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MSC CLINICAL EPIDEMIOLOGY

STUDENT NUMBER 26747480

Clinical Practice Guidelines

Assignment 2: Critical Appraisal of a relevant guideline using AGREE 11 Tool.

Name of Guideline :

SEXUALLY TRANSMITTED INFECTIONS

MANAGEMENT GUIDELINES 2018

DEPARTMENT: HEALTH (REPUBLIC OF SOUTH AFRICA)

ADAPTED FROM: STANDARD TREATMENT GUIDELINES AND ESSENTIAL MEDICINES LIST FOR SOUTH AFRICA. PRIMARY HEALTHCARE LEVEL 2018 EDITION (REFERRED TO AS 'GUIDANCE DOCUMENT' IN THIS REVIEW)

FINAL CRITICAL APPRAISAL AND COMMENTARY

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SEARCH STRATEGY:

PICO Question: What is the standard management of Sexually Transmitted Infections (STIs) in adults in South Africa to ensure an STI free clinical outcome/resolution of STI symptoms.

P: Adults in South Africa infected with STI/s

I: standard management

C: no management

O: STI free clinical outcome/resolution of STI symptoms.

Background: STI infection is an ongoing health concern within my setting of an HIV prevention research clinic in Durban, Kwa-Zulu Natal, South Africa as well as the broader local communities where HIV incidence remains high. Ethically, we are required to test for STIs regularly within our HIV prevention clinical trials. Together with this, we are morally obliged to provide HIV/STI prevention counselling/options as well as treatment of STI infection.

Clinical syndromic management of STIs are hence, common place in my setting. The National Department of Health (DoH) guidelines for STI management are used daily for managing both symptomatic and asymptomatic STIs detected on clinical tests. Hence, this guideline was chosen due to its relevance within my daily scope of work.

Search Strategy and Guideline Selection:

I searched for the most recently updated / current version of STI Management Guidelines for use in the South African context. This was searched for on Google using search strings: 'South African STI Management Guidelines' and 'South African Department of Health STI Management Guidelines' and 'Sexually Transmitted Infections Management in South Africa'. I initially restricted my search to the South African context in order to align with the current STI management guidelines that we use at our research site. My aim was to critically appraise a tool that we currently use in our practice as opposed to a more global one.

Further to this, and for my own guideline search practice, I went on to use these same search strings on the TRIP Medical Database. I found that the guidelines on this database were broader to the South African context and on a more global level. These included WHO guidelines, BASHH (British Association for Sexual Health and HIV), British HIV Association (BHIVA) to name a few. It was a good experience to see the various guidelines available for my chosen topic.

I selected the guideline titled '**Sexually Transmitted Infections Management Guidelines 2018 Department: Health (Republic of South Africa)**' which is adapted from the '**Standard Treatment Guidelines and Essential Medicines List for South Africa. Primary Healthcare Level**

2018 Edition. Hence, the guideline on STI Management is a chapter within the guidance document from which it has been adapted for use.

The guideline was fairly easy to read with concise and clear descriptions. The appraisal process took a long time as it was my first attempt at a formal appraisal. I noticed that a lot of the information was not in the guideline but rather I required to search for it in the guidance document (from which it was adapted).

DOMAIN 1. SCOPE AND PURPOSE IS CONCERNED WITH THE OVERALL AIM OF THE GUIDELINE, THE SPECIFIC HEALTH QUESTIONS, AND THE TARGET POPULATION (ITEMS 1-3).

1. The overall objective(s) of the guideline is (are) specifically described.

1 Strongly Disagree	2	3	4	5	<input checked="" type="checkbox"/> 6	7 Strongly Agree
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Comments: The overall objective is adequately described and clear to the reader. It is clear to understand that the health intent of this guideline is a treatment or clinical management one concerning the health concern ‘Sexually Transmitted Infections’ (STIs). This is explicitly described in the guideline title. The title also mentions that this guideline has been adapted from the Standard Treatment Guidelines and Essential Medicine List PHC (Primary Health Care). I have reviewed the relevant section of this document and there is no additional information that could be added to this guideline.

Peer review in agreement with comments and score. Score will remain unchanged.

2. The health question(s) covered by the guideline is (are) specifically described.

1 Strongly Disagree	2	3	<input checked="" type="checkbox"/> 4	5	6	7 Strongly Agree
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Comments : The guideline describes the health question adequately with explicit mention of a syndromic approach to STIs as opposed to a single infection approach. This provides the user with more information to understand the context of STI management with this guideline. A list of the common causative organisms in the relevant setting are described effectively in a table format together with separate headings for the syndrome and medicine management. This makes for an easy read with adequate information that is easily identifiable.

There is also information and guidance on sexual and other relevant medical history taking from the patient in the context of STI management, referral for treatment failure as well as general measures regarding the non-medical treatment modalities eg. Condom promotion and counselling. HIV is highly prevalent in the South African setting and hence this guideline also includes promotion of HIV counselling and testing which is very relevant in the setting of STI management.

However, at the outset, the target population, is not explicitly mentioned. The reader is left to assume that this STI management guideline is aimed at adult patients seeking treatment. Even though there is mention of ‘Suspected STI in children should be referred to hospital for further investigation and management’, I feel that this statement or declaration could be mentioned more explicitly in the guideline (even in the title) so that health care workers are aware at the outset of the target population that this guideline is aimed at.

Also, the acronyms of each STI syndrome is mentioned as a part of the guideline content page from its adaptation. I feel that this could have been included separately in a table (of acronyms) that this better identifiable to the guideline user.

The guideline lacks a clear outline of the health questions asked and there is no clearly identified PICO questions. It also appears as though there are at least 16 different PICO questions, but again, it is not clearly stated.

Peer Review Based on peer review statements highlighting lack of clearly defined PICO elements, I have reduced the score from my initial assessment of **5 to 4**.

3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.

1 Strongly Disagree	2	3 <input checked="" type="checkbox"/>	4	5	6	7 Strongly Agree
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Comments : The target population is not explicitly described in this guideline. There is no mention of population age range, gender, severity of disease or co-morbidities (eg. HIV infection or other chronic diseases).The guideline user is left to assume that this STI management guideline is aimed at adult patients seeking treatment in the absence of any other co-morbidities. Also, there is no explicit mention of whether the target population is ‘adult patients seeking treatment’, or ‘adult patients with symptoms of each individual STI (i.e. 12.1 - 12.15)’.

There is a mention of ‘Suspected STI in children should be referred to hospital for further investigation and management’. This statement or exclusion of children is highlighted in the introduction within a ‘text box’. However, I feel that this statement or declaration could be mentioned more explicitly at the beginning of the guideline (even in the title) so that health care workers are aware at the outset of the target population that this guideline is aimed at

with the exclusion of children. There is no mention of age ranges for treatment of adults or age range for exclusion of children. There is also no mention of relevant comorbidities relevant in South Africa eg. HIV infection, Pulmonary Tuberculosis.

These factors could be described more effectively in the introduction of the guideline.

Peer Review In agreement with my score and comments. Score remains unchanged.

DOMAIN 2. STAKEHOLDER INVOLVEMENT FOCUSES ON THE EXTENT TO WHICH THE GUIDELINE WAS DEVELOPED BY THE APPROPRIATE STAKEHOLDERS AND REPRESENTS THE VIEWS OF ITS INTENDED USERS (ITEMS 4-6).

4. The guideline development group includes individuals from all relevant professional groups.

1 <input checked="" type="checkbox"/> Strongly Disagree	2	3	4	5	6	7 Strongly Agree
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Comments: The guideline lists a ‘Endnotes’ section which contains a list of references of literature that was used to draw on for this guideline. There are about 24 references mentioned at the end of the guideline. This information is also included in the document from which this guideline is adapted i.e ‘Standard Treatment Guidelines and Essential Medicines List for South Africa Primary Healthcare Level 2018 Edition’ (guidance document).

Upon review of the latter document (guidance document), it is noted that this document contains a listing of these references as included in the guideline document. In addition the guidance document also includes the following groups of individuals in the acknowledgements section under the following headings/listings : ‘National Essential Drugs List Committee (2015 – 2016)’ ; ‘National Essential Medicines List Committee (2017 –)’ ; ‘Primary Healthcare Expert Committee (2016 – 2018)’ ; ‘Consultants (co-opted experts)’ and ‘Comments and Contributions’. These lists include names of individuals who have contributed to the entire guidance document from which this guideline was adapted together with relevant committees and working groups. These are vastly different medical disciplines (from dental to Gastro-intestinal, cardiology, skin, gynecology, HIV etc) and hence it appears unclear as to whether the same experts from each of these fields were actually consulted for this guideline or

which experts specifically were involved in this guideline. It is also not clear whether any patient views were sought.

However, there is no specific mention of parallels or specific contributions of these listed experts/contributors to each section of the document. Hence, we cannot correlate or identify the specific individuals that were responsible for the development of this guideline that is under review. **Therefore, upon review of this guideline, I was not able to identify the members of this particular guideline development group. Further to this, there no further details listed according to** discipline/content expertise, institution/affiliation, geographical location or a description of the member’s role in the guideline development group.

I therefore conclude that for this concept/item information, is very poorly reported and that criteria were not met.

Peer Review Comments integrated within my discussion. In agreement with my score and comments. Score remains unchanged.

5. The views and preferences of the target population (patients, public, etc.) have been sought.

1 <input checked="" type="checkbox"/> Strongly Disagree	2	3	4	5	6	7 Strongly Agree
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Comments: This information could not be located within the guideline itself. The guidance or the guidance document. There is no specific section within this guideline on the guideline development process.

I therefore conclude that for this concept/item information, is very poorly reported and that criteria were not met.

Peer Review Agreement with score and comments. Score remains unchanged.

6. The target users of the guideline are clearly defined.

1 Strongly Disagree	<input checked="" type="checkbox"/> 2	3	4	5	6	7 Strongly Agree
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Comments: The target users are not explicitly defined or described in the guideline. There are no specific reference to intended guideline audience eg. primary health care clinics within the guideline. There are also no clearly described directions on how the guidelines may be used.

However, the guidance document (upon which the guideline is based) mentions that it is a 'guidance for healthcare workers, in order to promote equitable access to safe, effective, and affordable health services.' and 'These treatment guidelines are aimed at healthcare workers at Primary Health Care facilities.' This information was found in the introduction section of the guidance document. I feel that there appears to be a disconnect between the guidance document and the guideline. The information needs to be searched for in the guidance document and is not independently stated in the guideline itself.

Peer Review Agreement with score and comments. Score remains unchanged.

DOMAIN 3. RIGOUR OF DEVELOPMENT RELATES TO THE PROCESS USED TO GATHER AND SYNTHESIZE THE EVIDENCE, THE METHODS TO FORMULATE THE RECOMMENDATIONS, AND TO UPDATE THEM (ITEMS 7-14).

7. Systematic methods were used to search for evidence.

1 Strongly Disagree	<input checked="" type="checkbox"/> 2	3	4	5	6	7 Strongly Agree
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Comments: The guideline includes an endnotes section only where there are a list of references citing the literature that was used during guideline development. Together with this list, there are no clearly defined or reported search strategy. There are no evidence sources, time-periods of search, specific search terms or search strategy mentioned in the guideline.

The guidance document briefly states in the introduction section, 'The Primary Health Care Standard Treatment Guidelines and Essential Medicines List are the culmination of an intensive evidence-based review.' However, this is a very scant description that lacks the depth of information that we are looking for.

There is no mention that the evidence was gathered from systematic reviews, or primary studies or how evidence (on which these guidelines are based) was synthesized. No mention of GRADE approach. Some SRs are listed in the reference list, but all references are SRs. There is also no indication of level of certainty of the cited studies.

I therefore conclude that for this concept/item, information is not adequately reported.

Peer Review Comments integrated within my discussion. In agreement with my score and comments. Score remains unchanged.

8. The criteria for selecting the evidence are clearly described.

1 <input checked="" type="checkbox"/> Strongly Disagree	2	3	4	5	6	7 Strongly Agree
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Comments: The guideline does not provide the criteria for including/excluding evidence. These criteria are not explicitly described in the guideline or in the guidance document.

I therefore conclude that for this concept/item, information is very poorly reported and that criteria were not met.

Peer Review In agreement with my score and comments. Score remains unchanged.

9. The strengths and limitations of the body of evidence are clearly described.

1 <input checked="" type="checkbox"/> Strongly Disagree	2	3	4	5	6	7 Strongly Agree
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Comments: The guideline does not contain or describe any statements highlighting the strengths and limitations of the body of evidence. On review of both the guideline and the guidance document, I found that there were no references to the guideline development process documented or evidence describing the methodological quality of the studies.

I therefore conclude that for this concept/item, information is very poorly reported and that criteria were not met.

Peer Review In agreement with my score and comments. Score remains unchanged.

10. The methods for formulating the recommendations are clearly described.

1 <input checked="" type="checkbox"/> Strongly Disagree	2	3	4	5	6	7 Strongly Agree
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Comments: The guideline and guidance document did not contain any information relating to the description of the methods used to formulate the recommendations.

I therefore conclude that for this concept/item, information is very poorly reported and that criteria were not met.

Peer Review In agreement with my score and comments. Score remains unchanged.

11. The health benefits, side effects, and risks have been considered in formulating the recommendations.

1 <input checked="" type="checkbox"/> Strongly Disagree	2	3	4	5	6	7 Strongly Agree
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Comments: The guideline and the guidance document do not contain any guideline development process for considering the health benefits, side effects, and risks for translating and formulating STI management recommendations into practice. The guideline lacks the discussions around these recommendations. There are no supporting data and report of health benefits, side effects and risks included as well.

I therefore conclude that for this concept/item, information is very poorly reported and that criteria were not met.

Peer Review In agreement with my score and comments. Score remains unchanged.

12. There is an explicit link between the recommendations and the supporting evidence.

1 <input checked="" type="checkbox"/> Strongly Disagree	2	3	4	5	6	7 Strongly Agree
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Comments: There are no explicit association between the recommendations and the supporting evidence described in the guideline and the guidance document. Hence, this evidence is not available for the guideline user to be able to identify and link each piece of evidence relevant to each recommendation.

I therefore conclude that for this concept/item, information is very poorly reported and that criteria were not met.

Peer Review In agreement with my score and comments. Score remains unchanged.

13. The guideline has been externally reviewed by experts prior to its publication.

1 Strongly Disagree	<input checked="" type="checkbox"/> 2	3	4	5	6	7 Strongly Agree
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Comments: There are no explicit evidence in both the guideline and the guidance document detailing the process of external review or the description of the methodology used to conduct this. This detailed information is therefore lacking for this guideline.

However, the guidance document contains some brief reference to this process in the ‘Introduction’ and ‘Foreword’ sections respectively. This includes the following text :**‘I thank the Primary Health Care Expert Review Committee and the stakeholders for their involvement in the review process, sharing of their expertise and commitment to improve healthcare provision in South Africa.’ and ‘I express my sincere gratitude to the Primary Health Care Expert Review Committee for their commitment to the principles of evidence-based medicine selection, diligence, enthusiasm and dedication. Special thanks to all stakeholders involved, including healthcare workers from all disciplines, Professional Societies and Organisations and representatives from Department of Health Programmes.’**

The acknowledgement section of the guidance document also lists names of individuals involved through their participation with the various committees. However, there is no linkage to these individuals and their affiliations, expertise and specific involvement in this guideline development.

Peer Review In agreement with my score and comments. Score remains unchanged.

14.A procedure for updating the guideline is provided.

1 Strongly Disagree	<input checked="" type="checkbox"/> 2	3	4	5	6	7 Strongly Agree
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Comments: The guideline does not explicitly state or describe the process for updating the guideline. There is no provision in the guideline of an explicit time interval, criteria used or methodology for updating the guideline.

The guidance document briefly mentions that ‘Given that the STGs (standard treatment guidelines) and EMLs(essential medicines list) for the various levels of care are reviewed at different times, there may be periods when they are not perfectly aligned.’ Also mentioned in the ‘Feedback’ sub-heading, ‘Comments that aim to improve these treatment guidelines are appreciated. The submission form and guidelines for completing the form are included in the book. These guidelines are also reviewed on a regular basis. During the review process, comments are requested and should be forwarded directly to the EML Secretariat.’ **These brief comments hint at a review process, however, there are no explicit description of the procedure for updating the guideline provided. However, these comments also imply that updating or guideline review is not altogether overlooked.**

Peer Review Comments integrated within my discussion. In consideration of the peer feedback and comments. **Score was changed from 1 to 2.**

DOMAIN 4. CLARITY OF PRESENTATION DEALS WITH THE LANGUAGE, STRUCTURE, AND FORMAT OF THE GUIDELINE (ITEMS 15-17).

15. The recommendations are specific and unambiguous.

1 Strongly Disagree	2	3	4	5	6 <input checked="" type="checkbox"/>	7 Strongly Agree
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Comments: The guideline explicitly reflects and defines the recommended action to be taken for each clinical syndrome and pertaining specifically to the relevant population. **Hence, the recommendations are specific and unambiguous.** There are further information and instructions provided for each syndrome on how management can occur through different scenarios eg. How to manage a patient with penicillin allergy or how patients with persisting symptoms should be managed.

However, we need to consider that it is still unclear about how the recommendation was arrived at and there is no indication regarding evidence and certainty of evidence.

I found that the information presented was clear, adequate and well reported and I therefore conclude that for this concept/item, almost full criteria were met.

Peer Review Comments integrated within my discussion. In agreement with my score and comments. Score remains unchanged.

16. The different options for management of the condition or health issue are clearly presented.

1 Strongly Disagree	2	3	4	5	6	7 <input checked="" type="checkbox"/> Strongly Agree
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Comments: The guideline explicitly and comprehensively described the management of the various STI syndromes. The management plan included a description of the syndromic approach to STI management as opposed to single symptomatic approach. In addition to the biological management, the options for general measures were also discussed which included a global screening and prevention approach. This included discussions around STI counselling and education, including HIV testing, condom promotion to reduce the risk of STIs and among other

options. An explicit description of the syndrome as well as the relevant population and syndrome was clearly provided. The guideline also described history taking and referral process to be considered for a most comprehensive approach to STI management. Flowchart presentation of information made for easy referral and good readability.

Based on this clear, explicit, concise and exceptional presentation of recommendations and full criteria and considerations have been met, a full score of 7 is given.

Peer Review Comments integrated within my discussion. In agreement with my score and comments. Score remains unchanged.

17.Key recommendations are easily identifiable.

1 Strongly Disagree	2	3	4	5	6	7 <input checked="" type="checkbox"/> Strongly Agree
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Comments: For this item, the guideline lists key recommendations clearly and with an easily identifiable layout. Use of flowcharts make the presented information easy to locate, read and unambiguous. Each description of an STI syndrome together with the target population is summarised clearly in a box at the top of the page. This layout makes for easy identification of a relevant clinical syndrome. The body of the recommendation, including the recommended medication, dosage, alternate treatment as well as referral are clearly presented in the form of a flow chart and/or algorithm. Specific recommendations for a specific syndrome are grouped together for ease of reference.

Based on peer review and recommendation of score. A perfect score of 7 is given for the easily identifiable, explicit and well presented recommendations.

Peer Review Score changed from 6 to 7. Agreement of comments.

DOMAIN 5. APPLICABILITY PERTAINS TO THE LIKELY BARRIERS AND FACILITATORS TO IMPLEMENTATION, STRATEGIES TO IMPROVE UPTAKE, AND RESOURCE IMPLICATIONS OF APPLYING THE GUIDELINE (ITEMS 18-21).

18. The guideline describes facilitators and barriers to its application.

1 Strongly Disagree	2	3	<input checked="" type="checkbox"/> 4	5	6	7 Strongly Agree
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Comments: The guideline document itself does not contain or explicitly describe facilitators and barriers to its application.

However, the guidance document contains some of this information under the sub-section titled 'A guide to patient adherence in chronic conditions'. This sub-section of the guidance document explicitly describes the barriers that contribute towards poor patient adherence as well as the recommended support to overcome these barriers. The facilitators to patient adherence include information on 'education points to consider' which includes open discussions with the patient on side effects of medication, positive affirmations through guidance and support, establishing therapeutic goals as well as the risks vs benefits of medication use.

To note is that this information describes the facilitators and barriers to patient adherence in general and not to the specific application of this guideline. However, it must be considered that patient adherence to medication is in itself a key component in facilitating the application of this guideline. Hence, I consider these barriers and facilitators to patient adherence valuable to the application of the recommendations of this guideline.

Also to note is that, this information is contained in the guidance document only and not in the guideline itself. It forms a general guide to patient adherence in the guidance document and is not necessarily specific to this particular guideline on STI management. There was also no description provided for the methods by which these facilitators and barriers to implementing recommendations were sought.

Peer Review Comments integrated within my discussion. In agreement with my score and comments.

Upon critical review of my initial appraisal and together with my own comments and peer comments, I have changed the score from 3 to 4.

19. The guideline provides advice and/or tools on how the recommendations can be put into practice.

1 Strongly Disagree	2	<input checked="" type="checkbox"/> 3	4	5	6	7 Strongly Agree
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Comments: The guideline and the guidance document do not contain any explicit information on the dissemination or implementation of the guideline. There are also no accompanying materials to support this implementation.

However, the guidance document contains information regarding ‘**ICD10 codes**’ in the general section of the document. ‘Diagnosis codes from the International Statistical Classification of Diseases and Related Health Problems (ICD-10) are included for each condition to facilitate accurate recording of diagnoses. All the rules and guidelines for the use of ICD-10 must be applied as per the World Health Organisation (WHO), the agreed South African Morbidity Coding Standards and Guidelines document, and the South African Master Industry Table (MIT)’

The guidance document also contains a link from where to access this : Available at:

<http://www.health.gov.za/index.php/shortcodes/2015-03-29-10-42-47/2015-06-10-09-23-36/2015-06-10-09-26-11>

The guidance document also provides **EML (Essential Medicines List) Clinical Guide tools**. This is a mobile application based tool that was developed to provide specific tools to assist healthcare workers. These tools include calculators for BMI (body mass index), Cardiovascular Event Risk (cholesterol and BMI-based), eGFR (estimated Glomerular Filtration Rate), and Paediatric dose tool. However, these tools are general to the guidance document and not necessarily specific to the STI management guideline currently under review.

Apart from this, there are no further implementation tools provided for this guideline.

Peer Review In agreement with my score and comments.

20. The potential resource implications of applying the recommendations have been considered.

1 <input checked="" type="checkbox"/> Strongly Disagree	2	3	4	5	6	7 Strongly Agree
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Comments: The guideline and the guidance document do not include a discussion of the potential resource implications of applying the recommendations. There is no description of cost types eg. Drug/treatment costs. Also to note that there is the lack of patient views in the development of the guideline which could have contributed to resource implications.

I therefore conclude that for this concept/item, information is very poorly reported and that criteria were not met.

Peer Review Comments integrated within my discussion. In agreement with my score and comments.

21. The guideline presents monitoring and/or auditing criteria.

1 Strongly Disagree	2	3	4	5	<input checked="" type="checkbox"/> 6	7 Strongly Agree
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Comments The guideline describes specific criteria for monitoring and evaluating STI syndrome clinical outcome measures. A specific description is provided within each STI management recommendation. This description is written into the management algorithm and flowchart of each recommendation. The item is explicit, and easy to find within each recommendation of STI management.

For example, in Male Urethritis Syndrome (MUS), specific criteria are mentioned for an action plan if the urethral discharge persists (after seven days of taking the recommended antibiotic therapy), then → suspect ceftriaxone 250mg treatment failure → referral of all ceftriaxone treatment failures within seven days for further investigations and management.

Peer Review No specific comments provided by peer. Score remains unchanged.

Upon critical review of my initial appraisal, together with review of my own comments and further thought, I have changed the score from 5 to 6.

22. The views of the funding body have not influenced the content of the guideline.

1 Strongly Disagree	<input checked="" type="checkbox"/> 2	3	4	5	6	7 Strongly Agree
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Comments The guideline does not explicitly state that the views of the funding body have had no influence on the guideline content.

However, the guidance document does explicitly state at the beginning of the document that this document (from which this guideline has been adapted) has been ‘**Published and funded by : National Department of Health, Pretoria, Republic of South Africa**’. Hence, there is an explicit statement of funding source. We are unsure if this has influenced the content of the guideline.

This guideline is funded by and developed the South African National Department of Health and forms the basis of the National Standard Treatment Guidelines. Further to this, there are no description on how the guideline development group addressed potential influence from the funding body.

Peer Review In agreement with my score and comments.

23. Competing interests of guideline development group members have been recorded and addressed.

1 Strongly Disagree	2	3	4	5	<input checked="" type="checkbox"/> 6	7 Strongly Agree
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Comments: The guidance document contains a sub-section titled ‘**Declaration of Interests**’. This section explicitly states its purpose to ensure that the process of the guideline development and decision-making is free from undue influence due to financial or other

interests and is therefore conducted in an independent atmosphere free from direct or indirect pressures.

Within this section in the guidance document, there is an explicit statement which mentions that all members of relevant committees involved in the document development were required to make formal declaration of interests on application and at the start of each meeting. The document also contains a link to access the 'conflict of interest' guidance and policy document. Further to this, the document details a list of specific members from each relevant committee with their individual declarations. These declarations included description of the competing interests. However, there was no explicit mention or outline on how competing interests were managed.

Peer Review Comments integrated within my discussion. In agreement with my score and comments.

SCORING

Scaled Domain Score was calculated for each Domain based on a score from myself only and score combined with the peer review score .

Domain	Score combined with Peer	My Score Only
1	58%	56%
2	6%	6%
3	6%	6%
4	94%	94%
5	38%	42%
6	50%	50%

OVERALL GUIDELINE ASSESSMENT

1. Rate the overall quality of this guideline.

1 Lowest possible quality	2	3	<input checked="" type="checkbox"/> 4	5	6	7 Highest possible quality
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2. I would recommend this guideline for use.

Yes	
Yes, with modifications	<input checked="" type="checkbox"/>
No	

Peer Review/ Comments According to the peer feedback that I received, I sensed that there was uncertainty from the peer. This uncertainty was regarding whether the decision to recommend a guideline (in general) should be based only on the evidence provided and the

quality of the guideline without specific knowledge of the topic or if the recommendation should be based on one's knowledge together with the information provided in the guideline.

I feel that as we work through more guideline appraisal processes in the future, we will become more experienced and clear with the process and therefore be able to make these decisions more confidently. I understand and respect this feedback since I feel the same way myself at this point and look forward to refining my own skill of guideline appraisal.

My peer highlighted that she would have scored the guideline a 2 or a 3 and went on to add that this was due to her negligible knowledge of this guideline topic together with the unclear identification of PICO elements. There was also concern regarding the lack of reporting of evidence and certainty of evidence together with domain 3 having low scores in general. There was consensus regarding recommendation of the guideline, with modifications.

OVERALL CRITICAL APPRAISAL COMMENTARY

PICO: What is the standard management of STIs in adults in South Africa to ensure an STI free clinical outcome/resolution of STI symptoms.

The guideline titled '**Sexually Transmitted Infections Management Guidelines 2018 Department: Health (Republic of South Africa)**' is adapted from the '**Standard Treatment Guidelines and Essential Medicines List for South Africa. Primary Healthcare Level 2018 Edition**' (referred to as 'Guidance Document' in this review). Hence, the guideline on STI Management is a chapter within the guidance document from which it has been adapted for use.

Overall, the STI guideline was well written and the description of the recommendations were clear, concise and unambiguous. The layout of the guideline was user-friendly, well labeled, and easy to locate within the guideline with good readability. The presentation of the recommendations in the format of flow-chart and subject boxes made the visual appeal engaging and easy to follow. Additional positive points to consider was that the guideline gave additional information and recommendations outside of the biological or drug management of STIs. Non-pharmacological management modalities were also discussed in order to approach the management of STIs in a holistic manner. In my opinion, the guideline content, layout and usability was found to be ample.

Point to note is that this guideline was adapted from the 'Standard Treatment Guideline' referred to as the guidance document. I therefore had the task of referring to this guidance document quite often during the critical appraisal of the STI guideline to search for additional

information that was not included in the guideline under review. This can be quite a laborious task especially when the guideline did not clearly indicate where certain aspects and information eg, declaration of interests could be found. Hence, this rendered the guideline under review difficult to be a stand-alone document.

Domains 1 and 4 scored better overall than the other domains. There was sufficient evidence within the guideline to justify the scores with the criteria for scoring.

Domains 2 and 3 scored quite poorly. I found that these domains lacked the required detail as well as evidence and certainty in both the guideline and the guidance document. In many instances, criteria for scoring were not met for certain items. This raised concerns during the appraisal and I feel that this guideline therefore requires to be reviewed thoroughly and perhaps modified to address these inadequacies. Whereas it is possible that this missing information does exist elsewhere, this is not clearly articulated or documented within the guideline or guidance document and hence we scored accordingly.

Domains 5 and 6 scored on average and therefore has areas for review, improvement and clarity within the guideline.

Based on my critical review of the guideline and taking my peer's review comments and scoring into consideration, **I have decided to keep the score as a 4**. I agree that the guideline lacks in certain domains, however, I feel that this guideline document was adapted from another document and intended for use as an end-user document. Also, upon a final review of the scoring and based on peer review in certain instances, I have raised the scores of some of the domain items. I therefore conclude that the score can remain as originally scored.

Recommendation: Based on my opinion and scoring, I conclude that the guideline content and layout is acceptable. However, the striking concern for this guideline involves the lack of evidence or documentation pertaining to the rigour of development and stakeholder involvement. These are critical domains that I believe that these are not well documented within this guideline. I therefore recommend that the guideline undergo a thorough review, with relevant updates as required and modifications to include all missing and pertinent information. I would then recommend this guideline for use after the above discussion points have been addressed.