

# V.D.

by donalee Moulton

This June marked the end of a year and a half study on VD. The federally appointed committee consisted of physicians, health educators, and a variety of students. Their objectives were twofold. First to look at the total VD effects in Canada and determine how to aid in its arrest, and, secondly, to assess current informational and educational processes dealing with VD and determining new approaches and/or modifications.

Dr. Russel Manuel, chairperson of the committee, feels that the government was "unrealistic in setting us such wide objectives." The results of the study are contained in a document entitled "Blueprint for Action" which outlines steps to aid in arresting the problem and provides a proper evaluation of the problem. To date, this paper has not been made public. Government officials are still debating its suggestions.

Over the last ten years the incidence of VD has risen 100%. In N.S. the highest percentage of gonorrhoea is 30% or three out of ten people.

The VD clinic in Halifax treats 20-30 cases of VD a year compared to one of two ten years ago. But Manuel, director of the clinic said that this is an underestimation. "I see a very small portion of the cases. People don't like clinics." The majority of those who do visit the clinic are between 15-25 and are predominantly male.

Here at Dalhousie the problem appears less serious. According to Dr. Kingston, VD "is not very important as an epidemic disease compared to malnutrition, alcoholism or unwanted pregnancies." He ranks VD tenth in seriousness and number of people affected.

Currently the university does not require students to undergo a physical which would include a check for VD. Kingston says that it would be "impractical to take it upon ourselves as a screening measure. I doubt the incidence of VD warrants that."

VD checks are not included in physicals done by student health

unless requested by the patient. The only tests or checks are done with a pap smear and this only indicates if the patient has gonorrhoea. To detect syphilis a blood sample is required.

The lack of a health program to check for VD would be according to Kingston, "repetitive and redundant. We would know if there was an unseen epidemic."

But there is a problem; a problem which many doctors feel has reached epidemic proportions.

In all Canadian provinces with the exception of Quebec, doctors must report the names of all those patients with VD. However, of all those with gonorrhoea only about 10% are reported.

There appears to be three reasons why reporting is stressed. Reporting enables a statistical base to be developed — but names of patients are not necessary to achieve this. It enables the Public Health Nurse Officials to locate contacts and inform them they may have VD. Reporting also insures that a patient currently being treated for VD will not be named as a contact and hence be further subjected to embarrassing investigation.

It may appear that names are important to facilitate achievement of the latter two objectives, but not necessarily in the United Kingdom, where reporting is not a legality, "contact" slips are used. Contact slips are pre-numbered papers on which a patient can list his/her contacts without naming themselves. These slips are then presented by specially trained nurses to the contacts. The contact slip is given to the contact when he/she is informed thus insuring confidentiality.

The VD clinic here in Halifax also does not report the names of their patients, instead they use a numbered piece of paper. As Manuel says, "It is important we know the number of cases, the names are not important."

## LAW VD AND YOU

Section 253 of the Criminal Code makes transmitting a venereal disease a punishable offense. As well there are provincial statutes. In N.S., contacts can be detained until they agree to undergo an examination. This law is part of the Health Act, which according to Sergeant McLaren of the Halifax police, is "one of the most powerful papers in the books."

Under provincial and federal jurisdiction it is compulsory to

receive treatment, to report the disease and punishable to transmit the disease.

The purpose of these laws are to control VD. What they actually do is inhibit people from seeing a physician. The Canadian Medical Association has called for the repeal of Section 253 and all provincial legislation on VD control except where it concerns patients refusing treatment. Currently, Nova Scotia is the only province that does not specifically require doctors to report people who refuse treatment or who discontinues it.

The importance of VD treatment is not stressed enough. People are unaware of the symptoms and the consequences. Reporting and present legislation only serve to deter people from seeking medical attention. These Acts need to be removed from the books and in their place a better means of educating the public should be substituted. The one thing legal VD control is not doing, is controlling VD.

The federal Department of Health and Welfare in 1975 recorded 52,589 cases of the diseases, but it was merely playing with shadows. The actual incidence is as least 10 times—perhaps 20 times—as high. As many as 1,000,000 Canadians last year contracted venereal disease. And our stereotypes don't work: in Toronto alone, 75 children under the age of 15 were treated for VD; and they came from good families, bad families and indifferent families. Unless something is done, the incidence of VD will double by the 1980s and the annual cost for treatment will reach half a billion dollars.

Venereal disease (or, to be more exact, sexually transmitted disease) is a far more complex phenomenon than is commonly supposed. Of course, there is syphilis and there is gonorrhoea, but there are at least a dozen other sexually transmitted diseases, some of them nearly as common and virtually as dangerous as gonorrhoea—and most people have never heard of them. Herpes genitalis, for example, causes small, painful, open ulcers in the genital region; there is no known cure; it has been linked to cancer of the cervix; and if it strikes a woman during pregnancy, it can cause fetal infections which often result in the death of the newborn infant.

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In every Canadian province except Nova Scotia, physicians are required to report the names of patients with gonorrhoea. In addition, those patients' sexual contacts or other persons suspected of having gonorrhoea are required to undergo compulsory examination and/or treatment. In England and Wales there are no legal reporting mechanisms for controlling venereal diseases, yet their venereal disease problem is no worse than Canada's and possibly considerably better.

The names of people with gonorrhoea are traditionally reported for two main reasons, the first of which is to develop a statistical data base on the problem.

The second reason is epidemiological — to facilitate the tracing of all sexual contacts and in some cases to provide a name for a public health nurse or other investigator to interview for contacts. It is also argued that the infected individual's name is necessary to complete the epidemiological picture and establish the chain of events which led up to the infection. Another epidemiological reason for naming the case is so that the original case will not in turn be named as a contact (by his contact), thereby initiating further unnecessary and possibly embarrassing investigation. However, there are ways of avoiding this complication when individual patient numbers are used for reporting purposes.

Judging from the way physicians treat gonorrhoea, they evidently do not agree that it should be a reportable disease. It is commonly believed that only about 10 percent of gonorrhoea cases seen by private physicians are reported; extensive

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# The love bug

U.S. surveys in 1961 and 1962 have shown very little improvement in reporting, despite increasing concern about the rising incidence of gonorrhoea.

Every provincial enactment has a provision for compulsory treatment of venereal disease or for punishment, should treatment not be undertaken. Every provincial enactment with the exception of Nova Scotia specifically requires physicians to report people who either refuse treatment or neglect to continue treatment. These provisions are generally enforced by order of a medical officer of health which, if disobeyed, can be reinforced by a subsequent order of a court. The trend is away from having the police enforce the order of a medical officer without reference to the court.

## The Real Problems

Society must concentrate on the real problems and on more realistic solutions.

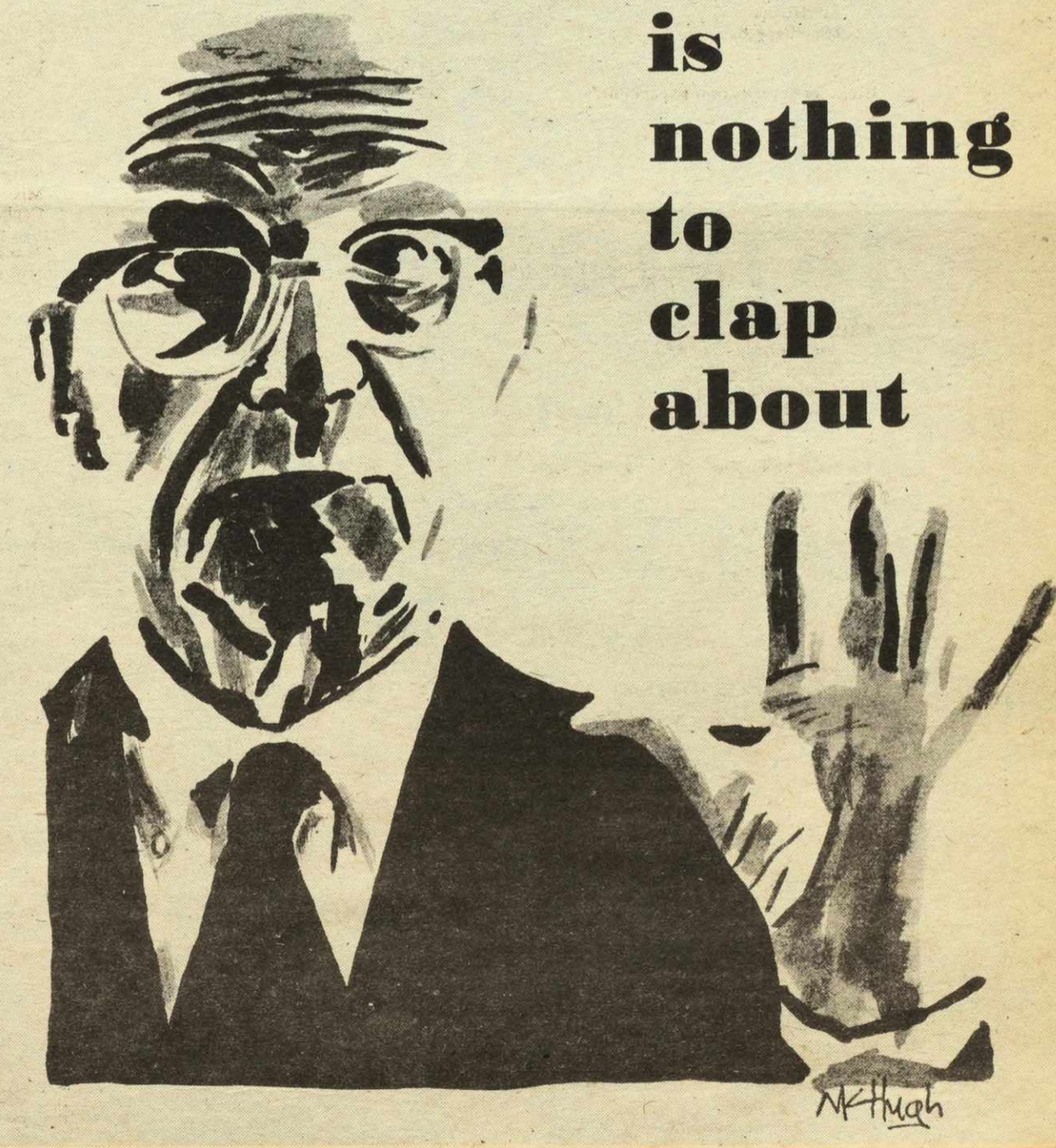
1. The real social causes of the spread of venereal diseases must be examined and either accepted or tackled.
2. Society must realize that venereal disease cannot be controlled by legislative methods; it must place a greater emphasis on education.
3. Society must place a greater emphasis on providing facilities for proper medical treatment of venereal disease.

These observations are obviously not the solution, but possibly they will cause attempts at finding a solution to be more realistic and less naive than is presently the case.

Canadian Family Physician, May 1976.

# Venereal Disease

is nothing to clap about



## Now the facts

### gonorrhoea

**Cause:** a bacteria called the gonococcus

**Transmission:** by vaginal, anal or oral-genital sexual intercourse; it is impossible to catch gonorrhoea from toilet seats, towels, doorknobs, or any other inanimate object.

**Symptoms in men:** 3 to 5 days (sometimes longer) after sexual intercourse with an infected partner, there is a white or yellow, creamy, thick discharge seeping out of the opening of the penis. There is pain and burning during urination.

**Symptoms in women:** 80% of infected women do not have symptoms. Some women have a green or yellow-green vaginal discharge.

**Complications in men and women:** untreated infection can eventually cause sterility

**Treatment of first choice:** an injection of penicillin into the muscle of the buttocks

**Treatment for people allergic to penicillin:** tetracycline tablets by mouth.

If you are treated for gonorrhoea, it is your personal responsibility to inform all of your sexual partners immediately so that they can be examined and, if necessary, treated.

### syphilis

**Cause:** All forms of syphilis are caused by the Treponema pallidum.

**Transmission:** Vaginal, anal or oral genital sexual intercourse.

**Symptoms:** Three to four weeks after sexual intercourse.

Primary sore, called the chancre, (dull, red bump) appears at the spot where T. pallidum invaded the body.

In men, the chancre usually appears on the glans (fleshy tip of the penis) or in the groove between

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the glans and the rest of the penis. The chancre can also appear in or around the meatus (opening of the penis), on the shaft of the penis or on the scrotum.

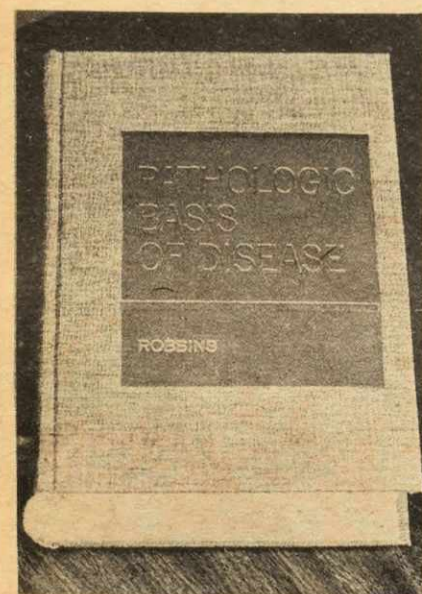
In women who have vaginal intercourse, it appears on the cervix or inner vaginal walls. May also appear on the urinary meatus.

**Complications:** May eventually form a destructive ulcer. Another type could injure the heart and the major blood vessels.

Neurosyphilis affects the spinal cord and the brain, causing paralysis and insanity - 10 to 20 years after infection begins in 80% of untreated cases.

**Treatment of first choice:** Penicillin given by injection into the muscle of the buttocks is the effective antibiotic.

**For penicillin-allergic people:** Tetracycline hydrochloride-by mouth for 10 days.



## Idi and V.D.

KAMPALA (ENS-CUP) — The government of Idi Amin has ordered Uganda's Justice Ministry to draw up new laws for prosecuting Ugandans suffering from venereal disease. Ironically, Amin himself is believed to suffer from syphilis.

According to Dr. Maurice Ashael, an Israeli psychiatrist who served as an adviser to the Ugandan

government from 1969 to 1972, Amin has suffered brain damage due to advanced stages of syphilis.

Now, Amin apparently wants to crack down on others who share his affliction. According to Uganda Radio, the nation's Defense Council has appealed to citizens "in possession of concrete evidence" to report VD victims to the people.