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SYMPOSIUM XI

TREPONEMAL DISEASES AND NON-TREPONEMAL
VENEREAL DISEASES INCLUDING GONORRHEA

Chairman: WILLIAM J. BROWN, U.S.A.

Consultant: SVEN HELLERSTRÖM, Sweden

Honorary Chairmen: G. A. CANAPERIA, Italy
PABLO P. RECARTE, Uruguay

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I

EPIDEMIOLOGY

Honorary Chairman: ANTONIO CAMPOS SALAS, Mexico

VENEREAL DISEASES AND TREPONEMATOSES: NATURE, EXTENT AND SIGNIFICANCE

THORSTEIN GUTHE and OLAV IDSØE
World Health Organization, Geneva, Switzerland

The venereal diseases discussed in this paper are confined to gonorrhoea and syphilis. Biologically, however, syphilis is ranged among the treponematoses, which include also yaws, pinta and so-called "endemic" syphilis, which make up the endemic treponematoses of childhood. As a group the treponematoses represent one of the world's larger communicable disease problems. Fig. 1 shows the geographical distribution of the treponematoses from a global viewpoint. Venereal syphilis is ubiquitous; the other treponematoses are prevalent in rural populations of developing countries, are endemic in character and have similar epidemiological features. Table I shows the nature, extent and significance of the treponematoses.

(1) ENDEMIC TREPONEMATOSES

It was estimated that, 15 years ago, some 400,000,000 people lived at risk of infection in rural developing countries, with more than 200,000,000 actually being infected. About half this reservoir has now been reduced to manageable proportions through large-scale campaigns. Technical and other assistance has been provided by the World Health Organization (WHO) in mass campaigns against yaws, pinta, and endemic syphilis in

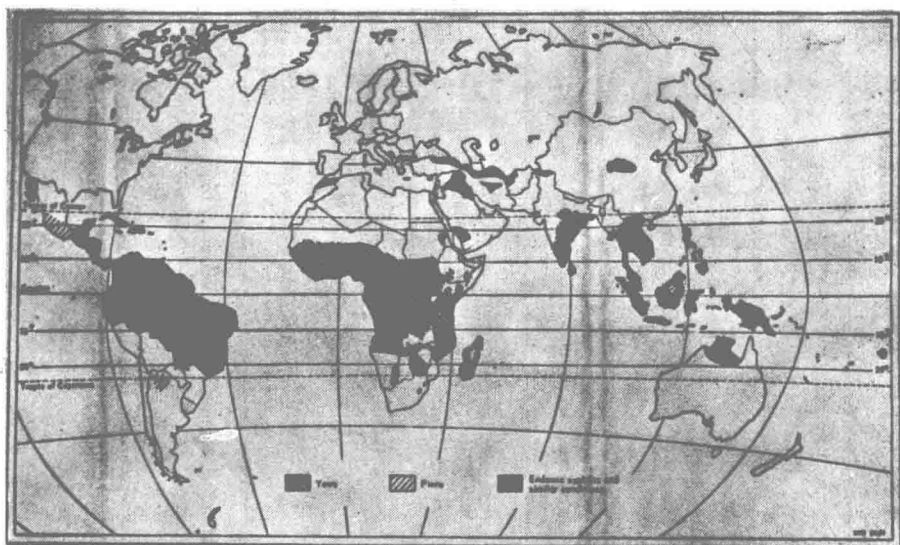


Fig. 1. Geographical distribution of the non-venereal treponematoses.

TABLE I
Distribution, extent and importance of endemic treponematoses

	Venereal syphilis Adults	"Endemic" syphilis ("Bejel") Children	Yaws Children	Pinta Children
Distribution.	Sporadic; world-wide; all climates; all socio-economic groups; urban; seaports; migration; traffic arteries.	Focal; familial; endemic; under-developed, isolated communities; all regions except the Americas; prevalent in Mediterranean belt, Africa, Australia.	Endemic; rural; tropical humid belt; all regions except Europe; disease "at the end of the road"; not above 6000 feet.	Focal; endemic; rural; only in the Americas; in semi-arid, hot and humid tropical areas; all altitudes.
Extent of problem following Second World War.	Post-war peak 1948-1951 in most countries; wide variations between regions and countries; annual incidence 15-500 new cases per 100,000 over 15 years of age; estimated total number of cases in world: 20 million.	Varying prevalence in existing foci; sometimes 5-10% infectious lesions; 20-50% seroreactivity; estimated number of cases: 5 million (?).	Estimated 50 million and 150 million active and latent cases; 5-10% infectious lesions; seroreactivity up to 60-70% in rural populations; frequent infectious relapses from latency.	Varying prevalence in existing foci; seroreactivity high; estimated number of cases in the Americas: 4-5 million (?).
Social and economic importance.	Reduced manpower; absenteeism; incapacitation; cost of medical care; physical and mental invalidism.	Reduced manpower in adolescents and young age-groups; incapacitation; late invalidism; cost of medical care.	Invaliding sequelae in 10% of infected; ankylosis, destructive lesions; reduced manpower pool in developing countries; social and economic burden on community; cost of medical care.	Cosmetic aspect, also mental health repercussions from pigmentation and dyspigmentation; cost of medical care.

VENEREAL DISEASES AND TREPONEMATOSES: NATURE, EXTENT AND SIGNIFICANCE

TABLE II

Mass campaigns against endemic treponematoses undertaken with WHO assistance: 1948-1960*

Region	No. of countries assisted	Population examined		Persons treated
		Initial surveys	All surveys and resurveys	
Africa	15	23,750,800	47,185,836	16,633,933
Americas	13	7,269,200	9,458,846	5,172,271
Eastern Mediterranean	4	758,000	1,860,000	324,500
Europe	1	145,000	850,000	42,000
South-east Asia } Western Pacific }	12	94,584,000	225,254,095	15,002,820
Totals	45	126,507,000	284,608,777	37,175,524

* Does not include venereal syphilis projects.

TABLE III

Achievement of initial treatment survey (survey I), last resurvey and completed resurvey in consolidation up to end June 1961 in provinces inside Java

Survey I (S.I)				Last resurvey (LRs)		
Population	People examined	Yaws cases found	Last surveys	Population	People examined	Yaws cases found
29,813	21,632	245	I	—	—	—
2,480,491	2,022,802	80,268	II	2,507,163	2,037,808	24,697
3,144,366	2,541,228	216,738	III	3,172,449	2,640,438	36,877
4,137,401	3,402,121	444,475	IV	4,336,138	3,592,533	47,009
2,244,223	1,796,345	272,532	V	2,299,533	1,867,595	27,044
1,155,812	924,448	157,177	VI	1,292,835	1,009,176	13,475
645,775	477,252	86,641	VII	688,316	557,040	7,737
319,763	279,365	40,755	VIII	315,561	277,231	3,923
61,607	44,176	4,545	IX	56,062	44,875	764
14,189,438	11,487,737	1,303,131	Total	14,668,057	12,026,696	161,526

Completed first resurvey in consolidation (R.C.I)				Percentages of:					
Population	People examined	Yaws cases found		People examined			Yaws cases		
		Total	Inf.	S.I	LRs	R.C.1	S.I	LRs	R.C.1
26,875	20,722	60	0	72.56	—	77.11	1.13	—	0.29
2,661,426	2,151,727	11,958	399	81.55	81.28	80.85	3.97	1.21	0.56
3,456,609	2,682,913	19,900	1,506	80.82	83.23	77.62	8.53	1.40	0.74
4,722,247	3,825,923	29,314	2,009	82.23	82.85	81.02	13.06	1.31	0.77
2,430,779	2,041,799	15,878	1,523	80.04	81.22	84.94	15.17	1.45	0.78
1,326,067	1,091,420	7,224	736	79.98	78.06	82.31	17.0	1.34	0.66
774,864	653,087	5,484	870	73.90	80.93	84.28	18.15	1.39	0.84
356,364	319,758	2,633	107	87.37	87.85	89.73	5.59	1.42	0.82
68,641	56,536	592	72	71.71	80.05	82.36	10.29	1.70	1.05
15,796,997	12,823,163	92,983	7,222	80.96	81.99	81.17	11.34	1.34	0.73