"Value of re-interviewing in identifying contacts and contact tracing"

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Introduction : Initial interview of V. D. patients is often conducted by the physician incharge of the case. It has been observed that quite often the patients have denied any history of exposure and/or have furnished insufficient or incorrect information while naming their contacts because of age, sense of shame, fear of publicity, ignorance and lack of education etc. Not only this but also sometimes the lack of obtaining the history on the part of physician is either because he is unable to afford enough time to presuade the patients or he is a begginer and unaccustomed with interview technique[6]. A successful interviewing is an essential factor in eliciting sufficient information about the contacts. The ground prepared by the physician is further explored by the re-interviewing the patients by the qualified and skilled interviewer, trained in the technique and working in a separate room with sufficient privacy and without haste. Careful history taking as regards the exposure to infeciion in the case will definitely give clue to the contact tracing[6].

Different methods have been tried in differant parts of the world in carrying out the task of contact tracing. Methods like "Notification by name of suspected source of infection" and by means of "persuading the patients to arrange for sexual contacts to come for examination" were tried in most European countries[3]. Some improved methods of tracing the contacts viz (a) *Through the patiens* who are supplied with telephone number or a note to be passed on to the contacts, (b) *By writing to the contacts* from the V. D. clinic if visits by health staff would have caused embarrasment to him or her, (c) *By Telephone* : when a casual pick-up who has been given as a contact by several patients, and whom one has been trying to contact for weeks, suddenly phones to the clinic, and (d) *By visiting the contacts* after having established a good rapport at the first visit, have been referred to[7] and method like "Speed zone Epidemiology"[4] has been tried in some countries. A new technique – the "Cluster technique", the procedure of which is composed of contacts and cluster interviewing and involves three groups of people : Contacts, cluster – suspects and cluster – associates, has been introduced some years ago in the U. S. A. for case finding purposes. [1,2,4,3], In Poland, locating of contacts was carried out partly by post and partly by field workers[5].

An attempt has been made in this paper to justifiy, as a prerequisite condition of contact tracing, the need and importance of the interviewer, oriented

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and trained in this field, to presuade the patient to come out with name and address of the contact, the source of infection, and to other to whom the infection has been likely to be passed on.

Methods and Materials: Of all the V. D. cases who attended the V. D. Training and Demonstration Centre, Safdarjang Hospital. New Delhi, during the month of July 1970, to December, 1970, 105 male patients who had failed to identify their sex-partners or provided insufficient or incorrect informations to the physician incharge were re-interviewed by the trained investigators. A separate room with sufficient privacy is provided in the V. D. Centre, for the purpose of interview, to give the patients confidence and to persuade, in order to enhance their co-operation in furnishing the necessary informations. Repeated interviews aud follow up were done in a few cases to get the positive informations and to get their contacts examined.

Because of social stigma attached to venereal disease, lack of awareness about the cause, consequences and prevention of the disease, absence of legislative frame work and lack of effective and co-ordinated control in India, the method adopted in the V. D. Centre was confined partly to the verbal persuation of the patients not only to name their contacts, but also to arrange to bring their sex partners, for investgation and treatment. where home-visiting is not possible for social reasons, and, partly by home-visiting in case of marital contacts.

Age and Marital Status: The distribution of 105 patients re-interviewed, according to their age and marital status is shown in Table No. I. The highest incidcnce of V. D. (61%) was seen in the age gaoup 20–30 years. Similar high incidence of V. D in the same age group has been observed all over the world. Nearly 60% of the patients were married and 40% were unmarried.

TABLE No. I

Age and Marital Status of 105 patients re-interviewed.

Age group (years)	Marital Status			
	S	M	Total	%
15–19	7	5	12	11
20–30	25	39	64	61
31–40	2	20	22	21
41–50	1	5	6	6
51+	–	1	1	1
Total patients	35	70	105	100

Education Backgryund: The distribution of 206 patients re-interviewed, according to their educational background is shown in Table No, 2. It shows that not only the illeterates were hidding the identification of their sex partners but also the educated behaved in the same manner.

TABLE No. II

Education status of 105 patients re-interviewed.

Education Status	Patients No.	%
Illiterate	32	30
Primary	14	13
Middle	21	20
High School	19	19
High Secondary	3	3
University	16	16
Total	105	100

Occupation Status: The distribution of 105 patients re-interviewed, according to their occupations status, is represented in Table No. III. Majority (66%) of the patients belonged to skilled and unskilled group of workers.

TABLE No. III

Occupation status of 105 patients re-interviwed.

Ocupation Status	Patient No.	%
Student	6	6
Unskilled workers: Labourers, cultivators, sweepers, Hotel boy etc.	31	30
Skilled workers: Mechanic, Technician, Driver etc.	38	36
Business	10	9
Clerical & Professional	20	19
Total	105	100

Naming of Contacts :

By Marital Status : The respcnse of 105 patients re-interviewed, in naming their contacts, according to their marital status, is shown in Table No. 4. Out of 105, 35 who named contacts were unmarried and 70 were married. Of the 70 marrieds, 60 (86%) had their pre-marital, marital and extra-marital contacts, and 10 (14%) had their marital contacts only. All 35 unmarried (100%) identified their pre-marital contacts. None denied the contacts. In all 279 contacts were named.

TABLE No. 4

Naming of contacts by 105 patienis re-interviewed by marital status.

Marital Status	Patients naming contacts(pre-marital), Marital, Extra-marital)		Patients naming marital contacts only		Total	
	No.	%	No.	%	No.	%
Unmarried	35	100	—	—	35	100
Married	60	86	10	14	70	100
Total	95		10		105	100

Status of Contacts named: The status of contacts named by 105 patients re-interviewed is shown in Table No. 5. Of the 279 contacts named by the patients, majority (62%-) belonged to the professional class of fallen women. 25% were marital contacts (wives) and 13% were others.

TABLE 5

Status of 279 contacts named by 105 patients re-interviewed.

Status of contacts		No.	%
Wife		70	25
Prostitute		77	27
Casual Acquaintance		49	18
Clandestine Prostitutes		47	17
Girl friends, Collegues etc.		11	4
Married Women		18	6
Homosexuals	6		
&		7	3
Eunuch	1		

Results of Investigation of Contacts followed-up: The results of investigation of contacts followed-up is represented in Table No. 6. Out of 279 contacts named only 78 contacts were followed-up. Out of these 70 were marital contacts (wife) and 8 were Pre-marital & extra-marital contacts. Out of these 58 marital contacts and 4 Pre-marital & extra-marital contacts only were examined, and, as a result, 37 (60%) were detected to be suffering from venereal diseases, and 25 (40%) were found to have escaped infection.

TABLE No. 6

Findings in 78 contacts followed-up:

Contacts	No. followed	%	Number Examined	% of those Examined
Marital	70	90	58	—
Pre-marital & extra-marital	8	10	4	—
Total	78	100	62	—
Findings in those examined:	—	—	—	—
Syphilis (all types)	16			25
Gonorrhoea	8	—	—	13
Chancroid	1	—	—	2
Other V. D.	12	—	—	20
No infection	25	—	—	40
Total	62	—	—	100
No Examination	16			

Discussion: It is evident from the study that there is a great epidemiological significance of interviewing and re-interviewing by skilled interviewer, trained and oriented in this field, and also of a favourable physical setting for conducting the interviews.

The reasons for great many patients being unable to bring their contacts for investigation was because of their promiscuous nature and the casual nature of sexual transaction, whose detailed informations could not be furnished by them. Similar difficulties were experieced in the case of prostitutes.

Some of the patients who were advised to persuade their contacts to come for check up had failed to do so as their sex partners neither believed that they were suffering from venereal infection nor they were prepared to disclose their whereabouts. Where girl friends or married women were involved, the patients were unable to bring them for investigation for social reasons.

Out of 78 marital, pre-marital & extra-marital contacts followed-up 62 (80%) were brought for investigation, and, out of which, 37 (60%) were detected to be suffering from venereal infections. This indicates that still higher incidence of venereal infection could possibly be detected if more effective and co-ordinated follow-up measure could be undertaken. 12 marital contacts could not be brought for examination as majority of them lived in their native places or were not present in Delhi at the time of the patients' treatment. One patient was however on widower.

Ignorancy about the disease, its causes and consequences on the part of the contacts and people in general is another factor responsible for unsuccessful contact tracing in the V. D. Control. Mass awareness through extensive publicity, introduction of proper legislation and an effective and co-ordinated control in India and provisions of more qualified personnels by the state authorities are some of the essential steps necessary for the success of the control programme.

SUMMARY

Interview and re-interview of V. D. patients by skilled interviewer, trained and oriented in the field, is of great epidemiological signification in the V. D. Control. The study conducted at the V. D. Training and Demonstration Centre, Safdarjang Hospital, New Delhi, revealed that 105 patients who denied any history of exposure and/or have furnished insufficient or incorrect informations during the initial interview by the physician incharge with haste have named 279–pre-marital, marital and extra-marital contacts when they were re interviewed by skilled interviewer, with sufficient case, in a separate room with enough privacy. Out of 279 contacts, 78 marital, pre-marital and extra-marital were followed-up; Out of these, 62 contacts were brought for investigation and 60% of them were detected to be suffering from venereal infection.

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REFERENCES

1. The Medical Clinics of North America, Vol –48, No. 3, May 1964; 649 : The importance of contact investgation in the control of "Syphilis" by William W. Frye, PhD. M. D.
2. The Medical Clinics of North America, Vol.–51, No., 3, May 1967; 735 : "The rise in Venereal diseases : Epidemiology and Prevention" by R. H. Kampeier, M. D.
3. Europeon Symposium on Venereal Diseases Control, Stockholm (24–28 Sept. 1963)–a report on a symposium convened by the Regional office for Europe of the W. H. O. "Methods of V. D. control in Europe"–contact tracing; P–10.
4. W. H. O. Technical Report Series No. 190 "Expert Committe on Venereal infection and Treponematosis," P–22
5. Br. J. of V. D. Vol–46, No. 2, April 1970; 138 : "Value of Re–interviewing in contact tracing" by T. Z. CAPINSKI and J. URBANCZYK, Krakow, Poland.
6. Ind. J. of D & VD, Vol–36, July–Aug. 1970, No. 4; 147 : special Article : " History of Exposure to infection in Venereal disease paatient". by S. R. Gupta.
7. Br. J. of VD, Vol–40, 1967; 204 : " Improved method of contact Tracing" by Miss Muspratt and Miss L. I. Pouting.