SYPHILIS CONTROL IN NEW YORK STATE[1]

by THOMAS PARRAN, JR., M.D.[2]

CERTAIN facts about syphilis challenge the American health officer. First, there is the continued high prevalence of the disease. Second is its cost not only in terms of community expense, but also in terms of human suffering and, finally, there is the very definite demonstration by certain European countries that the disease can be controlled by medical and administrative measures. Regarding this last point, it is recognized that methods found useful abroad may not be generally applicable in this country, but the fact remains that the prevalence of syphilis may be markedly reduced by a coordinated program of attack. The present article outlines the new program for this purpose in New York State.—EDITORS.

VENEREAL disease control activities have been carried on by the New York State Department of Health for more than twenty years, but because of limited funds it has not heretofore been possible to carry on an entirely comprehensive and satisfactory program. Added appropriations for the control of syphilis, made by the 1935 Legislature, have made it possible to inaugurate an intensive State-wide program. The objectives of this program may be stated as follows: (1) provision for adequate diagnosis and treatment facilities; (2) improvement in case reporting, and the supervision of syphilis cases; (3) intensive and complete investigation of syphilis cases and contacts; and (4) professional and public education in matters pertaining to social hygiene.

GENERAL FEATURES OF SYPHILIS PROGRAM

Administratively, the syphilis-control program is being carried out (1) by city health departments, with State aid, in cities of more than 50,000 population;[3] (2) by five county departments of

[1] From *Venereal Disease Information,* 16, No. 9, September, 1935, pp. 303-308. Reprinted with some revisions by permission of the author and the United States Public Health Service.

[2] New York State Commissioner of Health.

[3] New York City is a separate health jurisdiction by law. The Cities of Buffalo and

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health, with State aid; (3) by State employed personnel in sixteen health districts of the State.[4]

In addition to having direct responsibility for syphilis control in all areas outside of county and large city departments of health, the district State health officers have general administrative control over the programs in the counties and cities.

With the anticipated funds under the Federal Social Security Act it is planned to provide at least a medical officer, a specially trained public-health nurse, and clerical assistance to each district staff; and to subsidize all clinics which meet approved standards. Funds are also being used to aid cities of more than 50,000 population in developing an approved syphilis-control program.

So that expert clinical advice may be generally available, a number of physicians who are specialists in syphilis are to be appointed as part-time medical consultants. These physicians will advise the district officer regarding clinical matters, and will render consultation service to their colleagues in general practice when called upon.

Since it is generally recognized that the prevalence of the disease is greatest in large urban centers, proportionately more funds are to be allocated to cities of 50,000 or more population than to smaller communities. Preference is to be given cities which are willing to increase their own venereal-disease expenditures; in several cities, new sums have already been appropriated sufficient to match State funds on an equal basis.

Rochester are not included in territory under the direction of district State health officers, but are subject to the authority of the State Commissioner of Health.

[4] The State is divided into sixteen health districts, each having a full-time district State health officer who by law is the direct representative of the Commissioner of Health. District State health officers are responsible for local health activities in their respective districts, and with the assistance of suitable medical, engineering, nursing, and clerical staffs exercise supervision over local health officials. Although this plan of operation has not been strictly followed in the past in venereal disease work, the various divisions of the State Health Department in general function through district State health officers, and county commissioners of health. With the exception of the large cities mentioned, the policies of the various divisions of the department are carried out by district State health officers, and contacts with local health officers are usually made through them.

Financial assistance is given only to cities with syphilis programs approved by the State Department of Health. Before entering into a cooperative arrangement with a given city, agreement is to be reached with municipal authorities as to details of the program and budget, the program in each city varying in accordance with local needs and activities, and existing resources both public and private. It is proposed that a bureau or division of syphilis control be organized under a competent director who will be responsible to the city and State Department of Health for the conduct of the syphilis program.

It is also recommended that a medical advisory committee be appointed in each municipality by the city department of health, which committee will include in its membership all directors of syphilis clinics, and any other person having special knowledge of venereal-disease control who may seem desirable. The functions of this committee will be to advise the city health officer on such matters as standards of professional service in approved clinics, eligibility of clinics for approval, coordination of clinic and field activities, and the formulation of special clinical and epidemiologic studies.

For a number of years the State Department of Health has been distributing without charge arsphenamines and other antisyphilitic remedies to physicians in private practice for the treatment of their marginal patients, as well as for the treatment of patients in the clinics and institutions. This policy is being extended to embrace the free distribution of such drugs for the treatment of all patients, thus bringing the policy in reference to these drugs in conformity with the traditional practice in the distribution of biologic products. The method is being further changed to provide for the improved distribution of the drugs locally.

It is hoped that personnel can be made available also to give personal instruction to those physicians who are shown by the records not to be using the laboratory diagnostic services. These

visits also will be the occasion for informing the physician concerning the State program and the assistance which the individual physician can give.

A part of the help which is being offered to private physicians is the service of a qualified public health nurse with special training in this work, who will be available to act as a representative of the physician in following up delinquent patients, seeking sources of infection, and bringing contacts under treatment.

STANDARDS FOR CLINIC SERVICE

At the present time, there are 121 syphilis clinics operating in New York State outside of New York City. Some of these clinics are in large cities, and others in smaller communities under the direct supervision of the district State health officer. Certain general standards for service are to be insisted upon regardless of the size of the place in which the clinic is located.

Although a number of city departments of health heretofore have paid physicians for their services in clinics, this practice has not been universal. Among other elements in the approved syphilis-control program of cities is the requirement that physicians who work in the clinics must be paid for their services. The amount of payment varies, but approximates $10 per clinic period. For this compensation the clinician will be expected to remain in the clinic throughout the clinic period.

These standards of clinic service may be summarized as follows:

Clinics will be conveniently located, and accessible to densely populated areas. The rooms in which clinics are held must be well ventilated, and have adequate space and seating capacity. Separate waiting rooms must be provided for men and women. Treatment and examining rooms must be of ample size and must have all necessary equipment, including facilities for dark-field examinations. Records will be maintained for each case throughout its duration; these records must contain the minimum of information

called for on forms prescribed by the State Department of Health. Clinic records will be kept in files which can be locked.

The plan for the treatment of early syphilis will be continuous and in conformity with modern accepted practice. A spinal-fluid examination will be performed on each patient ready for discharge as "cured" or arrested. Where possible, facilities will be provided for special examinations such as cardiovascular examinations and others for which special apparatus is required.

Each clinic will have a clinic director and a suitable corps of assistant clinicians approved as competent to treat syphilis by the State Department of Health. A sufficient number of clinicians will be available to provide a high quality of professional care. Each clinic must be supplied with adequate nursing and clerical service.

While all clinics need not hold daily sessions, consultation and clinic service must be provided at some point in large cities on each week day, and there should be at least one evening session each week. Immediate treatment for early positive cases must be available daily, and clinics will be required to receive patients irrespective of whether they are residents of the city or not.

The following classes of patients will be eligible for treatment at clinics, irrespective of whether the patient is a resident of the city in which the clinic is located or not:

> Any patient for initial diagnosis and emergency treatment if found to be infectious.
>
> Any patient referred by a physician for consultation, such cases to be returned with examination reports to the physicians referring them.
>
> Any patient unable to pay a private physician for treatment.

Ways and means must be provided in each clinic for determining the financial status of patients applying for treatment. Patients found able to pay will be referred to physicians of their own choice for treatment.

The identity of each new clinic patient will be established. It

will be the duty of the clinic director and staff to make a diligent inquiry concerning the source of infection of each early syphilis case, and the contacts of each patient found to be in a potentially infectious stage of the disease.

Any potentially infectious patient who fails to report for treatment on the scheduled date or for one week thereafter will be reported to the department of health, and investigated either by clinic or health department personnel.

A report will be made monthly by each clinic for transmission to the State Department of Health. The State Department of Health will inspect clinics periodically, and will report its findings to the clinic director and others concerned.

CASE REPORTING AND INVESTIGATION

A reasonably adequate syphilis clinic service embodying most of the features just described has been maintained in New York State for many years, but relatively little emphasis has been placed upon case investigation and other epidemiologic aspects of the problem. Improvement in case reporting and a more intensive search for sources of infection are to be major activities in the new program.

Following the pioneer work of Munson in this State, a sufficient trial has been given to the epidemiologic method for locating sources of syphilis infection to prove its value and practicability under varying urban and rural conditions. The use of epidemiologic methods, therefore, will be the central feature in the control effort.

Through a well-established system of approved laboratories,[5] information is now currently available concerning every new case of syphilis in which a laboratory examination has been made as an aid in diagnosis. The State sanitary code requires that when-

[5] Laboratory service is provided by the central laboratory and its branch in New York City and by a system of approved laboratories throughout the State. Many of the approved laboratories receive aid from State funds.

ever a physician diagnoses or suspects the existence of a case of syphilis an appropriate specimen must be sent to an approved laboratory. Heretofore, positive laboratory reports have been accepted as case reports, but in the future a card report will be obtained for each syphilis case. Approved laboratories require physicians submitting specimens for examination for syphilis to furnish information as to the stage of the disease and as to whether the specimen is for diagnosis or treatment control and other pertinent facts. This information, supplemented by data secured by investigation of sources of infection and contacts, will be used as the basis for a syphilis case register. A separate register will be maintained in each of the sixteen State health districts, in each of the twelve cities of more than 50,000 population, and in each of the five county departments of health. Thus the whole of upstate New York will be covered.

Outside of the large cities and the counties with health departments, physicians will report cases directly to the district State health officer rather than to the local health officer. Copies of every positive laboratory test made in approved laboratories will be sent to the district State health officer or the city or county health officer, and used as a check against case reports. Except in a few cities where local regulations require otherwise, physicians may report cases seen in private practice by number or other identifying symbol if they prefer not to divulge the patient's name.

All cases of syphilis will be classified into three categories: (1) early syphilis, in which less than one year has elapsed since onset; (2) other potentially infectious cases; and (3) late, noninfectious cases.

The term "potentially infectious" is applied to the following types of cases regardless of the presence or absence of visible lesions:

> All patients with acquired syphilis who have received less than twenty injections each of an arsphenamine and a heavy

metal, or equivalent treatment, until five years have elapsed since onset.

All female patients with acquired syphilis who have received less than twenty injections each of an arsphenamine and a heavy metal, or equivalent treatment, until the menopause has been reached.

All patients with early congenital syphilis.

All cases of early syphilis and of potentially infectious syphilis will be investigated. Efforts to determine sources of infection will be limited to early syphilis. Investigation of contacts, however, and supervision of the case will be extended to include also potentially infectious cases.

When a physician reports a case in private practice, the investigator will first go to the physician himself and ask the physician either to permit the health department to investigate the case or to make this investigation himself, in order to locate, if possible, the source of infection. If the physician elects to take responsibility for the investigation himself, he again is given the choice of getting the source of infection and contacts under treatment or of permitting the health department to do it. In the rare instance in which the physician is entirely uncooperative the health department will not communicate with the patient, but will report the facts to the central office.

An epidemiologic record card will be executed for each case of syphilis. This card is comparable in its completeness to those used in investigation of typhoid fever, for example.

No investigation of an early case will be considered complete unless the source of infection is found or unless satisfactory evidence is submitted to establish beyond reasonable doubt that this individual cannot be identified and located.

Responsibility for maintaining a syphilis register for making the epidemiologic investigations for the follow-up of delinquent patients will be carried out by personnel employed by the State

Department of Health and assigned to district staffs, except in cities of more than 50,000 population and county departments of health, where similar responsibility will be exercised by the local department of health with State aid.

EDUCATIONAL ACTIVITIES

It is obvious that a considerable amount of education is a necessary part of such an intensive effort for the control of a major communicable disease as is represented in the current syphilis-control work in New York State. During recent years there has been a constant effort to inform physicians with regard to the better treatment of syphilis and to the importance of this disease as a public health problem. Some of the leading physicians in the State have taken part in this educational effort, which has been integrated with post-graduate medical instruction given by the New York State Medical Society through its committee on public health and medical education. The medical consultants recently employed will continue and extend the campaign for professional education, and will be available also for consultation with physicians in the technical aspects of diagnosis and treatment. These consultants will give public lectures to selected groups.

The training of the personnel necessary to carry on this work has been of importance also. Syracuse University organized this summer a special course in social hygiene for qualified public health nurses. More than seventy nurses are enrolled. During the past year the State Department of Health has been assembling a small corps of well-qualified young physicians, who have been given intensive training both in the general principles of public health and more particularly in the epidemiology of syphilis.

It is proposed also to extend previous educational measures designed to reach the general public, particularly in the age groups most likely to be affected. In this the use of newspaper publicity and advertising and such methods as posting of informative placards in public washrooms and toilets will be used.