

USE OF THE VENEREAL DISEASE CLINIC OF SAN MATEO COUNTY, CALIFORNIA

David L. White, M.D.
Paul D. Nay, B.A.,
Lilian S. Blackford, B.S.

VENEREAL diseases are the most frequently reported communicable diseases in California, with 59,017 cases reported in 1966. However, only about 24.8 percent of the cases of syphilis and 6.2 percent of the cases of gonorrhea are actually reported (1), so that the total number of cases far exceeds the number reported (2). In San Mateo County in the period 1956-66 reported cases of gonorrhea increased 1,243 percent, from 56 to 752; syphilis cases reported increased 220 percent, from 88 to 282. In the same period, total county population increased 46.5 percent.

San Mateo County is an urban community of 444,387 persons (1960 census) directly adjacent to San Francisco. The population is 95.7 percent white, 2.4 percent Negro, 1.3 percent Oriental, and 0.6 percent other. Median family income in 1960 was \$8,103, compared to a national median of \$5,660. Compared with the entire United States there were fewer families with incomes under \$4,000 (11.27 percent to 30.90 percent), fewer substandard housing units (5.14 percent to 26.01 percent), and fewer people over age 65 (6.74 percent to 9 percent).

Although the population of San Francisco is only 50 percent larger, the caseload at the San Francisco Venereal Disease Clinic is 20.9 times that of the San Mateo clinic (10,882 visits compared to 495 visits for the first 6 months of 1967). The data here represent those patients

who came to the clinic in a county in which a large number of people have private physicians. Many of the groups distinguished are too small to permit rigid statistical analysis, and while these figures may point to trends, they cannot be the basis for distinct conclusions.

There is no evidence that reporting has improved over these years. Because of the rapid rise in incidence of venereal disease, we felt that an appraisal of the characteristics of the population of the San Mateo County Venereal Disease Clinic was needed. We hoped that such a study would show which groups tend to use the county venereal disease facilities and enable us to describe these groups in some detail.

Methods

All patients who presented themselves at the county clinic between January and June 1967 were included in this study. Patients were classified by age, sex, race (white or nonwhite), residence (census tract) and occupation (classified by the 1965 coding instructions, California Bureau of Vital Statistics), and basis of referral to the clinic. Patients who came to the clinic on their own initiative were "self-referred"; those who came to the clinic because they had been named as contacts by persons with venereal disease and those sent to the clinic for evaluation from any source were "referred by others."

A "positive" diagnosis was made in all cases of actually diagnosed, previously untreated venereal disease and all cases with an epidemiologic diagnosis of venereal disease. A "negative" diagnosis was made only after medical history, physical examination, and appropriate laboratory examinations failed to reveal active vene-

The authors are with the Department of Public Health and Welfare, San Mateo County, Calif. Dr. White is medical officer, Mr. Nay is assistant health and welfare statistician, and Miss Blackford is health and welfare statistician.

Table 1. Patients at venereal disease clinic by race and median age, San Mateo County, Calif.

Race	Median age (years)	Percent under age 20
All races.....	22.5	31
Men.....	22.9	27
Women.....	21.3	40
White.....	22.1	35
Men.....	22.6	30
Women.....	20.4	40
Nonwhite.....	23.4	20
Men.....	23.6	17
Women.....	23.3	27

real disease. Residence data were evaluated to distinguish between poverty and nonpoverty areas of the county. Poverty areas were the census tracts containing the 30 percent of county population with the highest incidence of welfare recipients, low family income, and minimal education (3).

Findings

The clinic was visited by 495 persons during the study period. Of these 256 were white men, 97 white women, 91 nonwhite men, and 51 nonwhite women.

Nonwhites were overrepresented, comprising less than 5 percent of county population and 28 percent of clinic population. Males were also overrepresented, comprising 49 percent of county population and 70 percent of clinic population.

The median age of all patients coming to the clinic was 22.5 years, with 31 percent under age 20 (table 1). Almost all were in the age group 15-39. Women tended to be younger than men. The confidentiality and lack of charges for service may explain why the young are becoming the most frequent visitors to public venereal disease clinics.

Of the persons self-referred, 285 were men and 92 women (table 2). This was probably because recognition of what the patients considered early symptoms of gonorrhea is more difficult among women than men. It should be noted that most self-referred persons were incorrect in the assumption that they had a venereal disease—only 36.6 percent of them actually did. However, nonwhite men had a 74.3 percent

rate of positive diagnosis and nonwhite women had a 59.3 percent rate of positive diagnosis.

It has long been thought that patients coming to a clinic for venereal disease examinations were frequently correct in their evaluation of the presence or absence of venereal disease. Our study shows that only 38.6 percent of the total clinic population were diagnosed as having a venereal disease. Surprisingly, women seem to be better judges of venereal disease than men. Some explanation for this high rate of accurate self-diagnosis among women may be that they are aware that men with whom they have had sexual relations are infected, and it is therefore likely that they themselves are infected. A second reason may be that many of the women who attend the clinic are prostitutes and likely to be infected.

The proportion of positive diagnosis was 69.7 percent among nonwhites as compared to 26.1 percent among white. The higher rate was true both for males and females, but the rate for white women referred by others approached that for nonwhite women in frequency of positive

Table 2. Patients at venereal disease clinic by manner of referral, San Mateo County, Calif.

Characteristics of patients	Number of patients	Patients with positive diagnosis of venereal disease	
		Number	Percent
All patients.....	495	191	38.6
Sex:			
Men.....	347	122	35.2
Women.....	148	69	46.6
Race:			
White.....	353	92	26.1
Nonwhite.....	142	99	69.7
Means of Referral:			
Self-referred.....	377	138	36.6
Referred by others.....	118	53	44.9
White men:			
Self-referred.....	207	45	21.7
Referred by others..	49	10	20.4
White women:			
Self-referred.....	65	19	29.2
Referred by others..	32	18	56.2
Nonwhite men:			
Self-referred.....	78	58	74.3
Referred by others..	13	9	69.2
Nonwhite women:			
Self-referred.....	27	16	59.3
Referred by others..	24	16	66.7

diagnosis. This same relationship seemed to hold for those residing in poverty and nonpoverty areas of the county (table 3). However, nonwhites tend to reside in poverty areas, and 97.8 percent of all nonwhites visiting the clinic from San Mateo County were from the poverty areas.

Three major occupational groups were professional and skilled, which included professional, technical, administrative, managerial, clerical, sales, and skilled persons; students, which included both high school and college students; and unskilled and others, which included unskilled and semiskilled workers, laborers, persons who never worked, housewives at home, and the unemployed.

There appears to be a relationship between level of employment in a group of persons and percent of patients in that group with a positive diagnosis of venereal disease. Those in the professional and skilled classes had fewer positive diagnoses than unskilled workers (table 3). White students have the lowest incidence of positive diagnosis—19.5 percent.

Of the three groups that use the San Mateo clinic, two are known for their use of public health facilities—the lower income nonwhites and some whites from the skilled and unskilled classes. Use by the third, the students, undoubtedly reflects the current younger age of incidence of venereal disease.

However, before an appropriate evaluation of venereal disease facilities can be made we need to answer such questions as what motivates these groups of people to seek venereal disease examination, why some groups use county facilities more than others, why some groups are accurate in their evaluation of symptoms, and why adjacent areas like San Francisco and San Mateo are so different in the number of patients seen in county facilities.

Summary

In the period January through June 1967, 495 persons came to the San Mateo County (Calif.) venereal disease clinic. Of these, 256 were white men, 97 white women, 91 nonwhite men, and 51 nonwhite women. Nonwhites comprised less than 5 percent of the county population and 28 percent of the clinic population; males comprised 49 percent of county population, 70 percent of clinic population.

Table 3. Patients at venereal disease clinic by residence and employment, San Mateo County, Calif.

Characteristics of patients	Number of patients	Patients with positive diagnosis of venereal disease	
		Number	Percent
Total in county ¹	461	184	39.7
Living in poverty area (30 census tracts):			
White.....	126	44	34.9
Nonwhite.....	137	94	68.6
Living in rest of county (69 census tracts):			
White.....	195	45	23.1
Nonwhite.....	3	1	33.3
Professional or skilled occupations:			
White.....	106	30	28.3
Nonwhite.....	20	8	40.0
Students:			
White.....	87	17	19.5
Nonwhite.....	12	11	91.6
Unskilled or other occupations:			
White.....	128	42	32.8
Nonwhite.....	108	76	70.4

¹ Excluding 34 nonresident patients.

The median age of clinic patients is 22.5 years, with 31 percent under age 20. Of the persons self-referred, 285 were men and 92 women. However, of the total clinic population of persons self-referred and referred by others, only 38.6 percent actually had venereal disease. Women seemed to be better judges of the presence of venereal disease than men.

The percent of positive diagnosis of venereal disease was 69.7 percent among nonwhites and 26.1 percent among whites. The lowest rate of positive diagnosis was the 19.5 percent among white students.

REFERENCES

- (1) California State Department of Public Health: Venereal disease fact sheet. Berkeley, July 1967, p. 1.
- (2) Cleere, R. L., et al.: Physicians' attitudes toward venereal disease reporting. *JAMA* 202: 941-946, Dec. 4, 1967.
- (3) Blackford, L. S., and Massioni, A. L.: Social and economic characteristics, San Mateo County, Redwood City, Calif., 1966, pp. 4-6.