

Urethritis in Males

MANAGEMENT SUMMARY

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

Recommended tests

- Full sexual health check including serology (see Sexual Health Check guideline www.nzshs.org/guidelines)
- Urethral culture swab for gonorrhoea (if gonorrhoea culture available) prior to urine test if discharge is present
- First void urine for chlamydia & gonorrhoea NAAT testing (first 30ml), preferably ≥ 1 hour after last void

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:

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

* Doxycycline is recommended because it has superior efficacy for symptomatic male urethritis and confirmed chlamydial urethritis, and azithromycin 1g is associated with resistance development in *Mycoplasma genitalium*. Azithromycin can be used as an alternative if compliance is a concern or doxycycline is contraindicated.

- If clinical epididymo-orchitis, see Epididymo-orchitis guideline www.nzshs.org/guidelines
- Refer to full guideline at www.nzshs.org/guidelines for drug allergies, suspected anti-microbial resistance, known contact with *Mycoplasma genitalium* or chlamydia and gonorrhoea co-infection
- Advise to abstain from sex or use condoms for 1 week from the start of treatment and until 1 week after sexual contact/s have been treated
- Reinfection is common; offer repeat sexual health check in 3 months

PARTNER NOTIFICATION AND MANAGEMENT OF SEXUAL CONTACTS

- Be clear about language: 'partner' implies relationship – all sexual contacts in the last 3 months should be notified
- Contact/s should have a sexual health check and treatment with doxycycline 100mg bd po 7 days or azithromycin 1g po stat, without waiting for test results
- If contacts test positive for an STI refer to specific guideline at www.nzshs.org/guidelines
- Advise contacts to abstain from sex or use condoms for 1 week from the start of treatment and until results of tests are available
- 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 to use condoms or abstain from sex for 7 days after initiation of treatment and 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 discuss or refer to a sexual health specialist for *Mycoplasma genitalium* testing

The Ministry of Health supports the use of these clinical guidelines, developed by clinical experts and professional associations to guide clinical care.

Further guideline information – www.nzshs.org/guidelines or phone a sexual health specialist.

This STI Management Guideline Summary 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 (September 2017).