

An open randomised comparison of gatifloxacin versus ofloxacin for the treatment of uncomplicated enteric fever

Submission date 16/07/2008	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 17/07/2008	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 29/11/2013	Condition category Infections and Infestations	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

Study information

Scientific Title

Study objectives

We hypothesise that gatifloxacin is more effective than ofloxacin in the treatment of enteric fever.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethics approval received from:

1. Oxford Tropical Medicine Research Ethics Committee (OXTREC) (UK) on the 20th June 2006 (ref: 23/08)
2. Nepalese Local Ethics Committee on the 24th June 2008

Study design

An open randomised two-way comparison trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied

Enteric fever (typhoid and paratyphoid fever)

Interventions

Gatifloxacin (10 mg/kg/day) once daily oral dose for 7 days versus ofloxacin (20 mg/kg/) twice daily oral dose for 7 days.

1. Prior to admission to the study:

1.1. Full history and clinical examination. In particular the following data will be documented:

clinical manifestations according to a standard case record form (CRF).

1.2. Chest X-ray and other radiological investigations, including abdominal ultrasound, as clinically indicated

2. On admission to the study:

2.1. Name and address of the patient will be recorded on a detachable cover sheet of the CRF, (for mapping purposes)

2.2. Full blood counts including white cell differential, biochemistry (serum glutamic oxaloacetic transaminase [SGOT], serum glutamic pyruvic transaminase [SGPT], creatinine, glucose)

2.3. Blood for on-going host genetic studies of enteric fever from the patient

2.4. Microbiology:

2.4.1. Blood cultures (5 - 8 ml of blood)

2.4.2. Stool culture pre-treatment

2.5. Blood for typhoid diagnostic study (2 ml ethylenediaminetetraacetic acid [EDTA] blood)

3. Day 1 - Discharge:

Patients will be managed as outpatients and seen at home every day to day 10 or longer (until the patient gets better). The Nurse/Dr/Paramedic will visit the patient twice per day (at 12 hourly intervals) for 10 days or longer (until the patient gets better).

3.1. Treatment will be given under directly observed therapy

3.2. GPS mapping of patient's house

3.3. Axillary temperature will be recorded at 12 hourly intervals

3.4. Random glucose monitoring, daily from day 1 till day 8

3.5. Blood for pharmacokinetic study (2 ml of blood, sparse sampling, either one blood sample or two blood samples after the third dose of gatifloxacin or ofloxacin)

At all visits fever and clinical symptoms will be monitored (feeling better or not, fever, headache, anorexia, pain abdomen, cough, constipation, diarrhoea, vomiting, nausea, confusion, black stool, sweating/dizziness, fainting/blackouts, nocturia/polyuria or others) and recorded with particular attention to:

3.6. Any side effects of the drug

3.7. Complications of the disease (if any occur)

4. Day 8:

4.1. Patients will be re-examined by the study physicians at Patan Hospital

4.2. Blood cultures will be performed day 8

4.3. Full blood counts including white cell differential, biochemistry (SGOT, SGPT, creatinine) will be repeated

4.4. Faeces will be re-cultured day 8

4.5. Blood for typhoid diagnostic study (2 ml)

5. Day 15:

All patients will be re-examined by the study physicians at Patan Hospital.

Further follow up will be performed for six months.

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Gatifloxacin, ofloxacin

Primary outcome measure

The overall failure of the treatment. Overall failure of treatment is defined as the occurrence of any one of the following (acute treatment failure plus complication plus relapse):

1. Persistent fever at day 10 of treatment
2. Blood culture positive at day 10 of treatment
3. Need for 'rescue' treatment with ceftriaxone
4. Culture confirmed relapse within 28 days of starting therapy
5. The development of any typhoid fever related complications during treatment:
 - 5.1. Clinically significant bleeding
 - 5.2. Fall in the Glasgow Coma Score
 - 5.3. Perforation of the gastrointestinal tract
 - 5.4. Admission to hospital within 28 days of starting therapy

Secondary outcome measures

1. Fever clearance time (FCT)
2. Syndromic clinical relapse occurring within 28 days of starting therapy that is thought to be due to typhoid or paratyphoid fever (fever, abdominal pain, change in bowel habit, headache, etc), blood cultures negative and no other cause identified
3. Stool carriage of Salmonella typhi or S. paratyphi at 1, 3, or 6 months

Overall study start date

01/08/2008

Completion date

31/07/2010

Eligibility

Key inclusion criteria

1. Patients give fully informed consent
2. Aged above 2 years and weigh more than 10 kg, either sex
3. Patients with fever for more than 3 days
4. Patients have no signs of severe typhoid fever, are not obtunded or shocked, are not visibly jaundiced and have no signs of gastrointestinal bleeding or any other evidence of severity
5. No previous history of hypersensitivity to either of the trial drugs
6. No known previous treatment with a fluoroquinolone antibiotic or third generation cephalosporin or macrolide within one week of hospital admission (patients who have received chloramphenicol, ampicillin, or co-trimoxazole will be included as long as they have not shown evidence of clinical response)
7. Patients are not pregnant or breast-feeding

Participant type(s)

Patient

Age group

Not Specified

Sex

Both

Target number of participants

200 patients

Key exclusion criteria

Does not comply with the above inclusion criteria

Date of first enrolment

01/08/2008

Date of final enrolment

31/07/2010

Locations**Countries of recruitment**

Nepal

Viet Nam

Study participating centre

The Oxford University Clinical Research Unit (OUCRU)

Ho Chi Minh City

Viet Nam

Q5

Sponsor information**Organisation**

University of Oxford (UK)

Sponsor details

Clinical Trials and Research Governance

Manor House

John Radcliffe Hospital

Headington

Oxford

England

United Kingdom

OX3 9DZ

Sponsor type

University/education

Website

<http://www.ox.ac.uk/>

ROR

<https://ror.org/052gg0110>

Funder(s)

Funder type

Charity

Funder Name

The Wellcome Trust (UK) (grant ref: 077078)

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date**Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	31/10/2013		Yes	No