*Mycoplasma genitalium* Treatment Failure Registry

CASE REPORT FORM

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| **The purpose of this form is to collect clinical information on cases of *Mycoplasma genitalium* that fail antibiotic therapy**  Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)  *All reported information will be maintained in the strictest confidence. Questions? Contact xxx at XXX@cdc.gov*  **Confidentiality Note:** The information in this form includes confidential information intended only for the use of the individual or entity named below. If the reader of this form is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this form is strictly prohibited and may result in civil and criminal penalties under federal law. If you have received this form in error, please immediately notify us immediately at the number above.  **PLEASE COMPLETE BY / / and fax to our confidential fax line (xxx)xxx-xxxx.** | | | | | | | | | |
| **PROVIDER INFORMATION:** | | | | | | | | | |
| Provider Name | | | | Provider Phone # | | | Provider Fax # | | |
| Provider Email Address | | | | Practice/Clinic Name | | | | | |
| Address | | | | City | | | State | | Zip |
| **PATIENT UNIQUE IDENTIFIER\* (First Initial, Last initial, 2-digit year of birth, last 4 digits of Medical Record Number)**  **Example: John Smith, born 1973, MRN 1234567 = JS734567** | | | | | | | | | |
| **PATIENT AGE:** | | | **PATIENT PREVIOUSLY REPORTED TO THE REGISTRY?**  Yes  No | | | | | | |
| **PATIENT DEMOGRAPHIC INFORMATION:** | | | | | | | | | |
| **1. Race** (check all that apply)   * Unknown * White * Asian | * Black or African American * American Indian / Alaska Native * Native Hawaiian / Other Pacific Islander * Other ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | **3a. Sex assigned at birth**   * Male * Female   **3b. Gender identity**   * Male * Female * Transgender female * Transgender male * Gender non-binary * Unknown | | |  | |
| **2. Ethnicity**   * Unknown  Hispanic / Latino  Not Hispanic / Latino | | | | |  | |
| **4. Gender of sex partners in past year (check all that apply)**   * Male □ Gender non-binary * Female □ Unknown * Transgender female * Transgender male | | | | | **5. HIV Status**   * HIV-positive * HIV-negative * Unknown/Never tested | | |  | |
| **DIAGNOSTICS/ TREATMENT** | | | | | | | | | |
| **Indication for M. genitalium testing (check all that apply): 1) Symptoms:** Urogenital (e.g., discharge, dysuria) Anorectal (tenesmus, discharge, pain) Pelvic/abdominal (pain, dyspareunia) 2) Clinical Syndrome (w/ objective findings): Urethritis (documented discharge or pyuria) Cervicitis (discharge, friability, + swab test) PID Proctitis Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **M. genitalium diagnosis confirmed with nucleic acid amplification test?**   Yes  No  Unknown | | **Laboratory performing M. genitalium testing. (e.g., Quest, LabCorp, name of hospital, etc)**  **­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | **Testing for macrolide resistance performed?**  Yes  No  **If yes, mutation detected?**  Yes  No | | | |
| **Testing for fluroquinolone resistance performed?** Yes  No  **If yes, mutations detected:** S83I parC unspecified | | | | | | | | | |
| **Date of initial treatment initiation**  / /  Unknown | | **Date of 2nd course treatment initiation**  / /  Un­­­­­­­­known | | | | **Date of 3rd course treatment initiation**  / /  Unknown | | | |
| **Initial treatment prescribed (check all that apply), and dose/frequency/duration (e.g., doxycycline 100 mg po BID x 7 days)**   Azithromycin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Doxycycline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Moxifloxacin ­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Minocycline ­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Other ­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days | | **Second treatment prescribed (check all that apply), and dose/frequency/duration**   Azithromycin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Doxycycline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Moxifloxacin ­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Minocycline­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days | | | | **Third treatment prescribed (check all that apply), and dose/frequency/duration**   Azithromycin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Doxycycline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Moxifloxacin ­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Minocycline ­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Other ­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days | | | |
| **Response to initial therapy (check all that apply)**   Persistent symptoms (subjective only)   Persistent symptoms (subjective) plus objective findings (e.g, discharge, +urine dip, elevated WBC)   Positive NAAT post treatment | | **Response to second therapy (check all that apply)**   Resolution of symptoms   Persistent symptoms (subjective only)   Persistent symptoms (subjective & objective findings, e.g., discharge, +urine dip, elevated WBC)   Positive NAAT post treatment | | | | **Response to third therapy (check all that apply)**   Resolution of symptoms   Persistent symptoms (subjective only)   Persistent symptoms (subjective and objective findings, e.g., discharge, +urine dip, elevated WBC)   Positive NAAT post treatment | | | |
| **Date of 4th course treatment initiation**  / /  Unknown | | **Date of 5th course treatment initiation**  / /  Un­­­­­­­­known | | | | **Date of 6th course treatment initiation**  / /  Unknown | | | |
| **Fourth treatment prescribed (check all that apply), and dose/frequency/duration**   Azithromycin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Doxycycline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Moxifloxacin ­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Minocycline ­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Other ­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days | | **Fifth treatment prescribed (check all that apply), and dose/frequency/duration**   Azithromycin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Doxycycline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Moxifloxacin ­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Minocycline ­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Other ­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days | | | | **Sixth treatment prescribed (check all that apply), and dose/frequency/duration**   Azithromycin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Doxycycline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Moxifloxacin ­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Minocycline ­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Other ­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days | | | |
| **Response to fourth therapy (check all that apply)**   Resolution of symptoms   Persistent symptoms (subjective only)   Persistent symptoms (subjective and objective findings, e.g., discharge, +urine dip, elevated WBC)   Positive NAAT post treatment | | **Response to fifth therapy (check all that apply)**   Resolution of symptoms   Persistent symptoms (subjective only)   Persistent symptoms (subjective and objective findings, e.g., discharge, +urine dip, elevated WBC)   Positive NAAT post treatment | | | | **Response to sixth therapy (check all that apply)**   Resolution of symptoms   Persistent symptoms (subjective only)   Persistent symptoms (subjective and objective findings, e.g., discharge, +urine dip, elevated WBC)   Positive NAAT post treatment | | | |
| **PARTNER TREATMENT** | | | | | | | | | |
| **Does patient have a primary sexual partner?** Yes  No  Unknown  **If yes, was the primary partner symptomatic?** Yes  No  Unknown  **Was the primary partner treated?** Yes  No  Unknown  **If yes, was the primary partner examined by you or another clinician prior to treatment?** Yes  No  Unknown | | | | | | | | | |
| **Partner treatment prescribed (check all that apply), and dose/frequency/duration**   Azithromycin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Doxycycline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Moxifloxacin ­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Minocycline ­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days   Other ­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_x days | | **Partner response to therapy (Check all that apply)**   Resolution of symptoms   Persistent symptoms (subjective only)   Persistent symptoms (subjective and objective findings, e.g., discharge, +urine dip, elevated WBC)   Positive NAAT post treatment   Unknown, partner not examined  **If partner has persistent symptoms or NAAT following therapy, please complete a separate case report form for the partner.** | | | | | | | |
| **Notes:** | | | | | | | | | |

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