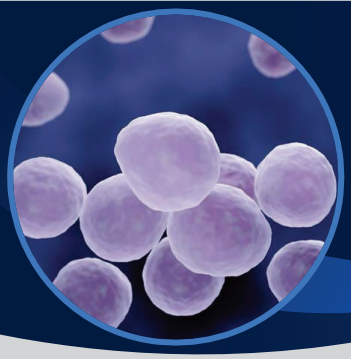

UREAPLASMA UREALYTICUM

FAQ

FOR PATIENTS

What is *Ureaplasma urealyticum* (UU)?

- Ureaplasma urealyticum (UU) is a very small type of bacteria that can be found in the genital area of people of any gender.
- It is typically spread through sexual contact, including vaginal, oral, or anal sex.

Is UU always harmful?

- No, UU is often a **normal part of the bacteria living in the genital tract.** In fact, in some studies, over half of the people tested had UU living in their bodies without causing any issues. This is called colonization.
- However, depending on how a person's body responds, in rare occasions it can sometimes lead to irritation or symptoms in the genital area.

What symptoms can UU cause?

- Most people with UU **do not experience any symptoms.**
- When symptoms do occur, they may include penile discharge (urethritis), especially in individuals with a high amount of the bacteria. It is still not definitively known whether UU causes inflammation of the cervix (cervicitis), vaginal discharge, or inflammation of the rectum (proctitis).

IMPORTANT: the common treatments for non-gonococcal urethritis (NGU), cervicitis and proctitis– which may present with symptoms such as discharge or signs of inflammation on your exam – already cover Ureaplasma infection.

Should I get tested for UU?

- **Testing for UU is NOT recommended as a routine part of checking for sexually transmitted infections (STIs).** This is true regardless of your age or gender.
- Testing should **ONLY be considered** in specific situations: if you are experiencing STI-like symptoms AND tests for other common causes of symptoms (like gonorrhea, chlamydia, mycoplasma genitalium, or trichomonas, yeast, or bacterial vaginosis) have already been done and are negative
- Testing people who don't have symptoms can cause confusion because a positive result for UU doesn't necessarily mean there is a problem.

When is treatment necessary for UU?

- Sometimes, UU can clear up on its own.
- Patients with symptoms of discharge will be tested for common STIs and/or vaginal infections and may receive treatment with antibiotics that are also effective against UU. **Testing and treatment for UU should only be considered if other causes of discharge have been ruled out and the person continues to have symptoms.**
- People with a positive test result who do NOT have symptoms should not be treated.

What is the recommended treatment for UU?

- For adults and adolescents who are not pregnant and have uncomplicated infections, the primary treatment is **doxycycline 100 mg taken by mouth, twice a day for 7 days.**
- If you are pregnant or cannot take doxycycline (perhaps due to allergy), an alternative treatment is **azithromycin 1g taken by mouth as a single dose.**

Should I tell my sexual partners, and should they be treated?

- If you require treatment because you have symptoms and tested positive, you can inform your primary sexual partner about your UU infection.
- The purpose of notifying your primary partner is so they can potentially be tested, and if they also test positive for UU, they can get treated. Treating your primary partner might help prevent you from having symptoms again. However, your partner may clear UU on their own, so the two of you may also choose to wait and see if your symptoms come back before choosing to treat your partner. Talk with your clinician about which approach is best for you.
- You **do not need to notify casual partners** or people you will not have sex with again.

Can I have sex while being treated?

- If you are being treated for UU with **doxycycline,** you should **avoid sexual activity during the entire treatment period.**
- If you take a single dose of **azithromycin**, you should **wait for 7 days after taking the dose** before having sex again.

What happens if UU is not treated?

- It is **unknown whether untreated UU leads to any negative health consequences** or increases your risk of getting other STIs or HIV.
- Studies have produced conflicting results regarding whether UU infection increases the risk of infertility. Some studies have found a link, while others have not.
- Similarly, studies on UU's potential link to adverse pregnancy outcomes have had inconsistent results, making it difficult to be certain whether this link exists.

Do I need to be tested again after treatment?

- Repeat testing after treatment for UU is not recommended. I f your symptoms do not get better after treatment, you may need to be evaluated by an infectious disease specialist or by a urologist (specialist of the urinary tract).