RECURRENT NON-GONOCOCCAL URETHRITIS (NGU) (MALE)

DEFINITION
Persistent symptoms of non gonococcal urethritis (NGU) after treatment has been taken as directed and there has been no re-exposure to infection through sexual contact.

GC and Ct are not present. A urethral smear shows > or = 5PMNs in 5 fields of the microscope at high power (x1000) and no intracellular diplococcic.

POTENTIAL CAUSES
- Infection with other pathogens
- Urinary tract infection

TYPICAL FINDINGS

Sexual Health History
- Persistent symptoms of urethritis which may include: discharge, dysuria, urethral itch. Client may report an abnormal urethral sensation
- Completed therapy for non-gonococcal urethritis
- No re-exposure to untreated or new partner through sexual contact
- GC and CT test results from initial presentation are negative
- Two weeks from the onset of treatment for NGU has passed to fully allow for antibiotic effect

Physical Assessment

Males
- Urethral discharge (mucoid)
- Redness at urinary meatus

Diagnostic Tests

Males
- Urethral Swab for smear to confirm to presence of greater than 5 PMNs and no intracellular diplococcic
CLINICAL EVALUATION/CLINICAL JUDGMENT

Recurrent Non Gonococcal Urethritis (NGU) (Male)

Client’s subsequent presentation with urethral symptoms post treatment for NGU and the following criteria are met:
- All medication has been taken as directed
- The onset treatment was at least two weeks prior
- No re-exposure to untreated partner or new partner
- Test results were negative for Gonorrhea and Chlamydia

*If all criteria are not met, see NGU DST

Repeat the following Tests:
- Urethral Smear
- Gonorrhea/Chlamydia (Urine NAAT)

Step 3

Negative:
Smear results < 5 PMNs
Refer to Physician/NP

Positive:
Smear results ≥ 5 PMNs
Diagnosis: Recurrent NGU

Step 4

Treatment:
1st Choice: Erythromycin 500mg PO QID for 14 days

Step 5

Partner Counselling
- Partners do not need treatment

- Treat as NGU under the following circumstances:
  - client was re-exposed or had new partner since completing treatment for NGU
  - client did not take medication for NGU as directed
- Treat for Recurrent NGU in all clients with:
  - unresolved urethral symptoms after treatment taken as directed for NGU
  - no re-exposure to an untreated partner
  - no exposure to a new sexual partner
  - 5+ PMNs in more than 5 microscopic fields on urethral smear.
MANAGEMENT AND INTERVENTIONS

Goals of Treatment
- Treat infection
- Alleviate symptoms

TREATMENT OF CHOICE

First Choice:
- Erythromycin 500 mg po qid for 14 days

ALTERNATE TREATMENT

Note 1: If client received Azithromycin as initial treatment for NGU: use the following as a first choice for Recurrent NGU:
- Doxycycline 100 mg po BID for 14 days

Note 2: Refer to physician/NP when Doxycycline is contraindicated.

PARTNER NOTIFICATION
- Partners of clients with Recurrent NGU do not require treatment.

FOLLOW UP
- No follow up indicated
- Return for referral to physician/NP or specialist if symptoms persist one week after completion of treatment for Recurrent NGU.

POTENTIAL COMPLICATIONS
- Epididymitis (Link to Epididymitis)
- Prostatitis - rare

CLIENT EDUCATION /DISCHARGE INFORMATION

Counsel client:
- that partners do not require re-treatment. Provide explanation that ongoing partners need only be treated once as a contact to NGU.
- regarding complications of Recurrent NGU.
- repeat assessment is not necessary unless symptoms persist.

CONSULTATION AND/OR REFERRAL
- Physician/NP referral is warranted if symptoms persist after treatment of recurrent NGU with no history of re-exposure or new infection and client has completed prescribed medication.

DOCUMENTATION
- Infection is not reportable
- As per agency guidelines.

REFERENCES

Provincial Health Nurses Pre-Determined STI Treatment Schedule. February 2007. STI/HIV Prevention and Control. BC Centre for Disease Control.