

Update of the national protocol for the treatment of a *Chlamydia trachomatis* or *Neisseria gonorrhoeae* infection in asymptomatic persons - Report in support of the protocol
English summary

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

SUMMARY

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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, another the syndromic approach. INESSS recently updated them, among other things, because of the evolution of *Neisseria gonorrhoeae* antibiotic resistance. The national protocol for the treatment of a *Chlamydia trachomatis* or *Neisseria gonorrhoeae* infection in asymptomatic persons produced by INESSS makes reference to these two OUGs, particularly with regard to pharmacological treatment, tests of cure, follow-up and the main clinical manifestations of these infections. Consequently, this protocol has been updated as well.

Methodology

For the purpose of updating the two INESSS optimal usage guides in question, we conducted, in accordance with its standards, two systematic reviews of clinical practice guidelines (CPGs), expert consensus statements, consensus conference reports, guidance documents and other publications containing clinical recommendations. These two systematic reviews were used to update the national protocol for the treatment of a *Chlamydia trachomatis* or *Neisseria gonorrhoeae* infection in asymptomatic persons. The literature search was limited to items published between October 2017 and January 2020 for the update of the OUG on uncomplicated *Chlamydia trachomatis* or *Neisseria gonorrhoeae* infections and between June 2016 and January 2020 for the update of the OUG on the syndromic approach. The items selected concern individuals aged 14 years and older. The search parameters for updating the protocol were the criteria for assessing the patient's health condition, physical examinations, laboratory tests, tests of cure, the follow-up required in connection with the treatment, situations that require a reevaluation or further investigation, and the contraindications, adverse effects, precautions and drug interactions regarding the antibiotics concerned. This information on the antibiotics was taken from the product monographs.

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 examined 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 experiential knowledge provided by the different stakeholders consulted.

Results

For the update of the OUG on uncomplicated *Chlamydia trachomatis* or *Neisseria gonorrhoeae* infections, the information search yielded 507 items, from which were selected 5 CPGs containing clinical practice recommendations for the management of uncomplicated *Chlamydia trachomatis* or *Neisseria gonorrhoeae* infections in individuals 14 years of age and older. For the update of the OUG on the syndromic approach, the information search yielded 415 items, from which were selected 10 CPGs containing clinical practice recommendations for the management of cervicitis, urethritis, epididymitis/epididymo-orchitis, pelvic inflammatory disease, and proctitis in individuals 14 years of age and older.

These 15 CPGs were deemed to be of sufficient methodological quality for use, based on the AGREE II instrument.

No major changes were made when updating the national protocol for the treatment of a *Chlamydia trachomatis* or *Neisseria gonorrhoeae* infection in asymptomatic persons. The format and layout of the different sections of the protocol have been revised in line with the template now used for INESSS protocols. The main new feature is a section, in the form of an appendix to the protocol, with general information on the antibiotics used for treating a *Chlamydia trachomatis* or *Neisseria gonorrhoeae* infection.


However, it is important to note that when updating the OUG on uncomplicated *Chlamydia trachomatis* or *Neisseria gonorrhoeae* infections, changes were made to the recommended pharmacological treatments for these infections. The use of doxycycline is now preferred for the treatment of uncomplicated *Chlamydia trachomatis* infections. Azithromycin still appears as one of the treatment options, but only for specific situations: pregnant women, patients with an anticipated treatment adherence problem, and when accelerated partner therapy is being considered. In addition, for rectal infections and in cases of reported rectal exposure, 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. Ceftriaxone as monotherapy has become a treatment option instead. Furthermore, since an oral alternative to ceftriaxone is necessary in the current Québec context, cefixime is still recommended for the treatment of gonococcal infections in the updated OUG, despite the emerging gonococcal resistance to cefixime. 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 national protocol for the treatment of a Chlamydia trachomatis or Neisseria gonorrhoeae infection in asymptomatic persons was based on clinical information and clinical practice recommendations from the literature, which were enriched with the experiential knowledge provided by various experts and clinicians and with contextual information. Triangulating the data from these different sources permitted an update of the protocol in accordance with the best clinical practices and available data.

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