

Screening for Gonorrhea and Syphilis in Gay Bathhouses in Denver and Los Angeles

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RECENT NATIONWIDE STATISTICS from health projects for gays show high rates of gonorrhea (especially rectal) and syphilis in gay men. These high rates probably are the result of many factors, the most important of which could be increased sexual freedom in the gay male population, lack of information among gay men regarding prevention, identification, and care of sexually transmitted diseases (STDs), as well as a similar lack of information among health care providers concerning the specifics of STDs among gays.

Attempts to control asymptomatic epidemics through screening programs in the gay community are inhibited by the basic nature

of the gay lifestyle, which offers a wide variety of options for finding sexual partners—bars, bathhouses, parks, and “tearooms,” among others. Thus, any single screening program is doomed to have a limited effect on an overall epidemic.

Bathhouses for gays, which exist in most large cities, are a focal point for the sexual activities of a portion of the gay community. They provide a comfortable setting in which gay men may engage in social-sexual activity with several, usually anonymous, partners without fear of exposure (“closeted gays”). Judson and associates (1) have already reported that gonorrhea and syphilis are prevalent among gay bath patrons. We have updated Judson and associates’ findings and compared the characteristics of gay bath patrons in Los Angeles and Denver who accepted screening in the bath during 1 year, from July 1, 1976, through July 30, 1977.

Background

The Denver Metro Health Clinic (DMHC) provides walk-in diag-

nostic and treatment services for persons with sexually transmitted diseases in the Denver metropolitan area. In recent years, the DMHC has made special efforts to be sensitive to gay people and their STD problems. Nevertheless, many sexually active gay men were either not aware of the need for periodic testing for asymptomatic gonorrhea and syphilis or did not choose to be treated at a public clinic.

In August 1975, the clinic director met with representatives of Denver’s gay organizations to discuss clinic outreach programs for the gay community. It was agreed that local gay steambaths might be productive settings for screening sexually active gay men for gonorrhea and syphilis, and a weekly screening program was initiated in December 1975.

The Los Angeles Gay Community Services Center is a nonprofit, chartered, multipurpose, social services agency. The center’s STD Clinic was founded in 1971 and functioned on a voluntary basis until November 1974, when a 1-

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year operating grant was obtained from the Center for Disease Control, Atlanta, Ga. The clinic was considered a success, and in July 1976 funding was partially assumed by the County of Los Angeles. In 1977, the Gay Community Services Center diagnosed and treated 11 percent of the total number of syphilis cases reported in Los Angeles County.

In April 1975, the men's clinic initiated the "Bathhouse Project," now called the Mobile Testing Clinic, to extend screening for gonorrhea and syphilis to that segment of the gay population that did not or would not attend the free clinic.

The Mechanics of Screening

Teams of paramedic gay men conducted 3- to 4-hour screening sessions once a week in two Denver bathhouses and once a month in six Los Angeles bathhouses. The screening was voluntary. Name, address, and telephone number were requested, but not required. The volunteers were issued cards that enabled them to telephone the

clinics for test results. Positive tests were followed up by U.S. Public Health Service investigators in Denver and by gay investigators, trained by the Service, in Los Angeles.

Supplies were brought to the baths for venipuncture and for taking urethral, anal, and pharyngeal specimens for direct plating on modified Thayer-Martin media. Inoculated media were placed in candle jars and transported to the clinic for incubation at 36° C with 5-10 percent carbon dioxide. In Los Angeles, the media were sent the next morning to the Los Angeles County Central Laboratory and reincubated. After 48 hours, isolates were identified by oxidase reaction and Gram stain. Pharyngeal isolates were confirmed as *Neisseria gonorrhoeae* by standard sugar fermentation reactions. Anoscopy and CSF examinations were not performed.

A questionnaire was designed to gather information on the bath patron's use of health care facilities for STD, his desire for confidentiality, and his sexual activity.

In Denver, questionnaires were completed by 160 bathhouse patrons and in Los Angeles, by 93. To compare Denver bath patrons with gay men who use the DMHC, the questionnaire was also administered to 114 consecutive gay male patients at the clinic. (Copies of the questionnaire are available from the authors.)

Results

Table 1 presents information on education level, income, race, and living situation for the 93 Los Angeles gay bath patrons. Except for race, comparative information was not obtained in Denver.

Gay bathhouses in Los Angeles attract mainly white men between 30 and 50 years old (mean age 36). Most of the 93 men (82.8 percent) had attended college, and 45.2 percent had obtained degrees. One of every three earned more than \$15,000 a year, and one of every five earned less than \$5,000. About half lived alone; those living with someone tended to live with a male roommate or a male lover. In the Denver bathhouses, the

mean age of the 160 patrons was 31.8 years—range, 17–60 years (1); 93 percent were white, 5 percent Hispanic, and 2.7 percent black.

The Los Angeles bathhouse patrons were slightly more inclined to give personal information than those in Denver, but less inclined than gay men seen at the DMHC (table 2). Although the DMHC patients showed a certain trust in the clinic by attending it, fewer (35.2 percent) cared whether people in general knew they were gay than among the bathhouse patrons in both cities. The bathhouse groups in both cities were more closeted and more apprehensive about their gayness than the clinic group.

The Los Angeles group attended the bathhouses an average of 4.2 times a month; in Denver, the average was 2.2. The Los Angeles bath patrons averaged 3.2 sexual encounters per visit, while those in Denver averaged 2.7.

Despite differences in Denver between bath patrons and clinic patients, there was a good deal of crossover—68 of 114 (60 percent) clinic patients used the baths, and 43 of 160 (27 percent) of the bath patrons had used the DMHC within the year.

From July 1, 1976, through June 30, 1977, the DMHC project staff screened 625 bathhouse patrons during 35 screening sessions, an average of 17.9 patrons per session. In contrast, the Los Angeles project staff screened 845 patrons during 56 sessions, an average of 15.1 per session. The site-specific gonorrhea infection rates and VDRL positivity rates are shown in table 3. Of the 625 Denver bath patrons, 80 had gonorrhea, an infection rate of 12.8 percent. Five of the Denver patrons had multiple-site infections—two, urethral and rectal; one, urethral and pharyngeal; one, rectal and pharyngeal; and one,

urethral, rectal, and pharyngeal. In Los Angeles, 57 of 705 patrons had gonorrhea, an infection rate of 8.1 percent. Except for one Denver patron with a gonococcal urethral discharge, all the men with gonorrhea were asymptomatic.

The syphilis screening tests detected 4 early latent cases (duration less than 1 year) and 3 latent cases of unknown duration in Denver; in Los Angeles, 16 cases. No person with syphilis was simultaneously infected with gonorrhea.

All infected persons, except one in Denver and six in Los Angeles, were treated and interviewed for contacts.

Discussion

The two screening projects compared in this study were created to reach a segment of the high-risk gay or bisexual population that may not adequately use clinic services.

The projects have been in opera-

tion for nearly 3 years, and the findings of each are surprisingly similar despite geographic disparity. Gonorrhea and syphilis remained prevalent throughout the study year; the rates for both cities combined totaled 10.3 percent for gonorrhea and 2 percent for syphilis. It is inexplicable that Denver recorded higher gonorrhea rates (12.8 percent versus 8.1 percent) and Los Angeles higher syphilis rates (3 percent versus 1 percent). Since all 23 bathhouse patrons with new cases of syphilis and 136 of the 137 with gonorrhea were asymptomatic, their cases might have been transmitted ever further if the screening projects had not been undertaken. We assume that symptomatic patrons did not use the bathhouses while they were seeking medical treatment.

It is apparent that transmission of disease is highly likely when a population with a high prevalence rate of asymptomatic infection

Table 1. Education levels, annual income, racial composition, and living situations of 93 Los Angeles gay bath patrons

<i>Characteristics</i>	<i>Number</i>	<i>Percent of total</i>
<i>Education level</i>		
Some high school or high school graduates	15	16.1
Some college	35	37.6
College graduates	22	23.7
Postgraduate education	20	21.5
No response	1	1.1
<i>Annual income</i>		
Less than \$5,000	20	21.5
\$5,000–\$10,000	17	81.3
\$10,000–\$15,000	20	21.5
More than \$15,000	31	33.3
No response	5	6.4
<i>Race</i>		
Black	2	2.2
Latino and Mexican	10	10.7
White	75	80.6
Asian	2	2.2
Other	4	4.3
<i>Living situations</i>		
Live alone	43	46.2
Male roommate or lover	39	41.9
Live with a spouse	2	2.2
Other	9	9.7

commingles in the manner that is common at the bathhouses. For instance, our data indicate that the bathhouse patrons who answered our questionnaire averaged 5.9 (2.2 visits x 2.7 contacts) different sexual contacts per month in the bathhouses in Denver and 13.4 (4.2 visits x 3.2 contacts) in those in Los Angeles. Most of these contacts were anonymous and therefore untraceable when disease was detected.

We conclude that the gay bath-

houses are productive locations for syphilis and gonorrhea screening programs; however, the population is very large, and our efforts must be viewed more as surveillance than as control programs. Any serious attempt to diminish infection rates would entail a massive increase in screening resources, as well as a major change in sexual behavior. At the very least, gay men must be made aware of the need to obtain some information about anonymous contacts' locations.

As a more drastic measure, some gay men have even suggested that the bathhouses be closed. Yet, others believe that this would be premature or an invasion of their rights—regardless of the risk of sexually transmitted infection.

Reference

- Judson, F. N., Miller, K. G., and Schaffnit, T. R.: Screening for gonorrhea and syphilis in the gay baths—Denver, Colorado. *Am J Public Health* 67: 740-742, August 1977.

Table 2. Responses to questionnaire by gay patrons of bathhouses in Denver and Los Angeles and gay patients at Denver Metro Health Clinic (DMHC)

Question	Denver			Los Angeles			DMHC		
	Number "yes"	Total	Percent of total	Number "yes"	Total	Percent of total	Number "yes"	Total	Percent of total
Give correct:									
Name	83	105	79.0	81	93	87.1	111	114	96.5
Address	86	106	81.1	77	93	82.8	112	114	98.2
Telephone number	86	106	81.1	78	93	83.9	108	110	98.2
Care if people in general know that you are gay .	92	160	57.5	50	93	53.8	38	108	35.2
	<i>Total patrons queried</i>	<i>Mean</i>	<i>Range</i>	<i>Total patrons queried</i>	<i>Mean</i>	<i>Range</i>	<i>Total patrons queried</i>	<i>Mean</i>	<i>Range</i>
Average number of bath visits a month	153	2.2	1-12	77	4.2	1-20	68	1.9	0-11
Average number of different sexual contacts per bathhouse visit ...	140	2.7	0-10	82	3.2	0-7		

Table 3. Results of screening for gonorrhea and syphilis in gay bathhouses in Denver and Los Angeles

Results	Urethra			Anal canal			Pharynx		
	Number positive	Total tested	Percent positive	Number positive	Total tested	Percent positive	Number positive	Total tested	Percent positive
Gonorrhea cultures, site-specific:									
Denver	19	614	3.1	57	565	10.0	9	615	1.5
Los Angeles	11	594	1.9	44	669	6.6	2	63	3.2
Total	30	1,208	2.5	101	1,234	8.2	11	678	1.6
	<i>Number tested</i>			<i>Reactive</i>		<i>New cases of syphilis</i>			
				<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>		
Serologic test for syphilis (VDRL method):									
Denver	616		25	4.1	7	1.1			
Los Angeles	569		113	19.9	16	2.8			
Total	1,185		138	11.6	23	1.9			