

# Serologic Survey for Syphilis In Migratory Labor Camps Of Upstate New York

By EVAN W. THOMAS, M.D.,  
and JOSEPH GIORDANO, M.S.

CASE FINDING of syphilis among migratory laborers has been a difficult problem. In New York State the same facilities for venereal disease control are available to migrants as to all residents of the State. However, many migrants do not know about these facilities. Even when they do, many are reluctant to use them unless incapacitated by pain or illness. Clinics, whether operated during the day or night, have not been a satisfactory means of discovering more than a portion of the syphilis believed to be present. Therefore, the policy adopted by the Public Health Service of providing funds for serologic surveys for syphilis to be conducted in the labor camps was welcomed in New York State.

New York is a large State, and migrant workers during the summer and fall months are scattered throughout, from Long Island to the most western counties. Since many of the camps accommodate less than 20 migrants, serologic surveys reaching all migrants in the State are obviously impractical. However, with proper planning, large numbers can be tested by conducting surveys in the larger camps. To accomplish this, the location and

census of labor camps must be known, and operations should be confined to areas where the least possible time is needed for travel from camp to camp. Sanitation officers of the three New York State districts in which the surveys were conducted were very helpful in providing this information and in planning contacts with the camp owners and managers prior to the actual surveys.

The efficiency of the campaign was greatly augmented by the full cooperation of the personnel in these offices. In the last analysis, however, the success of the survey depended on the personnel of the teams in the field. The young men and women composing these teams worked many more hours than the usual 40 in a week. They refused to be stopped by difficulties that could be overcome by additional planning and hard work. They worked well with each other and wasted little time. Had it been otherwise, the number of patients examined would have been much smaller.

## The Operating Teams

Starting July 11, 1955, and finishing September 23, 1955, two teams, consisting of a clerk and a nurse, or technician, skilled in doing venipunctures, operated in camps located in eight counties of northwestern New York State. Blood was withdrawn from the workers after they returned from the fields in the evenings or while they were in camp on rainy days. With rare exceptions, the cooperation of all workers, 15 years of age or over, was easily obtained, and operations within the camps usually continued until 10:30 or 11 p. m. Owing to advance notice, the workers were prepared for the visit at night, and little time was lost in getting under way after the team arrived. Frequently, each team visited several camps in a single night. During each working day, one of the members of the two operating teams visited the camps to be surveyed that night, thus assuring a good reception and a well-organized plan of operations for the night.

As the nearest serologic laboratory equipped to handle the increased volume of blood speci-

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*Dr. Thomas is a consultant in venereal disease control, New York State Department of Health. From 1936 to 1955 he was director of the syphilis service in Bellevue Hospital, New York City. Among his publications on venereal disease is the book, "Syphilis: Its Course and Management," 1949. Mr. Giordano is a health program representative in the venereal disease control field, assigned by the Public Health Service to the New York State Department of Health.*

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### Test Results

Serologic test results were received for 5,176 persons of which all but 155 were nonwhite (table 1). The white persons tested, although temporarily living in labor camps, were not migrants from outside New York State. Among these 155, there was 1 reactor in 127 men and 1 doubtfully positive result in the 28 women, making an overall reactive rate of 1.29 percent. Both were in the age bracket 15-24. The man had received no previous treatment, and the woman was given additional therapy.

The overall reactive rate for the 5,021 non-

women ranged from 4.92 percent in the small number of 61 girls under 15 years old to 41.12 percent in women aged 45-54 and was consistently higher than for men of all ages up to this point (table 2). For persons over 55, the rate for women was 28.6 percent compared with 41.9 percent for men. For all nonwhites, the range was from 3.39 percent in children under 15 years old to 43.41 percent for persons aged 55-64.

A slightly higher (although generally consistent) percentage of doubtful reports occurred among women than men. Experiences with the specific treponemal immobilizing antibody tests show that more biological false-positive serologic tests for syphilis are found in women

**Table 2. Results of testing for syphilis among nonwhite migrant workers in New York State, July 11-September 15, 1955**

Age (in years)	Male				Female			
	Number tested	Number positive	Number doubtful	Percent reactive	Number tested	Number positive	Number doubtful	Percent reactive
<15.....	57	1	0	1.75	61	2	1	4.92
15-24.....	1,131	46	20	5.84	595	46	20	11.09
25-34.....	747	113	45	21.15	470	103	38	30.00
35-44.....	679	146	54	29.46	329	92	37	39.21
45-54.....	434	118	45	37.56	197	55	26	41.12
55-64.....	206	67	27	45.63	52	15	3	34.62
65+.....	52	8	6	26.92	11	0	0	-----
Total.....	3,306	499	197	21.05	1,715	313	125	25.54

**Table 3. Disposition of reactors in nonwhite migrant workers in New York State, July 11-September 15, 1954**

Age (in years)	Number reactors	Number reactors examined	Brought to treatment		Returned to treatment		Adequate previous treatment		Number reactors not examined
			Number	Percent examined	Number	Percent examined	Number	Percent examined	
<15.....	4	3	2	66.67	1	33.33	-----	-----	1
15-24.....	132	112	79	70.54	17	15.18	16	14.29	20
25-34.....	299	254	148	58.27	33	12.99	73	28.74	45
35-44.....	329	295	169	57.29	60	20.34	66	22.37	34
45-54.....	244	221	128	57.92	51	23.08	42	19.00	23
55-64.....	112	107	56	52.34	14	13.08	37	34.58	5
65+.....	14	12	8	66.67	2	16.67	2	16.67	2
Total.....	1,134	1,004	590	58.76	178	17.73	236	23.51	130

