

Patient complains of penile urethral discharge, irritation or dysuria (without urge/frequency)

Recommended tests

- Urethral swab for gonorrhoea culture (prior to urine test)
- First void urine (first 30ml of stream) for chlamydia and gonorrhoea testing by NAAT (e.g. PCR or SDA)

Examination findings:

- Profuse purulent penile discharge?

YES

Presumptive gonorrhoea

OR if contact of gonorrhoea, treat with:

- Ceftriaxone 500mg stat im (make up with 2ml lignocaine 1% or as per data sheet) AND azithromycin 1g po stat

NO

Treat for **non-gonococcal urethritis** with:

- Azithromycin 1g po stat OR
- Doxycycline 100mg po twice daily for 7 days*

* doxycycline may have superior efficacy for symptomatic urethritis and confirmed chlamydial urethritis – but only where compliance can be assured with the full course of treatment

- If clinical epididymo-orchitis, see Epididymo-orchitis guideline www.nzshs.org/guidelines
- Refer to full guideline if case has drug allergies or anti-microbial resistance is suspected
- Advise to abstain from sex or use condoms until 7 days after treatment and/or until 7 days after all sexual contacts have been treated

PARTNER NOTIFICATION

- Be clear about language: 'partner' implies relationship – all sexual contacts in the last 2 months should be advised so they can be tested and treated
- Contact(s) should have a sexual health check and if asymptomatic treat empirically with azithromycin 1 gram po stat
- Contacts should be treated without waiting for their test results; if positive for other STIs, refer to specific guideline
- Most choose to tell contacts themselves; giving written information is helpful
- Notifying all contacts may not be possible, e.g. if there is insufficient information or a threat of violence
- Advise contacts to use condoms or abstain from sex for 7 days after initiation of treatment until results of tests are available

FOLLOW-UP

- By phone or in person 1 week later
- Check results. **If gonorrhoea positive and untreated** - treat with Ceftriaxone 500mg stat im (make up with 2ml lignocaine 1% or as per data sheet) AND azithromycin 1g po stat
- No unprotected sex for 1 week post treatment?
- Completed/tolerated medication?
- All notifiable contacts informed?
- Any risk of re-infection? Re-treatment necessary if re-exposed to untreated contact
- Offer a repeat sexual health check in 3 months
- **If ≥ 2 weeks after treatment the patient complains of persistent or recurrent urethral symptoms consult with a sexual health specialist**

Further guideline information – www.nzshs.org or phone local sexual health service.

This Best Practice Guide has been produced by NZSHS. Every effort has been taken to ensure that the information in this guideline is correct at the time of publishing (February 2015).

Introduction

Urethritis is an inflammation of the urethra, which may be due to many different aetiological agents. Urethritis is usually sexually transmitted, but may have other causes.

Urethritis is

- Gonococcal when caused by *Neisseria gonorrhoeae*.
- Non-gonococcal (NGU) when *Neisseria gonorrhoeae* cannot be detected.

Non-gonococcal urethritis

- Often due to *Chlamydia trachomatis*.
- Sometimes due to genital mycoplasmas (e.g. *Mycoplasma genitalium*).
- Other rarer causes include *Trichomonas vaginalis*, herpes simplex virus, adenovirus, enteric bacteria (insertive anal sex), and pharyngeal organisms (oral sex).

Symptoms and signs

- Symptoms include urethral discharge, dysuria or irritation.
- Urethral discharge may be noted on examination.

Complications

- Epididymo-orchitis.
- Reactive arthritis.
- Reiter's Syndrome.

Diagnostic tests

- **Note:** Most NZ laboratories are now performing dual NAAT testing for gonorrhoea and chlamydia.
- Patient should ideally not have passed urine for 1 hour prior to specimen collection.
- A urethral swab for gonorrhoea culture followed by a first void urine (first 30ml stream) for chlamydia and gonorrhoea testing by NAAT.
- A mid-stream urine (MSU) may be useful when a urinary tract infection is suspected.
- Consider testing for HSV if inguinal lymphadenopathy, severe dysuria or meatitis (see HSV guideline www.herpess.org.nz).

Men who have sex with men will also need pharyngeal and anorectal swabs for chlamydia and gonorrhoea testing (see Sexual Health Check guideline www.nzshs.org/guidelines).

Management

If discharge is profuse and purulent on examination, or there has been known contact with gonorrhoea, and where follow-up is unlikely:

- Give empiric treatment for gonorrhoea:
Ceftriaxone 500mg im stat (make up with 2ml lignocaine 1% or as per data sheet) PLUS azithromycin 1g po stat.

If discharge is minimal or no visible discharge on examination treat with:

- Azithromycin 1g po stat OR
- Doxycycline 100mg po twice daily for 7 days.

Advise to use condoms or abstain from sex for 7 days after initiation of treatment and/or until 7 days after all sexual contacts have been treated.

Note: Doxycycline may have superior efficacy for symptomatic male urethritis and confirmed chlamydial urethritis – but only in cases where treatment compliance can be assured.

It is essential to check results – if gonorrhoea positive, correct treatment will need to be instituted (see Gonorrhoea guideline www.nzshs.org/guidelines).

Partner notification and management of sexual partners

Partner notification

- Be clear about language: 'partner' implies relationship – all sexual contacts in the last 2 months should be advised so they can have a sexual health check and treatment.
- Contacts should be treated without waiting for their test results; if positive, then their recent contacts need to be informed.
- Most choose to tell contacts themselves.
- Giving written information is helpful.
- Notifying all contacts may not be possible, e.g. if there insufficient information or a threat of violence.

Note: Partner notification is still recommended in gonorrhoea and chlamydia negative urethritis – false negative results are possible, and evidence suggests that empirical treatment of sexual partners reduces the chance of recurrence for affected men.

Management of sexual partners/contacts

- Perform a full sexual health check (see Sexual Health Check guideline www.nzshs.org/guidelines).
- Do not wait for test results – treat empirically with azithromycin 1g stat.
- If gonococcal infection is suspected or confirmed in index case, then add ceftriaxone 500mg im stat (make up with 2ml lignocaine 1% or as per data sheet).
- Advise to use condoms or abstain from sex for 7 days after initiation of treatment and/or until 7 days after all sexual contacts have been treated.
- If chlamydia or gonorrhoea positive – partner notification as above.

Follow-up

- The index case should be followed up by phone or in person 7 days after treatment to ensure symptom resolution, give results, check that all partners/contacts have been notified and to check compliance with treatment.
- Results and susceptibilities should be checked to ensure that appropriate treatment has been given.
- Re-treatment is required if there has been any unprotected sex with untreated sexual contacts/partners during the follow-up interval.
- Patient should be asked to re-attend for a sexual health check-up in 3 months (test of re-infection).

Test of cure

- Test of cure is not routinely required for patients who are asymptomatic after completing treatment.
- "Cure" is indicated by symptom resolution.

Persistent or recurrent urethritis (NGU)

- Symptoms persisting for longer than 2 weeks after initiation of treatment or recurrence of symptoms.
- Need to ensure treatment compliance, and that there has been no new exposure, or re-exposure to untreated contacts.
- Referral to a specialist sexual health service is recommended.

Referral guidelines

Referral to a specialist sexual health service is recommended for:

- Persistent or recurrent urethritis.
- Management of sexual partners if desired.

Further guideline information – www.nzshs.org or phone local sexual health service.

This Best Practice Guide has been produced by NZSHS. Every effort has been taken to ensure that the information in this guideline is correct at the time of publishing (February 2015).

