

Update of the optimal usage guide on sexually transmitted and blood-borne infections – Uncomplicated Chlamydia trachomatis or Neisseria gonorrhoeae infection

English summary

Une production de l'Institut national
d'excellence en santé
et en services sociaux (INESSS)

SUMMARY

Update of the optimal usage guide on sexually transmitted and blood-borne infections – Uncomplicated *Chlamydia trachomatis* or *Neisseria gonorrhoeae* infection

Introduction

In 2012, the Institut national d'excellence en santé et en services sociaux (INESSS) published a series of five optimal usage guides (OUGs) on the pharmacological treatment of sexually transmitted and blood-borne infections (STBBIs). One of these guides concerns uncomplicated *Chlamydia trachomatis* or *Neisseria gonorrhoeae* infections. Since *Neisseria gonorrhoeae* antibiotic resistance is constantly evolving, careful monitoring of laboratory data and national and international guidelines, and frequent updating of the recommendations included in INESSS's OUG are necessary. Since 2012, this OUG has been partially revised (December 2015) and fully updated on the basis of a systematic review of the scientific literature (2018). The current edition provides another complete update of the recommendations.

Methodology

For the purpose of updating INESSS's OUG on uncomplicated *Chlamydia trachomatis* or *Neisseria gonorrhoeae* infection, we conducted, in accordance with its standards, a systematic review of clinical practice guidelines (CPGs), expert consensus statements, consensus conference reports, guidance documents and other publications containing clinical recommendations. The literature search was limited to items published between October 2017 and January 2020. The items selected concern individuals aged 14 years and older. In addition, a manual literature search was conducted by consulting the websites of health technology assessment agencies and North American regulatory agencies, and those of government agencies and professional associations and bodies related to the topic of interest. The bibliographies of the selected publications were searched for other relevant items.

One aspect of the treatment of gonococcal infections, namely, the appropriateness of dual therapy, raised certain questions for which it was necessary to consult primary studies. In this context, a systematic review of primary studies was carried out so that INESSS could take a position on the treatment options to be preferred for uncomplicated *Neisseria gonorrhoeae* infections.

The data were analyzed from the perspective of contextualizing the practice in Québec, using mainly legislative, regulatory and organizational contextual elements specific to Québec and the perspectives of the different stakeholders consulted.

Results

The literature search led to the selection of five documents containing recommendations, whose methodological quality was deemed sufficient, based on the AGREE II instrument.

Also selected were four primary studies identified during the systematic review of the appropriateness of dual therapy in the treatment of gonococcal infections.

In general, no major changes were made to the sections of the OUG that do not concern the pharmacological treatment of *Chlamydia trachomatis* or *Neisseria gonorrhoeae* infections. Among the few changes made to these sections were the addition of a section on accelerated partner therapy (APT) and two general considerations, one regarding the importance of performing microbiological testing on all exposed sites, the other the need to obtain culture specimens of the infected sites to determine the strain's susceptibility before initiating treatment (if a gonococcal infection was detected by NAAT alone). However, culture collection should not delay treatment. A few minor adjustments have also been made to the table on tests of cure.

The main changes made to the OUG therefore concern the pharmacological treatment of uncomplicated *Chlamydia trachomatis* or *Neisseria gonorrhoeae* infections.

The use of doxycycline is now preferred for the treatment of uncomplicated *Chlamydia trachomatis* infections. Azithromycin is still among the treatment options, but for specific situations only: pregnant women (in whom doxycycline is contraindicated), patients with an anticipated treatment adherence problem (treatment with azithromycin consists of a single dose, while that with doxycycline involves 7 days of treatment) and when APT is being considered (for APT, the first choice of treatment should be oral and single-dose). In addition, for rectal infections or in cases where rectal exposure is reported, treatment with doxycycline should always be preferred, whenever possible.

For the pharmacological treatment of uncomplicated *Neisseria gonorrhoeae* infections, the use of azithromycin in combination with ceftriaxone is no longer recommended. Consequently, the use of ceftriaxone as monotherapy has become a treatment option in the updated OUG. Furthermore, since an oral alternative to ceftriaxone is necessary in the current Québec context, the use of cefixime is still recommended for the treatment of gonococcal infections in the updated OUG, despite emerging gonococcal resistance to it. However, cefixime should be administered in combination with azithromycin because of the poor performance of cefixime alone in the treatment of pharyngeal infections. Since this site is not always screened, it is important to recommend the use of cefixime/azithromycin dual therapy, regardless of the site of infection (or exposure). Lastly, when cefixime/azithromycin dual therapy is used, the recommended azithromycin dose is now 2 grams as a single dose.

Conclusion

The update of the OUG on uncomplicated *Chlamydia trachomatis* or *Neisseria gonorrhoeae* infection was based on scientific and clinical information, and on clinical practice recommendations from the literature, which were enriched with the perspectives of various clinicians and experts and with contextual information. Triangulating the data from these different sources permitted an update of the OUG in accordance with the best clinical practices and available data.

*Institut national
d'excellence en santé
et en services sociaux*

Québec 

Siège social

2535, boulevard Laurier, 5^e étage
Québec (Québec) G1V 4M3
418 643-1339

Bureau de Montréal

2021, avenue Union, 12^e étage, bureau 1200
Montréal (Québec) H3A 2S9
514 873-2563
inesss.qc.ca

