NEWSLETTER: Sexually Transmitted Infections Group

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Message from the Co-Editors

Dear All

Welcome to our second newsletter. We´re very grateful of all the work that authors, editors, Cochrane support team, Wiley and consumers around the world have done in order to help us to publish our first reviews and protocols as a re-registered Cochrane Review Group.

We salute our new editors: Sergio Muñoz, a statistician from the University of Chile and a specialist in Economic evaluations Jorge Diaz from the National University of Colombia. We look forward to work together.

Also, the group has initiated the first contacts with the Cochrane Diagnostic Test Accuracy Review Unit with the aim to produce Diagnostic systematic reviews; a field of great interest and relevance for us.

In addition, the STICR has supported the Guideline Development Group of "Syndromic Management of Sexual transmitted Infections and Genital tract infections Colombian Evidence-based Clinical Practice Guidelines" which has become the latest update of CPG in this very important topic.

Finally, we want to wish everyone a happy holiday season and a prosperous 2013.

Best wishes

Professor Cindy Farquhar

Professor Hernando Gaitán

Events

Advanced GRADE course

The National Centre of Evidence Research and Health Technologies – (CINETS Alliance) hosted on December 4th 2012 an Advanced GRADE course which was developed by Dr. Holger Shunemman in Bogota, Colombia. Several authors, editors and members of the editorial office of the STI group were part of the one-day workshop. The course was oriented towards issues in the process of building SoFT Tables and during the developing of recommendations for clinical practice guidelines.

Latin-American HTA international Meeting

The 2012 Regional HTAi Meeting was held on December 5th and 6th 2012 in Bogota, Colombia. Several speakers from Mexico, Mercosur, PAHO, Argentina and Colombia shared their views in the development of HTA in Latin-American countries, guidelines implementation among other topics. The STI Cochrane group was represented by Professor Hernando Gaitán who was one of the lecturers.

Space for Bogota picture

Reviews

Genital ulcer disease treatment for reducing sexual acquisition of HIV.

Mutua FM, M'imunya JM, Wiysonge CS.
Cochrane Database Syst Rev. 2012 Aug 15;8: CD007933.

OBJECTIVES:

To determine the effects of treatment of genital ulcer disease on sexual acquisition of HIV.

MAIN RESULTS:

There were three randomized controlled trials that met our inclusion criteria recruited HIV-negative participants with chancroid and primary syphilis. The syphilis study, carried out in the US between 1995 and 1997, randomized participants to receive a single 2.0 g oral dose of azithromycin (11 participants); two 2.0 g oral doses of azithromycin administered six to eight days apart (eight participants); or benzathine penicillin G administered as either 2.4 million units intramuscular injection once or twice seven days apart (11 participants). No participant in the trial seroconverted during 12 months of follow-up. The chancroid trials, conducted in Kenya by 1990, found no significant differences in HIV seroconversion rates during four to 12 weeks of follow-up between 400 and 200 mg single oral doses of fleroxacin (one trial, 45 participants; RR 3.00; 95% CI 0.29 to 30.69), or between 400 mg fleroxacin and 800 mg sulfamethoxazole plus 160 mg trimethoprim (one trial, 98 participants; RR 0.33; 95% CI 0.04 to 3.09). Adverse events reported were mild to moderate in severity, and included Jarisch-Herxheimer reactions and gastrointestinal symptoms. The differences between the treatment arms in the incidence of adverse events were not significant. The quality of this evidence on the effectiveness of genital ulcer disease treatment in reducing sexual acquisition of HIV, according to GRADE methodology, is of very low quality.

AUTHORS' CONCLUSIONS:

At present, there is insufficient evidence to determine whether curative treatment of genital ulcer disease would reduce the risk of HIV acquisition. The very low quality of the evidence implies that the true effect of genital ulcer disease treatment on sexual acquisition of HIV may be substantially different from the effect estimated from currently available data. However, genital ulcer diseases are public health problems in their own right and patients with these conditions should be treated appropriately; whether the treatment reduces the risk of HIV infection or not.

Azithromycin versus penicillin G benzathine for early syphilis.

Bai ZG, Wang B, Yang K, Tian JH, Ma B, Liu Y, Jiang L, Gai QY, He X, Li Y.

Cochrane Database Syst Rev. 2012 Jun 13;6:CD007270.

BACKGROUND:

Syphilis is a complex systemic disease caused by a spirochete, Treponema pallidum. The World Health Organization estimates that at least 12 million people worldwide are currently infected with syphilis. In this review we compared two current standards of treatment for early syphilis, benzathine benzylpenicillin (penicillin G) and azithromycin.

OBJECTIVES:

To evaluate the efficacy and safety of azithromycin versus benzathine penicillin (penicillin G) for early syphilis.

MAIN RESULTS:

Three studies (generating four eligible study comparisons) were included. One study is ongoing. There was no statistically significant difference between azithromycin and benzathine penicillin treatment in the odds of cure (OR 1.04, 95% CI 0.69 to 1.56); nor any difference at three months (OR 0.97, 95% CI 0.62 to 1.50), six months (OR 1.09, 95% CI 0.76 to 1.54) or nine months (OR 1.45, 95% CI 0.46 to 6.42). Subgroup analysis by primary and latent syphilis and by dose of azithromycin (2 g and 4 g) did not explain the variation between the study results. The reporting of computed mild to tolerated adverse events, from two included trials, indicated no statistically significant difference between azithromycin and benzathine penicillin (OR 1.43, 95% CI 0.42 to 4.95), although with a high level of heterogeneity (P = 0.05, I(2) = 74%).

AUTHORS' CONCLUSIONS:

Differences in the odds of cure did not reach statistical significance when azithromycin was compared with benzathine penicillin for the treatment of early syphilis. No definitive conclusion can be made regarding the relative safety of benzathine penicillin G and azithromycin for early syphilis. Further studies on the utility of benzathine penicillin G for early syphilis are warranted.

Reviews

Topical microbicides for prevention of sexually transmitted infections.
Obiero J, Mwethera PG, Wiysonge CS.
Cochrane Database Syst Rev. 2012 Jun 13;6:CD007961.

OBJECTIVES:

To determine the effects of topical microbicides for prevention of the acquisition of STIs, including human immunodeficiency virus (HIV) infection.

MAIN RESULTS:

We found that by the end of 2011, nine microbicide RCTs had either been conducted to term (one BufferGel and 0.5% PRO 2000, one Carraguard and one tenofovir trial) or stopped early due to safety concerns (two cellulose sulphate trials) or insufficient rate of HIV infection and low likelihood of showing a protective effect (one 2% PRO 2000, one tenofovir and two SAVVY trials). The nine RCTs enrolled 31,941 sexually active women between 2004 and 2011; in Benin, Ghana, Malawi, Nigeria, South Africa, Tanzania, Uganda, Zambia, Zimbabwe, India, and the US. A small proof-of-concept RCT found that tenofovir (a nucleotide reverse transcriptase inhibitor) reduced the risk of HIV acquisition (one trial, 889 women; risk ratio (RR) 0.63; 95% CI 0.43 to 0.93).. We found no evidence of an effect on HIV acquisition for cellulose sulphate (2 trials, n = 3069; RR 1.20; 95% CI 0.74 to 1.95), SAVVY (two trials, n = 4295; RR 1.38; 95% CI 0.79 to 2.41), Carraguard (one trial, n = 6202; RR 0.89; 95% CI 0.71 to 1.11), PRO 2000 (two trials, n = 12,486; RR 0.93, 95% CI 0.77 to 1.14) and BufferGel (one trial, n = 1546; RR 1.05; 95% CI 0.73 to 1.52). Tenofovir reduced the incidence of herpes simplex virus type 2 (HSV-2) infection (one trial, 426 women; RR 0.55; 95% CI 0.37 to 0.83) and cellulose sulphate reduced the risk of chlamydia infection (two trials, n = 3069; RR 0.70, 95% CI 0.49 to 0.99). However, there was no evidence of an effect of any microbicide on the acquisition of gonorrhoea, syphilis, condyloma acuminatum, trichomoniasis, or human papillomavirus (HPV) infection. A substudy of the Carraguard trial found the prevalence of high-risk HPV infection (HR-HPV) to be 23.5% in women on Carraguard and 23.0% on placebo (n = 1718; RR 1.02; 95% CI 0.86 to 1.21). After controlling for HR-HPV risk factors, the authors found that compliant Carraguard users were 0.62 (95% CI 0.41 to 0.94) times as likely to be HR-HPV positive as compliant placebo users.

AUTHORS' CONCLUSIONS:

Limited evidence suggests that vaginal tenofovir microbicides may reduce the risk of acquisition of HIV and HSV-2 infections in women. Therefore, there is not enough evidence to recommend topical microbicides for HIV or STI prevention at present. Further studies are needed to confirm the beneficial effects of tenofovir microbicide gel in vaginal sex. In addition, further research should continue on the development and testing of new microbicides. Successful launch of the effective gel would depend on having in place appropriate mechanisms for distribution to the women who need it, along with a strategy for ensuring that they use it correctly.

Protocols

Traditional Chinese medicinal herbs for condyloma acuminatum.
Yang S, Wu T, Zheng J, Huang Y, Chen XY, Wu H.
Cochrane Database of Systematic Reviews 2012, Issue 11. Art. No.: CD010234. DOI: 10.1002/14651858.CD010234.

Antibiotic therapy for pelvic inflammatory disease (PID).
Savaris RF, Ross J, Fuhrich DG, Rodriguez-Malagon N, Duarte RV.
Cochrane Database of Systematic Reviews 2013, Issue 1.

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