UNITED NATIONS WORLD HEALTH ORGANIZATION

'EXPERT COMMITTEE ON VENEREAL DISEASES:
REPORT ON SECOND SESSION

The Expert Committee on Venereal Diseases held its second session from Oct. 15 to 19, 1948, in the premises of the Office International d'Hygiène Publique, Paris. The members were: Prof. W. E. Coutts, Chief, Department of Social Hygiene, Public Health Administration, Santiago, Chile; Dr. M. Grzybowski (absent), Chief, Clinic of Dermato-syphilology, Professor, University of Warsaw; Dr. G. L. M. McElligott, Adviser on Venereal Diseases, Ministry of Health, London; Dr. J. F. Mahoney, Medical Director, Venereal Disease Research Laboratory (United States Public Health Service), Staten Island, New York; Dr. R. V. Rajam, Professor of Venereology, Principal, Medical College, University of Madras; and Dr. S. Hellerstrøm (Corresponding member), Professor Dermato-syphilology, University of Stockholm.

Consultants co-opted by the committee for advice on maritime aspects of the venereal disease problem were: Dr. H. Brun-Pedersen, Venerereal Disease Control Officer, Danish Maritime Services, Copenhagen; and Dr. E. H. Hermans, Medical Director, Venereal Diseases, Port of Rotterdam.

Observers for the International Union against Venereal Diseases were: Mr. J. L. Mowat, Chief Maritime Division, International Labour Office, Geneva; Dr. A. Cavaillon, Secretary-General, International Union against Venereal Diseases; and Dr. D. Borensztajn, Inspector General, Venereal Disease Control Division, Polish Ministry of Health, Warsaw.

Seven meetings were held during the session. Dr. J. F. Mahoney was Chairman. Dr. G. L. M. McElligott took the Chair during the discussion on the Brussels Agreement and during the seventh meeting. Dr. T. Guthe, venereal diseases section, WHO, was Secretary of the committee.

The committee noted that the Executive Board of WHO at its first session appointed the expert committee of the Interim Commission to serve as an *ad hoc* committee until the Expert Committee on Venereal Infections of WHO has been established. Since the first session of the expert committee of the Interim Commission, Dr. R. V. Rajam, Madras, India had been appointed to the Expert Committee on Venereal Infections of WHO.

The Chairman noted the terms of reference of the

committee and invited those present to express their opinions in regard to the items on the agenda. Full consideration was given by the committee to the views put forward. During its discussions the committee took the recommendations of the Interim Commission's expert committee into full account and considered them in the light of developments since that time and in relation to new items on the agenda. Supplementary as well as new recommendations had been made, which had necessitated adjustment of the pattern used in the report of the Interim Commission's expert committee.

The summary of the Committee's recommendations follows.

Summary of Recommendations of Expert Committee

New Considerations.—The advent of penicillin in the therapy of early syphilis may have far-reaching public-health implications. The developments in this branch of the control work offers possibilities for large-scale treatment, permitting an approach in terms of population groups as well as of the individual. One of the first objectives of WHO in its action programme should be to initiate control work in regions with limited venereal disease services where syphilis is highly prevalent and causes untold individual and social misery and inestimable economic losses.

In the light of the developments since the meeting of the Interim Commission expert committee, supplementary as well as new recommendations have been made by the *ad hoc* committee.

Fields of Activity.—The international venereal disease programme of WHO indicates that WHO should: promote production and distribution of anti-venereal drugs; generally assist governments in initiating venereal disease programmes or developing control structures already in existence; promote training of skilled personnel, the dissemination of technical information, and the adoption of uniform diagnostic, therapeutic, and other procedures; co-operate with other international organizations interested in venereal disease control, etc.

In view of the adoption of these principles by WHO and of the recent developments in the venereal

Further information on penicillin production and distribution be collected, and that active measures be taken by WHO and other international organizations to ensure a wider availability of the antibiotic.

The rehabilitation of the UNRRA penicillin plants be further considered as soon as the contemplated survey of these plants has been carried out, and that this matter be studied also by the United Nations Economic Commission for Europe.

WHO be prepared to advise on the quality and

standard of penicillin products.

The expert committee further recommends that:

The criteria outlined be used as a basis for selection of candidates for venereal disease fellowships and that study-periods be spent at training places of the highest standard, recommended by WHO.

Particular attention be paid to the granting of fellowships to implement venereal disease programmes carried out with the assistance of WHO, or under the programmes to combat prenatal and infantile syphilis recommended by the Joint Committee on Health Policy of WHO and UNICEF.

The needs of governments for training of personnel in venereal diseases be met by WHO in 1949 as far as possible, subject to the suggested criteria, and that provisions be made to meet increased requests for training in 1950.

It is also recommended that:

One WHO consultation and demonstration team be allocated to India, and one to Egypt in 1949.

Supplies and equipment to teams be made available on a broader scale than that proposed under the 1949

programme.

Provisions for qualified personnel be made to meet an increased demand by governments for demonstration and consultation services for 1949 and 1950, including individual experts necessary to implement the recommendations of the Joint Committee on Health Policy of WHO and UNICEF, to conduct surveys, initiate demonstrations, and follow up programmes to combat prenatal and infartile syphilis in several countries.

It is recommended that:

WHO study the ways and means to increase dissemination of technical information on venereal disease control methods to meet the requests of governments.

That a temporary study-group, consisting of a limited number of outstanding venereologists from Europe and other regions, be established in 1949 to evaluate the venereal disease control methods in use in U.S. as to their effectiveness in national and international programmes.

It is further recommended that:

The subcommittee on serology and laboratory aspects proposed in the adopted programme of the Interim Commission's expert committee be established, and that a tentative plan for the conduct of the next International Serological Laboratory Conference be drawn up as soon as possible for consideration by the WHO Expert Committee on Venereal Infections.

International Health Regulations for Venereal Diseases and the Brussels Agreement of 1924.—Considering the adoption by the Health Assembly of the principles on the basis of which the Brussels Agreement should be revised and expanded, and in view of the particular importance to many nations of the maritime aspects of the epidemiology of venereal diseases, it is recommended that:

A provisional text for International Regulations for Venereal Diseases be prepared for circulation to members of WHO and that subsequently a final draft be submitted to the Health Assembly for its consideration.

A special investigation project be established in a major port in Northern or Southern Europe or in the Far East as a collateral to the implementation of a

revised Brussels Agreement.

The relevant authorities in Belgium, France, Germany, Holland, and Switzerland be approached by WHO with a view to the establishment of a Commission, composed of representatives of those countries, to study and recommend measures for active co-ordination of venereal disease control in the Rhine river area.

Bejel.—Bejel and related spirochetoses is a problem of considerable importance to the health of the people in tropical and sub-tropical areas and its manifestations in different environments have been studied only to a limited extent. It is recommended that:

WHO study the problem of Bejel, the nature and extent of this and related spirochetoses, and that it be made a separate activity of WHO in view of the predominently non-venereal nature of these conditions.

Polish Anti-Syphilis Plan.—The expert committee expresses its commendation on the progress made since the Polish anti-syphilis plan was put into operation at the beginning of the year. The treatment of 43,000 cases of syphilis and 27,000 cases of gonorrhœa up to August represents a public-health achievement. The programme could not have been carried out except through a systematic large-scale approach through case-finding and foreshortened treatment methods.

Expert Committee on Venereal Diseases.—Considering the technical aspects and the scope of the problems of venereal disease control in relation to the international programme of WHO, a representative advisory expert body of specialists in the various departments of control work is required, and it is recommended that:

The WHO Expert Committee on Venereal Infections be composed of ten members and that a subcommittee on serology and laboratory aspects be established as soon as possible, the latter to be composed of no more than four members.