

URETHRITIS

I. DEFINITION:

Inflammation of the urethra is caused by an infection characterized by a mucopurulent or purulent material and by burning sensation during urination. The prevalence differs by age group with older males having a lower prevalence.

II. CLINICAL FEATURES:

A. Subjective

1. Slight discharge – often noticed only in the morning.
2. Crusting on the meatus or staining on underwear.
3. Dysuria.
4. Urethral itching.
5. Frequency, hesitancy, hematuria, and urgency are not commonly associated with urethritis.

B. Objective

1. Mucoid to purulent discharge (mucoid discharge is more common in nongonococcal urethritis; purulent discharge is suggestive of gonococcal urethritis).
2. Inguinal lymphadenopathy is uncommon (suggestive of herpes simplex virus infection).

III. MANAGEMENT PLAN:

A. Laboratory Studies – collect specimens for appropriate testing:

1. Collect urine for *C. trachomatis* and *N. gonorrhoeae*. Ensure client waits 1 hour after last voiding to give a sample.
2. Blood test for HIV and Syphilis are recommended.

B. Criteria to Treat:

Mucopurulent or purulent urethral exudate visible on exam.

C. Treatment options-choose only **ONE** of the following:

Option #1 Ceftriaxone^{#‡} 250 mg IM in a single dose
Given with
Azithromycin 1 G orally in a single dose

OR

Option #2 Ceftriaxone^{#‡} 250 mg IM in a single dose
Given with
Doxycycline 100mg orally twice a day for 7 days
(Doxycycline cannot be given to pregnant clients)

Treatment Notes:

1. [‡]Ceftriaxone:

Must be given with 1% lidocaine solution as a diluent to lessen injection pain unless the client reports hypersensitivity or allergic reaction to local anesthetic agents or severe liver disease. See package insert for amounts and a complete discussion of lidocaine.

2. Dual therapy is the recommended treatment (option 1 or 2). Ceftriaxone must be administered with either azithromycin or doxycycline. Ceftriaxone works by keeping bacteria from making and maintaining their cell walls while azithromycin and doxycycline prevent protein production and replication. **They must be administered at the same time to achieve the desired effect.** The use of azithromycin as the second antimicrobial is preferred to doxycycline because of the convenience and compliance advantages of single-dose therapy.

[#]Ceftriaxone is contraindicated in clients who report true **hypersensitivity to other cephalosporins or penicillin**. Clients (+GC or contact) with well-documented penicillin allergy, (including documentation of patient stated adverse effects of penicillin or ceftriaxone) are to be treated with Option 3 below.

Option #3 *Azithromycin 2 grams orally in a single dose

*This is an alternative treatment option to be used only when necessary!

*Azithromycin is contraindicated in clients with known hypersensitivity to azithromycin, erythromycin, or any macrolide antibiotic such as clarithromycin (Biaxin).

Clients allergic to both ceftriaxone and azithromycin must be referred to a private physician for treatment using ODH 399 Referral Form.

IV. CLIENT EDUCATION:

A. Take prescribed oral medication appropriately (give handout).

B. Refer all sex partner(s) for testing and treatment if their last sexual contact with the client was within 60 days before onset of symptoms or diagnosis. If a client's last sexual intercourse was >60 days before onset of symptoms or diagnosis, the client's most recent partner should be tested and treated.

- C. Abstain from sex until client and partner(s)
 - 1. have completed a 7-day regimen or
 - 2. 7 days after a single dose regimen
 - D. Return for evaluation should symptoms persist or recur.
 - E. For clients returning with continuing symptoms or possible reinfection, test again for gonorrhea and chlamydia no sooner than 3 weeks after completion of treatment. They may not be treated again without testing, unless their only exposure was through receptive anal sex or by performing oral sex.
 - F. Prevention measures (e.g., condoms) to prevent future infections.
- V. CONSULTATION/REFERRALS:
- A. Should symptoms persist or recur after completion of treatment, determine if client
 - 1. failed to comply with the treatment regimen; or
 - 2. was re-exposed to an untreated sex partner.
 - B. Client may be retreated with the initial regimen if the client failed to comply with the treatment regimen or client was re-exposed to an untreated sex partner.

REFERENCES:

Centers of Disease Control and Prevention(2010), *2010 Guidelines for Treatment of Sexually Transmitted Diseases*. MMWR Recommendations and Reports December 17, 2010 / Vol. 59 / No. RR-12

Centers of Disease Control and Prevention (2012) *Update to CDC's Sexually Transmitted Diseases Treatment Guidelines, 2010: Oral Cephalosporins No Longer are Recommended Treatment for Gonococcal Infections*, Morbidity and Mortality Weekly Report (MMWR) August 10, 2012 / 61(31);590-594

Sexually Transmitted Infections and HIV: Clutterbuck, Dan.

Control of Communicable Diseases Manual, 18th Edition: Heymann, David L., M.D., Editor.

