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WORLD HEALTH ORGANIZATION

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No. 190

**EXPERT COMMITTEE ON
VENEREAL INFECTIONS AND
TREPONEMATOSES**

Fifth Report

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WORLD HEALTH ORGANIZATION

PALAIS DES NATIONS

GENEVA

1960

**EXPERT COMMITTEE ON
VENEREAL INFECTIONS AND TREPONEMATOSES**

Geneva, 21-26 September 1959

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- Dr T. Guthe, Chief Medical Officer, Venereal Disease and Treponematoses, WHO (*Secretary*)
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EXPERT COMMITTEE ON VENEREAL INFECTIONS AND TREPONEMATOSES

Fifth Report *

The WHO Expert Committee on Venereal Infections and Treponematoses met in Geneva from 21-26 September 1959. The meeting was opened by Dr P. M. Kaul, Acting Director-General of WHO, who welcomed the members and mentioned some of the major current problems in the field of venereal infections and treponematoses.

The Committee unanimously elected Dr G. A. Canaperia as Chairman, Dr R. Wasito as Vice-Chairman and Dr L. M. Ram as Rapporteur, and adopted a working agenda. The following report was approved by the Committee.

* The Executive Board, at its twenty-fifth session, adopted the following resolution :

The Executive Board

1. NOTES the fifth report of the Expert Committee on Venereal Infections and Treponematoses ;
2. THANKS the members of the Committee for their work ;
and
3. AUTHORIZES publication of the report.

(Resolution EB25.R31, *Off. Rec. Wld Hlth Org.*, 1960, 99, 16)

1. THE BRUSSELS AGREEMENT OF 1924 AND MINIMUM REQUIREMENTS FOR MANAGEMENT OF VENEREAL DISEASE IN SEAFARERS ¹

The Committee noted the very complete review of historical and other aspects of the 1924 Brussels Agreement respecting facilities for the treatment of venereal diseases in merchant seamen (hereafter called the Agreement), prepared by a Study Group which met to consider the Agreement ² in Oslo in 1956. The subsequent discussion of, and observations on, the report of this Group by the governing bodies of WHO were also noted in regard to venereal diseases and the health of seafarers in general, particularly the considerations of the WHO Executive Board (twentieth³ and

¹ The Executive Board, at its twenty-fifth session, adopted the following resolution:
The Executive Board

Having considered that part of the fifth report of the Expert Committee on Venereal Infections and Treponematoses dealing with the International Agreement of Brussels of 1924 regarding venereal disease treatment of seafarers,

1. TRANSMITS this report to the Thirteenth World Health Assembly; and

2. RECOMMENDS

(1) that the technical definitions, the minimum standards and the appraisal scheme outlined therein be recommended by the Health Assembly to the States Parties to the International Brussels Agreement as the basis for its application and for venereal disease control practice in seafarers; and

(2) that the recommended technical definitions and standards be periodically reviewed by WHO on the advice of its expert committee in the light of technical progress.

(Resolution EB25.R32, *Off. Rec. Wld Hlth Org.*, 1960, 99, 16)

The Thirteenth World Health Assembly adopted the following resolution:

The Thirteenth World Health Assembly

Considering that in accordance with Article 2 of the Protocol concerning the Office International d'Hygiène publique, the World Health Organization has assumed the duties and functions arising out of the administration of the International Agreement Relating to Facilities to be Accorded to Merchant Seamen in the Treatment of Venereal Diseases, signed at Brussels on 1 December 1924.

Considering that the Executive Board has recommended that the technical definitions, the minimum standards and the appraisal scheme outlined in that part of the Fifth Report of the Expert Committee on Venereal Infections and Treponematoses dealing with the Brussels Agreement of 1924, be recommended to the States concerned as the basis for the application of that Agreement and for venereal disease control practice in seafarers, and

Considering Article 23 of the Constitution,

1. RECOMMENDS to the States Parties to the Brussels Agreement of 1924 and to the States which, as a matter of practice apply its provisions, the acceptance of the technical definitions, the minimum standards and the appraisal scheme outlined in the Fifth Report of the Expert Committee on Venereal Infections and Treponematoses; and

2. RESOLVES that these technical definitions and standards be periodically reviewed in the light of technical progress, on the advice of the Expert Committee.

(Resolution WHA13.52, *Off. Rec. Wld Hlth Org.*, 1960, 102)

² *Wld Hlth Org. techn. Rep. Ser.*, 1958, 150

³ *Off. Rec. Wld Hlth Org.*, 1958, 80

twenty-first¹ sessions) and the resolutions of the Health Assembly (Eleventh² and Twelfth³) leading to a study⁴ by WHO of the broad health problems of seafarers and envisaging improvement of available health services in ports through further international co-operation between governments, WHO and the International Labour Organisation (ILO).

The Committee agreed with the broad views and recommendations of the Study Group given in its report.⁵ Presented from the point of view of health administration, the report is of considerable importance, if not indispensable, to other WHO governing bodies and other expert groups, which will study the question in the future.

The Committee decided not to reiterate in its report statements or recommendations already made by the Study Group, but only to include certain aspects of particular importance which required emphasis or to which new considerations applied.

In noting its terms of reference relating to the Agreement, the Committee proceeded (a) to define in some detail the technical implications of the Articles of the Agreement in the light of medical progress (see Appendix 1, page 11); (b) to suggest certain minimum standards of venereal disease control in seafarers, so as to make it possible for the health administrations adhering to the Agreement to have a fuller understanding of the provisions of the Articles (see Appendices 2, 3, 4, pages 12, 13, 14); and (c) to outline a scheme for assessing the work and worth of the Brussels Agreement (see Appendix 5, page 15).

1.1 The text of the Agreement

The Committee noted (as did the Oslo Study Group) that the original text of the Agreement of 1924 was in the French language and that the English translation of the original text—already in use prior to WHO's assumption of responsibility for the administration of the Agreement—in important respects did not appear to have the same meaning. After seeking competent advice, the Committee therefore decided to append to its report both the original French text and a comparable English and Spanish version of the Articles of the Agreement, so that in the future comparable value may be given to these languages and misunderstandings may be avoided.

¹ *Off. Rec. Wld Hlth Org.*, 1958, 83

² Resolution WHA11.49, *Off. Rec. Wld Hlth Org.*, 1958, 87, 39

³ Resolution WHA12.23, *Off. Rec. Wld Hlth Org.*, 1959, 95, 30

⁴ *Wld Hlth Org. techn. Rep. Ser.*, 1955, 92

⁵ *Wld Hlth Org. techn. Rep. Ser.*, 1958, 150

1.2 Treatment in seaport clinics

The doctors responsible for the care under the Agreement of seafarers suffering from venereal diseases in ports fall into one of the following three categories :

- (a) practising venereologists, who may also have public health responsibilities for venereal disease control ;
- (b) dermato-venereologists who may have hospital appointments ;
- (c) general medical practitioners who have received a varying amount of post-graduate specialized training.

From the first two categories, service of a reasonably high order is expected, but from all three the *minimal* training and other standards outlined by the Committee elsewhere (see Appendix 2, page 12) should be required.

1.3 Treatment aboard ship

The Committee noted that in addition to treatment at principal ports, there was also foreseen in the Agreement (Article 2) treatment aboard ships not carrying a doctor. During the last ten years there has been an increasing tendency to diagnose and treat suspected venereal diseases on board, without waiting for a medical opinion or the results of pathological investigations. In fact, it is likely with the simplified therapy now available that as many—if not more—venereal disease cases are treated afloat as ashore. In accordance with international practice the need for any medical treatment at sea is determined by the captain or by a person on board appointed for that purpose by the captain. This practice, if properly regulated, has much to commend it and has undoubtedly come to stay. An up-to-date definition of the Articles of the Agreement should make the practice reasonably efficient and safe, and should also ensure that a diagnosis of suspected venereal disease is always verified at the next port of call by laboratory tests, so that further treatment may be obtained as required. A smear should be taken of any urethral discharge for examination by the doctor at the next port, where a serological test also should *always* be carried out. While treatment of urethral discharge should be an immediate, adequate, dose of penicillin or similarly effective drug, genital sores should first be treated with sulfonamides and no antibiotic should be given if the next port of call can be reached within three weeks. If the distance is longer and the sore does not heal, further treatment by injections of an adequate dose of penicillin is justified—preferably a long-acting preparation such as procaine penicillin in oil and aluminium monostearate (PAM) or benzathine penicillin.

It was already pointed out in 1953 in the fourth report of the Expert Committee¹ that there is a need for a specially trained individual—preferably a medical technician—aboard ships not carrying a doctor to be responsible for medical treatment. Every effort should be made to make this individual as efficient as possible in any situation. To improve his qualifications in venereal diseases and their management, he should have attended a short course of instruction at a well-conducted venereal disease clinic at a large seaport in his own country. He should have learned the importance of his own limitations, accurate diagnosis, and the damage that can result from haphazard methods. He should also know the potential danger and side effects of drugs used and how to handle them. Shipping companies and governments could with advantage encourage such training courses in ports in view of the great progress in the management of venereal disease during recent years.

1.4 The personal card

The Committee expressed the view that the use of a personal card, in which the patient is identified by number only and not by name, continued to be an important and useful part of the Agreement, and insisted in addition that the patient should not be identifiable by diagnosis. While the proposal by the Oslo Study Group of the introduction of a general health card for seafarers—into which also information on venereal disease could be incorporated—was welcomed, it was considered useful, in the meantime, to revise the personal card in use under the Agreement. The disease could be identified on the card by using the code number of the *International classification of diseases*,² and to facilitate the work of doctors in ports, a list of these code numbers covering venereal conditions should be included in the *World directory of venereal-disease treatment centres at ports*.³ The Committee noted in this connexion that several conditions with a venereal background were not contained as yet in the *International classification of diseases*. This should be arranged for as soon as possible by WHO. Furthermore, results of serological tests should be noted in accordance with the international designations as *reactive*, *partially reactive* or *non-reactive*. Laboratories in ports should adhere to approved serological methods and submit periodically batches of sera to national and international reference laboratories in order to assess test performance, and should also invariably make use of approved and tested reagents.

¹ *Wld Hlth Org. techn. Rep. Ser.*, 1953, 63

² *International classification of diseases. Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death*, 1957, World Health Organization, Geneva

³ World Health Organization (1959) *World directory of venereal-disease treatment centres at ports*, Geneva

The evolution of cardiolipin antigens, based on the International Reference preparations of cardiolipin and lecithin, and of the International Standard of Human Syphilitic Serum now available to all national health laboratories from the Department of International Standards, Statens Seruminstitut, Copenhagen, has made this possible.

1.5 The "World Directory of Venereal-Disease Treatment Centres at Ports"

The Joint ILO/WHO Committee on the Hygiene of Seafarers,¹ and the fourth report of the Expert Committee on Venereal Infections and Treponematoses, as well as the Oslo Study Group, had recommended that the *World directory of venereal-disease treatment centres at ports*—of which a revised edition appeared in 1959—be included in the contents of the ship's medicine chest. The Committee noted that the price of this revision of this publication had been considerably reduced, which should encourage health administrations and ship owners everywhere to implement this recommendation. The assistance of ILO might be sought in this connexion.

The Committee noted that five years had elapsed between the appearance of each of the two last editions of the Directory, and was of the opinion that this publication—useful as it already is—would be even more so if revised every three years as originally foreseen. A more frequent appearance would also make it possible to include new port areas opened to traffic from time to time, such as the St Lawrence Waterway.

1.6 Technical information

In view of the difficulty experienced by many doctors in charge of sea-port clinics in obtaining up-to-date literature on venereal disease management and control, it was strongly recommended that a biennial publication surveying recent advances in diagnosis, treatment and control be prepared by WHO and be made available to health administrations and the port doctors concerned. Very useful WHO publications of this type have already appeared.² As a regular feature of the WHO programme, they could serve an important further purpose in the international control of venereal infections.

1.7 The assessment of the worth and work of the Brussels Agreement

The evaluation of the value and application of the Agreement might be based on four different approaches. It was considered that these four

¹ *Wld Hlth Org. techn. Rep. Ser.*, 1955, 92

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