

Update to the 2015 BASHH UK National Guideline on the management of non-gonococcal urethritis

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Up to 25% of uncomplicated cases of non-gonococcal urethritis (NGU) are caused by infection with *Mycoplasma genitalium* (MG).¹ The organism is likely to be implicated in an even higher proportion of cases of recurrent or persistent NGU.¹ However, many men with MG infection will not develop NGU.²

Optimal management of NGU requires testing for MG, in addition to *C. trachomatis*, and the provision of appropriate antimicrobial therapy in the presence of a positive test. There are emergent data regarding the prevalence of pre-treatment macrolide resistance in MG, conceivably due to the widespread use of azithromycin 1g to treat STIs and the limited availability of diagnostic tests for MG.^{2,3} If MG is detected, a test-of-cure three weeks after treatment is recommended.

Pending widespread availability of MG detection assays, the Clinical Effectiveness Group has considered the best available evidence and has made new, pragmatic recommendations for treatment of NGU as per below. It should be noted that co-infection with *C. trachomatis* and MG is well described in men with NGU, and thus these guidelines should be followed even in the presence of a positive test for *C. trachomatis*, if a test for MG has not been undertaken.

TREATMENT OF FIRST EPISODE NGU

Recommended

Doxycycline 100mg twice daily for 7 days

Alternative

Azithromycin 500mg stat then 250mg once daily for the next four days*

or

Ofloxacin 200mg twice daily, or 400mg once daily, for 7 days

*There are limited and conflicting data on the utility of this regimen in treating NGU caused by MG with pre-existing macrolide resistance mutations.^{2,4-6} There are limited and conflicting data on the likelihood of induction of macrolide resistance by this regimen.^{2,4-6}

TREATMENT OF RECURRENT OR PERSISTENT NGU

If treated with doxycycline regimen first line:

Recommended

Azithromycin 500mg stat then 250mg once daily for the next four days, plus metronidazole 400mg twice daily for five days

If treated with azithromycin regimen first line:

Recommended

Moxifloxacin 400mg once daily for 10-14 days, plus metronidazole 400mg twice daily for five days

Alternative

Doxycycline 100mg twice daily for 7 days, plus metronidazole 400mg twice daily for five days**

**In the event of non-availability of MG detection assays, it may be reasonable to try this regimen before using moxifloxacin.²

EPIDEMIOLOGICAL TREATMENT

In the absence of MG testing, it is reasonable to provide epidemiological treatment to the partners of men with NGU using the same antimicrobial regimen that resulted in cure in the index case.

These recommendations are subject to change in light of new available evidence. We recommend that clinicians appraise and share data regarding NGU causes, treatment and outcomes to develop the evidence base in the UK.

References

1. Horner P, Blee K, O'Mahony C, Muir P, Evans C, Radcliffe K. 2015 UK National Guideline on the management of non-gonococcal urethritis. *Int J STD AIDS* 2016; **27**(2): 85-96.
2. Horner P, Martin D. *Mycoplasma genitalium* Infection in Men. *The Journal of infectious diseases* 2017; **In Press**.
3. Jensen JS, Cusini M, Gomberg M, Moi H. 2016 European guideline on *Mycoplasma genitalium* infections. *Journal of the European Academy of Dermatology and Venereology* 2016; **30**(10): 1650-6.
4. Anagnrus C, Loré B, Jensen JS. Treatment of *Mycoplasma genitalium*. Observations from a Swedish STD Clinic. *PLoS ONE* 2013; **8**(4): e61481.
5. Gesink D, Racey CS, Seah C, et al. *Mycoplasma genitalium* in Toronto, Ontario: Estimates of prevalence and macrolide resistance. *Canadian Family Physician* 2016; **62**(2): e96-e101.
6. Read TR, Fairley CK, Tabrizi SN, et al. Azithromycin 1.5g Over 5 Days Compared to 1g Single Dose in Urethral *Mycoplasma genitalium*: Impact on Treatment Outcome and Resistance. *Clinical infectious diseases* 2016; **64**(3): 250-6.
7. Horner P, Ingle S, Garrett F, et al. Which azithromycin regimen should be used for treating *Mycoplasma genitalium*? – A meta-analysis. *Sexually Transmitted Infections*. 2017; **In Press**.