



Memorandum

Date May 17, 1983

From Mark W. Oberle, M.D., Medical Epidemiologist, Program Evaluation Branch (PEB),  
Division of Reproductive Health (DRH), Center for Health Promotion and  
Education (CHPE)

Subject Foreign Trip Report (AID/RSSA): Costa Rica, May 4-5, 1983, Contraceptive  
Logistics

To William H. Foege, M.D.  
Director, Centers for Disease Control  
Through: Dennis D. Tolsma  
Acting Director, CHPE DDT

- I. PLACES, DATES, AND PURPOSE OF TRAVEL
- II. PRINCIPAL CONTACTS
- III. CONTRACEPTIVE LOGISTICS
- IV. DEPO-PROVERA STUDY

I. PLACES, DATES, AND PURPOSE OF TRAVEL

At the request of AID/S&T/POP/FPSD, and the USAID Mission/Costa Rica, Mark W. Oberle, M.D., M.P.H., traveled to Costa Rica on May 4-5, 1983 to review recommendations concerning contraceptive logistics made to the Costa Rican Demographic Association (ADC), Social Security Administration (CCSS) and Ministry of Health (MOH) in February 1983, (See Oberle CDC AID/RSSA Trip Report dated February 20, 1983.) Travel was performed in accordance with the Resource Support Services Agreement (RSSA) between the Office of Population, AID/W and CDC/CHPE/DRH, and was part of other scheduled travel to Peru, Panama, and El Salvador during the period, April 25-May 11, 1983.

II. PRINCIPAL CONTACTS

A. USAID

- 1. Carlos Poza, Project Manager, USAID/Costa Rica
- 2. Betsy Murray, Project Assistant

B. Costa Rican Demographic Association (ADC)

- 1. Juan Carlos Antillon, Administrator
- 2. Humberto Salas, Supply Chief
- 3. Jose Carvajal, Training Director
- 4. Leonel de Vargas, Warehouseman
- 5. Luis Rosero, Demographer, Evaluation Department

C. Costa Rican Social Security Administration (CCSS)

- 1. Dr. Oscar Fallas, Director, Technical Health Services
- 2. Dr. Raimundo Riggioni, Turrialba Hospital

III. CONTRACEPTIVE LOGISTICS

Since my last consultation (see CDC AID/RSSA trip report dated February 20, 1983), ADC and CCSS have worked on recalling older lots of Ovral. At the time, I had not expected the age of Ovral stocks to be a problem since United

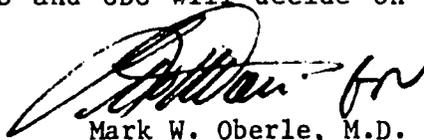
Nations International Emergency Children's Fund (UNICEF) donated these contraceptives in 1977. But in fact, the samples I brought to the U.S. had been manufactured 2 years earlier in 1975. Wyeth has recommended that 270,000 cycles of Ovral be destroyed. During my visit, AID/W informed USAID/CR that Syntex had examined the Noriday samples I had collected in February, and had determined that the 1976 specimens lacked adequate potency. ADC has recalled the 178,200 remaining cycles of this lot from the CCSS warehouse. The ADC distributors have been removing Ovral from distribution points and will now remove the 1976 Noriday. There are adequate stocks of 1978 and 1981 Noriday in Costa Rica, but a repeat analysis of the 1978 Noriday stocks may be necessary next year when these lots will be 6 years old. AID/W is investigating the possibility of obtaining Femenal for use in Costa Rica, but at this time, Femenal is not yet registered in Costa Rica.

Because neither the UNFPA nor the AID bilateral agreements have been signed, a number of activities mentioned in my previous report have not been realized. However, ADC has assisted the MOH in a series of regional training courses for over 100 clinicians. ADC has introduced its new replacement system of supplying contraceptives in a few MOH clinics. As stated in my earlier report, DRH/CDC can provide assistance in adapting our microcomputer logistics software system for use by ADC when that software becomes available later this year.

#### IV. DEPO-PROVERA STUDY

The recent FDA hearings on Depo-Provera highlighted the limited information available on the possible carcinogenic effects of this injectable contraceptive. As of 1981, approximately 32,000 married Costa Rican women had used Depo-Provera at some time as their contraceptive method, with about 7,000 currently using Depo-Provera at the time of the most recent contraceptive prevalence survey in 1981. Two thirds of current users received Depo-Provera at CCSS facilities. In addition, virtually all cases of cancer in Costa Rica are treated at CCSS hospitals and reported to the national cancer registry. Both the registry and the CCSS medical records systems use the cedula number to identify patients. These factors, in a small country with good transportation and communications, suggest that Costa Rica may provide an opportunity to study the relationship between Depo-Provera and cancer.

During this visit, I consulted with CCSS and ADC on the feasibility of either a cohort or a case control study on this issue. I reviewed details of CCSS recordkeeping, and requested age specific cancer data and additional information on the operation of the cancer registry. After an exchange of further information in June, CCSS and CDC will decide on the feasibility of this proposed study.



Mark W. Oberle, M.D.