

**Basic Statistics on the Venereal Disease Problem
in the United States**

**VD FACT SHEET
1969**

Twenty-Sixth Edition

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
NATIONAL COMMUNICABLE DISEASE CENTER
State and Community Services Division
Atlanta, Georgia 30333

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Introduction

The VD Fact Sheet is intended as a handy source of basic statistics on the venereal diseases in the United States. In this booklet, public health specialists, students, physicians, and other persons interested in medical data will find venereal diseases measured by incidence and prevalence. The general public will find tables showing the costs of uncontrolled venereal disease and the frequency of psychoses and deaths from syphilis. While the results of case-finding are measured in terms of cases reported, the actual amount of casefinding effort is seen in the volume of diagnostic examinations and epidemiologic activity. As there is no agent for immunizing the population, finding and treating cases continues to be the only feasible means of controlling venereal disease.

Facts on these aspects of the venereal disease problem and program are presented in the text and tables which follow. The information is current as of the date of publication, and it supersedes any previously published data. Where no source is cited, the data presented are based on the statistics collected by the Venereal Disease Branch of the National Communicable Disease Center, or upon estimates made by the Branch. Where data are indicated as being for "fiscal years," the period runs from July 1 of the previous year through June 30 of the year indicated on the table. Rates per 100,000 population shown in this Fact Sheet are based on appropriate population estimates obtained from the Bureau of the Census.

Incidence and Prevalence

The incidence of syphilis is defined as the number of new cases occurring in a given area within a specified period of time, usually a year.

Since the symptoms of primary and secondary syphilis appear soon after the disease is acquired, the number of primary and secondary cases occurring in the population within a given period of time would be the same as the incidence of syphilis.

Cases of primary and secondary syphilis are reportable by law in all of the 50 States and the District of Columbia. In the fiscal year ending June 30, 1969, physicians and clinics in the United States reported 18,679 cases to State or local departments of health. But the number of cases reported understates actual incidence for two reasons:

1. Not all cases are diagnosed, and
2. Not all diagnosed cases are reported.

The Venereal Disease Program currently estimates that the actual occurrence of syphilis was about 72,400 cases in Fiscal Year 1969 of which 18,679 were diagnosed and reported to health departments.

Cases of syphilis which occur but go untreated cumulate to form a large reservoir of cases needing treatment. This reservoir of cases needing treatment (prevalence), most of which are in the latent stage of disease and are detectable only by means of bloodtests, is currently estimated to number about 540,000.

Gonorrhea is underreported for the same reasons given above for the underreporting of syphilis but the problem of underdiagnosis is more acute in females than males due to the frequent asymptomatic nature of disease in the female. The Venereal Disease Branch estimates that at least 1,680,000 cases of gonorrhea occurred in the United States in Fiscal Year 1969, of which 494,227 were diagnosed and reported to health departments.

Costs of Uncontrolled Syphilis

The statistics presented in Table 1 (next page) indicate the toll imposed by syphilis upon the manpower and economy of the country.

The estimate of man-years of disability for institutionalization of the syphilitic insane is based on the total number of patients in mental institutions and upon the proportion of those diagnosed as having syphilitic psychoses. Patients in State, county, and Veterans Administration hospitals for the permanent care of the insane are included.

The cost of maintenance is based upon the number of patients with syphilitic psychoses in tax supported institutions and upon the average per patient maintenance cost. Approximately three percent of patients with syphilitic psychoses are maintained in private institutions and these have not been included in this report.

Disability attributed to cardiovascular syphilis and to locomotor ataxia is based on conservative estimates of the prevalence of these late manifestations of syphilis.

The loss of life expectancy indicates the loss of future years of life for persons dying of syphilis in 1967. The loss of life expectancy is based on the expected years of life remaining to persons of that age, color and sex. The loss of income is based on projected earnings of these persons for the productive years of life lost to age 65. The estimated earnings are based on the median total money income rate for adults for 1967.

While disabilities and deaths from syphilis have been diminishing in recent years, costs and losses per case have been rising. As a result, total costs and income losses from syphilitic disabilities and deaths remain high compared to previous estimates.

On the basis of findings of research conducted in Macon County, Alabama, it has been estimated that the life expectancy of a Negro male between the ages of 25 and 60 years, infected with syphilis and receiving no appreciable treatment for his infection, is reduced by about 17 percent.*

*Shafer, J.K.; Usilton, Lida J.; Gleeson, Geraldine A.: Untreated Syphilis in the Male Negro: A prospective study of the effect on life expectancy. Public Health Reports, 69:684-690, July 1954. Milbank Memorial Fund Quarterly, 32:262-274, July 1954.

TABLE 1

ESTIMATED ANNUAL COSTS OF UNCONTROLLED SYPHILIS
UNITED STATES, 1967*

MAN-YEARS OF SYPHILIS DISABILITY PER YEAR

Institutionalization for syphilitic insanity	11,454
Disability from cardiovascular syphilis including aneurysm (est.) . .	6,500
Disability from syphilitic blindness	4,300

ECONOMIC COSTS OF SYPHILITIC PSYCHOSES
AND SYPHILITIC BLINDNESS PER YEAR

Maintenance of patients with syphilitic psychoses	\$41,579,000
Compensation to syphilitic blind	\$ 4,644,000

LOSS OF LIFE EXPECTANCY FROM DEATHS DUE TO SYPHILIS IN MAN-YEARS

White males	17,709
White females	7,601
All other males	5,242
All other females	3,852
Total population	34,404

LOSS OF INCOME TO AGE 65 AT 1967 MEDIAN TOTAL MONEY INCOME RATE \$37,325,999

*Estimates based on most recent year (1967) for which data is available.

Reported Mortality and Insanity Due to Syphilis

Mortality statistics are processed and tabulated in the National Center for Health Statistics (NCHS) from microfilm copies of the original certificates filed with State or local registrars. Mortality rates for syphilis are calculated by dividing the number of deaths in a given year by the population for that year and multiplying by 100,000 (rate per 100,000 population).

The infant mortality rate for syphilis for a given year is obtained by dividing the number of deaths due to syphilis among children under one year of age by the number of live births in the year multiplied by 10,000 (rate per 10,000 live births).

Since deaths from syphilis represent casefinding and treatment failures, mortality due to syphilis may be considered an inverse measure of the success of the syphilis control program.

It has been the practice since 1900 to revise the International Lists of Diseases and Causes of Death about every 10 years to keep abreast of medical progress. These revisions have at times affected the continuity of syphilis mortality statistics. "The Sixth Revision of the International Lists of Causes of Death," which became effective in 1949, reduced reported syphilis deaths by about 26 percent. In "The Seventh Revision of the International Lists of Causes of Death," which was published in 1955 and became effective beginning January 1958, an increase of 3.3 percent for syphilis and its sequelae occurred by reason of a change in interpretation of "aneurysm of the aorta" reported in a sequence involving arteriosclerosis of sites other than the aorta. It should be noted, however, that the interpretation of such sequences reverted in 1959 to that used with the Sixth Revision. Mortality rates given in this FACT SHEET have been adjusted to the basis of the Seventh Revision. No adjustment was made for infant mortality since it was affected very little by changes in the Seventh Revision.

Insanity due to syphilis is measured by the rate of first admissions to mental hospitals because of syphilis. Excluded are first admissions to psychopathic hospitals which provide only temporary care, and admissions to Veterans Administration facilities. The number of admissions is obtained from "Patients in Mental Institutions" published by the National Institute of Mental Health. Since only first admissions are included in the rate, the figures over a period of years represent a measure of the trend of incidence of syphilitic insanity.

Data on mortality and insanity due to syphilis are presented in Table 2 (next page).

TABLE 2
 REPORTED MORTALITY AND FIRST ADMISSIONS TO MENTAL HOSPITALS WITH PSYCHOSES DUE TO SYPHILIS
 UNITED STATES
 SELECTED YEARS 1940-1967

Calendar Year	DEATHS DUE TO SYPHILIS*				INFANT DEATHS DUE TO SYPHILIS				FIRST ADMISSIONS**	
	Number	Rate Per 100,000 Pop.			Number	Rate Per 10,000 Live Births			Number	Rate
		Total	White	All other		Total	White	All other		
1940	14,064	10.7	7.3	40.2	1,251	5.30	2.50	25.20	7,694	6.1
1945	10,406	7.9	5.6	27.3	684	2.50	1.07	12.59	6,897	5.5
1950	7,568	5.0	3.7	16.1	201	.57	.24	2.59	3,751	2.6
1951	6,274	4.1	3.0	13.4	129	.34	.12	1.73	3,035	2.1
1952	5,719	3.7	2.7	11.4	92	.24	.10	1.14	2,602	1.8
1953	5,273	3.3	2.4	10.9	56	.14	.04	.77	2,360	1.5
1954	4,835	3.0	2.3	9.2	43	.11	.03	.54	2,145	1.3
1955	3,834	2.4	1.7	7.9	34	.08	.03	.41	1,663	1.0
1956	3,870	2.3	1.7	7.1	30	.06	.02	.31	1,373	.8
1957	3,825	2.2	1.7	6.9	20	.06	.05	.16	1,307	.8
1958	3,469	2.0	1.5	6.4	29	.07	.02	.36	1,321	.6
1959	3,069	1.7	1.3	4.9	19	.06	.02	.23	774	.4
1960	2,945	1.6	1.3	4.5	30	.07	.04	.24	742	.4
1961	2,850	1.6	1.2	4.5	20	.05	.02	.18	639	.3
1962	2,811	1.5	1.2	3.9	29	.07	.02	.33	452	.2
1963	2,666	1.4	1.1	3.5	19	.07	.01	.22	312	.1
1964	2,619	1.4	1.1	3.2	20	.05	.02	.18	260	.1
1965	2,434	1.3	1.1	2.7	25	.07	.04	.22	232	.1
1966	2,193	1.1	1.0	2.2	25	.07	.03	.28	226	.1
1967	2,381	1.2	1.1	2.4	15	.04	.02	.15	162	.1

*Seventh Revision, International Lists of Causes of Death, 1955; see Mortality, Page 5 for explanation.

**Rate per 100,000 population. Does not include admissions to Veterans Administration and psychopathic hospitals.

Source: Mortality and Natality Data, National Vital Statistics Division; First Admissions to Mental Hospitals, National Institute of Mental Health; Rates based on population estimates of the Bureau of the Census.

Reported Cases of Venereal Disease

All states require that each case of syphilis and gonorrhea which comes to medical attention be reported to the state or local health officer. The other venereal diseases are also reportable in most states. Every three months, each state submits to the Public Health Service a statistical summary of cases reported during the quarter. All cases not previously reported in the state, regardless of duration of infection or previous treatment status, are to be counted in the statistical report of cases. Reported morbidity, as reported cases are sometimes called, indicates the volume of successful casefinding.

The trend of reported cases or case rates of early syphilis over a period of years may be indicative of incidence trends if no significant changes in casefinding efforts or completeness of case reporting have occurred. Similarly, the trend of reported cases of syphilis in all stages of disease can be interpreted as indicative of prevalence trends subject to the limitations imposed by changes in casefinding efforts and completeness of case reporting. For these reasons, trends in reported cases and rates must be interpreted with caution since changes in casefinding efforts and completeness of case reporting are reflected in morbidity data just as much as changes in disease incidence and prevalence.

Reported venereal disease cases and rates are shown in Tables 3 through 8.

Table 4 shows that syphilis in all stages decreased from 575,593 cases in Fiscal Year 1943 to 96,679 cases in 1969. This decrease in cases is interpreted as indicative of a decrease in prevalence over the last 25 years.

The trend of cases in the primary and secondary stage of syphilis, usually interpreted as paralleling the actual occurrence of syphilis, has changed direction four times during the 27 years these data have been available (Table 4). Primary and secondary syphilis increased during and shortly after World War II to a peak of 106,539 cases in Fiscal year 1947; cases then decreased rapidly to a low of 6,251 cases in Fiscal Year 1957. After 1957, cases increased again to a peak of 23,250 in Fiscal Year 1965. Since 1965, small decreases have been reported each year.

The trend of reported cases of gonorrhea in the United States (Table 4) closely followed the trend of early syphilis from Fiscal Year 1941 through Fiscal Year 1965 in direction but not in magnitude of change. Whereas early syphilis cases began to decline in Fiscal Year 1966, gonorrhea cases continued to increase. Reported cases of gonorrhea have increased from 216,476 cases in Fiscal Year 1957 to 494,227 cases in Fiscal Year 1969, an all-time high number for this disease.

Table 5 shows that most of the congenital syphilis which has been reported in recent years is among adults and reflects the high incidence of syphilis 20 or more years ago. Cases diagnosed among infants increased between Fiscal Years 1957 and 1965 in tandem with the increase in acquired (primary and secondary) syphilis but remains at a relatively low level.

Table 6 shows geographic variations in the reported case rates of venereal disease.

Tables 7 and 8 show the age distribution of newly acquired venereal disease. These tables show that the 20-24 year-old age group has the highest risk of acquiring venereal disease; for males, the reported risk of acquiring gonorrhea is higher than for females. The difference between sexes in reported rates of gonorrhea may result from failure to diagnose the disease in females because of the greater frequency of asymptomatic disease in females. The gonorrhea rate for males age 20-24 in Calendar Year 1968 was 2,139 cases per 100,000 males, or one reported case for every 47 males in this age group.

The difference in reported cases and rates between color groups shown in Tables 7 and 8 may be biased because the major minority group in particular tends to utilize public diagnostic and treatment facilities where reporting is complete and whites tend to seek treatment at private diagnostic facilities where reporting is not complete.

TABLE 3

CASES OF SYPHILIS AND GONORRHEA REPORTED TO THE PUBLIC HEALTH SERVICE
 BY STATE HEALTH DEPARTMENTS, AND RATES PER 100,000 POPULATION
 All Reporting Areas in United States
 Fiscal Years 1919-1940

Fiscal Year	ALL STAGES OF SYPHILIS		GONORRHEA	
	Cases	Rates	Cases	Rates
1919	100,466	113.2	131,193	147.8
1920	142,869	145.3	172,387	175.4
1921	184,090	172.3	189,927	177.7
1922	171,824	157.7	152,959	140.4
1923	172,258	156.2	156,826	142.2
1924	194,936	174.2	161,676	144.5
1925	201,692	181.2	166,208	149.3
1926	205,595	196.1	164,808	157.2
1927	196,457	171.9	160,793	140.7
1928	185,437	174.2	147,219	138.3
1929	195,559	169.2	156,544	135.4
1930	213,309	185.4	155,875	135.5
1931	229,720	197.4	155,895	134.0
1932	242,128	208.2	154,051	132.5
1933	238,656	193.4	149,823	121.4
1934	231,129	186.7	153,542	124.1
1935	255,856	205.6	162,763	130.8
1936	267,717	212.6	163,465	129.8
1937	336,258	264.3	182,460	143.4
1938	480,140	372.0	198,439	153.8
1939	478,738	367.1	182,314	139.8
1940	472,900	359.7	175,841	133.8

NOTE: Beginning in 1939, all States are included in the reporting area.

TABLE 4

CASES OF VENEREAL DISEASE REPORTED TO THE PUBLIC HEALTH SERVICE BY
STATE HEALTH DEPARTMENTS, AND RATES PER 100,000 POPULATION
Fiscal Years 1941-1969
(Known Military Cases Excluded)
United States

Fiscal Years	SYPHILIS										GONORRHEA		CHAN- CROID		GRANULOMA INGUINALE		LYMPHO- GRANULOMA VENEREUM	
	All Stages*		Primary and Secondary		Early Latent		Late and Late Latent		Congenital									
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
1941	485,560	368.2	68,231	51.7	109,018	82.6	202,984	153.9	17,600	13.4	193,468	146.7	3,384	2.5	639	.4	1,381	1.0
1942	479,601	363.4	75,312	57.0	116,245	88.0	202,064	153.1	16,918	12.8	212,403	160.9	5,477	4.1	1,278	.9	1,888	1.4
1943	575,593	447.0	82,204	63.8	149,390	116.0	251,958	195.7	16,164	12.6	275,070	213.6	8,354	6.4	1,748	1.3	2,593	2.0
1944	467,755	367.9	78,443	61.6	123,038	96.7	202,848	159.6	13,578	10.7	300,676	236.5	7,878	6.1	1,759	1.3	2,858	2.2
1945	359,114	282.3	77,007	60.5	101,719	79.9	142,187	111.8	12,339	9.7	287,181	225.8	5,515	4.3	1,857	1.4	2,631	2.0
1946	363,647	271.7	94,957	70.9	107,924	80.6	125,248	93.6	12,106	9.0	368,020	275.0	7,091	5.2	2,232	1.6	2,603	1.9
1947	372,963	264.6	106,539	75.6	107,767	76.4	121,980	86.5	12,271	8.7	400,639	284.2	9,039	6.4	2,403	1.7	2,688	1.9
1948	338,141	234.7	80,528	55.9	97,745	67.9	123,972	86.1	13,309	9.2	363,014	252.0	8,631	6.0	2,315	1.6	2,494	1.7
1949	288,736	197.3	54,248	37.1	84,331	57.6	121,931	83.3	14,295	9.8	331,661	226.7	7,218	4.9	2,611	1.8	2,170	1.5
1950	229,723	154.2	32,148	21.6	64,786	43.5	112,424	75.5	13,446	9.0	303,992	204.0	5,796	3.9	2,017	1.4	1,635	1.1
1951	198,640	131.8	18,211	12.1	52,309	34.7	107,133	71.1	12,836	8.5	270,459	179.5	5,707	3.1	1,637	1.1	1,332	.9
1952	168,734	110.8	11,991	7.9	38,365	25.2	101,920	66.9	9,240	6.1	245,633	161.3	3,837	2.5	1,069	.7	1,235	.8
1953	156,099	100.8	9,551	6.2	32,287	20.8	100,195	64.7	8,021	5.2	243,857	157.4	3,490	2.3	785	.5	1,103	.7
1954	137,876	87.5	7,688	4.9	24,999	15.9	93,601	59.4	7,234	4.6	239,661	152.0	3,294	2.1	607	.4	917	.6
1955	122,075	76.0	6,516	4.1	21,553	13.4	84,741	52.7	5,515	3.4	239,787	149.2	2,863	1.8	584	.4	875	.5
1956	126,219	77.1	6,757	4.1	20,014	12.2	89,851	54.8	5,535	3.4	233,333	142.4	2,322	1.4	419	.3	602	.4
1957	130,552	78.3	6,251	3.8	19,046	11.4	96,856	58.1	5,452	3.3	216,476	129.8	1,860	1.1	348	.2	449	.3
1958	116,630	68.5	6,661	3.9	16,698	9.8	85,974	50.5	4,839	2.8	220,191	129.3	1,574	.9	332	.2	436	.3
1959	119,981	69.3	8,178	4.7	17,592	10.2	86,776	50.1	5,215	3.0	237,318	137.1	1,604	.9	282	.2	485	.3
1960	120,249	68.0	12,471	7.1	16,829	9.5	84,195	47.6	4,593	2.6	246,697	139.6	1,555	.9	273	.2	800	.5
1961	125,262	69.7	18,781	10.4	19,146	10.7	80,942	45.0	4,388	2.4	265,665	147.8	1,595	.9	296	.2	842	.5
1962	124,188	68.1	20,084	11.0	19,924	10.9	78,264	42.9	4,085	2.2	260,468	142.8	1,401	.8	203	.1	635	.3
1963	128,450	69.3	22,045	11.9	18,683	10.1	81,736	44.1	4,140	2.2	270,076	145.7	1,242	.7	196	.1	589	.3
1964	118,247	62.9	22,733	12.1	18,104	9.6	72,184	38.4	3,737	2.0	290,603	154.5	1,260	.7	145	.1	543	.3
1965	113,018	59.7	23,250	12.3	17,315	9.1	67,636	35.7	3,505	1.9	310,155	163.8	1,083	.6	144	.1	873	.5
1966	110,128	57.1	22,473	11.6	16,974	8.8	66,149	34.3	3,464	1.8	334,949	173.6	950	.5	164	.1	625	.3
1967	103,546	53.2	21,090	10.8	15,618	8.0	62,653	32.2	3,050	1.6	375,606	193.0	787	.4	128	.1	380	.2
1968	98,195	49.9	20,182	10.3	15,379	7.8	58,905	29.9	2,596	1.3	431,380	219.2	827	.4	174	.1	349	.2
1969	96,679	48.1	18,679	9.3	15,399	7.7	59,262	29.5	2,223	1.1	494,227	245.9	959	.5	126	.1	525	.3

*Includes "Stage of Syphilis Not Stated."

TABLE 5a

REPORTED CASES OF CONGENITAL SYPHILIS, BY AGE*
 UNITED STATES
 SELECTED YEARS 1957-1969

Age Group	1957		1965		1968		1969	
	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent
0 - 1 Year	180	3.3	373	10.6	327	12.6	277	12.5
1 - 4 Years	79	1.4	59	1.7	30	1.2	57	2.6
5 - 9 Years	190	3.5	44	1.3	28	1.1	25	1.1
10 Years and Over	5,003	91.8	3,029	86.4	2,211	85.1	1,865	83.8
GRAND TOTAL	5,452	100.0	3,505	100.0	2,596	100.0	2,224	100.0

*Approximately 90% of congenital cases are reported by age. Cases not reported by age have been prorated according to known ages.

TABLE 5b

REPORTED CASES OF CONGENITAL SYPHILIS, UNDER ONE YEAR OF AGE
 Case Rates per 10,000 Live Births**
 UNITED STATES
 SELECTED YEARS 1957-1969

1957		1965		1968		1969	
Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
180	0.4	373	0.8	327	0.9	277	0.8

** Live births are reported in Monthly Vital Statistics Report, National Center for Health Statistics, (DHEW-PHS)

INFANT MORTALITY DUE TO SYPHILIS - See Table 2.

TABLE 6

REPORTED VENEREAL DISEASE CASES AND CASE RATES PER 100,000 POPULATION*
 UNITED STATES
 (Known Military Cases Excluded)
 Fiscal Year 1969

State	Syphilis				Gonorrhea		Other Venereal Diseases	
	All Stages		Primary and Secondary					
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Alabama	663	18.8	353	10.0	5,438	154.1	27	.8
Alaska	73	30.0	5	2.1	1,310	539.1	0	.0
Arizona	895	54.6	197	12.0	3,674	224.3	16	1.0
Arkansas	958	47.9	141	7.0	6,113	305.3	5	.2
California	9,835	52.2	1,654	8.8	77,372	410.7	114	.6
Colorado	300	15.1	37	1.9	2,933	147.3	1	.1
Connecticut	630	21.4	88	3.0	5,105	173.2	0	.0
Delaware	374	71.4	43	8.2	1,796	342.7	2	.4
Florida	3,384	55.9	1,428	23.6	15,951	263.3	153	2.5
Georgia	2,734	61.1	976	21.8	22,392	500.8	123	2.8
Hawaii	80	11.0	7	1.0	639	88.1	1	.1
Idaho	6	.9	6	.9	1,022	145.8	1	.1
Illinois	7,148	65.5	1,150	10.5	45,106	413.2	35	.3
Indiana	1,578	31.2	355	7.0	6,406	126.7	6	.1
Iowa	684	24.9	48	1.7	4,013	146.2	1	.0
Kansas	1,686	74.2	37	1.6	4,271	188.0	7	.3
Kentucky	1,348	42.5	155	4.9	4,158	131.2	3	.1
Louisiana	2,414	65.5	731	19.8	8,101	219.8	70	1.9
Maine	187	19.4	3	.3	729	75.5	0	.0
Maryland	3,307	89.9	449	12.2	10,930	297.0	18	.5
Massachusetts	1,973	36.6	213	3.9	6,871	127.3	10	.2
Michigan	4,736	54.3	668	7.7	18,249	209.3	159	1.8
Minnesota	191	5.2	54	1.5	3,498	96.1	4	.1
Mississippi	669	28.9	322	13.9	5,999	258.8	45	1.9
Missouri	3,646	79.5	188	4.1	13,027	284.1	74	1.6
Montana	88	12.8	8	1.2	497	72.6	4	.6
Nebraska	379	26.7	23	1.6	2,305	162.1	0	.0
Nevada	166	37.5	42	9.5	1,330	300.2	2	.5
New Hampshire	79	11.3	9	1.3	391	56.0	0	.0
New Jersey	3,098	44.3	482	6.9	8,761	125.2	14	.2
New Mexico	848	84.9	219	21.9	1,966	196.8	4	.4
New York	15,075	83.4	2,839	15.7	46,118	255.1	37	.2
North Carolina	1,260	25.1	464	9.2	12,278	244.6	82	1.6
North Dakota	31	5.1	4	0.7	441	72.1	0	.0
Ohio	4,938	46.7	397	3.8	19,656	186.0	112	1.1
Oklahoma	1,470	59.4	78	3.2	4,365	176.5	7	.3
Oregon	182	9.1	42	2.1	4,373	218.2	3	.1
Pennsylvania	4,783	40.9	392	3.4	16,053	137.3	28	.2
Rhode Island	538	61.0	30	3.4	926	105.0	0	.0
South Carolina	1,116	42.7	530	20.3	9,551	365.7	64	2.5
South Dakota	114	17.5	16	2.5	786	120.7	0	.0
Tennessee	971	24.6	286	7.3	13,217	335.4	33	.8
Texas	6,613	61.3	2,612	24.2	34,884	323.6	115	1.1
Utah	85	8.3	8	.8	1,023	99.4	2	.2
Vermont	17	4.0	1	.2	359	85.1	0	.0
Virginia	1,466	33.2	256	5.8	11,972	271.3	34	.8
Washington	197	6.1	47	1.5	7,338	229.0	3	.1
West Virginia	1,176	65.2	20	1.1	1,421	78.7	3	.2
Wisconsin	939	22.3	20	.5	5,018	119.2	0	.0
Wyoming	58	18.6	7	2.2	160	51.3	1	.3
U.S. Totals**	96,679	48.1	18,679	9.3	494,227	245.9	1,610	.8

* Rates less than .05 are shown as .0.

**Includes District of Columbia cases.

Health Department Casefinding Activities

Casefinding investigations fall into two categories: (1) the investigation of sex contacts of patients with recently acquired and infectious disease, and (2) the investigation of persons other than sex contacts who are suspected of having venereal disease. Most of the latter group of suspects are persons with reactive tests for syphilis which are generated by the estimated 38,000,000 serologic tests performed annually in the United States, and are referred to in Table 10 as positive diagnostics. Thousands of the investigations of positive diagnostics and sex contacts carry health department casefinding workers into the offices of private physicians who make the medical determination of whether or not the suspects have syphilis.

For many years, the proficiency of the interviewing-contact investigation process in ferretting out the foci of syphilis infections in the community has been measured by a series of epidemiologic indices. The indices presented in Table 10 are based only on infectious syphilis cases diagnosed in health department clinics and do not include cases diagnosed and reported by private physicians. These indices are defined as follows:

The Contact Index is the average number of sex contacts elicited per infectious (primary and secondary) syphilis case interviewed.

The Epidemiologic Index is the average number of cases of syphilis identified per infectious case interviewed. A number of these identified cases will already have been diagnosed and treated.

The Brought-to-Treatment Index is the average number of previously not diagnosed cases of syphilis brought to treatment per infectious case interviewed.

The Lesion-to-Lesion Index is the average number of infectious (lesion or primary or secondary) cases brought to treatment per infectious case interviewed.

TABLE 9
HEALTH DEPARTMENT CASEFINDING ACTIVITIES, UNITED STATES
FISCAL YEARS 1964-1969

	1964	1965	1966	1967	1968	1969
Number of positive diagnostics investigated.	241,016	245,715	257,009	231,517	223,939	241,008
Number of contacts investigated.	192,580	186,386	183,634	176,583	167,432	175,524
Contact Investigation Indices:						
Contact Index	3.86	3.69	3.59	3.40	3.23	3.20
Epidemiologic Index	1.13*	1.11*	1.13*	1.07*	1.01*	.98*
Brought-to-Treatment Index	.46*	.45*	.45*	.44*	.41*	.41*
Lesion-to-Lesion Index	.31	.32	.30	.28	.26	.24

*Excludes Missouri, South Carolina, and Tennessee.