Àngel Rivero Calaf

30 de gener 2025

BCN checkpoint
HOMES · SEXUALITAT · SALUT

Fight Infections Foundation

Germans Trias i Pujol Hospital

CONFLICTS OF INTEREST

Participation in sponsored clinical sessions by Gilead sciences, ViiV Healthcare, MSD, Janssen Cilag and Rovi.

Has participated in advisory boards organized by Gilead sciences and ViiV Healthcare.

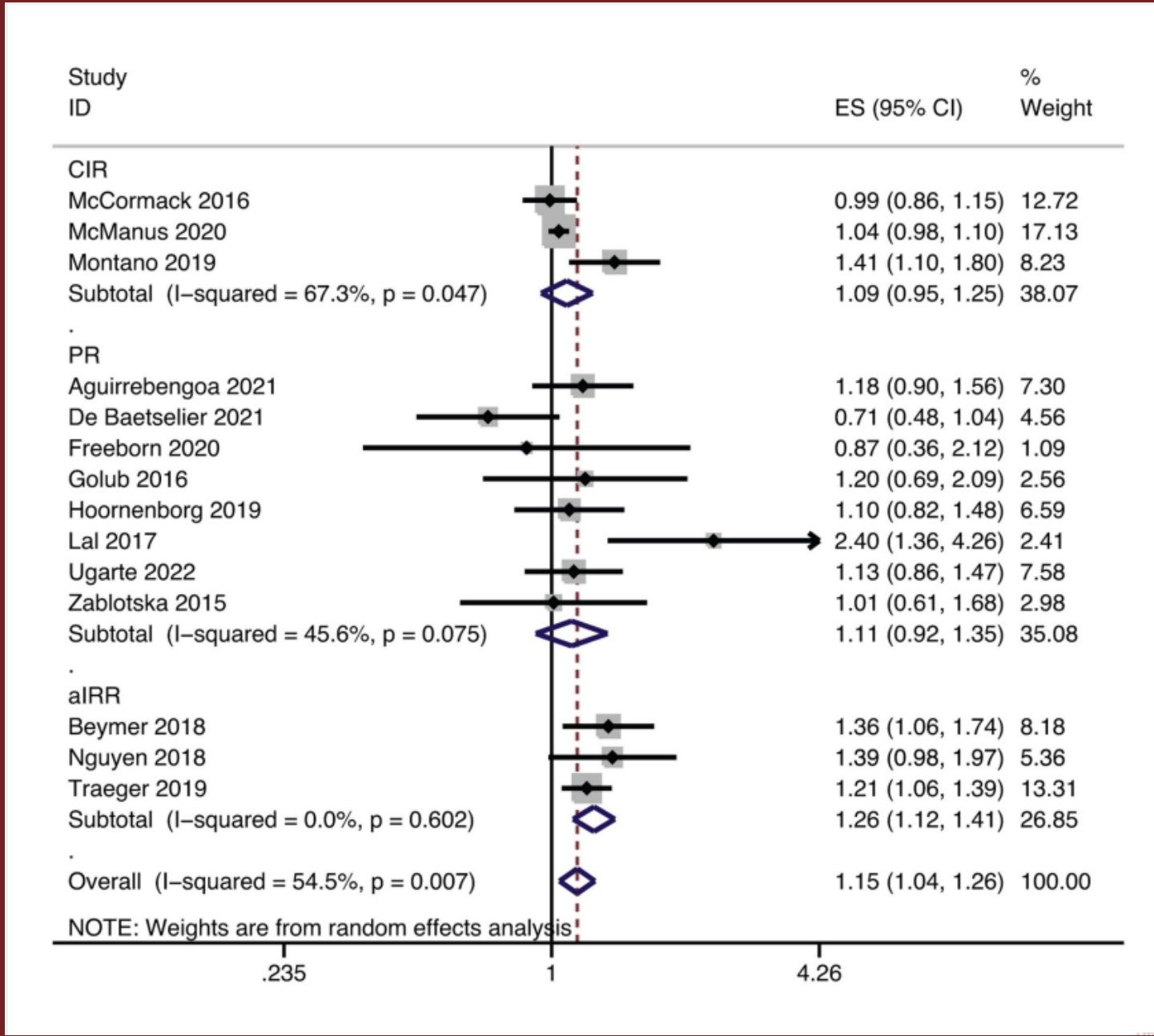
Has received investigational grants from ViiV Healthcare, Gilead sciences, and has participated in grants granted by ViiV, Gilead, MSD and Janssen Cilag.

Has participated as PI or sub investigator in clinical trials sponsored by GSK, ViiV Healthcare, Gilead sciences, MSD, Abbie, Moderna. Trials related with PrEP, HIV, COVID-19, Hepatitis and STI antibiotics.

- ** any of the mentioned conflicts has not affected the content of the talk.

RISC D'ITS I PREP

- 23 estudis
- 11776 participants 18-71 anys
- Inici de PrEP ITSx1,15
- NGx1,17 (pooling)
- CT x1,31 (pooling)



Nikolaos et al. AIDS 2024; 38 (7): p 1033-1045

GONORREA

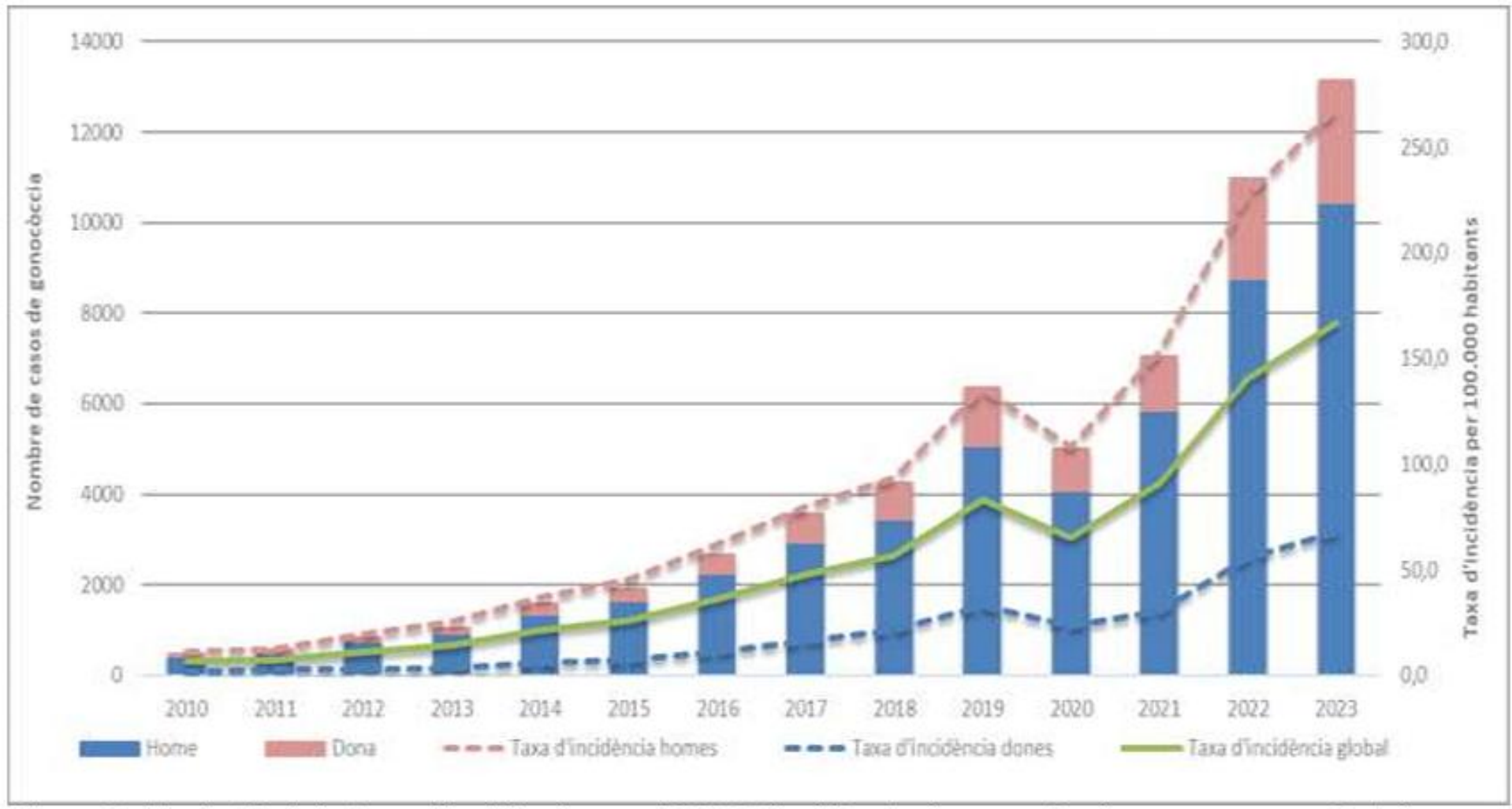


Figura 9. Evolució de la taxa d'incidència per 100.000 habitants de gonocòccia segons sexe. Catalunya, 2010-2023.

GONORREA

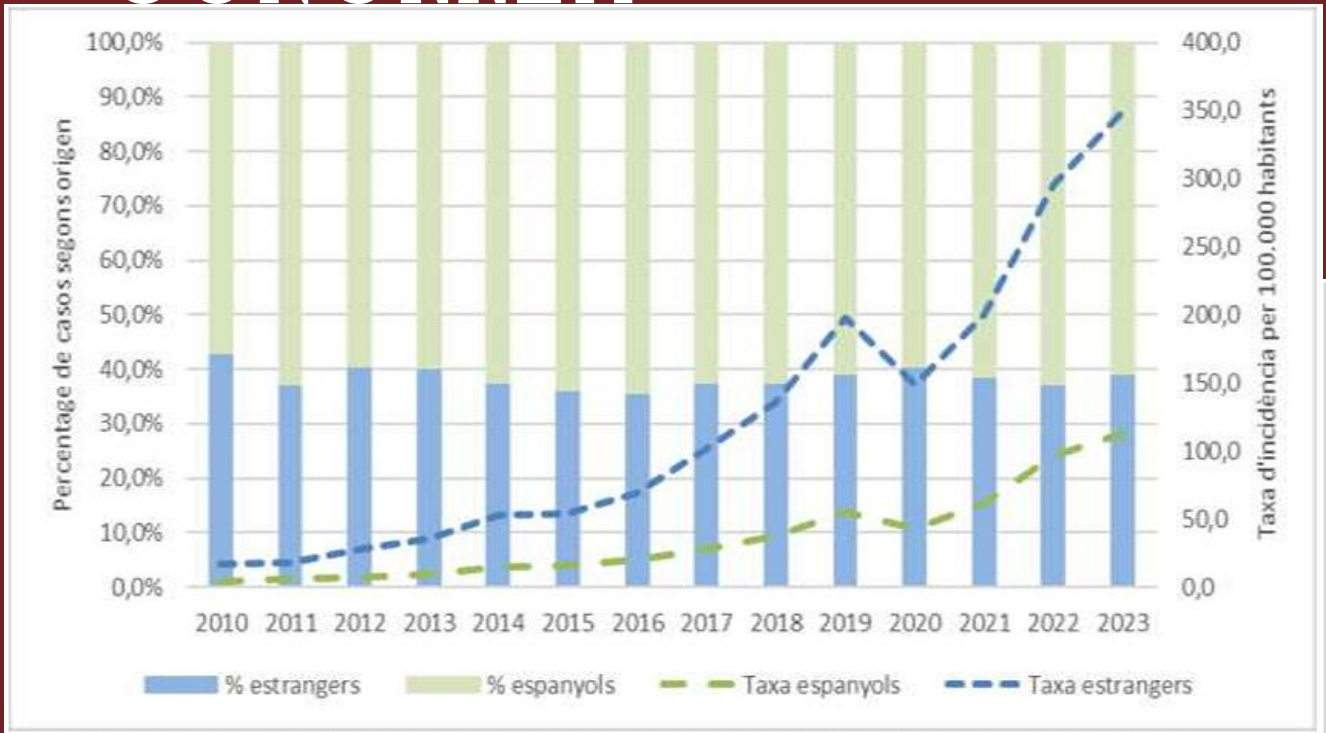
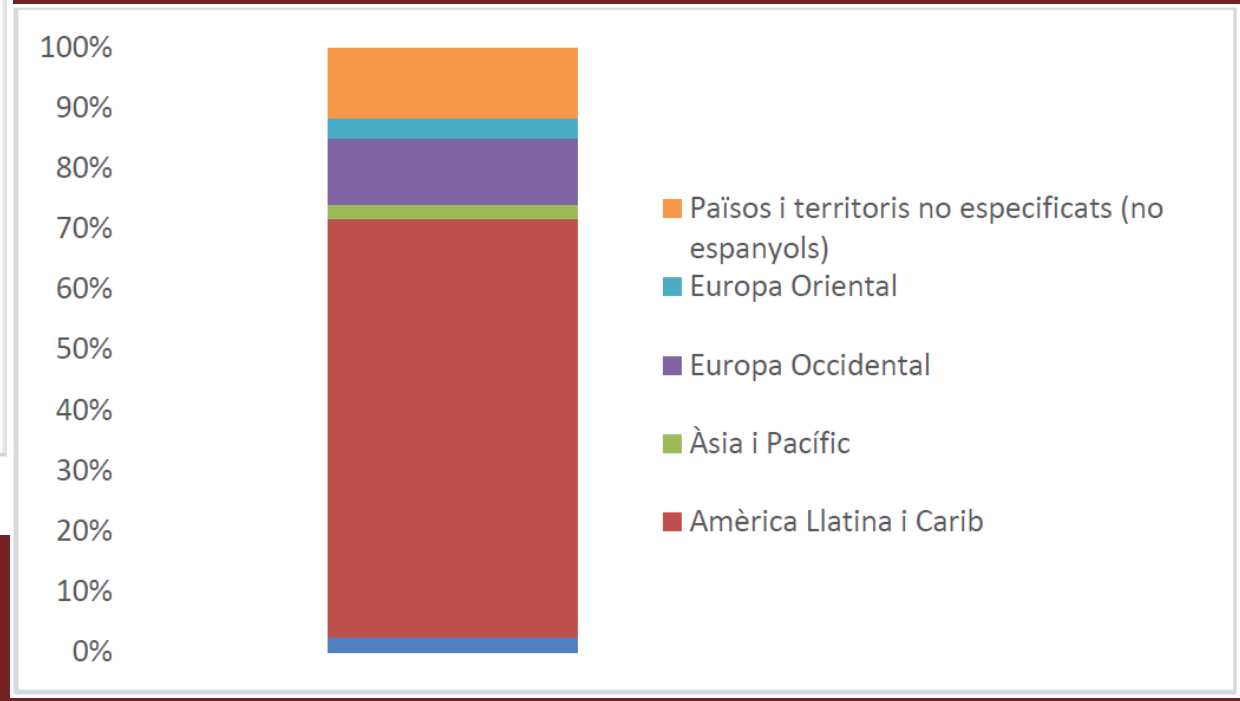


Figura 11. Evolució de la taxa d'incidència per 100.000 habitants de gonocòccia segons origen. Catalunya, 2010-2023.



GONORREA

Guies:

* Ceftriaxona sense adjuvància amb azitromicina

Novetats:

* 4CMenB com a vacuna preventiva, encara en assajos actius.
* GMMA com a vacuna específica, (Fase I/II) → FRACAS
* Zoliflodacin → Pendent de comercialització
* Gepotidacin → Pendent de comercialització

https://clinicaltrials.gov/

ZOLIFLODACINO

Population, Site, and Treatment	Confirmed Infections	Cures	Microbiologic Cure
	number		*% (95% CI)*
Micro-ITT			
Urethra or cervix			
Zoliflodacin, 2 g	57	55	96 (88–100)
Zoliflodacin, 3 g	56	54	96 (88–100)
Ceftriaxone, 500 mg	28	28	100 (88–100)
Rectum			
Zoliflodacin, 2 g	5	5	100 (48–100)
Zoliflodacin, 3 g	7	7	100 (59–100)
Ceftriaxone 500 mg	3	3	100 (29–100)
Pharynx			
Zoliflodacin, 2 g	8	4	50 (16–84)
Zoliflodacin, 3 g	11	9	82 (48–98)
Ceftriaxone, 500 mg	4	4	100 (40–100)
Per protocol			
Urethra or cervix			
Zoliflodacin, 2 g	49	48	98 (89–100)
Zoliflodacin, 3 g	47	47	100 (92–100)
Ceftriaxone, 500 mg	21	21	100 (84–100)
Rectum			
Zoliflodacin, 2 g	4	4	100 (40–100)
Zoliflodacin, 3 g	6	6	100 (54–100)
Ceftriaxone, 500 mg	3	3	100 (29–100)
Pharynx			
Zoliflodacin, 2 g	6	4	67 (22–96)
Zoliflodacin, 3 g	9	7	78 (40–97)
Ceftriaxone, 500 mg	4	4	100 (40–100)

Single-Dose Zoliflodacin (ETX0914) for Treatment of Urogenital Gonorrhea; SN Taylor, et al. November 7, 2018 N Engl J Med 2018;379:1835-1845

GEPOTIDACIN

EAGLE-1 phase III data show potential for gepotidacin as a new oral treatment option for uncomplicated urogenital gonorrhoea (GC) amid growing resistance to existing treatments

- Gepotidacin achieved a 92.6% microbiological success rate and was non-inferior to the leading combination treatment
- EAGLE-1 is the third positive pivotal trial for gepotidacin, a potential first-in-class oral antibiotic as part of GSK's industry-leading infectious diseases portfolio
- Results will be presented at European Society of Clinical Microbiology and Infectious Diseases (ESCMID) Global

GSK Press reléase available at: https://www.gsk.com/media/11070/eccmid-eagle-1-gepotidacin-pr.pdf

CHLAMYDIA

Figura 3. Evolució del nombre de casos mensual i de la taxa d'incidència per 100.000 habitants anual dels casos notificats de la infecció genital per clamídia a Catalunya, 2016-2023.

LINFOGRANULOMA VENERI

Vigilància epidemiològica de les ITS a Catalunya-Informe 2023 Agència Salut Pública de Catalunya. Generalitat de Catalunya

CHLAMYDIA

GUIES:

* Doxiciclina com a primera opció.
* Doxy-PEP

Novetats:

* Discussió sobre idoneïtat del cribatge de 3 localitzacions i tractament de casos asimptomàtics.

Can we screen less frequently for STI among PrEP users? Assessing the effect of biannual STI screening on timing of diagnosis and transmission risk in the AMPrEP Study

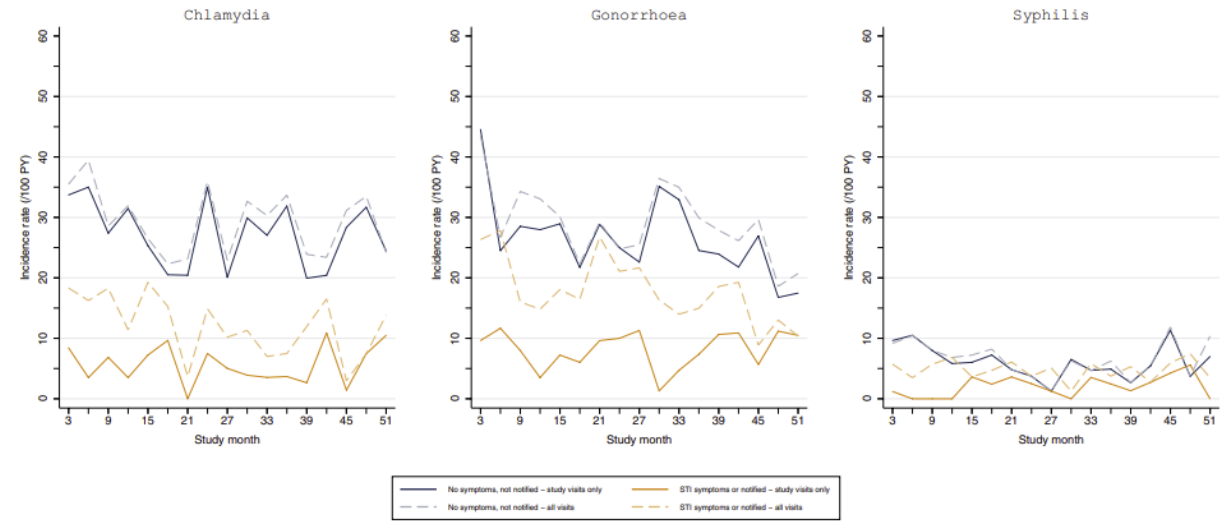


Figure 2 Incidence rate per 100 person-years (PY) of chlamydia, gonorrhoea and syphilis among PrEP users at all visits and at scheduled study visits only, AMPrEP cohort study, August 2015–February 2020, Amsterdam, the Netherlands. The week 54 visit was excluded due to the small number of participants who attended this visit. AMPrEP, Amsterdam PrEP demonstration project; PrEP, pre-exposure prophylaxis.

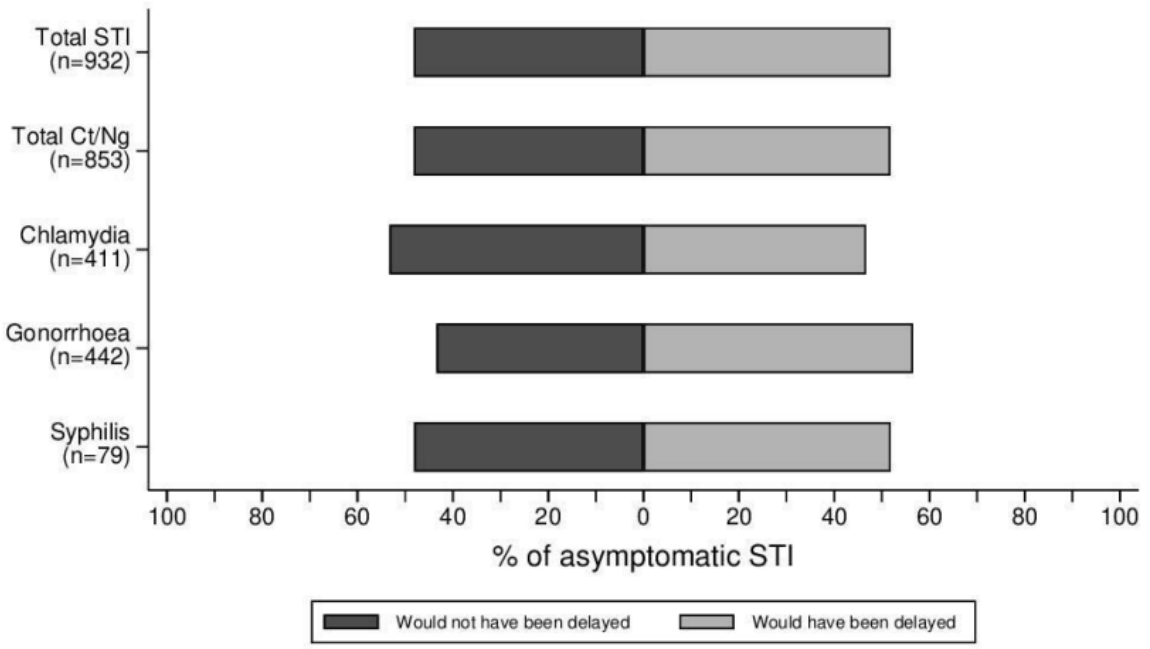


Figure 1 Proportion of bacterial STI diagnoses that would have been delayed and that would not have been delayed if screening was done biannually rather than quarterly. Ct, *Chlamydia trachomatis*; Ng, *Neisseria gonorrhoeae*.

Jongen VW, Zimmermann HML, Goedhart M, Bogaards JA, Davidovich U, Coyer L, de Vries HJC, Prins M, Hoornenborg E, Schim van der Loeff MF; Amsterdam PrEP Project team in the HIV Transmission Elimination Amsterdam (H-TEAM) Initiative. Can we screen less frequently for STI among PrEP users? Assessing the effect of biannual STI screening on timing of diagnosis and transmission risk in the AMPrEP Study. Sex Transm Infect. 2023 May;99(3):149-155. doi: 10.1136/sextrans-2022-055439. Epub 2022 May 18. PMID: 35584898; PMCID: PMC10176338.

SÍFILIS

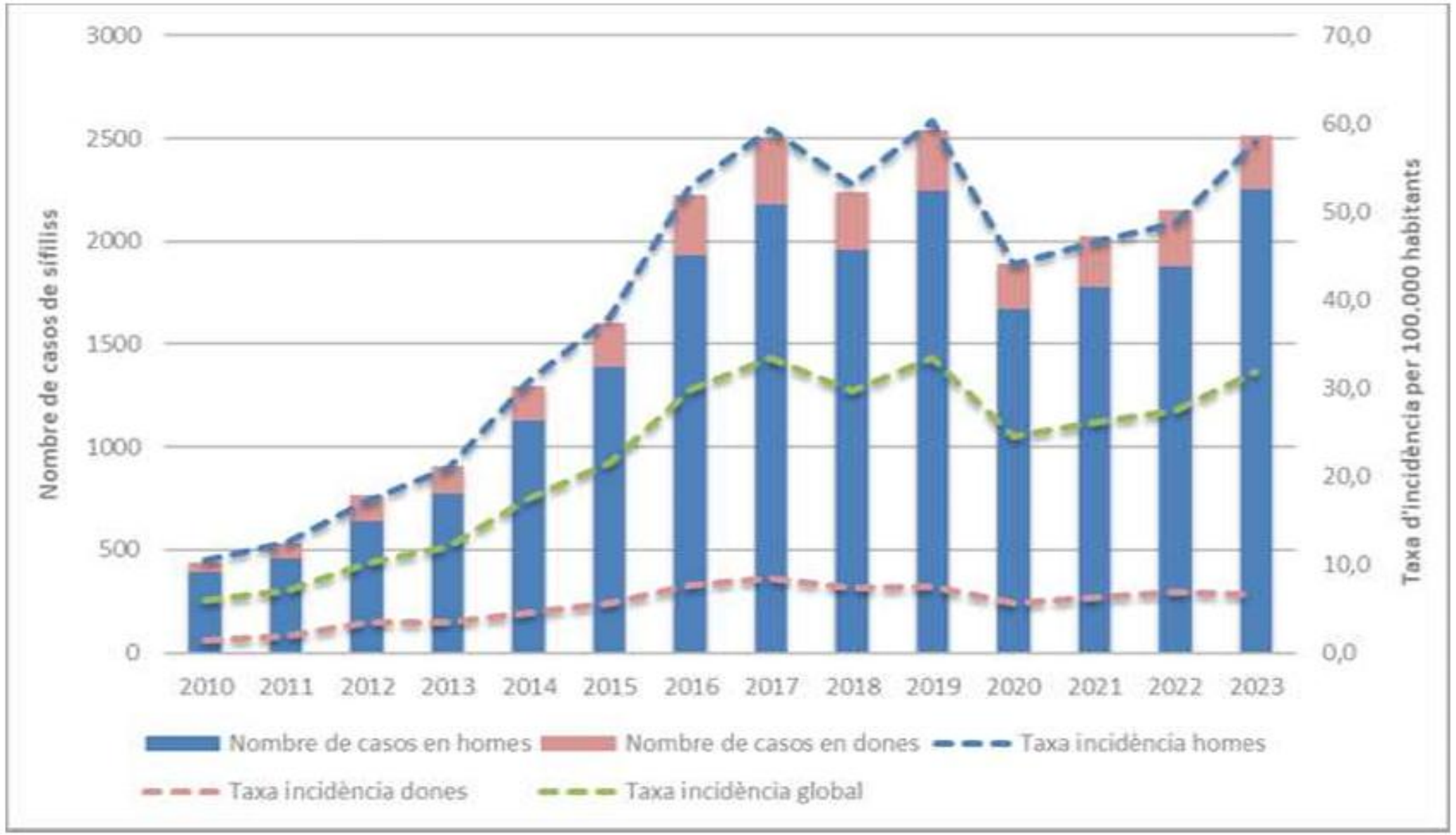


Figura 15. Evolució de la taxa d'incidència per 100.000 de sífilis infecciosa segons sexe. Catalunya, 2010-2023.

SÍFILIS

Guies:

* Doxy-PEP

Novetats de tractaments

*Linezolid (Sífilis precoç)

Efficacy analysis

	Linezolid	Penicillin	Difference in proportions (95% CI)
Primary analysis			
Composite primary endpoint (per protocol, n=55)	19/27 (70%; 49·8 to 86·2)	28/28 (100%; 87·7 to 100)	−29·6 (−50·5 to −8·8)
Clinical cure (n=33)	14/16 (88%; 61·7 to 98·4)*	17/17 (100%; 85·0 to 100)	..
Serological cure (n=47)	21/23 (91%; 72 to 98·9)†	24/24 (100%; 85·8 to 100)	..
Absence of relapse (n=55)	23/27 (85%; 66·3 to 95·8)	28/28 (100%; 87·7 to 100)	..
Composite primary endpoint (intention to treat, n=59)	19/29 (66%; 45·7 to 82·1)	28/30 (93%; 77·9 to 99·2)	−27·8 (−50·7 to −5·0)
Sensitivity analysis‡			
Composite primary endpoint (per protocol, n=55)	20/27 (74%; 53·7 to 88·9)	28/28 (100%; 87·7 to 100)	−25·9 (−46·1 to −5·8)

Ubals M, et adl. Oral linezolid compared with benzathine penicillin G for treatment of early syphilis in adults (Trep-AB Study) in Spain: a prospective, open-label, non-inferiority, randomised controlled trial. Lancet Infect Dis. 2024 Apr;24(4):404-416. doi: 10.1016/S1473-3099(23)00683-7. Epub 2024 Jan 8. PMID: 38211601; PMCID: PMC10954560.

HERPES GENITAL

Figura 25. Evolució del nombre de casos mensual i de la taxa d'incidència per 100.000 habitants anual dels casos notificats d'herpes simple. Catalunya, 2010-2023.

HERPES GENITAL

Guies:

* Sense canvis significatius

Assajos: FAIL

* GSK plc (LSE/NYSE: GSK) today announced that it has completed the primary objective data analysis from the phase II part of the TH HSV REC-003 trial. This trial is a combined phase I/II proof-of-concept study to assess potential clinical efficacy of GSK3943104, an early-stage therapeutic herpes simplex virus (HSV) vaccine candidate, before progressing it for further clinical development.

  Results show that GSK3943104 did not meet the study's primary efficacy objective. This vaccine candidate, therefore, will not progress to phase III studies. No safety concern was observed. The TH HSV REC-003 study will continue for routine safety monitoring and to generate follow-up data that could offer valuable insights into recurrent genital herpes. GSK is working closely with investigators to inform trial participants.

https://www.gsk.com/en-gb/media/press-releases/gsk-provides-update-on-therapeutic-herpes-simplex-virus-hsv-vaccine-trial/

TRICOMONES

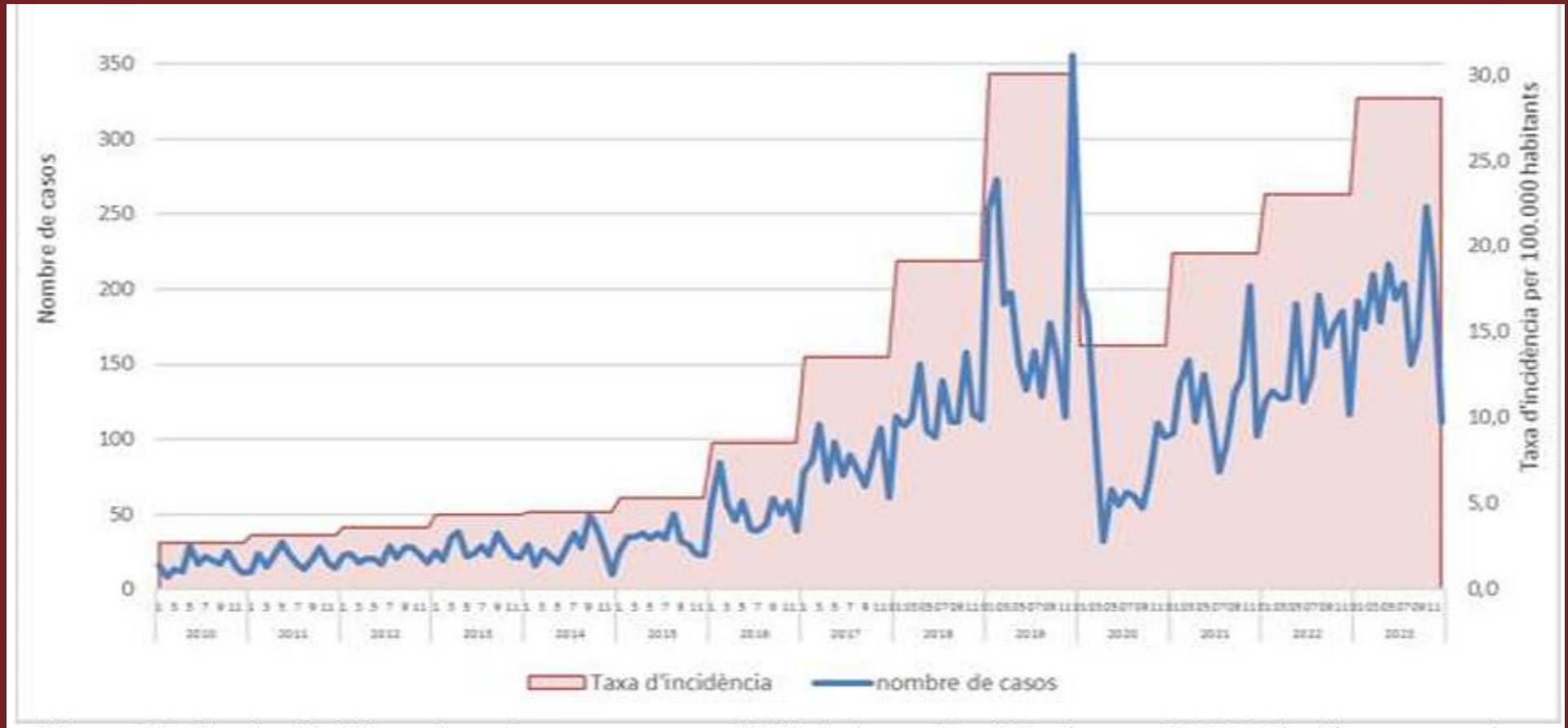


Figura 29. Evolució del nombre de casos mensual i de la taxa d'incidència per 100.000 habitants anual dels casos notificats de tricomones. Catalunya, 2010-2023.

VPH

- Vacunación sistemática de niñas y niños a los 12 años. Pauta de 1 dosis.
- Captación de hombres y mujeres no vacunadas hasta los 18 años (incluidos). Pauta de 1 dosis.
- Personas no vacunadas con determinadas situaciones de riesgo hasta los 45 años (incluidos). Pauta de 1 dosis hasta los 25 años y 2 dosis a partir de los 26 años, separadas al menos 6 meses:
    - Hombres que tienen relaciones sexuales con hombres
    - Situación de prostitución.
- En personas no vacunadas con inmunosupresión pertenecientes a los siguientes grupos de riesgo, y hasta los 45 años (incluidos), se recomienda siempre una pauta de 3 dosis (0, 1-2 y 6 meses), independientemente de la edad de comienzo de la vacunación, incluyendo:
    - Síndrome WHIM (IDP): vacuna que cubra tipos 6 y 11.
    - Infección por VIH.
    - Trasplante de órgano sólido o de progenitores hematopoyéticos (independientemente del estado de vacunación previo en TPH).

  Si ha recibido pauta con una o dos dosis con anterioridad, completar vacunación hasta 3 dosis.
- Mujeres, independientemente de la edad, que hayan recibido cualquier tratamiento por lesión intraepitelial de alto grado en cérvix (CIN2+). Pauta de 3 dosis (0, 1-2 y 6 meses). La vacunación se realizará preferentemente antes del tratamiento de la lesión o, si no es posible, cuanto antes después de finalizar el tratamiento.

En cualquiera de las recomendaciones anteriores se aplicará una pauta de 3 dosis si coexiste una situación de inmunosupresión.

Actualización de las recomendaciones de vacunación frente a VPH. Revisión de la estrategia de una dosis. Ponencia de Programa y Registro de Vacunaciones 2024. Ministerio de Sanidad Julio 2024

HEPATITIS C

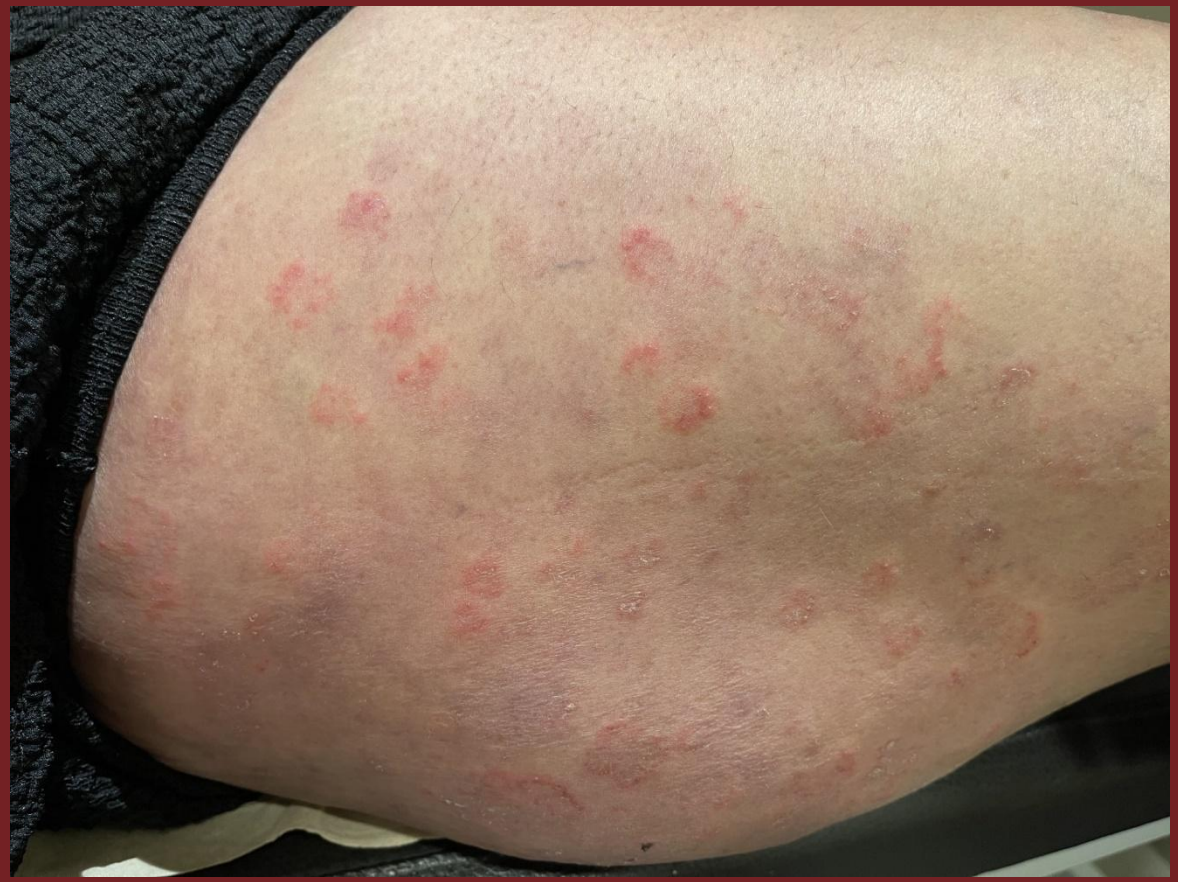
Epidemiologia? No actualitzada des de 2018

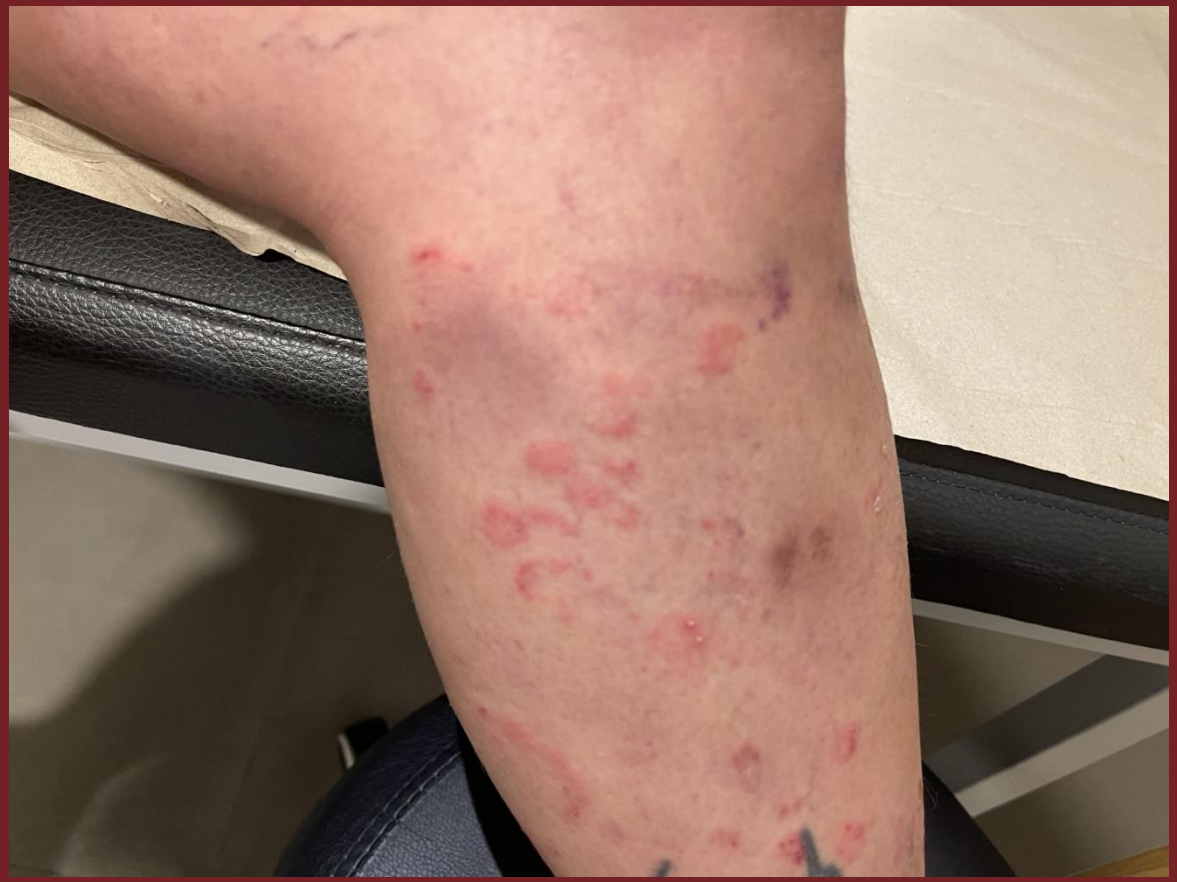
Tractaments, només en fase crònica.

Noves recomanacions→ Tractament en fase aguda, sense demora TasP.*

Okano H, Mukai K, Nishimura A. Direct-Acting Antiviral Treatment for Acute Hepatitis C in Japanese Patients: Clinical Course and Outcomes. Cureus. 2024 Jun 5;16(6):e61724. doi: 10.7759/cureus.61724. PMID: 38975535; PMCID: PMC11225539.
Cornberg M, Wedemeyer H. Early treatment of acute or recently acquired hepatitis C: An important tool on the path to HCV elimination! Hepatology. 2024 Jun 5. doi: 10.1097/HEP.0000000000000958. Epub ahead of print. PMID: 38836641.
Midgard H, Malme KB, Pihl CM, Berg-Pedersen RM, Tanum L, Klundby I, Haug A, Tveter I, Bjørnestad R, Olsen IC, Finbråten AK, Dalgard O. Opportunistic Treatment of Hepatitis C Infection Among Hospitalized People Who Inject Drugs (OPPORTUNI-C): A Stepped Wedge Cluster Randomized Trial. Clin Infect Dis. 2024 Mar 20;78(3):582-590. doi: 10.1093/cid/ciad711. PMID: 37992203; PMCID: PMC10954343.
Gómez Ayerbe C. Acute and recent hepatitis C virus (HCV) infections in men having sex with men (MSM): Is the test&treat strategy fundamental to reduce the incidence in this population? Enferm Infecc Microbiol Clin (Engl Ed). 2024 Oct;42(8):399-400. doi: 10.1016/j.eimce.2024.08.002. PMID: 39368829.
https://www.saludadiario.es/opinion/posicionamiento-sobre-la-demora-terapeutica-de-la-infeccion-aguda-por-el-virus-de-la-hepatitis-c/

DERMATOFITOSIS





Fotografias obtenidas por el auto bajo consentimiento del paciente.

[Trichophyton mentagrophytes genotype VII increasingly causes anogenital infections]

[Article in German]
Valentina Laura Müller [1], Alexander Kreuter [2 3], Silke Uhrlaß [4], Pietro Nenoff [4]

Affiliations + expand

PMID: 38189829 DOI: 10.1007/s00105-023-05275-7

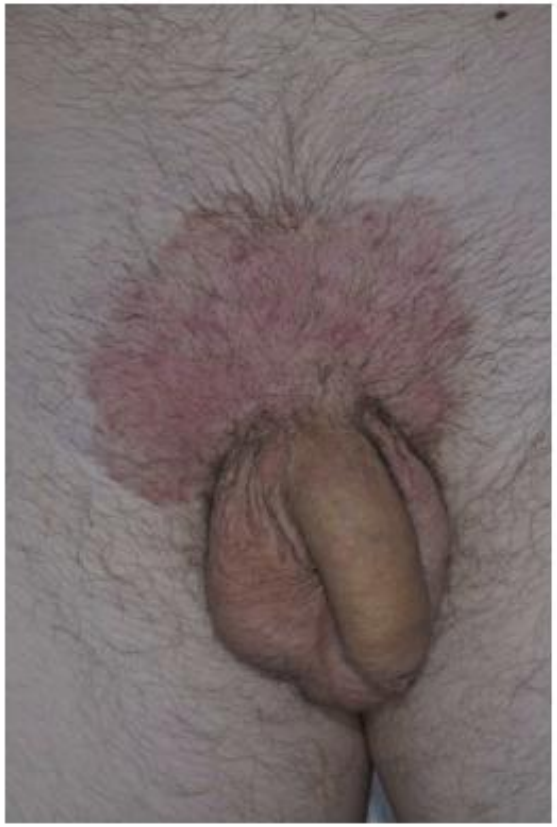
Abstract in English, German

In the course of globalization, migration and global warming, we are increasingly confronted with pathogens that do not occur naturally in our latitudes or appear in a different form. We know keratinophilic dermatophytes as the cause of tinea pedis, onychomycosis and also tinea corporis and capitis. Transmission usually occurs via domestic or farm animals and via autoinoculation. In recent years dermatophytes have gained additional importance as a possible sexually transmitted disease between immunocompetent persons. For the first time, dermatophytosis was described as a sexually transmitted infection in travelers who developed pronounced pubogenital or anogenital tinea after travelling in Southeast Asia, including Thailand, mostly after intensive sexual contact. Molecular and cultural analyses have identified Trichophyton (T.) mentagrophytes ITS (internal transcribed spacer) genotype VII as the main pathogen. Although this dermatophyte genotypically belongs to the zoophilic complex, direct (sexual) and occasionally indirect human-to-human contact with infected persons is suspected to be the current route of transmission. The infection can lead to inflammatory and purulent dermatophytosis, causing a high level of suffering. In this respect, a rapid and reliable diagnosis is essential in order to be able to initiate targeted treatment. The discovery of infection pathways and the awareness of the need to take rare diseases into account in our everyday lives will increasingly accompany us over the next few years and present us with new challenges, particularly in terms of prevention and treatment.

Müller VL, Kreuter A, Uhrlaß S, Nenoff P. Trichophyton-mentagrophytes Genotyp VII als zunehmender Auslöser anogenitaler Infektionen [Trichophyton mentagrophytes genotype VII increasingly causes anogenital infections]. Dermatologie (Heidelb). 2024 Jan;75(1):48-54. German. doi: 10.1007/s00105-023-05275-7. Epub 2024 Jan 8. PMID: 38189829.

Tinea genitalis: a new entity of sexually transmitted infection? Case series and review of the literature

Isabelle Luchsinger,[1] Philipp Peter Bosshard,[2] Romano Silvio Kasper,[2]
Dominic Reinhardt,[1] Stephan Lautenschlager[1]



e 3 Thirty-year-old man with tinea genitalis.

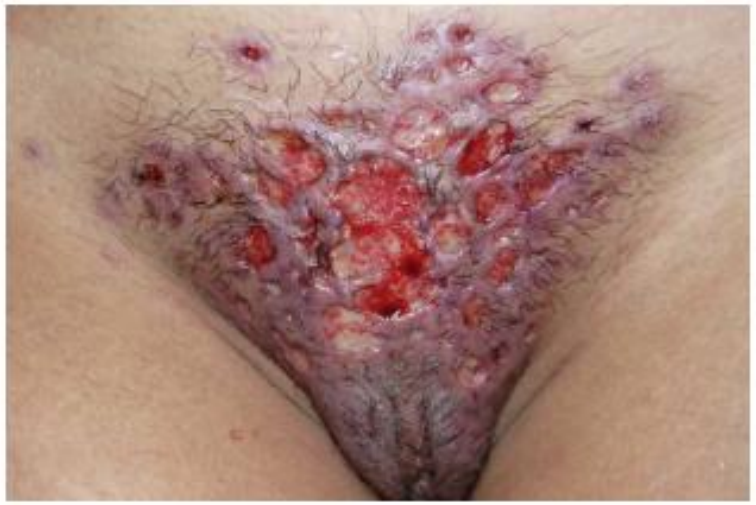


Figure 2 Pubic area with succulent ulcerated nodules with seropurulent discharge 2 days after beginning of antifungal treatment.

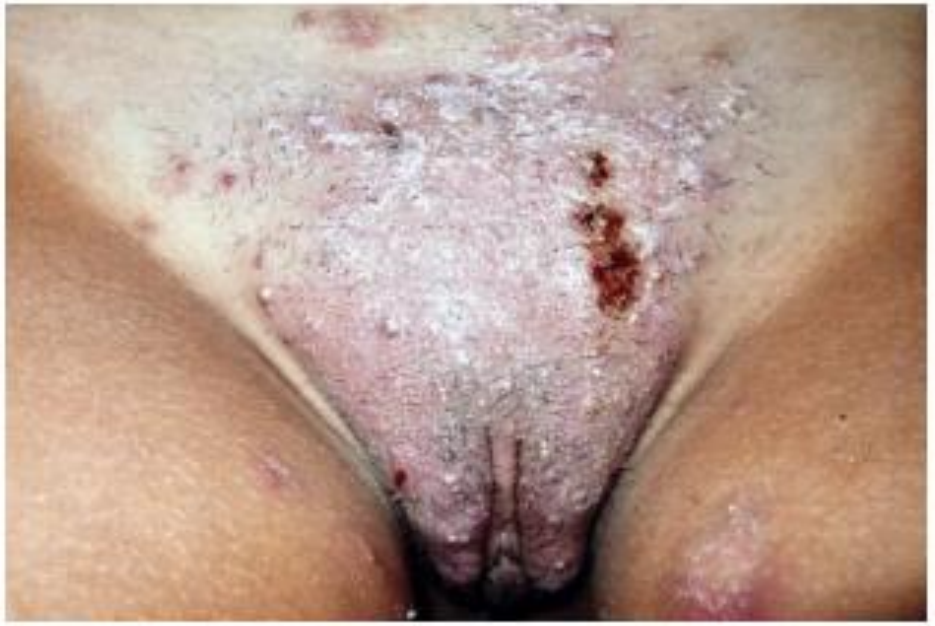


Figure 1 Erythematous scaling plaques and follicular pustules in an 18-year-old patient.

Luchsinger I, et al. Sex Transm Infect 2015;91:493-496. doi:10.1136/sextrans-2015-052036

S. AUREUS

Increasing of New CA-MRSA Infections Detected in people living with HIV Who Engage in Chemsex in Barcelona: An Ambispective Study

Lorena De La Mora · Cristina Pitart · Laura Morata · Ainoa Ugarte · María Martinez-Rebollar · Elisa De Lazzari · Andrea Vergara · Jordi Bosch · Ignasi Roca · Maria Piquet · Ana Rodriguez · Montserrat Laguno · Juan Ambrosioni · Berta Torres · Ana González-Cordón · Alexy Inciarte · Alberto Foncillas · Josep Riera · Irene Fuertes · Iván Chivite · Esteban Martinez · José L. Blanco · Alex Soriano · Josep Mallolas

Received: May 5, 2023 / Accepted: July 3, 2023 / Published online: July 26, 2023

ABSTRACT

Introduction: There are no data on community-associated methicillin-resistant *Staphylococcus aureus* (CA-MRSA) infections in the context of the chemsex phenomenon. This study aimed to characterize CA-MRSA-related infections in a cohort of people living with HIV (PLWH) who engage in chemsex.

Methods: At the Hospital Clinic of Barcelona, from February 2018 to January 2022, we analyzed CA-MRSA infections diagnosed in a cohort of PLWH who engage in chemsex. Epidemiological, behavioral and clinical variables were assessed. Mass spectrometry identification and antimicrobial susceptibility testing were performed on MRSA isolates. Pulse field electrophoresis was used to assess the clonality of the MRSA strains. The presence of Panton-Valentine leukocidin was also investigated.

Results: Among the cohort of 299 participants who engage in chemsex, 25 (8%) with CA-MRSA infections were identified, 9 at baseline and 16

Lorena De La Mora and Cristina Pitart contributed equally to the study.

Alex Soriano and Josep Mallolas contributed equally to the study as co-senior authors.

Supplementary Information The online version contains supplementary material available at https://doi.org/10.1007/s40121-023-00846-6.

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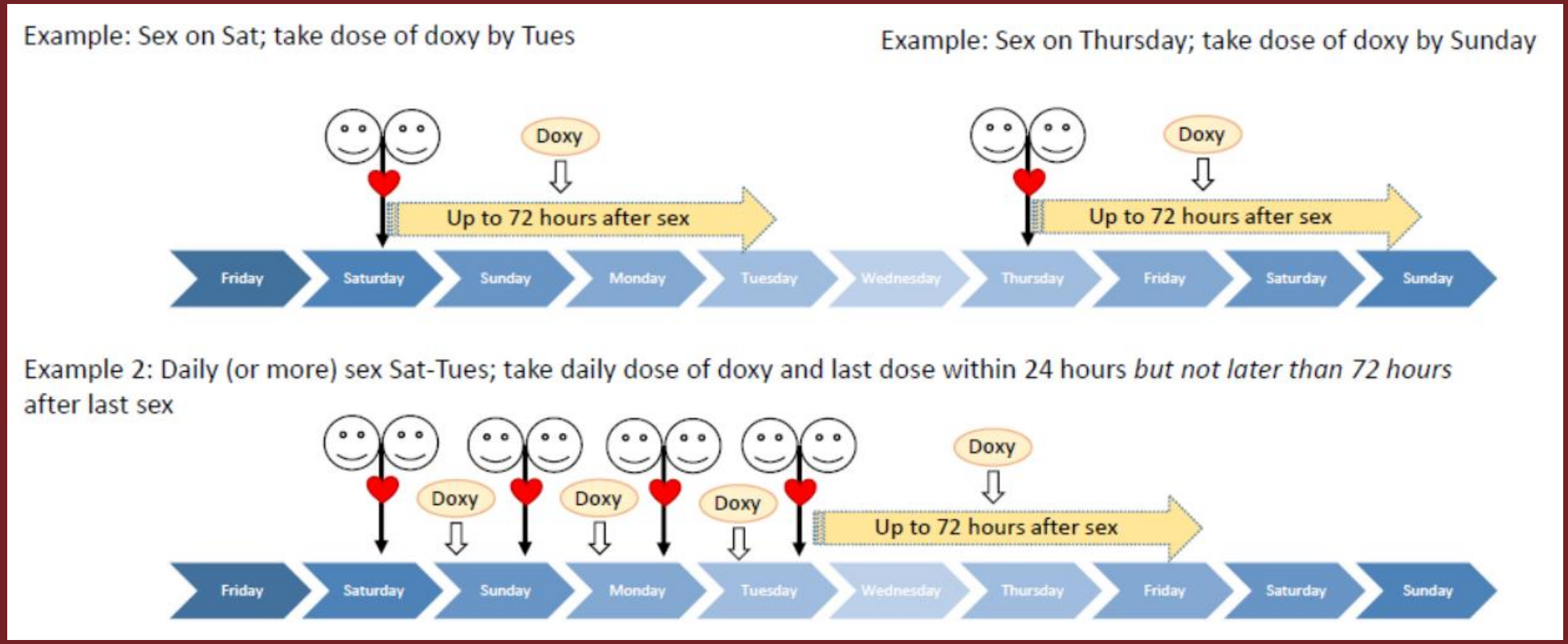
De La Mora L, Pitart C, Morata L, Ugarte A, Martinez-Rebollar M, De Lazzari E, Vergara A, Bosch J, Roca I, Piquet M, Rodriguez A, Laguno M, Ambrosioni J, Torres B, González-Cordón A, Inciarte A, Foncillas A, Riera J, Fuertes I, Chivite I, Martinez E, Blanco JL, Soriano A, Mallolas J. Increasing of New CA-MRSA Infections Detected in people living with HIV Who Engage in Chemsex in Barcelona: An Ambispective Study. Infect Dis Ther. 2023 Aug;12(8):2179-2189. doi: 10.1007/s40121-023-00846-6. Epub 2023 Jul 26. PMID: 37491688; PMCID: PMC10505111.

DOXY-PEP



https://www.medsexpert.ca/ourblog/2023/12/8/doxycycline-pep-for-prevention-of-sexually-transmitted-infections

GUIES QUE EN DONEN SUPORT:

CDC:

Doxy PEP, when offered, should be implemented in the context of a comprehensive sexual health approach, including risk reduction counseling, STI screening and treatment, recommended vaccination and linkage to HIV PrEP, HIV care, or other services as appropriate. Persons who are prescribed doxy PEP should undergo bacterial STI testing at anatomic sites of exposure at baseline and every 3–6 months thereafter. Ongoing need for doxy PEP should be assessed every 3–6 months as well. HIV screening should be performed for HIV-negative MSM and TGW according to current recommendations.

GUIES QUE EN DONEN SUPORT:

EACS:

All persons under PrEP should be offered vaccinations against HAV, HBV, HPV and monkeypox virus. Doxycycline post exposure prophylaxis, 200 mg within 24 to 72h after sexual intercourse, proved to be effective in preventing bacterial STIs in MSM with the caveat of the unknown long terms effects on microbiota and STIs resistance. It can be proposed to persons with repeated STIs on a case by case basis

EACS European AIDS Clinical Society

GUÍES QUE EN DONEN SUPORT:

ASHM:

Doxy-PEP should be considered primarily for the prevention of syphilis in GBMSM who are at risk of this STI, although for some individuals the reduction in chlamydia, and the lesser reduction of gonorrhoea might be important. Some stakeholders held the view that Doxy-PEP should be considered only for the prevention of syphilis in GBMSM, for the reasons listed above.

While evidence for appropriate suitability criteria for commencing Doxy-PEP is limited, the following might be appropriate for considering doxy-PEP until further data emerges:

GBMSM with a recent syphilis diagnosis (e.g., within the previous six or twelve months); or

GBMSM with two or more recent other (i.e., not syphilis) bacterial STI diagnoses (e.g., within the previous six or twelve months); or

GBMSM who identify an upcoming period of heightened STI risk, for example, attendance at a sex event, or holiday plans that likely involve sexual activity with multiple casual sexual partners; or

GBMSM with concurrent male and cisgender female sexual partners or other sexual partners with a uterus, recognising the additional health risks posed by chlamydia, gonorrhoea and syphilis for people with a uterus.

GBMSM who present for HIV PEP can also consider Doxy-PEP, although the indications for HIV PEP do not necessarily indicate a need for Doxy-PEP.

ashm

PER QUÈ DOXYCICLINA?

- Segura
- Ben tolerada
- Barata
- Funciona en la majoria d'ITS
- En algunes regions la taxa de resistencia a NG es Baixa (USA 20%).

SEGURA

- 2ª generación de tetraciclines, aprobada per la FDA el 1967; activa contra un ampli ventall de bacteris i parasits.
- Amplia experiencia en tractament i prevenció de patologies com acné, periodontitis crónica, cholera, malaria, Lyme, Leptospirosis, infeccions estafilocociques.
- En ITS: Sífilis, chlamydia, (LGV), Mycoplasma genitalium, Ureaplasma urealyticum, donovanosis….

BEN TOLERADA

- Revisió sistemática 1987-2022
- 67 estudis amb 10,106 persones utilitzant dosis de 20-200mg/d durant 8 setmanes a 3 anys.

- AE moderats 0-88% i SAE 0-14%.
  - *GI 0-50%*
  - *Derm 0-38%*
  - *Metabol: Sense resultats*
  - *Efecte microbioma: dades limitades*

TABLE 2. Relative Risk of Adverse Events Between Doxycycline and Placebo Arms of Randomized Controlled Trials

Outcome	κ	Relative Risk (95% CI)	I^2%	*P*
Included RCT studies				
Any AE	9	1.03 (0.89–1.21)	59.6	0.66
Severe AE	12	0.83 (0.59–1.16)	2.20	0.28
Neurological AE	11	0.88 (0.73–1.05)	0.90	0.15
Gastrointestinal AE	12	1.68 (1.19–2.38)	72.2	<0.01
Dermatological AE	9	3.55 (1.39–9.01)	45.9	0.01
Dropped due to AE	18	1.62 (1.12–2.34)	7.50	0.01
100- to 200-mg dosages				
Any AE	3	1.35 (0.69–2.64)	74.7	0.38
Severe AE	6	0.94 (0.65–1.34)	0.00	0.73
Neurological AE	5	0.99 (0.97–1.02)	0.17	0.68
Gastrointestinal AE	6	1.78 (1.16–2.74)	81.9	0.01
Dermatological AE	4	5.52 (1.75–17.42)	68.3	<0.01
Dropped due to AE	10	1.82 (1.06–3.11)	20.9	0.03

I^2 variation across studies because of heterogeneity rather than chance.

AE indicates adverse event; κ, number of studies; RCT, randomized controlled trial.

Chan et al. Sex transm Dis 20232023

SEGURA I BEN TOLERADA EN DOXYPEP

Table 2.

Number and Frequency of Reported Laboratory Abnormalities, Adverse Events, and Other Outcomes From Clinical Doxy-PEP Trials

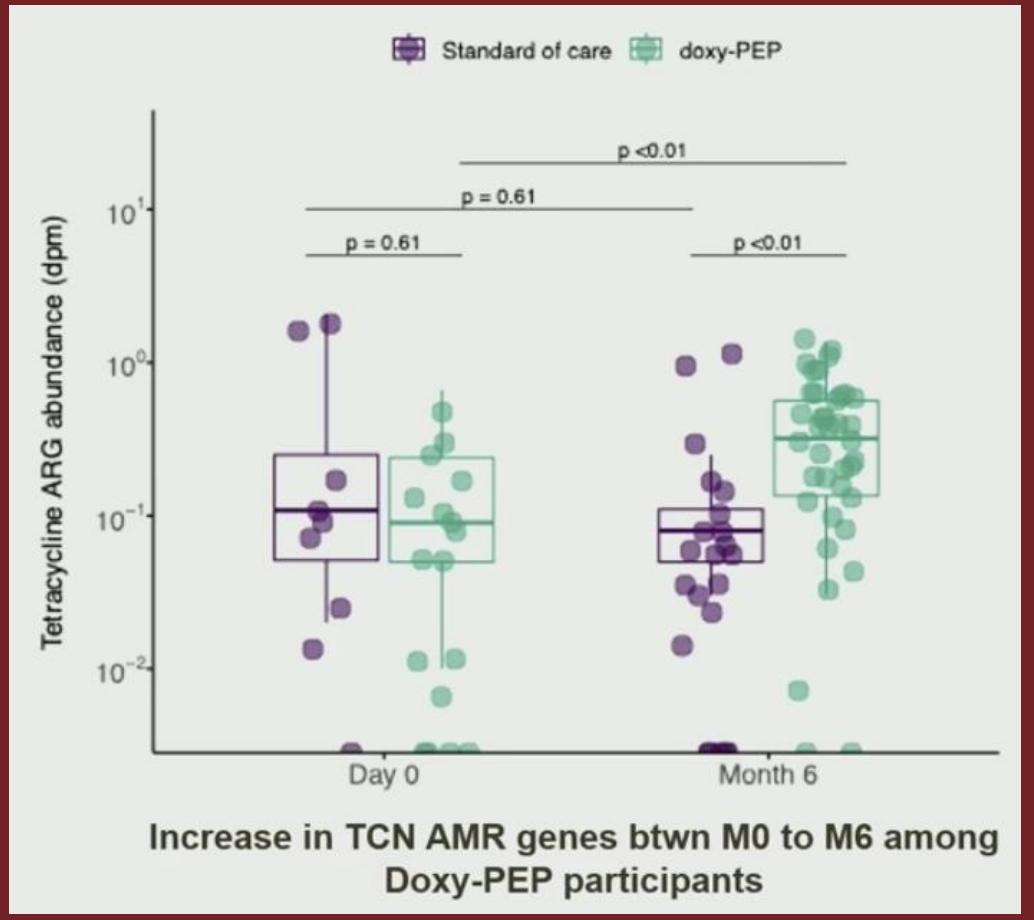
Randomized clinical trial	Laboratory abnormalities	Adverse events	Discontinuations	Other outcomes
IPERGAY	Grade 4 transaminitis due to acute hepatitis C infection (n = 3)	Drug-related gastrointestinal adverse events (n = 29); more common in PEP group (*P* = .03)	29 (26%) for all reasons; 8 (7%) due to drug-related adverse events	No difference between groups in serious adverse events
DoxyPEP	Grade 2 transaminitis (n = 1)	Grade 3 diarrhea or headache (n = 5)	2%	No weight gain compared to standard of care
DOXYVAC	None as of July 2023	Gastrointestinal adverse events (n = 2)	3 (0.9%) due to gastrointestinal adverse events or fear of adverse events	Further data pending final review
dPEP (Kenya)	Not collected	7% (gastrointestinal side effects)	5%	Social harms related to PEP use among 3 participants

Abbreviations: DoxyPEP, Evaluation of Doxycycline Post-Exposure Prophylaxis to Reduce Sexually Transmitted Infections in PrEP Users and HIV-Infected Men Who Have Sex With Men; DOXYVAC, Combined Prevention of Sexually Transmitted Infections in Men Who Have Sex With Men and Using Oral Tenofovir Disoproxil Fumarate/Emtricitabine for HIV Pre-Exposure Prophylaxis; dPEP (Kenya), doxycycline postexposure prophylaxis trial (Kenya); IPERGAY, Intervention Préventive de l'Exposition aux Risques avec et pour les Gays; PEP, postexposure prophylaxis.

Note: Data obtained and compiled from Molina,[18] Luetkemeyer et al,[16] Molina,[19] and Stewart[20] (Jean-Michel Molina, MD, PhD, email, August 26, 2023; Jenell Stewart, DO, MPH, email, August 8, 2023).

Cannon CA, Celum CL. Doxycycline postexposure prophylaxis for prevention of sexually transmitted infections. Top Antivir Med. 2023 Dec 5;31(5):566-575.

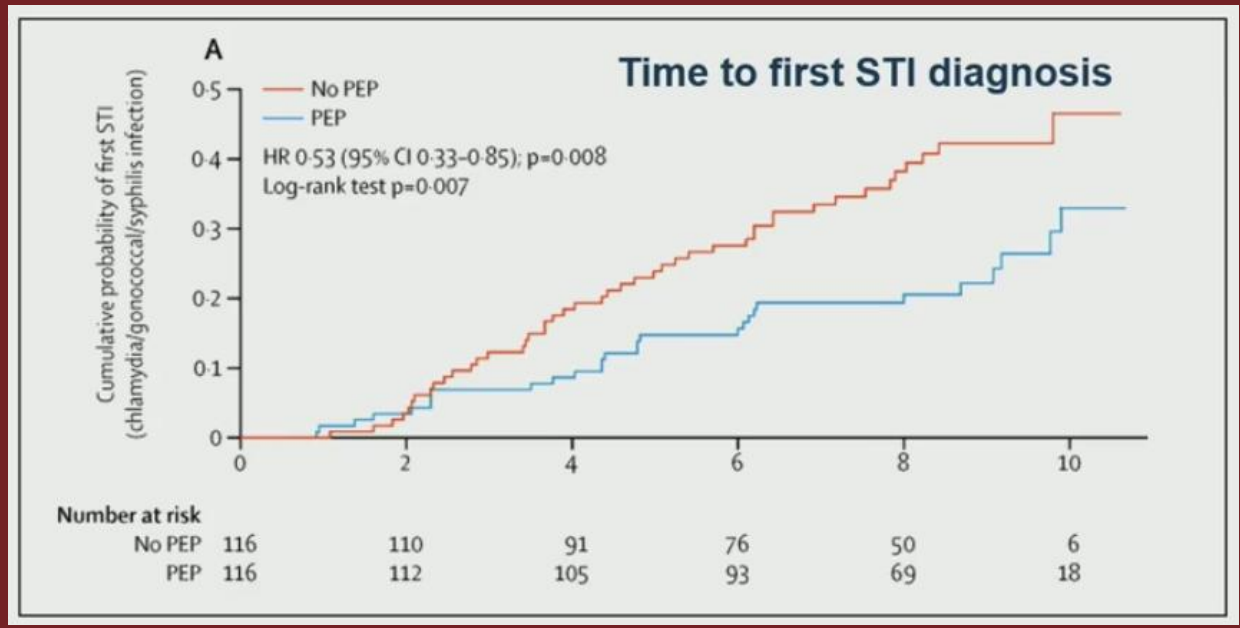
- Expressió de gens de resistencia en 46 paceints dPEP VS 24 SoC.
- No diferencies en diversistat microbiológica ni abundancia als M0 i M6 o entre ambdues branques.
- Expressió activa de gens de resistencia a TCN amb un increment mig de 2 en el grup doxyPEP (p<0,01), sense canvis d'expressió de genes en els grups no TCN,



Chu et al. CROI 2024 (abstract 3404)

FUNCIONA?

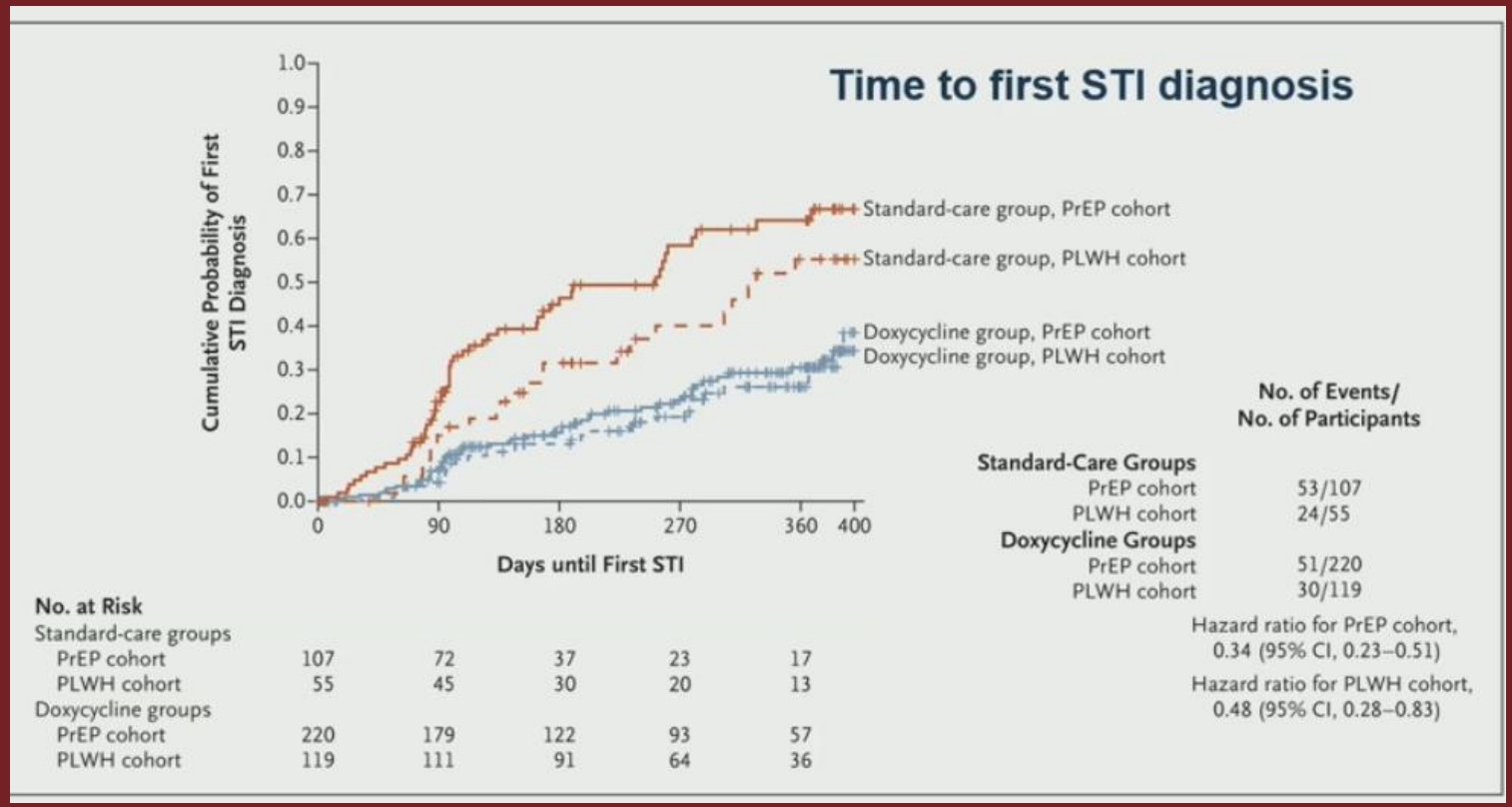
- Randomitzat 1:1 DoxyPEP max 3/semana VS SoC.
- Població HSH alt risc en PrEP.
- N=232
- Outcome: Temps fins a primera ITS.
- Resultats: 47%↓ITS, 70% ↓CT, 73 ↓TP.
- Ús mig 3,3 cops/mes
- Sense canvis en hàbits sexuals



Molina, et al. Lancet infect Dis 2018

FUNCIONA?

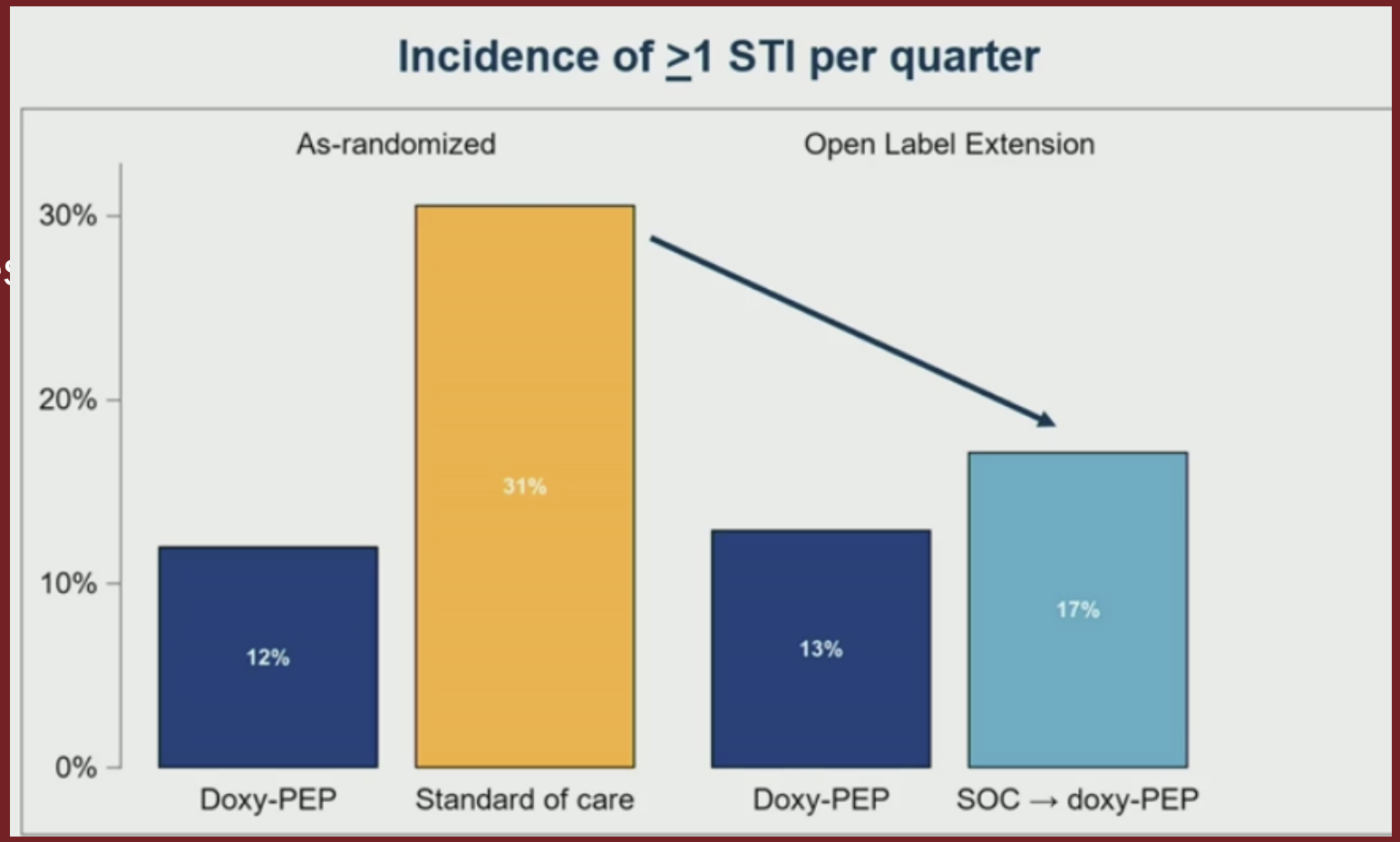
- Randomitzat 2:1 DoxyPEP/SoC
- HSH HIV+ d'alt risc o persones en PrEP i ≥1 ITS recent.
- N 501
- Outcome: Incidencia ITS/trimestre.
- Resultats: 65% ↓ITS, 74-88% ↓CT, 77-87% ↓TP, <u>55-77% ↓GC</u>
- Us mig 4/mes
- Sense canvis en hàbits sexuals



Luetkemeyer et al. NEJM 2023

FUNCIONA?

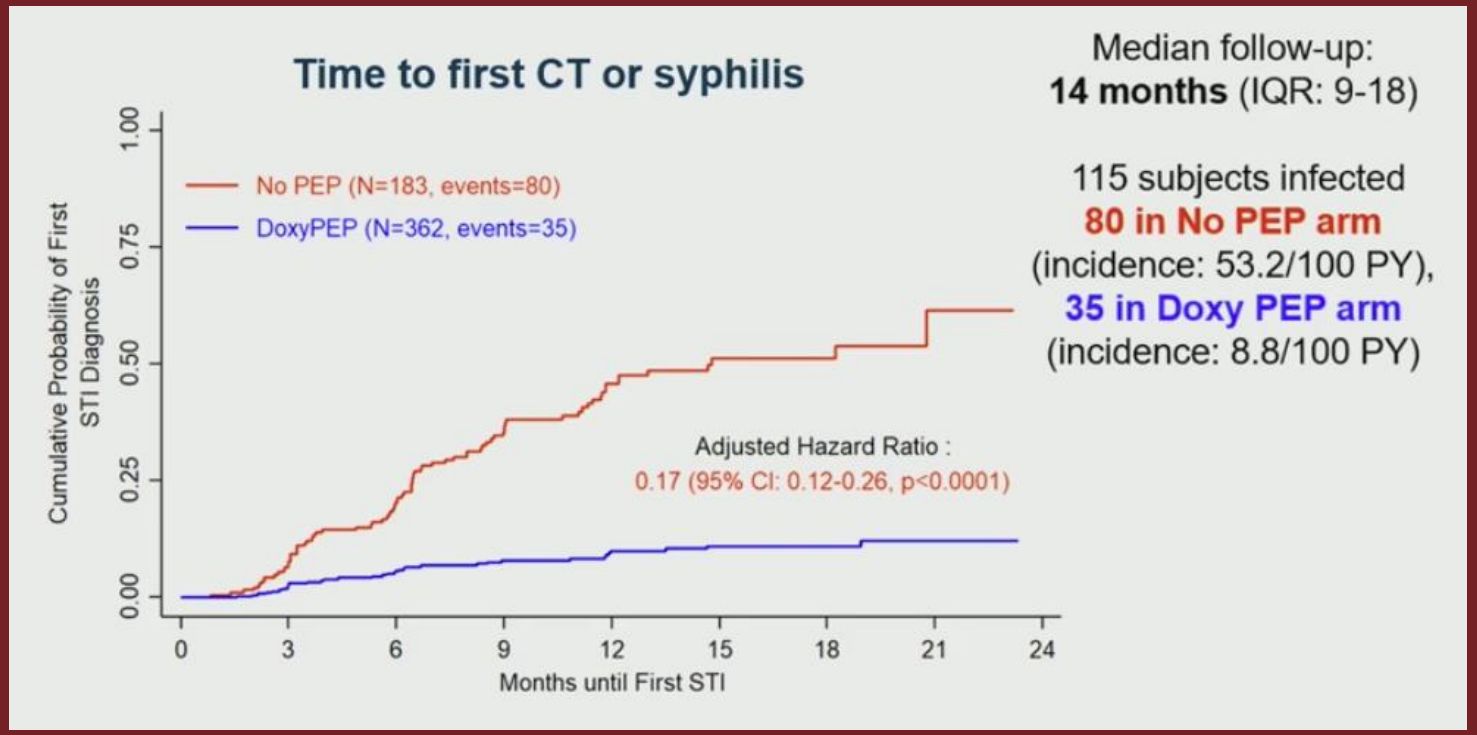
- Doxy-PEP en extensió oberta.
- Lleu increment en nombre de contactes sexuals.



Luetkemeyer et al. CROI 2024

FUNCIONA?

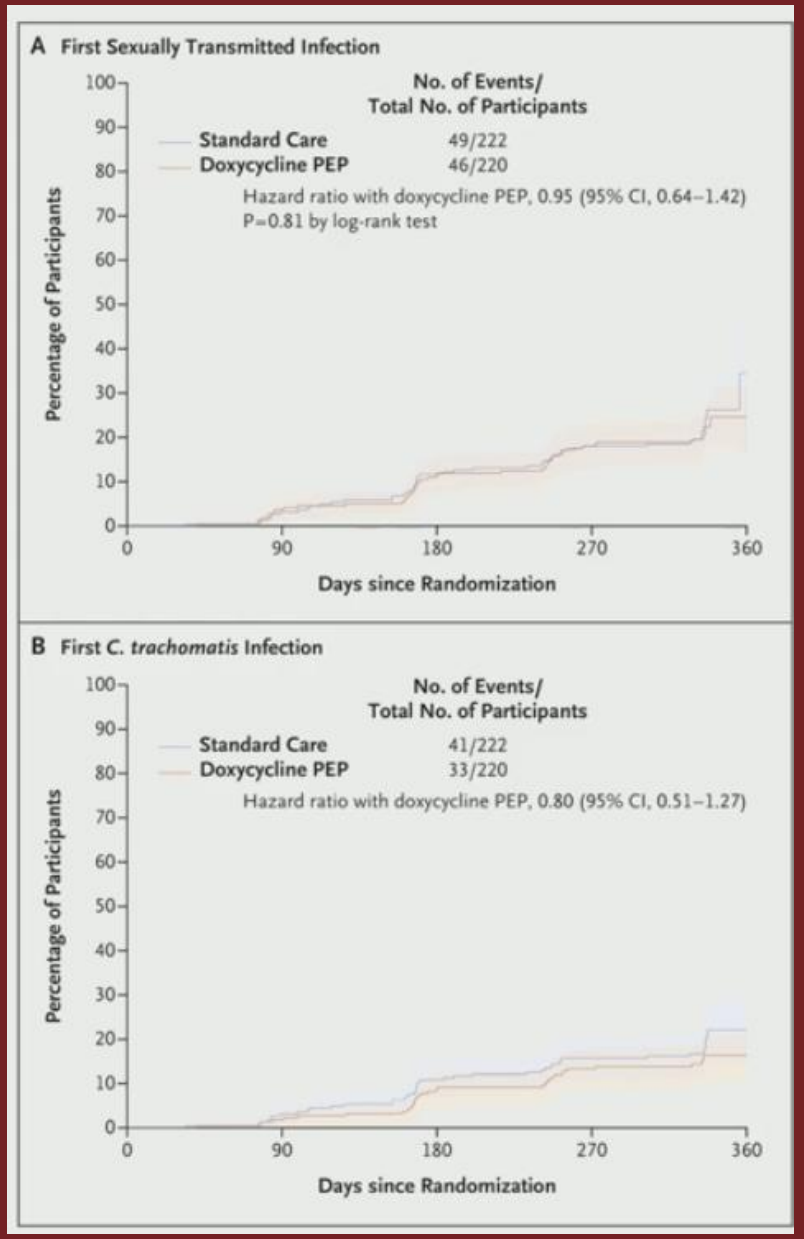
- 2:1 Doy-PEP/SoC+MenB/No
- HSH en PrEP>6mesos i ≥1 ITS recent.
- N 502
- Outcome: Temps a primera sifilis o CT.
- Resultats: 83% ↓ITS, 33% ↓GC.
- Ús mig 3,5 (2-5,5) cops al mes.
- No canvis significatius en hàbits sexuals.



Molina et al. CROI 2023 and 2024

FUNCIONA?

- 1:1 Doy-PEP/SoC
- Dones en PrEP.
- N 449
- Outcome: Incidencia ITS/12 mesos
- Resultats: No diferencies
- Ús mig 4 (0-8) cops al mes.
- Baixa adhrencia per nivells de fàrmac.
- No es varen trobar resistències a CT, però si 100% en GC.



Stewart et al. NEJM 2023

DOXY PEP EN VIDA REAL

JAMA Internal Medicine | Original Investigation

Doxycycline Postexposure Prophylaxis and Bacterial Sexually Transmitted Infections Among Individuals Using HIV Preexposure Prophylaxis

Michael W. Traeger, PhD, MSc; Wendy A. Leyden, MPH; Jonathan E. Volk, MD; Michael J. Silverberg, PhD; Michael A. Horberg, MD; Teaniese L. Davis, PhD; Kenneth H. Mayer, MD; Douglas S. Krakower, MD; Jessica G. Young, PhD; Samuel M. Jenness, PhD; J

Table 2. Change in Quarterly STI Positivity Trends and Mean STI Positivity From Before to After Starting DoxyPEP Among HIV PrEP Users Dispensed DoxyPEP at Least Once (n = 2253)[a]

	Before starting doxyPEP[b]			After starting doxyPEP[c]			Comparison[d]	
		Trend			Trend			
STI and anatomic site	Mean positivity, % (95% CI)	Mean change in positivity per quarter, % (95% CI)	*P* value	Mean positivity, % (95% CI)	Mean change in positivity per quarter, % (95% CI)	*P* value	RR (95% CI)	*P* value
Chlamydia	9.6 (9.0 to 10.3)	3.0 (0.3 to 5.7)	.03	2.0 (1.5 to 2.6)	1.8 (−22.2 to 33.3)	.90	0.21 (0.16 to 0.27)	<.001
Rectal	7.4 (6.8 to 8.0)	3.2 (−0.1 to 6.5)	.055	1.3 (0.9 to 1.8)	1.3 (−28.1 to 42.7)	.94	0.18 (0.13 to 0.24)	<.001
Pharyngeal	2.0 (1.8 to 2.4)	5.1 (−1.0 to 11.6)	.11	0.3 (0.2 to 0.6)	−26.4 (−65.1 to 55.0)	.42	0.16 (0.09 to 0.31)	<.001
Urethral	2.6 (2.3 to 2.9)	1.9 (−3.2 to 7.3)	.47	0.7 (0.4 to 1.0)	26.0 (−19.4 to 96.7)	.31	0.25 (0.16 to 0.40)	<.001
Gonorrhea	10.2 (9.6 to 10.9)	1.7 (−0.9 to 4.3)	.21	9.0 (8.0 to 10.1)	9.4 (−3.3 to 23.8)	.16	0.88 (0.77 to 1.00)	.048
Rectal	6.5 (5.9 to 7.1)	−0.1 (−3.4 to 3.4)	.98	5.2 (4.4 to 6.2)	14.9 (−2.7 to 35.5)	.10	0.81 (0.67 to 0.97)	.02
Pharyngeal	7.0 (6.5 to 7.6)	1.8 (−1.4 to 5.1)	.27	6.4 (5.6 to 7.4)	1.1 (−13.1 to 17.6)	.89	0.91 (0.78 to 1.06)	.24
Urethral	2.1 (1.8 to 2.5)	−1.3 (−6.6 to 4.4)	.66	1.2 (0.9 to 1.7)	13.8 (−18.6 to 59.1)	.45	0.56 (0.40 to 0.79)	.001
Syphilis	1.7 (1.4 to 1.9)	1.1 (−5.1 to 7.8)	.73	0.3 (0.2 to 0.6)	7.1 (−44.3 to 106.2)	.84	0.20 (0.11 to 0.37)	<.001

Abbreviations: doxyPEP, doxycycline postexposure prophylaxis; PrEP, preexposure prophylaxis; RR, rate ratio; STI, sexually transmitted infection.

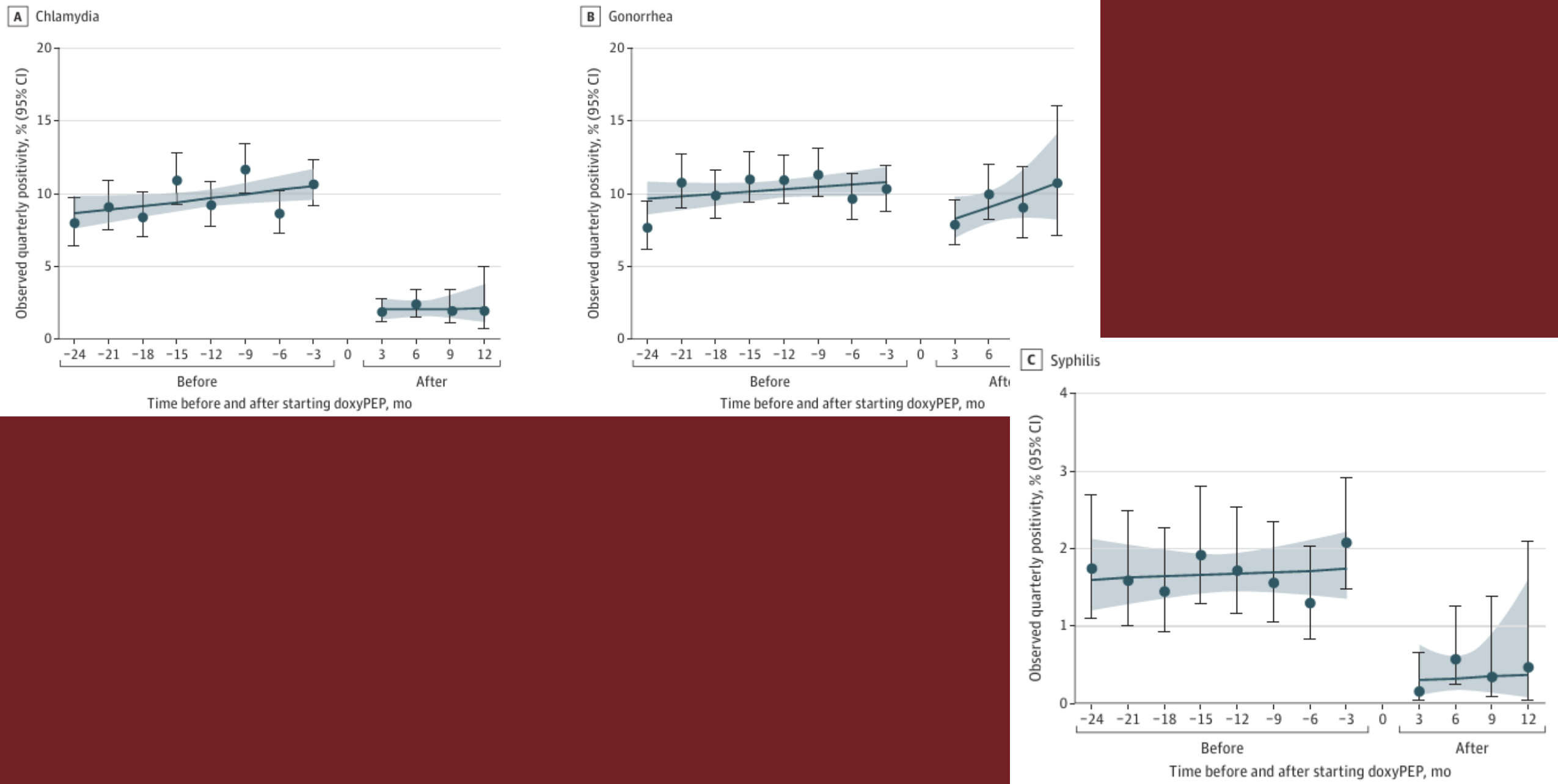
[a] A baseline window from 90 days before to 14 days after starting doxyPEP was excluded.

[b] The period before starting doxyPEP was the 24 months (8 quarters) prior to an individual's baseline window.

[c] The period after starting doxyPEP was 12 months (4 quarters) after an individual's baseline window.

[d] The RR represents the relative difference in mean quarterly positivity during the 12 months after starting doxyPEP compared with the mean quarterly STI positivity during the 24 months before starting doxyPEP.

Figure 1. Quarterly Sexually Transmitted Infection Positivity From 24 Months Before to 12 Months After Starting Doxycycline Postexposure Prophylaxis (DoxyPEP) Among HIV Preexposure Prophylaxis Users Dispensed DoxyPEP at Least Once (n = 2253)



PER QUÈ DOXYCICLINA?

- Segura
- Ben tolerada
- Barata
- Funciona en la majoria d'ITS
- En algunes regions la taxa de resistencia a NG es Baixa (USA 20%).

I PER SI NO FOS SUFICIENT

- 14% reducció absoluta de colonització S. Aureus. (8% d'increment de resistències).
- Prevalença MRSA 6% més Baixa, sense Doxy-R després de fer servir Doxy-PEP.

Cannon CA, Celum CL. Doxycycline postexposure prophylaxis for prevention of sexually transmitted infections. Top Antivir Med. 2023 Dec 5;31(5):566-575. PMID: 38198668; PMCID: PMC10776032.

DUBTES QUE JO PLANTEJO

- Que passa amb els usos inconsistents?
- Autopercepció de risc.
- Tractaments amb DoxyPEP quan ja hi ha una infecció present per LUES o CT.
- Com pot afectar als controls luètics per RPR, cal ajustar es límits de diagnòstic?

GRÀCIES