

## NON-GONOCOCCAL URETHRITIS (NGU): Notes About the Disease

Non-gonococcal urethritis (NGU) in males is a clinical diagnosis of exclusion. The NGU case definition requires a certain set of physical symptoms to be present along with documented absence of infection with *N. gonorrhoeae*. It is likely that a large number of NGU cases are actually unconfirmed chlamydia cases. However, there are other possible causes for NGU for which there is no routine testing in men with urethritis (*trichomoniasis*, *mycoplasma genitalium*, *ureaplasma urealyticum*, *herpes*). Thus, it is inappropriate to group NGU with laboratory-confirmed cases of *C. trachomatis*.

The most common site for chlamydial infection in men is the urethra, where it presents as a non-gonococcal urethritis (NGU). The signs and symptoms of NGU are dysuria and urethral discharge, which is either mucoid and cloudy or clear. However, most men with urethritis in population screening are asymptomatic. The age and race distributions of male chlamydia and NGU cases are virtually identical.

Diagnosis can be made by doing a gram stain of male urethral discharge to determine absence of gram negative intracellular diplococci. A finding of  $\geq 5$  WBCs per oil immersion field and/or absence of gram negative intracellular diplococci is diagnostic of non-gonococcal urethritis. Treatment regimens effective for chlamydia are also effective for NGU.

Measures to control transmission include referral of all sex partners within sixty days of diagnosis or onset of symptoms or most recent sex partner if exposure is greater than sixty days. Sex partners must be examined, tested and empirically treated at time of service. Use of latex condoms with sexual encounters is also effective in controlling transmission of this infection.