

Venereal Disease in Migrant Workers New Jersey, 1954

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ABOUT 18,000 migrant workers are required each year to supplement local labor in agriculture and in the food processing industries (1), the New Jersey Department of Labor and Industry estimates. This does not include the seasonal labor force necessary to meet the needs of resort areas, race tracks, and other industries which utilize migrant labor. In 1954, approximately 9,000 persons from Puerto Rico, 6,000 southern Negroes, and 3,000 workers of various types from neighboring cities came into New Jersey as migrant workers.

Examination of 3,401 migrant agricultural workers in New Jersey in 1953 showed a very high incidence and prevalence of venereal disease (2). The serologic survey of this group was continued in 1954 and, in addition, a survey was made of migrant race track workers and itinerant workers in the seafood industries. This report presents the results of the latter survey.

Generally speaking, migrant workers do not receive regular medical services (3). At best, the rural areas where they find employment usually have inadequate public health facilities

so that the extension of existing services to include migrant workers is minimal. Furthermore, the training of migrants is such that they often do not take advantage of even such assistance as is made available to them. The special migrant health program provided in New Jersey, therefore, is a product of necessity (4). The program is largely one of venereal disease control, although some attention is given to other health problems.

The first large groups of agricultural workers begin to arrive in New Jersey in May, although the majority do not appear until July. Permanent clinics have been established in three areas of heavy concentration of migrants, and a mobile unit operated for about 6 weeks during the peak season reaches more than half the persons tested each year. The remaining workers are tested at the permanent clinics. The staff of each clinic consists of professional, technical, and clerical personnel. During the period July 15-September 15, two additional persons are usually employed to contact farmers, contractors, and workers in order to promote clinic attendance. Although there is a legal requirement that workers obtain physical examinations, few of them actually apply for medical service until they are motivated by a personal visit from a member of a clinic staff.

In 1954, a total of 3,288 farm migrants were examined for venereal disease during clinic sessions. All persons over 12 years of age were tested serologically for syphilis and an inspection of mouth and genitalia was ordered on all

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complaining of or manifesting obvious signs or symptoms of disease had a more complete examination. A presumptive diagnosis of venereal disease was permitted on the basis of objective clinical findings or one positive or doubtful result of the STS. No spinal fluid examinations were done. Routine treatment for syphilis was 4,800,000 units of procaine penicillin in oil with 2 percent aluminum monostearate (PAM) given in four sites in the buttocks during a single clinic visit; for gonorrhea, the treatment was 600,000 units of PAM.

Discovery Rate Decreasing

When summary data for 1954 are compared with summary data for 1953, there appears to be a decreasing discovery rate of venereal disease among agricultural migrants. Of the 3,288 farm migrants examined in 1954, 22.8 percent were reactive for syphilis (table 1). The proportion was 25.2 in 1953.

The number of diagnoses of infectious venereal disease also showed a decrease last year over the year before. A total of 198 patients with clinical gonorrhea was treated in 1953 and only 118 in 1954 (table 2). Similarly, 19 cases of primary and secondary syphilis were found during 1953, whereas only 9 such cases were seen last year.

The number of persons brought or returned to treatment for syphilis dropped from 406 in

blood tests was better than average for survey work—85.1 percent of the 758 suspects were brought to examination—the proportion was less than the 95.6 percent brought to examination in 1953 (table 3). In addition, many individuals were not treated because they were judged either to have had adequate treatment previously or not to be infected with syphilis. Records of previous blood tests and previous therapy for many individuals who return to New Jersey year after year are now accumulating to assist physicians in ruling out the need for treatment. Also, when patients with positive STS results give a fairly reliable history of previous treatment elsewhere, they are not required to return for re-treatment.

Epidemiological Study

With existing facilities, there is apparently no easy solution to the problem of thorough contact interviewing and investigation in the migrant labor group. In the migrant health clinics, thorough epidemiological study was very difficult for several reasons:

1. Space was inadequate for proper contact interviewing.
2. Lack of privacy reduced the effectiveness of interviewing.
3. In crowded clinic situations, physicians often failed to refer patients for interview.
4. Interviewers were often pressed into serv-

Table 1. Results of serologic tests for syphilis in migrant agricultural workers, by age group and sex, New Jersey, 1954

Age group	Total tests			Number positive			Number doubtful			Percent positive and doubtful		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
All ages	3, 288	2, 220	1, 068	397	236	161	352	232	120	22. 8	21. 1	26. 3
Under 15	210	119	91	8	3	5	8	5	3	7. 6	6. 7	8. 8
15-24	1, 091	736	355	66	43	23	37	23	14	9. 4	9. 0	10. 4
25-34	878	613	265	103	51	52	109	66	43	24. 1	19. 1	35. 8
35-44	654	452	202	118	62	56	120	83	37	36. 4	32. 1	46. 0
45-54	313	203	110	63	46	17	55	40	15	37. 7	42. 4	29. 1
55-64	102	71	31	27	21	6	19	12	7	45. 1	46. 5	41. 9
65 and over	12	10	2	7	6	1	2	1	1	75. 0	70. 0	100. 0
Not stated	28	16	12	5	4	1	2	2	0	25. 0	37. 5	8. 3

Disposition of cases	Syphilis						Gonorrhea	
	Primary and secondary		Early latent		Other		1953	1954
	1953	1954	1953	1954	1953	1954		
Number patients interviewed.....	15	6	29	22	1	1	121	48
Number contacts obtained.....	48	12	99	36	1	3	153	62
Contact index.....	3.20	2.00	3.41	1.64	1.00	3.00	1.26	1.29
Number investigations assigned.....	7	4	6	2	1	1	128	27
Results of investigation:								
Number contacts examined.....	6	4	6	2	1	1	99	27
Number infected with disease of patient.....	2	3	3	2	1	1	43	17
Number treated ¹	2	1	0	0	0	0	49	10

¹ Prophylactic or epidemiological treatment.

Table 5. Venereal disease diagnosed through serologic tests and physical examination of 1,172 race track workers, New Jersey, 1954

Disposition of cases	Track			
	All tracks	Atlantic City	Garden State	Monmouth Park
Total reactive.....	180	76	70	34
Number diagnosed.....	130	73	33	24
Brought to treatment.....	53	39	6	8
Syphilis.....	37	24	5	8
Primary and secondary.....	2	0	2	0
Early latent.....	12	9	-----	3
Other.....	23	15	3	5
Gonorrhea.....	16	15	1	0
Returned to treatment with syphilis.....	22	15	0	7
Previous treatment adequate.....	53	17	27	9
Infected, not treated.....	2	2	0	-----
Not infected.....	19	8	8	3

logic tests for syphilis during 1954. Since many of the same workers were employed at each of the three race tracks during the course of the racing season, cards indicating that blood tests had been taken were given to them so that not more than one blood test would be required of each individual. Of the 1,172 workers tested, 180, or 15.4 percent, were reactive for syphilis (table 5). Of the reactors, 59, or 32.8 percent, were brought or returned to treatment. As in the agricultural migrant group, more than half of the suspects diagnosed as infected with venereal disease were declared previously adequately treated or as not infected with syphilis.

Sixteen cases of gonorrhea were found and treated.

Itinerant Seafood Industry Workers

Besides agricultural and race track migrants, approximately 1,000 seasonal employees of seafood industries were tested during recent months. A group of plants in South Jersey employ a physician to examine and treat their employees for venereal disease. Complete data are not available at this time concerning the outcome on approximately 750 persons thus examined.

