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Update of the optimal usage guide on sexually transmitted and blood-borne infections – Syndromic approach

English summary

Une production de l'Institut national
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Québec

SUMMARY

Update of the optimal usage guide on sexually transmitted and blood-borne infections – Syndromic approach

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 the syndromic approach, that is, managing clinical syndromes potentially associated with STBBIs before obtaining the laboratory test results. This guide therefore falls within the context of empirical treatment. It addresses the following conditions: cervicitis, urethritis, epididymitis/epididymo-orchitis, pelvic inflammatory disease (PID), and proctitis. 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 OUGs are necessary. Since 2012, the OUG on the syndromic approach has been partially revised (December 2015), fully updated on the basis of a systematic review of the scientific literature (spring of 2017), and partially revised again (2018). This version provides a complete update of the recommendations.

Methodology

For the purpose of updating INESSS's OUG on the syndromic approach, 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 June 2016 and January 2020. The items selected concern individuals aged 14 years and older. In addition, a manual search of the literature 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 checked for other relevant items.

The scientific 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

Ten items containing recommendations were selected from the literature search. Their methodological quality was deemed good, based on the AGREE II instrument.

In general, the update of the OUG did not involve a large number of changes. Among the few changes was the addition of a sentence in the section on the etiology of cervicitis stating that in the absence of STBBI risk factors and signs of pelvic

inflammatory disease, one can wait for the laboratory test results before treating, provided that a reliable way of contacting the individual and a method for issuing a prescription, if applicable, are agreed upon. Some minor adjustments have also been made to the table on tests of cure.

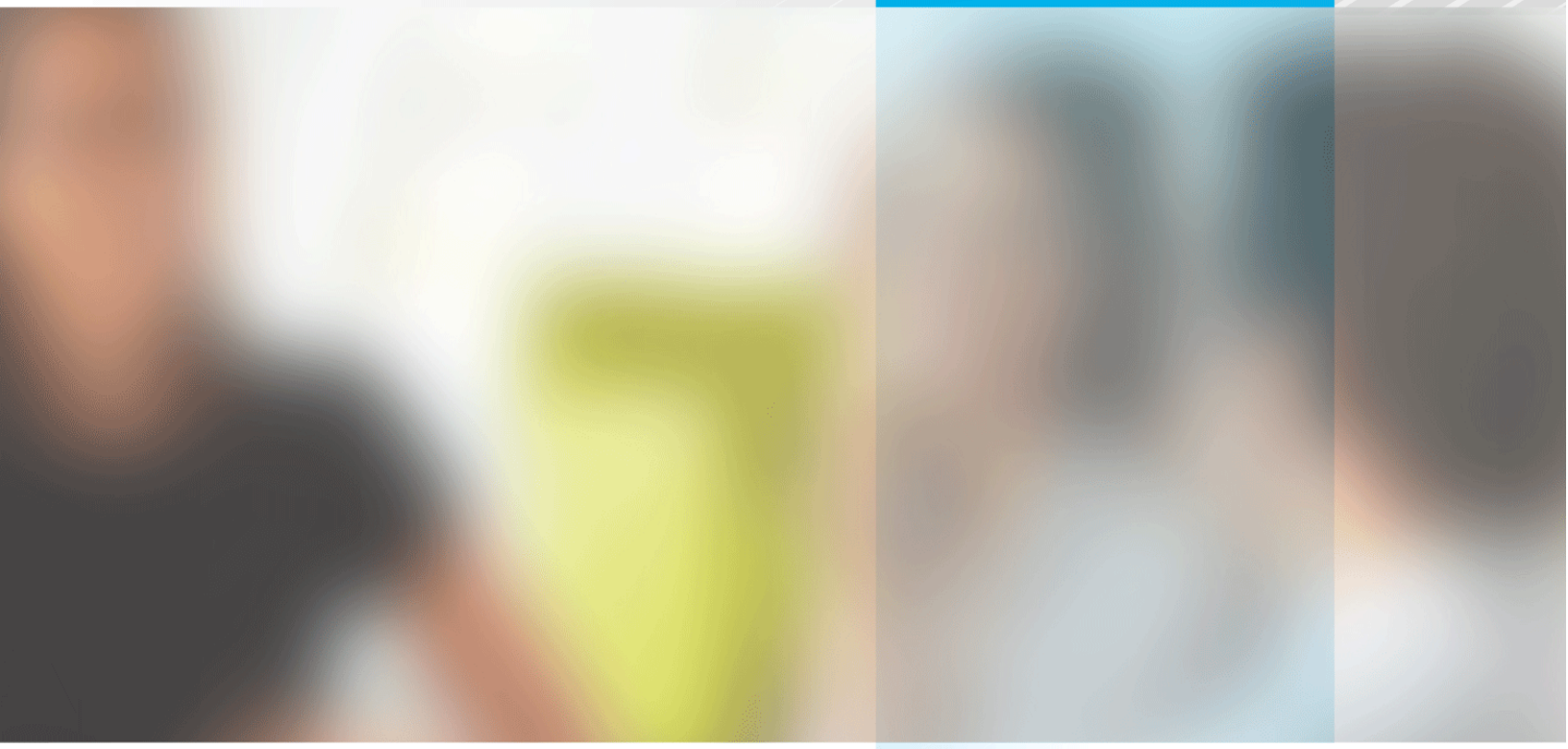
The main changes concern the recommended treatments. The first therapeutic choice for the empirical treatment of cervicitis and urethritis is now ceftriaxone in combination with doxycycline at the dosages usually used in the treatment of STBBIs. Because an oral alternative to ceftriaxone is sometimes necessary since it is not always possible to administer it intramuscularly and since therapeutic adherence problems can be expected in some patients who are likely to be treated with doxycycline for 7 days, the combination of cefixime and azithromycin is now a second treatment option for cervicitis and urethritis. The combination of ceftriaxone and azithromycin is also now a second treatment option for cervicitis and urethritis. When dual therapy with cefixime or ceftriaxone and azithromycin is used, the recommended dose of azithromycin is now 2 grams as a single dose.

For the pharmacological treatment of epididymitis/epididymo-orchitis, the duration of treatment with doxycycline for males with STBBI risk factors and no risk of gram-negative rod infection has been changed from 10 to 14 days in the previous version of the OUG on the syndromic approach to 14 days in the updated version. We have decided on a precise duration of treatment to preclude any uncertainty for the OUG's users.

As for proctitis, the first choice of treatment is now ceftriaxone in combination with doxycycline at the usual dosages. The second choice of treatment for proctitis now involves triple therapy combining cefixime, azithromycin and doxycycline. When using triple therapy, the recommended azithromycin dose is 2 grams as a single dose.

Conclusion

The update of the OUG on the syndromic approach was based on scientific and clinical information and 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.



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