UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

Position Statement

Chronic Urinary Tract Infections

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Subject:	Patient Care	**Distribution:**		External	
Authorised by:	Board of Directors	**Approved Date:**	28.02.25	**Review Date**:	Feb 2028

Purpose and Scope

This policy sets out the Urological Society of Australia and New Zealand's (USANZ) position on chronic urinary tract infections (cUTI) and is intended to provide guidance to urologists and other medical practitioners in its diagnosis and treatment of this condition.

Position Statement

Urinary tract infections affect 1 in 3 Australian women and 1 in 5 Australian men in their lifetime, with approximately 25% experiencing recurrent urinary tract infection[1].

The term "recurrent urinary tract infections" is defined as more than 2 infections occurring within 6 months or more than 3 infections within 12 months[2]. There is increasing evidence that a proportion of the recurrent infections could be bacterial persistence within the bladder wall with associated persistence of symptoms. This clinical entity has been referred to as "chronic UTI". A formal definition of chronic UTI has not been accepted in medical literature but an increasing weight of evidence supports the existence of this clinical entity.

This subgroup of patients can suffer persistent symptoms despite treatment, significantly affecting patients' quality of life. Emphasis should be placed on:

1. **Careful assessment to both investigate and exclude confounding diagnoses**
   (eg Bladder pain syndrome, malignancy, overactive bladder)

   Urine cultures remain the most commonly available testing method for urinary tract infection. Isolating an organism is useful to ensure tailored antibiotic therapy as well as prognosticating for future infections. A negative culture in the presence of pyuria, epithelial cells[3] and urinary symptoms should also be considered possible UTI. Investigation with specific cultures for atypical organisms (eg ureaplasma) should be considered. More accurate novel testing methods (eg urine PCR) are currently not readily available in Australia.

2. **Tailored treatment plans**

   Individualised treatment and preventative measures should be explored and should incorporate appropriate and tailored antibiotic therapy, adjunctive therapies (topical oestrogens, Hiprex, D-Mannose) and repeat cultures or microscopy. Consider asking patients to fast before their urine is taken if they have a high urine output to improve the likelihood of demonstrating a culture positive sample.

3. **Patient education**

   Support and advise on the diagnostic difficulties, resistance patterns and individualised antibiotic plans to support a patient centred approach.

4. Multidisciplinary approach

Consider involving infectious disease physicians, urologists, microbiologists and general medical practitioners to deliver comprehensive care.

Ongoing research and development of new diagnostic tools and treatment options are crucial to improve outcomes for individuals who suffer from this condition. Evolving evidence suggests a spectrum of patient presentation with lower urinary tract infection – acute UTI, recurrent UTI, asymptomatic bacteruria, bacteruria of uncertain significance, low colony count UTI and you low colony count bacteruria of uncertain significance[4]. This demonstrates the extent of the spectrum of disease and the importance of undertaking a nuanced view.

Addressing this subset of patients who suffer from "chronic UTI" requires an individualised and patient-centred approach, focusing on accurate diagnosis, individualised treatment, education and collaboration between healthcare professionals.

References

1. https://www.healthdirect.gov.au/urinary-tract-infection-uti
2. https://www.nice.org.uk/guidance/ng112/chapter/terms-used-in-the-guideline
3. Chieng C et al. The clinical implications of bacterial pathogenesis and mucosal immunity in chronic urinary tract infection. Mucosal Immunology 16(2), Feb 2023:61-71.
4. Advani et al. Proposing the "continuum of UTI for a nuanced approach to diagnosis and management of urinary tract infection. youJournal of Urology May 2024;211:690-698

Roles and responsibilities

- The USANZ Board of Directors is the approval authority for Position Statements and other Policies that relate to patient care.

Revision history

Version	Date	Notes	By
1.0	28 Feb 2025	Policy Approved	Board of Directors

Review date

These guidelines will be reviewed every 3 years by the Board of Directors. The next review date is February 2028.

Contact

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