).
- We report on prevalence and incidence of MG and used multivariable logistic regression to describe predictors of MG and adverse pregnancy outcomes.

**RESULTS**

- Cumulative prevalence of MG was 19% (n=38): 25% in HIV-infected women vs. 13% in HIV-uninfected women (p=0.034).
- Incidence of MG during pregnancy was 9% per 100 women-years.
- Adjusting for maternal and gestational age, HIV status, STI co-infection and vaginal bleeding were strong predictors of MG (aOR 3.11 (95% CI 1.40-6.93), aOR 2.47 (95% CI 1.10-5.12), aOR 8.46 (95% CI 1.20-55.32), respectively.

**DISCUSSION**

- This study is one of the first to report on prevalence and incidence of MG in pregnant women.
- Our results suggest that there is a high prevalence of MG in pregnant women in South Africa.
- Maternal HIV and STI co-infection, specifically TV, are strong predictors of MG.
- Symptomatic women with MG are more likely to report vaginal bleeding, suggesting current cervicitis.
- Further research into the epidemiological determinants and reproductive sequela of MG in pregnant women is needed.

Ethical approval and oversight were provided by the Faculty of Health Sciences Human Research Ethics Committee at the University of Cape Town (#454/2017) and University of California Los Angeles (#19-000237). Written informed consent was obtained from all participants before enrolment.