



## EDITORIAL

# SEXUALLY-TRANSMITTED INFECTIONS IN WOMEN; AN OPPORTUNITY FOR RENEWING POLICIES AND THE RESEARCH AGENDA REGARDING SEXUAL AND REPRODUCTIVE HEALTH IN COLOMBIA

**T**he current issue of the *Revista Colombiana de Obstetricia y Ginecología* presents the results of a study entitled, “The prevalence of and factors associated with *C. trachomatis*, *N. gonorrhoeae*, *T. vaginalis*, *C. albicans* infection, syphilis, HIV and bacterial vaginosis in females suffering lower genital tract infection symptoms in three healthcare attention sites in Bogotá, Colombia, 2010.” The results showed that bacterial vaginosis and *Candida* sp. were the main causes of such infections. Regarding STI, it was found that *Chlamydia trachomatis* was the germ having the greatest prevalence; it was also determined that *Neisseria gonorrhoeae*, *Treponema pallidum* and *Trichomonas vaginalis* continue appearing frequently in our population, notwithstanding their low prevalence

This study warns about genital tract infections' continued importance as a public health problem in Colombia, not just because of the consumption of resources related to consulting a GP or specialist, the diagnostic methods used and treatment but rather the consequences regarding patients' quality of life, complications and aftermath. There may also be wide variability in clinical practice in our setting regarding the diagnosis and management of such infections.

In view of the latter, the Colombian Ministry of Health decided to develop Integral Attention (Health-care) Guidelines adopting a syndromic approach to STI (1) to update STI management guidelines which were published in resolution 412/2000 (2).

The results of this study providing information for orientating and defining research policy and public healthcare regarding the topic of non-HIV–AIDS will help support taking a decision about which entities should be managed under the syndromic approach or which of them must be addressed based on laboratory tests, whether they be rapid tests carried out at the point of care or conventional tests requiring a follow-up appointment for their interpretation. This study also provides an opportunity for discerning the appropriateness of carrying out population-based research including several areas of Colombia, studying the problem's magnitude and its clinical, social and economic consequences in special populations such as pregnant women, adolescents and asymptomatic women, taking gonorrhoea and chlamydia into account since they often take an asymptomatic course, but may potentially cause serious damage to females' reproductive function.

We have simultaneously received the good news that the Cochrane Collaboration has selected Colombia via the Universidad Nacional's Clinical Research Institute to coordinate the Sexually-Transmitted Infection review group. The Cochrane Collaboration is a non-profit-making international entity which was created in 1993; its objective is to help health-service providers, policy-makers, patients and their caretakers in decision-making related to the health problems facing them, whether at individual or community level, based on the best available evidence by means of pre-

paring, updating and promoting access to Cochrane Reviews (3). Such reviews represent a high-quality international referent for information concerning healthcare effectiveness.

Recognising that genital tract infections persist as a problem in our patients, the forthcoming publication of the National Genital Tract Infection Guidelines and the new Cochrane review group register provide an opportunity for the topic of genital tract infections to be placed once again on the national public health agenda.

The Colombian government is thus requested to provide the pertinent regulation and control, thereby obliging contributory and subsidised regimes' health-service-providing entities (EPS) and local governments to allocate the necessary resources for suitable coverage of sexual and reproductive health services involving the prevention of these infections as well as caring for such patients and their contacts; this is vital for cutting the epidemiological chain of transmission. On the other hand, a suitable supply of services is required which will lead to preventing these infections through educational activities designed to reduce the risk of acquiring them by especially vulnerable groups such as adolescents or lesbian, gay, bisexual, and transgender (LGBT) communities or during opportunities to have contact with other patients' health services (i.e. prenatal control or family-planning consultation). Healthcare institutions must have response capacity for early diagnosis and opportune treatment guaranteeing adherence to avoid recurrences and the appearance of resistance to antibiotics and provide supporting psychological advice/consultation and suitable follow-up for patients so requiring it.

On another front, the Instituto Nacional de Salud (INS) is required to reinstate STI monitoring and control activities, but this must go further than just providing HIV–AIDS surveillance, initially through reporting different syndromes, to be followed by setting up technologies leading to correct medium-term aetiological diagnosis. A network of public health laboratories is also required to ascertain different microorganisms' resistance rates concerning antibiotics of choice in different regions of Colombia.

As obstetricians and gynaecologists or general practitioners we must ensure that we are suitably trained in activities related to promotion, prevention and attention regarding patients suffering genital tract infections, as well as carrying out research aimed at ascertaining the problem's magnitude, leading to planning effective and safe interventions thereby aimed at reducing the frequency of consequences in our community and minimising them. As a Federation we must exercise social control so that healthcare system actors fulfil their responsibilities and really do lead action on behalf of the health of our females and children, these being secondary actors in such problem area.

**Hernando Gaitán MD, MSc**

Editor

**Santiago Estrada MD**

Invited editor

Director general

Laboratorio Clínico Congregación Mariana

## REFERENCES

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2. República de Colombia. Ministerio de Salud. Dirección General de Promoción y Prevención. Normas técnicas y guías de atención. Resolución 412/2000.
3. Cochrane Collaboration. Visited on 16<sup>th</sup> April 2012. Available at: <http://www.cochrane.org/>

## EDITOR'S NOTE:

We are publishing an original investigation article in this issue of the *Revista Colombiana y Obstetricia* for the first time in both Spanish and English. Such strategy is being used in an effort to ensure greater dissemination of our research at international level, given that English has now become the universal language for

quality scientific publications. The *Revista Colombiana de Anestesia* has been the pioneer in this endeavour, currently financing the translation and publication of all articles in both languages. We have decided to follow this effort even though our financial limitations do not allow us to cover translation costs, we will be publishing manuscripts from now on which are sent to us by the authors written in both languages. We

would thus like to invite our authors to support us in this attempt to ensure that our investigations are not just read by our readership in Latin-America but also by readers in non-Spanish-speaking countries and thereby reach greater coverage.

**Hernando Gaitán MD MSc**  
Editor