



Alberta Public Health Disease Management Guidelines

Non-Gonococcal Urethritis



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Health and Wellness Promotion Branch

Public Health and Compliance Division

Alberta Health

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Revisions

Revision Date	Document Section	Description of Revision
January 2023	Etiology, Clinical Manifestations, Diagnosis	<ul style="list-style-type: none"> • Inserted gender neutral language
	Transmission, Susceptibility	<ul style="list-style-type: none"> • Updated to include risks associated with HIV
	Treatment	<ul style="list-style-type: none"> • Refer to STI Treatment Guideline
	Reporting	<ul style="list-style-type: none"> • Revised to reflect current practice
	Incidence	<ul style="list-style-type: none"> • Removed graph as outdated • Updated incidence statement • Gender neutral language • Refer to IHDA
	Key investigations, Management of Case	<ul style="list-style-type: none"> • Aligned with current STI management
	Recalcitrant patients	<ul style="list-style-type: none"> • Section removed, not applicable
	Management of Contacts	<ul style="list-style-type: none"> • Updated to align with current STI management

Case Definition

Confirmed Case

No evidence of gonorrhea (GC) or chlamydia (CT) infection with one of the following:

- Inflammation of the urethra with or without a mucoid, muco-purulent or purulent urethral discharge

OR

- ≥ 5 polymorphonuclear leukocytes per oil immersion field ($\times 1000$) in ≥ 5 non adjacent, randomly selected fields in a smear of urethral secretions (if available)

Reporting Requirements

Health Practitioners

Note: This section includes the First Nations and Inuit Health Branch

Health practitioners shall notify the Sexually Transmitted Infection (STI) Medical Director^(A) via Sexually Transmitted Infection Centralized Services (STICS), of all confirmed cases within 48 hours (two business days) by forwarding a completed [Notification of STI](#) form.

Alberta Health Services - STICS

**Contact Information: Toll free: 1-855-945-6700 option 4
Fax: 780-670-3624**

- The STI Medical Director/STICS are responsible for ensuring investigation and follow-up of all reported confirmed cases.
- The STI Medical Director/STICS shall forward the initial Notification of STI form of all confirmed cases to the CMOH (or designate) within two weeks of notification and the final Notification of STI form within four weeks.
- For out-of-province and out-of-country reports, the following information (when available) should be forwarded to the CMOH (or designate) by phone, fax or secure/encrypted electronic transfer as soon as possible:
 - name,
 - date of birth,
 - out-of-province health care number,
 - out-of-province address and phone number,
 - positive laboratory report, and
 - other relevant clinical/epidemiological information.
- For out-of-province and out-of-country contacts the following information (when available) should be forwarded to the CMOH (or designate) by phone, fax or secure/encrypted electronic transfer as soon as possible:
 - name,
 - date of birth,
 - date of exposure, and
 - out-of-province/country contact information.
 - other relevant clinical/epidemiological information.

^(A) The STI Medical Director is the Provincial Medical Director of Alberta Health Services' Sexually Transmitted Infection Centralized Services (STICS) and is also a Medical Officer of Health.

Additional Reporting Requirements for Health Practitioners

In all cases, where a person under 18 is suspected or confirmed to have an STI, an assessment should be carried out by the clinician to determine if additional reporting is required.

To Alberta Child and Family Services

- The clinician should determine whether there are reasonable and probable grounds to believe that they are in contact with “a child in need of intervention” [as per Section 1(2) of the [Child, Youth and Family Enhancement \(CYFE\) Act](#)] and shall report to a director pursuant to Section 4 of the *CYFE Act*.⁽¹⁾
- Reporting is done by contacting the local Child and Family Services office or calling the **CHILD ABUSE HOTLINE: 1-800-387-5437 (KIDS)**. For local office contact information see the [ministry's website](#).

To Law Enforcement Agency

- Consent is a key factor in determining whether any form of sexual activity is a criminal offence. Children under 12 do not have the legal capacity to consent to any form of sexual activity. The law recognizes that the age of consent for sexual activity is 16. However, the law identifies the exception for minors between 12 and 16 years as having the ability to consent, in “close in age” or “peer group” situations.⁽²⁾
- Reporting is done by contacting your local City Police Detachment or [RCMP Detachment](#).
- For additional information:
 - Alberta [Child, Youth and Family Enhancement Act](#)
 - Age of Consent to Sexual Activity at www.justice.gc.ca/eng/rp-pr/other-autre/clp/faq.html
 - Criminal Code of Canada at www.laws-lois.justice.gc.ca/eng/acts/C-46/ ⁽³⁾

Clinical Presentation and Epidemiology

Etiology

Non-gonococcal urethritis (NGU) is a common STI yet, in many cases (20–50% of cases) the cause of the infection is not identified.^(4–6) When causal agents are identified, they may include *Chlamydia trachomatis* (15–40%), *Mycoplasma genitalium* (15–25% of cases), *Ureaplasma urealyticum* (< 15% of cases), *Trichomonas vaginalis* (approximately 5–15% of cases) and more rarely, herpes simplex virus (2–4% of cases).^(5,7)

Clinical Presentation

Symptoms often present less acutely, but increase over subsequent days.⁽⁶⁾ Infection generally presents with dysuria, urethral discharge (may range from clear to mucopurulent), or urethral itching/meatal erythema although up to 25% of cases are asymptomatic.^(6,8) Less often, the onset may be more acute, manifesting with dysuria, frequency and copious purulent discharge. Proctitis and pharyngitis may develop after rectal and orogenital contact.⁽⁹⁾ Epididymo-orchitis, prostatitis and sexually acquired reactive arthritis/Reiter's syndrome have also been reported.⁽¹⁰⁾

Diagnosis

NGU is a clinical diagnosis of exclusion and by examining urethral discharge. The diagnosis is usually based on failure to [diagnose GC or CT](#).

Treatment

When urethritis is clinically diagnosed, immediate treatment is recommended. **Treat presumptively for gonorrhoea and chlamydia pending laboratory results.**

- *Note that a case is classified as MPC for surveillance purposes if the case meets clinical criteria for urethritis and tests are negative for GC and CT OR if no tests for GC or CT are done.*

Refer to current Alberta [STI Treatment Guidelines](#)

Pediatric Cases

- It is recommended that all children < 14 years of age be referred to a pediatrician and, because of the high risk of sexual abuse be managed in consultation with one of the following referral centres.

Edmonton

Child and Adolescent Protection Centre
Stollery Children's Hospital
1C4.24 Mackenzie Health Sciences Centre
8440-112 Street
Edmonton, Alberta T6G 2B7
Tel: 780-407-1240

Calgary

Child Abuse Service
Child Development Centre
Suite 200, 3820-24 Ave NW
Calgary, Alberta. T2N 1N4
Tel: 403-955-5959

Considerations

If symptoms persist or recur after completed therapy (one week after initiation of therapy), the patient should be re-evaluated.

Reservoir

Humans are the only known reservoir of the pathogens listed as potential causes of NGU.⁽¹⁰⁾

Transmission

Direct sexual contact.⁽¹⁰⁾

Incubation Period

One to five weeks (usually two to three weeks) after sexual contact.⁽⁶⁾

Period of Communicability

Unknown as causative agent may be unidentified.⁽¹¹⁾

Host Susceptibility

Susceptibility is universal, and recurrences are common.⁽⁷⁾ Urethritis may facilitate transmission of Human Immunodeficiency Virus (HIV)⁽⁸⁾

Incidence

Since 2010, case numbers have ranged from 1,400–2,100 annually; an increase over the previous decade. The annual rate fluctuates from 71–95 cases per 100,000 persons with those aged 20–24 years having consistently had the highest rates of reported NGU, followed by those aged 25–29 years in Alberta over the past two decades.⁽¹²⁾

Refer to the [Interactive Health Data Application](#) for more information.

Public Health Management

Key Investigation

The diagnosis and treatment is performed by health practitioners.

- Determine the presence or absence of symptoms.
- Determine if risk factors for sexually transmitted NGU are present:
 - sexual contact with person(s) with known infection or compatible syndrome,
 - new sexual partner or more than two sexual partners in preceding year,
 - previous STI, and/or
 - vulnerable populations (e.g., injection drug use (IDU), incarcerated individuals, people involved in exchanging goods for sex, street involved youth/homeless).
- Offer testing for HIV and other STI.
- Counsel and identify partners, including locating information for partners if reportable organism identified.

Management of a Case

- Cases should be interviewed for history of exposure, risk assessment, and sexual partner(s) identification.
- All cases should be instructed about infection transmission. Patients should be counseled about the importance of abstaining from unprotected intercourse until seven days after completion of treatment of both case and partner(s).
- All cases should be provided with individualized STI prevention education, targeted at developing knowledge, skills, attitudes and behaviors to reduce the risk and prevent recurrences of STI.
- Immunization against hepatitis A, B, and HPV may be recommended. Refer to the [Alberta Immunization Policy](#) for immunization eligibility.
- All patients with a notifiable STI qualify for provincially funded medications.
 - STICS will send replacement medication upon receipt of a Notification of STI Form when the health care provider mailing address is indicated on the form.
 - Health care providers may order additional quantities of most medications by contacting STICS.
- To obtain the phone number for your designated **Partner Notification Nurse**, or for advice on management of your case, call **STICS toll free at 1-855-945-6700, option 4**.
- Sexual assault in adults should be managed in conjunction with local Sexual Assault Services and other appropriate community support services.

Management of Contacts

Partner Notification

It is mandated under the *Alberta Communicable Diseases Regulation* that every attempt is made to identify, locate, examine and treat partners/contacts of all cases with an identifiable reportable organism.

Healthcare providers are required to provide partner names and contact/location information on the Notification of STI form and forward to STICS.

- When warranted, partner notification will help identify those at risk, reduce disease transmission/re-infection and ultimately prevent disease sequelae.
- If testing and/or treatment of partner(s) are not confirmed on the Notification of STI form, STICS will initiate follow up by a Partner Notification Nurse (PNN) when there is evidence of an STI.
 - PNNs are specially trained to conduct notification of partners and contacts in a confidential manner that protects the identity of the index case.
 - The phone number for your designated PNN is available by calling **STICS toll free 1-855-945-6700, option 4**. All contacts should be screened for HIV and other STI.

- All contacts should be instructed about infection transmission.
- All contacts should be provided with individualized STI prevention strategies, targeted at developing knowledge, skills, attitudes and behaviors to reduce the risk and prevent recurrences of STI.

Preventive Measures

- Ensure appropriate treatment of cases.
- Ensure STI care is culturally appropriate, inclusive, readily accessible, and acceptable.
- Include information about risk for STI during pre-travel health counseling.
- Educate the case, sexual partners, and the public on methods of personal protective measures, in particular the correct and consistent use of condoms and discuss safer sex options including:
 - delaying onset of sexual activity,
 - developing mutually monogamous relationships,
 - reducing the numbers of sexual partners, and
 - encouraging behaviors which prevent the acquisition and transmission of STI.

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