Minutes of Meeting - HEALTH AND WELFARE COMMITTEE - 56th ASSEMBLY SESSION - February 18, 1971

Present: Smalley, Wilson, Poggione, Homer, Prince, Swallow, and Glaser

Absent: White and Valentine

Guests: Susan Spancheck, Student Nurse of University of Nevada; Mirian Lynch, Registered Nurse; Carol Park, Nevada Nurse's Association; Dorothy J. Button, Nevada Nurse's Association; Jeannette Clodfelter, Washoe County Health Department; Dr. Winniko, Washoe County Health Department; Janie E. Young, League of Women Voters; Laurie Albright, Intern for Howard McKissick; Bill Higgs, General Practitioner from Reno; and John Meyers, Intern for Dan Poggione.

Meeting was convened by Chairman Wilson at 2:45 P.M.

A.B. 70: Permits minors to be treated for venereal disease without parental consent.

Mr. McKissick felt this was a very important bill. As far as the cost goes, he felt it would be easier for the Health Department to pay a few dollars and cure the disease rather than pay thousands of dollars for crippled children.

Dr. Winniko spoke in behalf of this. He mentioned two cases specifically that had VD. One was an 18 year old boy that refused to have treatment because he was told that his parents would have to know. By doing this, the boy was allowed to spread VD further. Another case concerned a 16 year child that had divorced parents with unknown addresses. He gave the committee figures on VD. The average amount of cases per day is 5.8. The Department has had from 1-11 cases in one single day. After questioning from the committee, he stated VD may not show symptoms for up to 90 days. As a rule, VD will not show up in a blood test for 4-6 weeks. If a child is metally competent and consents, I think the child should be treated.

Laurie Albright, Student Intern, spoke in behalf of the bill. She stated that venereal disease causes insanity, paralysis, heart disease, blindness, deafness, and infect the offspring. She felt that if the kids couldn't talk to their parents about their problems, they should be allowed to get help anyway so they wouldn't get worse. She read a California Law directly affecting VD. "Physicians and health clinics make reasonable attempts to involve parents of minors who may have a venereal disease. On some occasions, this is either impossible or impractical. The contagiousness and seriousness of venereal disease calls for quick action to cure the patient and prevent spread.

Dr. Bill Higgs, General Practitioner, spoke in behalf of the bill. He stated that 25% of the VD cases are teenagers. These kids won't let you treat them if their parents will be told. This problem is not just in the lower class of people. If these kids can't communicate with their parents enough to tell them, then the parents have already "missed the boat". These kids need to be helped anyway.

Dr. Homer felt that the parents should know so they can teach their children right from wrong.

Marian Lynch, Registered Nurse, spoke in behalf of the bill. She felt that if we are going to treat VD, lets treat it--not worry about family communications.

Dorothy Button, Registered Nurse, spoke in behalf of the bill. She stated that in 1970 Nevada ranked 3rd in the Nation in syphilis. Georgia was second and Washington D.C. was first. In 1970 Nevada was 9th in the Nation in gonorrhea. She read figures showing how the rate of syphilis and gonorrhea has increased. As the figures showed, in 1970 approximately ¼ of the total number of cases of syphilis and gonorrhea reported in Nevada were in the 10 to 19 year age groups. She stated she has two children in this age group and if they were afaid to tell her about it then she would still like her child to go to a doctor, if she could talk with him easier, and get treatment.

Susan Supancheck, Student Nurse of University of Nevada, spoke in behalf of the bill. She said the Legislature could put out a bill to control venereal disease, but they could not put out any legislation that could help the home life. So, she felt, that the legislatureshould help in any way they could, which would be by passing A.B. 70.

Dr. Homer spoke against the bill. He felt that if the youngsters are taught they can do wrong without getting cause, then that is just what they will do. He also felt that the "pill" was the cause for the increase in venereal disease.

Mr. Wilson excused the guests.

Dr. Homer felt this bill was only to protect the physicians that are already treating these youngsters. This bill is only telling the kids they do not have to fear--they can do what they want without their parents having to know anything about it. If the parents have failed now, this bill will only make it worse.

Mr. Smalley made a motion to move the bill out of Committee to the floor with a Do Pass; Poggione seconded; Smalley, Poggione, Glaser, and Wilson voted a Do Pass, with Homer, Prince, and Swallow voting against it--making the vote 4-3. The bill will go out of Committee to the floor with a Do Pass. Dr. Homer indicated a minority report would be made.

A.B. 150: Amplifies definition of "dependent child."

Mr. Wilson felt that if a child works hard enough in high school to get a better education and then wants to go on to college to further his education, he should have all the help he can.

Mr. Poggione felt that if you have someone who wants to get a better education, he didn't see how anyone could deny them that opportunity.

Dr. Homer made a motion to move the bill out of Committee to the floor with a Do Pass; Prince seconded; carried unanimously.

A.J.R. 9: Memorializes Congress to permit Nevada to regulate welfare programs in this state.

Mr. Smalley stated he was inclined to think we should get outside help. He felt that this way the state could make sure the ones that needed welfare got it, and the ones that don't need it don't get it.

Mr. Wilson brought up the fact that people on welfare have to pay more taxes than the people that have a good business and income. These people that are on welfare may receive $32 but the state only pays $8 or $9 of it. The rest, which is $24, comes from the federal government. He read the bill and told of his disapproval of the wording of this bill.

Discussion followed.

Mr. Poggione made a motion to get an amendment to this bill leaving out lines 5, 6, 7, and 8 up to the word "and"; Homer seconded; carried unanimously.

A.B. 174: Prohibits counting of pills in filling prescriptions and taking prescriptions over telephone by person other than pharmacist.

This bill will be discussed Monday, February 22. Mr. Glaser and Mr. Swallow also had bills made up that they would like the Committee to consider for possible introduction. These too, will be discussed on Monday, February 22.

Meeting adjourned.

ASSEMBLY

AGENDA FOR COMMITTEE ON HEALTH AND WELFARE

Date Feb. 18 Time P.M. Recess Room 222

Bills or Resolutions to be considered	Subject	Counsel requested*
A.J.R. 9	Memorialized Congress to permit Nevada to regulate welfare programs in this state.	
A.B. 70	Permit minors to be treated for venereal disease without parental Consent	
A.B. 150	Amplifies definition of "dependent child."	

*Please do not ask for counsel unless necessary.

HEARINGS PENDING

Date Time Room
Subject

Date Time Room
Subject

OFFICE OF THE
DISTRICT ATTORNEY
COUNTY OF WASHOE
RENO, NEVADA

WILLIAM J. RAGGIO
DISTRICT ATTORNEY

CIVIL AND CRIMINAL DIVISION
ASSISTANT DISTRICT ATTORNEYS
JOHN H. MATHEWS
DRAKE DeLANOY
ERIC L. RICHARDS
HERBERT F. AHLSWEDE
CLINTON E. WOOSTER
WELFARE-HOSPITAL DIVISION
FIRST ASSISTANT DISTRICT ATTORNEY
JOHN E. GABRIELLI
INTELLIGENCE DIVISION
CHIEF INVESTIGATOR
ROGER CORBETT
RUSSELL SCHOOLEY

January 15, 1963

William E. Winikow, M. D.
District Health Officer
City and County Health Department
10 Kirman Avenue
Reno, Nevada

OPINION NO. 63-2

RE: HEALTH DEPARTMENT - MEDICAL TREATMENT - TREATMENT OF MINORS BY COUNTY HEALTH DEPARTMENT FOR VENEREAL DISEASE WITHOUT PARENT'S CONSENT - N.R.S. CHAPTER 441.

Dear Dr. Winikow:

Reference is made to your letter of January 3, 1963, in which you inquire as to your authority to treat minors for venereal disease without the consent of their parents. Two cases are cited by you, one in which a minor eighteen years old refuses to divulge his condition to his parents, and the other, in which a minor, sixteen years old, has parents who are divorced and their whereabouts unknown. The question you pose is as follows:

QUESTION

May the County Health Department treat minors for venereal disease without the consent of their parents?

OPINION

Yes, under certain conditions as set out in this opinion.

ANALYSIS

First, it should be pointed out that this problem of treatment of venereal disease does not fall under the usual rules for medical treatment in that the statutes of the State of Nevada create a special duty upon local health authorities to take all reasonable measures necessary to control this disease. N.R.S. Chapter 441, deals in detail with the obligations upon the State

Board of Health and local health officers, as well as diseased individuals, to prevent the spread of venereal disease. I refer you specifically to N.R.S. §441.190, which reads as follows:

> "All local or state health officers, boards of health, or other health authorities shall:
>
> 1. Use all reasonable means to ascertain the existence of cases of infectious venereal diseases within their respective jurisdictions.
>
> 2. Investigate all cases that are not receiving approved treatment.
>
> 3. Ascertain so far as possible all sources of infection.
>
> 4. Take all measures reasonably necessary to prevent such sources from transmitting such infection."

N.R.S. Chapter 441 contains no provision indicating that minors with venereal disease are to be treated in any different manner than any other diseased person. It is clear that you have a duty, under this Chapter, to take whatever steps are necessary to prevent the spread of this disease. With this duty in mind it becomes apparent that many of the general rules on consent are inapplicable in a situation where a statutory duty to prevent a disease has been created by the State Legislature.

Secondly, the majority of the cases considering the problem of consent of a minor have considered the problem in a situation where an operation rather than treatment is required. Most of the law on this point concerns consent of a minor before a surgical operation and not before treatment. It would seem fundamental that where an operation would be permissible, treatment a fortiori would be permissible.

The general law on point is best summed up in the following quotation:

> "It would seem to be a matter of sound precaution for a surgeon to obtain the father's consent before operating on his minor child, but it has been held that in special circumstances a surgeon is not bound at his peril to obtain the father's consent before operating on a minor who is mentally competent and of understanding age and who has consented to the operation, or on

a child of more tender years, where an emergency existed threatening the life of the child." 41 Am. Jur., Physicians and Surgeons, Sec. 111, p. 223.

This rule should, I think, serve as the guide lines for your decision in treating a minor for venereal disease without the consent of its parent. If the child is mentally competent, of understanding age, and has himself consented to the treatment, I believe that you can, and should, under your duties prescribed by law, treat such a child for the disease, even though the consent of the parents has not been obtained. However, since the law is unclear with respect to operations, I would think that it would be advisable to secure the consent of the parent before operating for such a disease.

Very truly yours,

WILLIAM J. RAGGIO
DISTRICT ATTORNEY

BY Clinton E. Wooster
CLINTON E. WOOSTER
Deputy District Attorney

CEW:vc

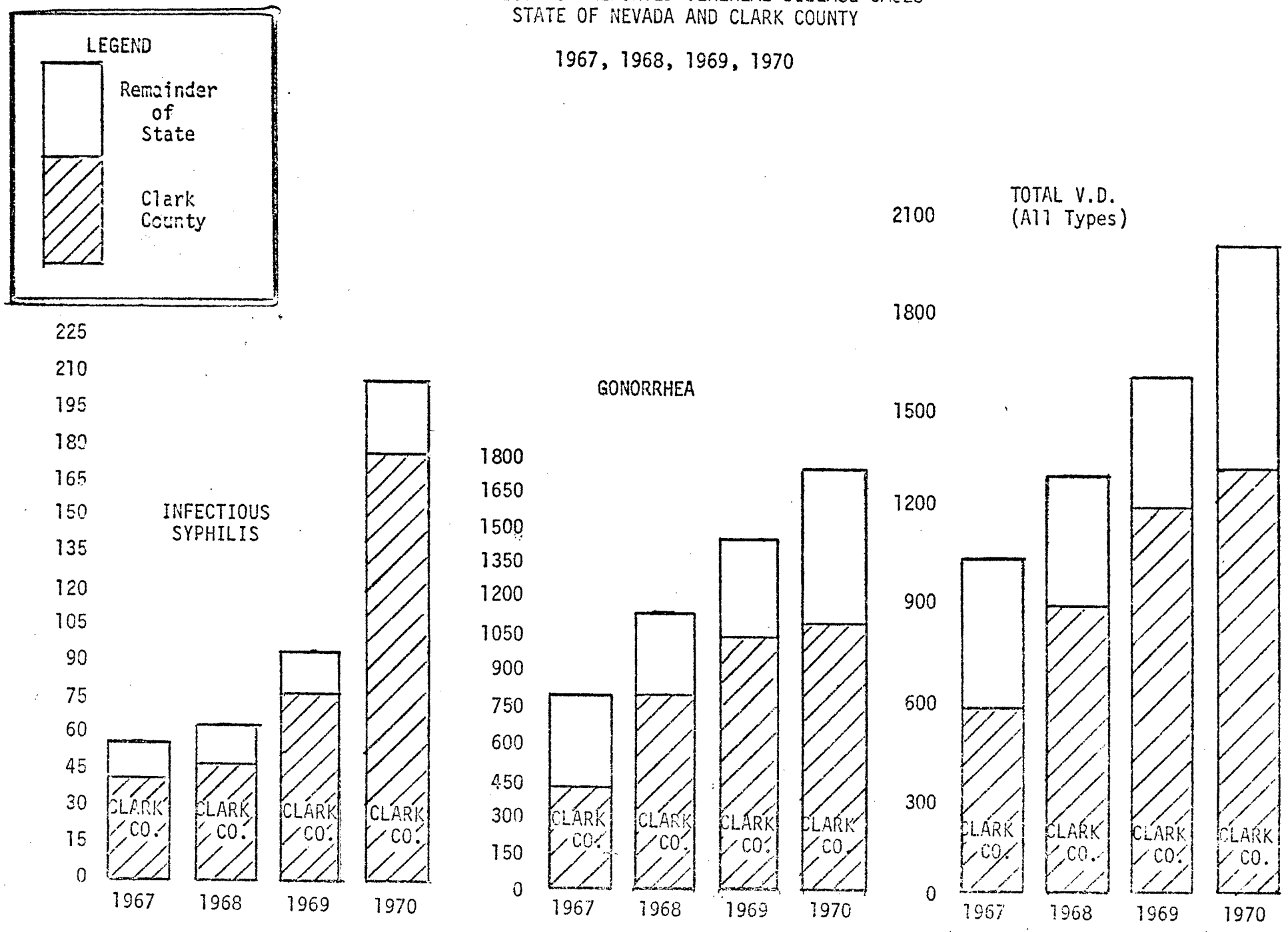
Complications
GC - Epididymitis, prostitis, arthritis, stricture, salpingitis
Syphilis - Cardiovascular, Neurological, Cerebral, visceral

Prompt recognition + treatment is essential to decrease the germ population to a census which can be treated

Invasion occurs in 2-7 days (before signs + symptoms appear), Syphilis may be 90 days or before clinical

COMPARISON OF REPORTED VENEREAL DISEASE CASES
STATE OF NEVADA AND CLARK COUNTY

1967, 1968, 1969, 1970



CLARK COUNTY

VENEREAL DISEASE

1967 - 1970

Year		Infectious Syphilis *	Annual % Increase	Gonorrhea	Annual % Increase	All Venereal Diseases	Annual % Increase
1967		39		402		593	
	Pub	34		353		429	
	Pri	5		49		164	
1968		42	7.7%	760	89.1%	864	45.7%
	Pub	29		651		708	
	Pri	13		109		156	
1969		72	71.4%	1019	34.1%	1184	37.0%
	Pub	47		964		1057	
	Pri	25		55		127	
1970		176	144.4%	1053	3.3%	1299	9.7%
	Pub	133		986		1155	
	Pri	43		67		144	

* Includes Primary, Secondary and Early Latent cases.

NEVADA OTHER THAN CLARK COUNTY

VENEREAL DISEASE

1967 - 1970

Year		Infectious Syphilis *	Annual % Increase	Gonorrhea	Annual % Increase	All Venereal Diseases	Annual % Increase
1967		14		367		467	
	Pub	8		338		260	
	Pri	6		129		207	
1968		21	50.0%	362	-14%	417	-11%
	Pub	4		205		228	
	Pri	17		157		189	
1969		20	-05%	423	17%	474	14%
	Pub	10		259		280	
	Pri	10		164		194	
1970		28	40%	668	58%	733	55%
	Pub	15		318		348	
	Pri	13		350		385	

* Includes Primary, Secondary and Early Latent cases.

STATE OF NEVADA

VENEREAL DISEASE

1967 - 1970

Year	Infectious Syphilis *	Annual % Increase	Gonorrhea	Annual % Increase	All Venereal Diseases	Annual % Increase
1967	53		769		1060	
Pub	42		591		689	
Pri.	11		178		371	
1968	63	18.8%	1122	46.1%	1281	20.8%
Pub	33		856		936	
Pri	30		266		345	
1969	92	47.6%	1442	28.5%	1658	29.4%
Pub	57		1223		1337	
Pri	35		219		321	
1970	204	121.7%	1721	19.3%	2032	22.6%
Pub	148		1304		1503	
Pri	56		417		529	

* Includes Primary, Secondary and Early Latent cases.

STATEMENT OF ENDORSEMENT - - ASSEMBLY BILL #70

70

I strongly urge that the above Bill be enacted as a further aid in deterring venereal diseases which are reaching epidemic proportions within the State. The following points are offered in support:

1. Venereal disease cannot be curtailed without intensive follow-up of contacts named by an infected person during a confidential interview. In the case of many infected minors they are reluctant or refuse to provide contact information if confidentiality has been broken through notification of parents. The requirement of parental consent has often acted as punishment at the expense of prevention of disease spread.

2. Many minors infected with venereal disease have not sought treatment, or have delayed treatment for dangerously long periods because of fear of parental involvement.

3. Our present legislation requiring parental consent has not resulted in a reduction of venereal disease among teenagers. This is evidenced by the fact that venereal disease rates among teenagers in Nevada are higher than the national average. Existing regulations do deter the employment of sound epidemiological principles required to reduce future infections.

Respectfully submitted,

Robert F. Wilson, Advisor
U. S. Public Health Service
(Asignee to the State of Nevada)

February 17, 1971

By Martha J. Wilson
Martha J. Wilson
Secretary to Advisor

RFW/mw

FACTS: VENEREAL DISEASE IN CALIFORNIA

Problem

1. In 1969, VD topped the list of reportable communicable diseases in California for the eighth consecutive year.

2. Total venereal disease reported in California:

YEAR	TOTAL REPORTED	UNDER 10	10 - 19	20 - 29
1967	72,056	133	11,757	38,345
1968	85,793	168	15,885	45,562

3. In 1969, reported syphilis was 10,604 cases; gonorrhea, 90,026.

4. Reported congenital syphilis in 1968 (born with the disease): 307

5. Number of syphilitic insane in state mental institutions in 1968: 311

6. 1968 cost to maintain syphilitic insane in California institutions: $2,116,044

7. Estimated aid to the syphilitic blind in California in 1967: $629,000

8. Costs of gonorrhea have never been calculated (urethritis, prostatitis, arthritis, sterility, eye infection of newborn). We do know that countless women receive outpatient treatment for acute pelvic inflammatory disease and many thousands are hospitalized to obtain treatment or hysterectomy due to chronic gonorrhea.

9. Venereal diseases involve a significantly higher rate of cancer, especially in women.

10. Control

More than four and one-half million dollars will be spent on California's VD Control Program from July 1, 1969 through June 30, 1970:

Sources:	U.S. Public Health Service	$ 558,673
	California State	86,000
	Local Health Departments	4,038,000
	Total:	$4,682,673

Failure to control VD directly costs California taxpayers over $11,000,000 yearly. Lost wages due to VD represent another $11,000,000.

Federal assistance is imperative if California is to continue a successful syphilis campaign.

No federal or state funds have been allocated for gonorrhea control.

Education, a proven tool in VD control, must continue.

Venereal Disease Section
California State Department of Public Health
2151 Berkeley Way
Berkeley, California 94704

February, 1970

Your local city and county health departments are your best and most available sources for information.

TREATMENT OF MINORS FOR VENEREAL DISEASE

The following law concerning treatment of minors without parental consent was signed to be effective October 3, 1968.

This law directly affects VD. Physicians and health clinics make reasonable attempts to involve parents of minors who may have a venereal disease. On some occasions, this is either impossible or impractical. The contagiousness and seriousness of venereal disease calls for quick action to cure the patient and prevent spread.

Section 34.7 Civil Code, relating to minors

34.7. Notwithstanding any other provision of law, a minor 12 years of age or older who may have come into contact with any infectious, contagious, or communicable disease may give consent to the furnishing of hospital, medical and surgical care related to the diagnosis or treatment of such disease, if the disease or condition is one which is required by law or regulation adopted pursuant to law to be reported to the local health officer. Such consent shall not be subject to disaffirmance because of minority. The consent of the parent, parents, or legal guardian of such minor shall not be necessary to authorize hospital, medical and surgical care related to such disease and such parent, parents, or legal guardian shall not be liable for payment for any care rendered pursuant to this section.

Venereal Disease Section
California State Department of Public Health
2151 Berkeley Way
Berkeley, California 94704

March, 1970

A REPORT TO THE 1970 LEGISLATURE

ON

WHY THE VENEREAL DISEASE RATE IS INCREASING

PURSUANT TO HOUSE RESOLUTION NO. 419

State of California

Ronald Reagan, Governor

Human Relations Agency

Department of Public Health

January, 1970

INTRODUCTION

Today, venereal diseases are the most commonly reported communicable diseases in California. They are these five: gonorrhea, syphilis, chancroid, lymphogranuloma venereum and granuloma inguinale. The last three, considered minor venereal diseases, occur in such relatively small numbers that they do not pose a serious public health problem. Syphilis is the most serious venereal disease, but gonorrhea is the most common. It accounts for the increasing rates. Californians between 15 and 29 have the highest incidence.

Both syphilis and gonorrhea incidence fell sharply after World War II. But by 1955 syphilis cases again were more frequently reported and by 1957 a fresh upward trend in gonorrhea was noted. In 1962, the U.S. Public Health Service, cooperating with state and local governments, launched an attack on syphilis, the most serious venereal disease which causes insanity, paralysis, heart disease, blindness, deafness, and infected offspring. These control program activities have again contributed to a decline of total syphilis in California. (See Attachment #1.)

The techniques used to control syphilis are working, but the disease is not yet defeated. The syphilis trend has been downward since 1962 but statistics for 1969 indicate an increase in early infectious cases -- the primary and secondary stages. Most of the increase is in Los Angeles and San Francisco.

No comparable campaign is waged in California against gonorrhea. Over 90,000 gonorrhea cases were reported in 1969 -- an increase from 1968 of 14,000 and a 60,000 case increase over 1958.

Social, economic and cultural reasons are cited for the increase in gonorrhea incidence: prosperity, related social ills such as juvenile delinquency, neuroticism, alcoholism and drug addiction. Gonorrhea has also been attributed to "the pill," increasing sexual promiscuity, homosexuality, and the emphasis on sex in movies, books, and the mass media.

Whatever social and cultural factors may contribute to the rise in gonorrhea there also are these well-established medical and scientific reasons:

- The short incubation period fosters rapid spread. Persons who get the disease are infectious within two to six days and remain so until treated.
- Shortage of health workers limits follow-up of gonorrhea contacts.
- Physicians report relatively few gonorrhea cases, and often fail to provide follow-up treatment to gonorrhea contacts.
- Many persons with gonorrhea do not know they have it. This is especially true for people with rectal gonorrhea and for women who often show no symptoms until the infection has caused serious complications.

- There is no simple blood test for gonorrhea comparable to that for syphilis, so rapid screening tests are not possible.
- Venereal disease education is inadequate in California, especially among the young.

The increase in venereal diseases in California is almost wholly due to an unprecedented rise in gonorrhea. This report is directed to an analysis of that problem.

GONORRHEA

What is gonorrhea? How much is really occurring? What are the reasons for the increase?

What are the costs of gonorrhea in sickness and in dollars?

What Is Gonorrhea?

Gonorrhea (commonly called "clap") is a bacterial infection. Unlike syphilis, which involves the entire body, gonorrhea ordinarily remains localized. It is transmitted through intimate contact with the sex organs or rectum of an infected person.

When gonorrhea involves the male genitalia, the first symptom is usually a burning pain when urinating, accompanied by a discharge of pus. This occurs two to six days after contact with an infected person. Men usually know they are infected.

Women with gonorrhea rarely notice anything wrong. Usually there is no burning sensation when urinating and there may or may not be an increased vaginal discharge. Thus, women may unknowingly spread infection to others and allow their own infections to progress into serious complications.

Gonorrhea of the rectum usually is unnoticed, though some patients complain of rectal irritation and discharge.

A simple smear test confirms gonorrhea of the penis but is of no value in determining the presence of gonorrhea of the female sex organs or of the rectum. More complicated culture techniques are required. Those infected can be cured with early treatment and proper medical supervision. If not adequately treated it may progress to serious and painful complications such as arthritis, sterility, heart disease; and in the female, serious pelvic disorders requiring major surgery.

How Much Gonorrhea Is Occurring?

Gonorrhea has increased in California more than three-fold over the past ten years, with more than half the cases reported in persons 15 to 24.

One in ten Californians in this age group will have gonorrhea in 1970.

Those charged with the responsibility of control face an enormous problem. Reported cases in 1969 exceeded 90,000, an increase of 18% over 1968 and an additional 14,000 persons requiring treatment. Yet the 90,000 figure measures reported cases only. Private physicians diagnose, treat but do not report the overwhelming proportion of cases seen by them. Estimates of the proportion of treated cases reported by California private physicians vary from 5% to 13%. The 13% estimate was obtained in a 1968 nationwide survey conducted by the American Social Health Association. If the 13% figure is used to estimate the number of unreported cases, an additional 197,000 cases of gonorrhea occurred in California in 1969, making a total of 287,000 cases. If the 5% figure is more accurate, an even greater number of cases remained unreported and the 1969 total would be considerably more than 287,000. These estimates refer to cases -- not people.

Gonococcal infection confers no immunity. An unknown number of people contract gonorrhea more than once.

Costs

Merely enumerating gonorrhea cases does not tell the whole story. The toll in human suffering includes urethritis, prostatitis, arthritis, sterility, eye infection of the newborn and, occasionally, death. Countless women receive out-patient treatment for acute pelvic inflammatory disease and thousands are hospitalized to obtain treatment or hysterectomy for chronic gonorrhea. While the dollar cost for these late consequences cannot be estimated, we can estimate the direct medical costs for the treatment of acute gonorrhea. For the 287,000 cases occurring in California in 1969, the treatment costs were $6.5 million. Wage loss is another cost which has yet to be calculated. Obviously, these are heavy losses to the state's economy. By 1978, the direct medical costs for treating acute gonorrhea cases (assuming no additional control programs are placed in operation) will run between $16 and $22 million at today's prices.

Why Is Gonorrhea Increasing?

The increasing gonorrhea incidence is a national and worldwide phenomenon. The reasons are social, economic and medical. Most of the social and economic causes are difficult to change; the medical aspects are more hopeful.

Social and Economic. The influence of socio-economic factors are sufficiently complex to make even contradictory opinions seem plausible. Some social commentators believe that venereal diseases increase in times of prosperity. Full employment, high wages, loneliness, travel and more money to spend combine to create chances for contracting a venereal disease. Others believe that economic depression, with high unemployment and postponement of marriages, creates less stable sexual relationships.

With an increasingly complex society, many problems erupt -- increases in divorce rates, juvenile delinquency, mental illness, prostitution, alcoholism, and drug addiction, for example. These ills may also include gonorrhea. A small sociological study of venereal disease in New York City indicates that the highest syphilis and gonorrhea rates are found in areas that also report the highest incidence of homicide, drug addiction, etc.* This study also gave support to the "social isolation" hypothesis: that persons isolated from effective social interaction are the most likely to engage in aberrant behavior -- that metropolitan residential patterns with ghettos and segregation at all levels of social interaction are definitive in creating increased rates of gonorrhea along with other social ills. Population increases and mobility also contribute to the gonorrhea problem.

Many cite "the pill," increasing sexual promiscuity and homosexuality, as key causes for the gonorrhea increase. Undoubtedly careless, sexually-active persons are prone to acquire the disease. Yet the Institute for Sexual Research indicates that heterosexual and homosexual activities have not increased markedly, but open discussion of sexual matters has increased.

Increasing emphasis on sex in movies, books and mass media which are available to all ages, is also mentioned as a cause for increasing gonorrhea rates. Sex education, the fluoridation of water and communism have been suggested by some as causes. No matter how crude or sophisticated the discussion, there is much substance to arguments that gonorrhea is not merely a medical problem, amenable only to medical control.

Medical. While the gonorrhea trend is consistently upward, the syphilis trend is downward. The rise in gonorrhea is due in part to the diversion of control resources to the successful syphilis program. But other medical and scientific reasons for the upward trend are:

1. The short incubation period of gonorrhea fosters rapid spread. Those acquiring it are infectious within two to six days and remain so until the infection clears. Unless newly-infected persons are found very quickly, gonorrhea spreads explosively within and outside the community.

2. Poor reporting by physicians. An epidemic of gonorrhea ensues when sources and contacts are not located and treated.

3. The large number of cases is not matched with sufficient budget and manpower to cope with them. There are too few federal, state and local health workers to interview all the reported cases for source and spread contacts.

4. No epidemiologic investigation of the majority of cases. In 1968 only 20,000 contacts out of an expected 113,000 were interviewed, leaving 93,000 contacts uninvestigated. Paucity of health workers also limits field work in locating infected contacts.

* Gonorrhea: Field Study Progress and the Prospects of Developing Control Procedures, October 2, 1969.

5. Failure of physicians to provide epidemiologic treatment to contacts. When contacts are located and sent to physicians, many are not treated, promoting further spread in the community.

6. Asymptomatic reservoirs with inadequate screening procedures to detect them. Most women and patients with rectal gonorrhea are unaware of infection.

7. No simple blood test for gonorrhea comparable to the VDRL test for syphilis is yet available.

8. Resistance of some strains of gonococci to penicillin and other antibiotics. Despite increasing resistance to antibiotics, this problem is exaggerated. Current therapy for gonorrhea is very effective and remains our best tool for control. However, as delay in controlling gonorrhea is prolonged, current drugs become increasingly ineffective.

9. Lack of immunity to gonorrhea. A patient cured of gonorrhea may become infected again immediately, often from the original infecting sex partner.

10. Lack of immunizing agent. An immunizing agent comparable to those for other communicable diseases could reduce gonorrhea incidence in one or two years.

11. Poor acceptance of mechanical prophylaxis (the use of condoms during intercourse; washing with soap and water, and urination after intercourse). While prophylaxis is especially effective against gonorrhea, not much education is done to motivate its use. Education and prophylaxis would reduce the incidence.

12. Venereal disease education is spotty and inadequate in California. (Some changes are reflected in the Los Angeles VD Education Program - Attachment #5.) Venereal disease education for youth is a proven and essential tool for control. While over 5,000 California teachers have been prepared to discuss VD with students, this number is far too small. Very few school districts include venereal disease as a subject in their curriculum for all students.

STATUS OF CONTROL METHODS

In communicable disease control, one or more of four basic techniques or principles are applied to prevent transmission of a disease:

1. Quarantine or isolation. This does not apply to gonorrhea nor could this be given consideration in our society. A concept called "therapeutic quarantine" which is a variation on this technique, has been suggested by venereal disease control workers. It means that one treats a case of gonorrhea with an antibiotic which will prevent the reinfection of the individual for several days or possibly several weeks.

2. Immunization. Unfortunately, immunization is currently impossible and hope for a vaccine is dim since man has no natural immunity to gonorrhea. Although vaccine research is being carried on, society cannot wait for the eventual development of an immunizing agent.

3. Eliminate intermediate host. Some communicable diseases are controlled by the eradication or constant surveillance of the intermediate host, such as a mosquito or rat. There is no intermediate host for gonorrhea. Man is the only natural host.

4. Treatment of patients. The best tool available for the control of gonorrhea is a specific treatment regime. Since control depends on treatment of every person who has gonorrhea, other techniques -- epidemiology and education -- are methods used to bring infected persons to treatment.

If treatment is the best control technique, one might argue that gonorrhea has not been controlled because not enough people have received treatment. True. The statement merely points to the problems in controlling gonorrhea through treatment alone. Gonorrhea is becoming somewhat more difficult to treat, requiring increasing dosages of effective drugs. Evaluation of the drugs and required dosages is carried out constantly -- here in California, in other states and abroad.

More crucial to the design of control programs is timing of drug administration. Drugs must be administered soon after infection to stop the spread, or sometime before late complications begin. Control programs are now geared to stop the spread of infection, rather than to prevent late complications.

COMMENTS

Proof exists that venereal diseases can be controlled through scientific means without waiting for cultural reforms. Venereal disease programs have succeeded in past decades. Scientific knowledge and trained manpower have been applied against syphilis and this disease has declined in California.

Epidemiologic work in the syphilis program is conducted primarily by federally-assigned personnel. At present, 59 are assigned to this work throughout the state.

Reductions in federal budgets threaten the continuation of staffing at even the present minimum level. Realistically, any further reduction in this staff will directly result in increasing numbers of syphilis cases.