



Technical

Discussions

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VENEREAL DISEASES AS A NATIONAL AND INTERNATIONAL HEALTH PROBLEM

REPORT OF THE RAPPOREUR

The Technical Discussions at the XVIII Pan American Sanitary Conference were held on 2 October 1970 in the Headquarters building in Washington, D.C. The subject of the Discussions was: Venereal Diseases as a National and International Health Problem.

In accordance with the Rules for Technical Discussions, Dr. Alfredo N. Bica was elected Moderator and Dr. Mervyn U. Henry, Rapporteur. Dr. Alvaro Llopis served as Technical Secretary.

In accordance with the above-mentioned Rules, the Technical Discussions opened with presentations prepared by the following experts:

Dr. Thorstein Guthe	:	Worldwide Epidemiological Trends in Syphilis and Gonorrhea
Dr. Alvaro Llopis	:	The Problems of Venereal Diseases in the Americas
Dr. William J. Brown	:	The Essential Elements of a Syphilis Control Program
Dr. Antonio Campos Salas	:	Gonorrhea Control Problems
Dr. Cesar J. García	:	Psychological, Social, and Cultural Aspects of Venereal Diseases
Mr. Arthur E. Callin	:	The Economic Impact of Venereal Diseases
Dr. Carlos J. Alarcón	:	The Teaching of Venereal Diseases in Medical Schools

The participants were then divided in two Working Groups, which elected the following officers:

Group I:	Moderator:	Dr. Robert de Caires
	Rapporteur:	Dr. Pedro Guedez Lima

Group II: Moderator: Dr. Bogoslav Juricic Turina
Rapporteur: Dr. Alfredo Rabinovich

Sixty-four participants registered for the Technical Discussions, including representatives of international, governmental, and inter-governmental agencies.

The Working Groups studied and discussed the topic in morning and afternoon sessions totalling six hours and a half. The views put forward and the conclusions reached by each group were summarized by the rapporteurs concerned and subsequently consolidated in this report by the General Rapporteur of the Technical Discussions with the assistance of the Moderator and the Group Rapporteurs.

It was generally agreed that, in the decade beginning in 1960, the incidence of venereal diseases, in particular gonorrhoea, had increased significantly, and that this constituted a great source of concern to health authorities; and it was also agreed that the technical progress achieved and applied had not been sufficient to control these diseases.

In this respect, the participants expressed the wish that public and private health agencies in the countries should:

1. Examine the status of the venereal disease problem, especially of control programs, with a view to obtaining maximum efficiency and output from the resources available.
2. Increase efforts to ascertain the size of the venereal disease problem, the behavior of the diseases and the factors conditioning them in different communities, and thus the data necessary for designing and carrying out effective control programs.

3. Establish or improve case registration systems permitting ascertainment and surveillance of the epidemiological behavior of venereal diseases, their frequency, distribution, and trends in different population groups, so as to identify those most exposed to risk and those constituting reservoirs of infection.

Supplement these case registration and reporting systems with good arrangements for the tabulation, analysis and interpretation of data relating to stages of the diseases, their epidemiological importance, and their value as indicators of the evolution of the disease.

4. Endeavour to ascertain both the visible and the invisible part of the venereal disease problem. The invisible part is extremely important since it is considered to contain the unknown reservoir that is the source of new cases and multiple reinfections.

5. Use all available sources of information, improve the registration system, and expand its coverage in order to gain a better knowledge of the visible part of the problem.

6. Improve venereal disease control programs in general, convert them into regular programs and effectively incorporate them into the work of the health services so as to ensure their continuity. Make optimum use of laboratory networks and of the health services of public health agencies so as to identify, by etiological diagnosis, the various organisms, in particular the gonococcus; encourage, in the latter case, the use of selective antibiotic-media to be prepared in regional laboratories, and provide physicians in private practice with this service; and, as far as treatment is concerned, to ensure that

gonorrhoea patients can easily obtain diagnostic care and treatment, and to provide such services free of charge, not only in public health agencies but also in any institution providing the population with medical services, including charity hospitals and social security institutions.

7. Improve existing agencies which are nationwide in scope, or establish an agency at the central level to direct or carry out a venereal disease control program and be responsible for the issue of technical standards, and for supervision and evaluation of activities.

8. Encourage the interest and enlist the cooperation of the community and of public and private organizations, especially those concerned with community development and the care of marginal groups.

9. Include in control programs the necessary activities for improving the general state of health, providing specific protection and limiting the consequences of venereal diseases.

Incorporate into the programs the essential elements for the control of venereal diseases; namely notification of cases and of positive serological reactors, registration, and free diagnosis and treatment; reinforce case detection and contact tracing activities by improving exchange of epidemiological information at the national and international level; strengthen health education activities and the education and training of health manpower.

10. Allot the necessary resources for carrying out programs, on the understanding that the economic impact of venereal diseases and the benefits obtained by controlling them, justify the financial investments required. In this

regard, it would initially be sufficient to redeploy the resources at present available to the public health services to obtain a greater return from venereal disease control; subsequently, the need for additional resources may be examined.

11. Provide the necessary support for developing more efficient gonorrhoea control methods, especially research on simple and rapid diagnostic procedures that can be carried out at any level.

It is also very necessary to establish diagnostic standards, both clinical and laboratory, and the most suitable therapeutic schedules so as to render the treatment of sources of infection and of contacts more efficacious.

12. Investigate the factors conditioning venereal diseases, in particular psychological, social, and cultural factors in order:

- To identify the highly susceptible groups likely to contract the disease because of their behavior;
- To ascertain why patients refuse to furnish information about their contacts and do not seek medical care, or resort to self-medication;
- To ascertain why private physicians do not notify the cases they treat;
- To ascertain the attitudes and types of behavior which need to be changed by means of health education programs.

13. Investigate new methods of health education designed to obtain the necessary response from the community, its opinion makers, and professional personnel, who should use their influence to make the control program a success.

Medical inspection, even the periodical and routine inspection of prostitutes, is completely ineffective and only creates a false sense of security. This fact, which is well established, must be impressed upon those who consort with prostitutes.

14. Promote the teaching of venereal diseases in medical schools, the approach being a comprehensive one covering clinical, epidemiological, and social aspects of the disease and enabling future physicians to identify the infection and prescribe the necessary measures. Encourage the education and training of auxiliary and technical personnel with a view to covering population groups that physicians find it difficult to approach.

If wider use is to be made of paramedical personnel, it will be necessary to standardize diagnostic and treatment procedures that may be continuously supervised by physicians.

15. Encourage continuing education programs, clinical and epidemiological and refresher courses for practicing physicians, and give them the necessary support to enable them to fulfill their essential role in detecting new cases, in tracing contacts, and in eliminating foci of venereal diseases; to this end, PAHO should study the possibility of preparing an up-to-date manual containing the essential elements of diagnosis, treatment, and control of venereal diseases.

16. Study the most advisable procedures for limiting the spread of venereal disease through ports and across frontiers, which is facilitated by the rapidity of modern means of transport.

17. Enact health and social legislation for dealing more effectively with venereal diseases and limiting the factors which encourage their spread.