EL PASO CITY-COUNTY HEALTH DEPARTMENT
501 North Foote Avenue
Colorado Springs, Colorado 80909

ANNUAL REPORT

Venereal Disease Program

January 1, 1975 - December 31, 1975

" If you keep all doors closed to error,
Truth will remain outside."
Tagore

TABLE OF CONTENTS

I INTRODUCTION ..... p. 1

II. PROGRESS IN VENEREAL DISEASE CONTROL (1972 - 1975)..... pp. 2 - 5

III TRENDS IN GONORRHEA MORBIDITY (1972 - 1975) ..... pp. 6 - 12

IV. ANNUAL REPORT 1975 ..... pp. 13 - 34

1. Venereal Disease Morbidity Report ..... p. 14
   a. Gonorrhea ..... pp. 15 - 17
   b. Syphilis ..... p. 18
2. Investigation and Interviewing ..... pp. 19 - 23
3. Laboratory Testing Activities ..... pp. 24 - 26
4. Overall Activities: Monthly and Cummulative Data ..... pp. 27 - 30
5. Medications Dispensed ..... pp. 31 - 32
6. Miscellaneous ..... p. 33

V. CONCLUSION ..... p. 34

INTRODUCTION

Though entitled Venereal Disease Program Annual Report 1975 the enclosed comprises a comparative review of 1975 activities with those of calendar years 1973 and 1974.

This technique affords a meaningful perspective for readers unfamiliar with our Program while simultaneously providing a useful barometer for our department's planning needs (e.g. budget preparation, assignment of priorities, analysis of programs shortcomings, news releases etc.)

It is a formidable document in length, if not in depth. Endowed with a plethora of statistical information - an occasionally tiresome cathexis* on our part - this report does not make for exciting reading. Pages one through four, however, constitute mandatory reading - a succinct, illuminating overview of Gonorrhea trends in El Paso County. Critical comments are solicited.

Respectfully submitted,

John Potterat	Christopher Pratts	Diane G. Richards
Director	Program Epidemiologist	Office Manager

*Grateful acknowledgment to Richard B. Rothenberg, M.D. for introducing us to this (l)awful word.

Impact of Venereal Disease Program Measures on El Paso County: Reflections on Calendar Years 1972 - 1975

What is our Venereal Disease Program accomplishing?

Other than providing for a fine diagnostic and treatment facility, do the resources allocated by our Health Department to "control" venereal disease have impact on our community's venereal disease burden?

In El Paso County venereal disease control is synonymous with gonorrhea control - unavoidable because there are thirty-five cases of gonorrhea to each of syphilis: comprehensive control protocols were translated into program activity by mid-1971 and fully implemented by early 1972. Have these years of effort yielded a positive, appreciable return on investment?

Comparing El Paso County's gonorrhea trends with those of Colorado and the United States for 1972 - 1975 may spawn an answer to our query:

Reported Gonorrhea Cases

Year	El Paso County	% Change	Colorado	% Change	USA	% Change
1972	1541		7,734		767,215	
1973	1597	+3.6%	9,326	+20.6%	842,621	+9.8%
1974	1630	+2 %	10,689	+14.6%	898,943	+6.7%
1975	1681	+3.1%	11,353	+ 6.2%	996,239(Est)	+10.8%

should be 11531 should be 10307

Had we "emulated" rates of increase reported by Colorado or the United States, expected gonorrhea morbidity for El Paso County would have been:

Year	Observed	Expected (Based on Colorado rates)	Expected (Based on national rates)
1973	1597	1858 (+261 cases)	1692 (+95 cases)
1974	1630	2129 (+499 cases)	1805 (+175 cases)
1975	1681	2261 (+580 cases)	2000 (+319 cases)
TOTALS:	4908	6248 (+1340 cases)	5497 (+589 cases)

Graphs 1 and 2 elegantly illustrate this table. A conservative estimate using the (lower) United States rates, indicate that our county was spared 589 cases during this three year span. A more liberal estimate argues that we suffered 1340 fewer cases than expected, using Colorado trends.

THAT'S PREVENTIVE MEDICINE!

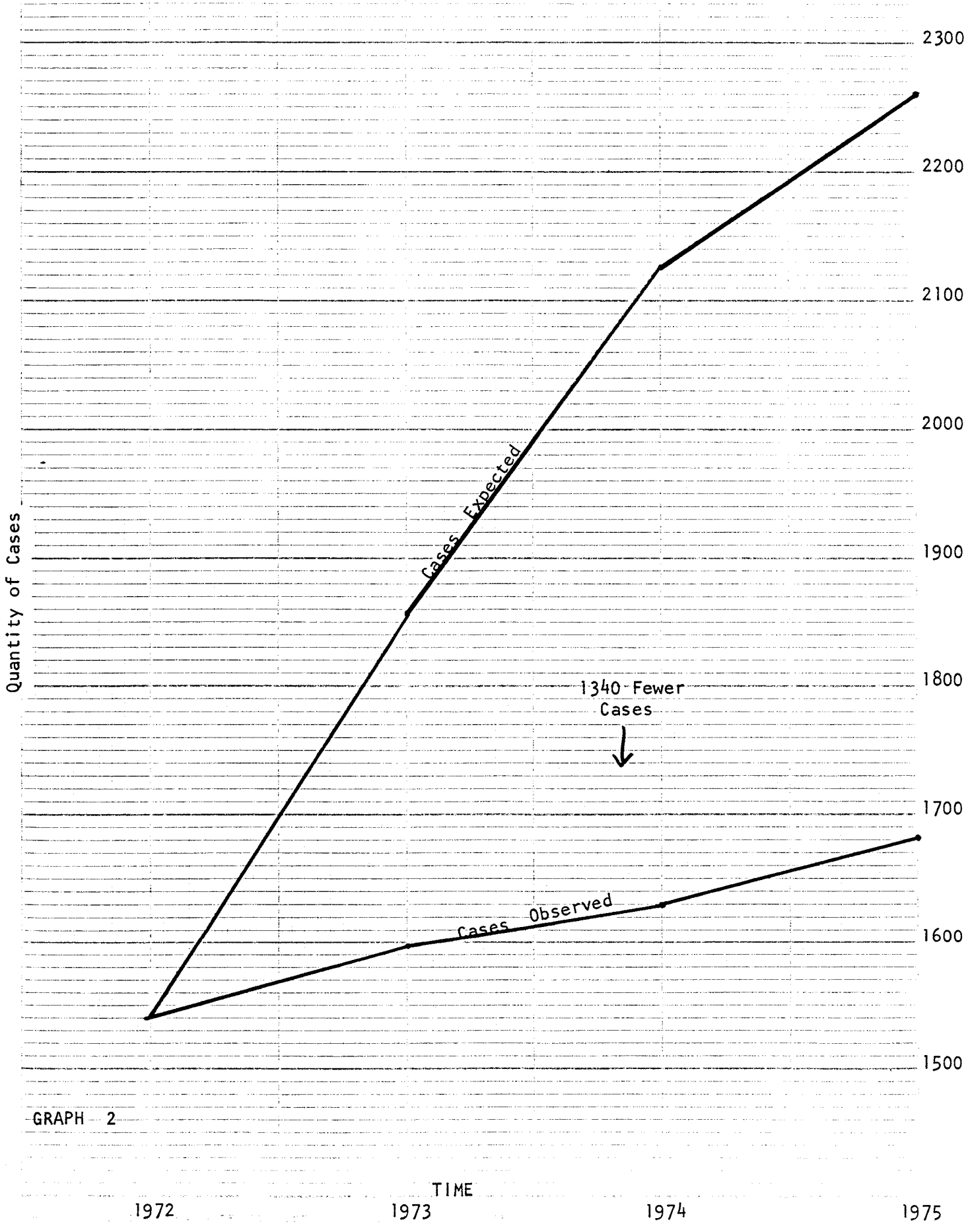
What of the savings incurred? Each case of gonorrhea reported in El Paso County "costs" the program roughly $65.00, an approximation arrived at by dividing City-County and State venereal disease funds into total morbidity. Though we cannot adjust for economies of scale, we can surmise that between $38,000 (589 X 65) and $87,000 (1340 X 65) was spared the taxpayer between January 1, 1973 and December 31, 1975.

To the critic we offer a perhaps more persuasive argument. An expected increase of several hundred cases per year would require the structuring of a fifth weekly venereal disease clinic at a cost of at least $8,000 per year. This is true because most of the cases would be managed by our clinic. (The most salient trend revealed by 1972 - 1975 statistics - of which more later - consists of the pronounced shift of venereal disease cases from the private medical sector to our public clinic.)

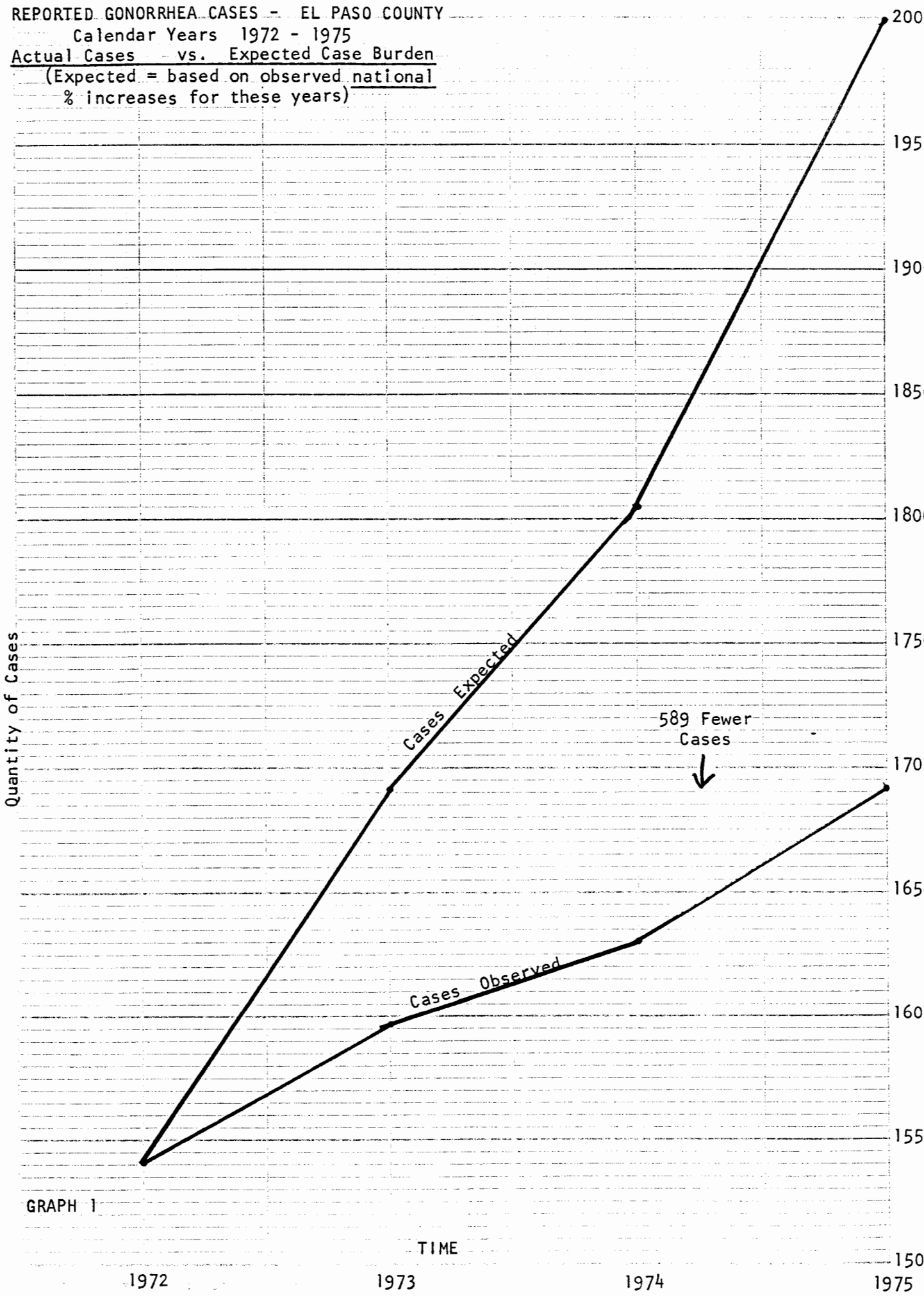
Cost considerations notwithstanding, it is true that we have not yet achieved a reduction in the overall number of cases reported yearly. We have, however, stemmed the tide of gonococcal infection, if only by holding our perimeter. This in itself is commendable in light of the significant population increase in Colorado Springs (135,060 in 1970 to 175,745 in 1975; a thirty percent increase. Denver's population increased only .2% during the same period.)

Our assertions are not impermeable to doubt. In the absence of a rigorous set of criteria to scrutinize our claims, we feel confident that the benefit of the doubt will be accorded our interpretation.

REPORTED GONORRHEA CASES - EL PASO COUNTY
Calendar Years 1972 - 1975
Actual Cases vs. Expected Case Burden
(Expected = based on observed State
% increases for these years)



GRAPH 2


REPORTED GONORRHEA CASES - EL PASO COUNTY
Calendar Years 1972 - 1975
Actual Cases vs. Expected Case Burden
(Expected = based on observed national
% increases for these years)
Quantity of Cases
200
195
190
185
180
175
170
165
160
155
150
Cases Expected
Cases Observed
589 Fewer
Cases
GRAPH 1
TIME
1972
1973
1974
1975

Gonorrhea Morbidity 1973 - 1975

Excellent statistics having been maintained in consistent fashion for the last three years it was deemed useful to prepare special tables for purposes of comparison and to monitor trends in El Paso County.

Tables 1 - 3 constitute an attempt to dissect reported gonorrhea cases for 1973 - 1975 by age, race, sex and reporting source. All possible combinations of these parameters are included except age by race: age, age by sex, age by reporting source: race, race by sex, race by reporting source: sex, sex by reporting source. Age by race records are available but not in easily retrievable form. It would have required analyzing over 5,000 cards individually to obtain results of probably limited usefulness. Morbidity by time (week, month) and geography (census tract) is available for 1974, will be computed for 1975 and the subject of a subsequent report.

A casual glance at these tables reveals a singular, easily perceptible trend: a pronounced shift away from private medical providers to public providers. This is a most desirable phenomenon since it facilitates our control efforts. In a very real sense it is a resounding vote of confidence in our venereal disease clinic on the part of private practitioners who refer many of their cases to us for management and on the part of clients,who avail themselves of our services with increasing frequency.

Table 1 (Sex by Reporting Source): Highlights

A. It is interesting to note that 809 (75%) of 1076 civilian cases were seen at public medical providers in 1975, as opposed to 649 (67%) of 961 civilian cases in 1973. That three-fourths of civilian cases are managed by public institutions argues for continued support of such agencies.

B. Overall figures (right portion of Tables) indicates that private doctors and the military lost 7.5% of their share of total morbidity from 1973 to 1975 and that it is the venereal disease clinic that shouldered this 7.5% change. Note the "gradualness" of the shift.

C. If we observe behavior by gender, we see that:

1. Private doctors see only 7.3% of total male gonorrhea.
2. The Venereal Disease Clinic's male share increased 8% (to 38.7%)
3. The military's male share decreased by 5% (to 54% of total male gonorrhea.
4. Essentially the same can be said of the female trend.
5. Private doctors still report nearly 30% - a significant though decreasing share - of the total women accounted. This fact is due to the asymptomatic nature of gonorrhea in females, many of whom are detected by the Screening Program.
6. The male to female ratio is essentially the same for all three years: 1.6 males to 1 female
7. Nearly 70% of the civilian females are reported by public agencies as opposed to 85% of the civilian males (for 1975).

REPORTED GONORRHEA MORBIDITY - EL PASO COUNTY

Calendar Years 1973, 1974, 1975

Case and Percentage Distribution by Sex and Reporting Source

Reporting Source	Male			Female			Totals		
	1973	1974	1975	1973	1974	1975	1973	1974	1975
Private Doctors	(10.3) 102	(10.4) 106	(7.3) 76	(34.3) 210	(32.2) 198	(29.7) 191	(19.5) 312	(18.6) 304	(15.9) 267
V.D. Clinic	(30.7) 302	(34.3) 347	(38.7) 401	(45.8) 281	(54.1) 333	(52.6) 338	(36.5) 583	(41.8) 680	(44) 739
Military	(59) 580	(55.3) 562	(54) 561	(9.2) 56	(4.4) 27	(6.8) 44	(39.8) 636	(36.1) 589	(36) 605
PPC, OB, HH	N/A	N/A	N/A	(10.7) 66	(9.3) 57	(10.9) 70	(4.2) 66	(3.5) 57	(4.1) 70
Totals	(100) 984	(100) 1015	(100) 1038	(100) 613	(100) 615	(100) 643	(100) 1597	(100) 1630	(100) 1681

Numbers in parentheses are percentages of each morbidity category for that specific year (applies to Table 1, 2 and 3)

TABLE 1

Legend: PPC - Planned Parenthood
O.B. - O.B. Clinic
H.H. - Health Holds (arrested prostitutes)

Table 2 (Age by Sex; Age by Reporting Source): Observations

A. Age by Sex:

1. Overall, the proportion of males to females remained similar (62% male, 38% female)
2. Inexplicably, males in the 20-24 age group gained circa 4% and females in the same group lost by the same percentage. Inexplicably (again!) males in the 25-29 age group dropped a whopping 11% but the females gained by the same percentage. This same reversal is observed in the 30 plus age bracket. This tendency for "older" (25-29) females and "older" (30 plus) males to acquire the disease is odd and was not expected, though it is not significant in absolute numbers.

B. Age by Reporting Source:

1. Overall it is the Venereal Disease Clinic that acquired an 8% increase at the expense of private doctors and the military.
2. The most dramatic change in behavior is again with the "older" folks - this time increasingly attending the venereal disease clinic instead of private doctors or the military, a trend that is evident across all age groups.

REPORTED GONORRHEA MORBIDITY - EL PASO COUNTY

Calendar Years 1973, 1974, 1975

Case and Percentage Distribution by Age and Sex, and by Age and Reporting Source

Age Group	14-19			20-24			25-29			30 plus			Totals		
Sex	1973	1974	1975	1973	1974	1975	1973	1974	1975	1973	1974	1975	1973	1974	1975
Male	(43.5) 167	(45) 209	(42) 176	(65.5) 534	(68) 521	(69) 572	(73.4) 193	(66.8) 181	(62.5) 190	(67) 90	(80) 104	(77) 100	(61.6) 984	(62.3) 1015	(61.7) 1038
Female	(56.5) 217	(55) 256	(58) 244	(34.5) 281	(32) 242	(31) 255	(26.6) 70	(33.2) 90	(37.5) 114	(33) 45	(20) 27	(23) 30	(38.4) 613	(37.7) 615	(38.3) 643
Total	(100) 384	(100) 465	(100) 420	(100) 815	(100) 763	(100) 827	(100) 263	(100) 271	(100) 304	(100) 135	(100) 131	(100) 130	(100) 1597	(100) 1630	(100) 1681
Reporting Source															
Private Doctors	(18.5) 71	(16.3) 76	(15) 63	(16.2) 132	(14.2) 108	(11.5) 95	(22.8) 60	(26.6) 72	(24.6) 75	(36.3) 49	(36.6) 48	(25.4) 33	(19.5) 312	(18.8) 304	(15.8) 266
V.D. Clinic	(41.1) 158	(45.1) 210	(45.4) 191	(35.6) 290	(39.3) 300	(39.6) 328	(36.9) 97	(46.5) 126	(50.4) 153	(28.2) 38	(33.6) 44	(51.5) 67	(36.5) 583	(41.7) 680	(44) 739
Military	(32) 123	(33) 153	(32) 134	(45) 366	(42.8) 327	(44.9) 371	(38) 100	(25.8) 70	(24) 73	(34.8) 47	(29.8) 39	(21.6) 28	(39.8) 636	(36) 589	(36) 606
P.P.C., O.B., H.H.	(8.4) 32	(5.6) 26	(7.6) 32	(3.2) 27	(3.7) 28	(4) 33	(2.3) 6	(1.1) 3	(1) 3	(.7) 1	(0) 0	(1.5) 2	(4.2) 66	(3.5) 57	(4.2) 70
Totals	(100) 384	(100) 465	(100) 420	(100) 815	(100) 763	(100) 827	(100) 263	(100) 271	(100) 304	(100) 135	(100) 131	(100) 130	(100) 1597	(100) 1630	(100) 1681

TABLE 2

Table 3 (Race by Sex; Race by Reporting Source): Comments

A. Race by Sex:

The striking disparity is between black males and females: Black males account for 78% and Black females 22% of Black morbidity. By contrast Caucasians are 55% male and 45% female. Where are the Black females; are they not being detected? This questions assumes that Black males have sex with Black partners. Not true. The controlled study conducted in El Paso County between February and September 1975 indicated that nearly 60% of sexual contacts of Black males are Caucasian (includes Chicanos). No need to have an anxiety attack, thus, about the dearth of Black females in our statistics.

B. Race by Reporting Source:

Private doctors are seeing 8% fewer Caucasians and again the Venereal Disease Clinic picked them up. Blacks changed relatively little, again in favor of our Venereal Disease Clinic. True also for overall figures.

For planning purposes we are assuming that the trend in reported cases to our public agencies will continue and that this will afford us a marvelous opportunity to exercise leverage for control.

REPORTED VENEREAL DISEASE MORBIDITY - EL PASO COUNTY

Calendar Years 1973, 1974, 1975

Case and Percentage Distribution by Race and Sex, and by Race and Reporting Source

Race	Caucasian			Black			Totals		
Sex	1973	1974	1975	1973	1974	1975	1973	1974	1975
Male	(55) 572	(55) 653	(55) 657	(72.6) 474	(78.4) 403	(78.8) 431	(61.7) 1046	(62) 1056	(62.2) 1088
Female	(45) 470	(45) 532	(45) 545	(27.4) 179	(21.6) 111	(21.2) 116	(38.3) 649	(38) 643	(37.8) 661
Totals	(100) 1042	(100) 1185	(100) 1202	(100) 653	(100) 514	(100) 547	(100) 1695	(100) 1699	(100) 1749
Reporting Source									
Private Doctors	(27.4) 286	(23) 273	(19) 229	(10.9) 71	(10) 51	(10.6) 58	(21) 357	(19) 324	(16.4) 287
V.D. Clinic	(41.2) 429	(46.9) 555	(50) 600	(26.1) 171	(30) 154	(30.2) 165	(35.1) 600	(41.7) 709	(43.8) 765
Military	(25.7) 268	(25.7) 305	(26) 312	(62) 404	(59) 304	(57.6) 315	(40) 672	(35.8) 609	(35.8) 627
PPC, OB, HE	(5.7) 59	(4.4) 52	(5) 61	(1) 7	(1) 5	(1.6) 9	(3.9) 66	(3.5) 57	(4) 70
Totals	(100) 1042	(100) 1185	(100) 1202	(100) 653	(100) 514	(100) 547	(100) 1695	(100) 1699	(100) 1749

Venereal Disease = Gonorrhea and Syphilis

TABLE 3

The remainder of this report addresses itself to an analysis of trends in overall Program activities.

The skeletal framework consists of the composite of the twelve mensual statistical reports accompanied by interpretive commentaries.

"By failing to prepare ..... ycu are preparing to fail."

Anonymous

Venereal Disease Morbidity Report

Calendar 1975

Reporting Source	Morbidity				Age Group										Race			Pro Ex	
	Syphilis			Gon	14-19		20-24		25-29		30-39		40+		Cav	Blk	Unk	Syph	Gon
Categories	P&S	E.L.	Other		Syph	Gon	Syph	Gon	Syph	Gon	Syph	Gon	Syph	Gon					
Private Physician Men	1	5	5	76	1	9		28		18	2	16	8	5	66	21			
Women		3	7	190		54	1	67	2	57		10	7	2	163	37			
V.D. Clinic Men	7	11	5	401	1	52	3	194	7	102	7	45	5	8	313	111		22	166
Women	1	2		338		139	2	134	1	51		11		3	287	54		8	302
O.B. Clinic				0															
Planned Parenthood				65		31		30		3				1	57	8			
Health Hold				5		1		3				1			4	1			
Fort Carson Men	6	7	1	506	2	104	8	315	4	66		17		4	242	277	1		
Women	1	2	2	33	1	14	2	16		3	1		1		26	12			
Ent Air Base Men		1		35		6		22		3		1	1	3	17	19			
Women				12		5		5				1		1	7	4	1		
Air Academy Men		1		20		5	1	13		1				1	18	3			
Women																			
Totals	16	32	20	1681	5	420	17	827	14	304	10	102	22	28	1200	547	2	30	468

Clinic Attendance 5775
New 3508
Return 2267

Treatment Failure Two (Clinic) Females

Above includes: 2 cases of Disseminated Gonorrhea
a. Private physician - caucasian female, 20 years of age
b. Clinic - caucasian female, 16 years of age
1 case of ophthalmia Neonatorum in a Black male

Commentary on "Venereal Disease Morbidity Report" Table

Much information, especially on gonorrhea, has been presented in previous sections. This portion amplifies facts worthy of some elaboration. It may be skipped by the busy reader without insult to the integrity of this Annual Report.

A.

1. Gonorrhea Morbidity by Age:

   For all three years, 92% of the morbidity rests in the 14-29 age group; and 75% of total gonorrhea afflicts the 14-24 age group. A young person's disease indeed.

2. Overall Venereal Disease Morbidity by Race:

RACE	1973		1974		1975	
	Cases	Percentage	Cases	Percentage	Cases	Percentage
Caucasian	1035	(61%)	1172	(69%)	1200	(68.6%)
Black	653	(38.6%)	514	(30%)	547	(31.3%)
Other	7	(.4%)	13	(.8%)	2	(.1%)
Totals	1695	100%	1699	99.8%	1749	(100%)

Notable that over 30% of the venereal disease is consistently reported among Blacks, who account for 5% of El Paso County's population.

3. Civilian Gonorrhea Treatment Failures:

   In 1975 only two cases of gonorrhea, both civilian females, stood assessed by this office as genuine treatment failures. Military figures are excluded due to paucity of information.

   A case of gonorrhea positive on test of cure culture(s) is not deemed a treatment failure unless it meets one rigorous criterion: that no coitus occurred between therapy and recheck. Presumably, more cases were treatment failures; they were, however, categorized as reinfections if the patient has engaged in sex prior to test of cure. Alas, too often the case!

Civilians	PMD Males	PMD Females	Clinic Males	Clinic Females
Total Morbidity	76	190	401	408
Tested for Cure	17 (22.4%)	63 (33%)	233 (58%)	355 (87%)
Positive on Recheck	2 (11.8%)	1 (1.6%)	11 (4.7%)	26 (7.3%)
Treatment Failures	0	0	0	2 (.6%)

Civilians	1973		1974		1975	
	Cases	Percent	Cases	Percent	Cases	Percent
Total Morbidity	972		1041		1075	
Total Tested for Cure	488	(50%)	657	(63%)	668	(62%)
Total Positive on Recheck	16	(3.3%)	45	(6.8%)	40	(6%)
Total Treatment Failure	9	(1.8%)	1	(.15%)	2	(.3%)

That nearly two-thirds of civilian gonorrhea cases was tested for cure in both 1974 and 1975 is remarkable considering the cavalier attidude most infectees harbor vis-a-vis gonorrhea. A treatment failure rate of .3%, even if underestimated in light of our rigid criterion, is nothing less than splendid. United States Public Health Service treatment schedules promise 94-97% cure rates on recommended regimens.

Note on Test of Cure Tendencies in Venereal Disease Clinic:

Our office devotes no special effort beyond counseling to induce venereal disease clinic male gonorrhea patients to return for test of cure and yet nearly 60% did so of their own accord in both 1974 and 1975. Clinic females are counseled and reminded, via one telephone call or letter, to return for recheck: 87% (down 3% from last year) complied in 1975. Patients, once treated, would not likely return to our clinic unless they felt comfortable with our staff, which should be commended for a laudable performance.

The importance of testing for cure, particularly for females is underscored by our computations: nearly 5% of clinic males and 8% of clinic females produce positive cultures on recheck.

4. Gonorrhea Repeaters:

We report 1681 cases of gonorrhea for calendar 1975, a rate of 590 per 100,000 (assuming a County population of 285,000). The rate was 560/100,000 in 1973 and 572/100,000 in 1974.

Of the 1681 cases, 244 (14.5%) represent infections in 115 people, a moderate rate of recidivism. In 1973 the rate was 17.7% and 19.5% in 1974. We are encouraged to note a decrease this year.

Thus 1552 people accounted for 1681 episodes in 1975. If we examine reinfection rates by race, sex and reporting source we find that 37% of these repeat episodes are military, 63% civilian; 45% Black, 55% Caucasian; and 60% male to 40% female. This information essentially holds true for the previous two years.

One hundred and four patients suffered two episodes each, eight patients, three episodes each and three suffered four episodes a piece.

It is instructive to compare percentage distribution of gonorrhea cases by sex, race and reporting source with rates of recidivism for the same parameters. The ensuing Table illustrates that the tendency for repeat infections is most pronounced in Blacks and least likely for Caucasians, with the other indices revealing no significant difference.

Category	Percent Morbidity	Percent Recidivism
Civilian	64%	63%
Military	36%	37%
Black	31%	45%
Caucasian	69%	55%
Male	62%	60%
Female	38%	40%

5. Venereal Disease Clinic Gonorrhea: Prophylactic Treatment

Laboratory tests for gonorrhea are at best 85% accurate in the presence of the disease. Thus perhaps 15% of infections remain undetected due to relative insensitivity of present tests. Undetected does not mean untreated. Exposed to gonorrhea, a patient is treated irrespective of test results. This is called prophylactic treatment. "Pro treats" are counted only if they receive the medication and the tests fail to isolate gonorrhea.

Gonorrhea Prophylactic Treatment

	1973	1974		1975	
Sex	Cases	Cases	Percent Change	Cases	Percent Change
Males	111	117	(+5.4%)	166	(+42%)
Females	170	213	(+25%)	302	(+41%)
Totals	281	330	(+17%)	468	(+42%)

The spectacular increase in pro treatments of males is due in good measure to our intensive efforts during 1975 to counsel the infected female to refer her (possibly) asymptomatic male consorts, a procedure not implemented until late 1974.

B. On Early Infectious Syphilis

The trend away from private medical providers to public medical providers is evident in syphilis morbidity also.

	1973		1974		1975		1976	
	Cases	Percent	Cases	Percent	Cases	Percent		
Private Doctors	20	(40%)	16	(31%)	9	(19%)	8	2[illegible]
Venereal Disease Clinic	10	(20%)	24	(46%)	21	(44%)	21	5[illegible]
Military	20	(40%)	12	(23%)	18	(37%)	10	26
Totals	50	100%	52	100%	48	100%	39	10[illegible]

Comparing 1973 with 1975, 11% fewer cases were reported by the private sector and 14% gained by the public sector, absolute numbers (total burden) remaining virtually the same. Thus, for 1975, 70% of civilian syphilis is Venereal Disease Clinic property. (You will recall that, for gonorrhea, this figure is 75%).

Summary of Investigative and Interviewing Activities — Calendar 1975

Originating Agency	Investigations	Disposition of Persons Examined										Totals	Number of Interviews	Contacts Obtained	CT Index
		0	1	2	3	6	7	8	9	X	Y				
Armed Forces	Contact To: 1. Primary & Secondary Syph.	5	1		3	8				2		19	5	19	3.8
	2. Early Latent Syphilis	4			2	3			1	3		13	8	20	2.5
	3. Other Syphilis														
	4. Gonorrhea	4	68		18	87	16	18	2	110	1	324			
Private Physicians	1. Primary & Secondary Syph.	2			1					1		4	1	2	2
	2. Early Latent Syphilis	5	1			1	1			3	1	12	5	19	3.8
	3. Other Syphilis														
	4. Gonorrhea		1		1	2	1		2	4		11	3	5	1.7
Public Cases (Clinic)	1. Primary & Secondary Syph.	8	3		2	6			1	11		31	8	29	3.6
	2. Early Latent Syphilis	10	1		9	14	2		2	7		45	8	35	4.4
	3. Other Syphilis														
	4. Gonorrhea	11	122		47	68	8	2	11	122	1	392	331	596	1.8
Armed Forces Public & Private	Positive S.T.S.Follow-Up	80	25		84	19	1		12	2	20	243			
Clinic	Clinic Patient Field Follow-Up (Rechecks)	120	96		24	63	61		8	18		390			
Totals		249	318		191	271	90	20	39	283	23	1484	369	725	2.0

# of Personal Visits with Private Physicians 18 # of Laboratory Visits 17 Contacts & Follow-Up Open at end of Month 1. Syphilis 2. Gonorrhea 3. Other N/A

Commentary on "Summary of Investigative and Interviewing Activities" Table.

1. Field Investigations

Totals	Examined	Unable to Examine	Brought to Treatment
GONORRHEA 727	523 (72%)	204 (28%)	191 (26%)
Note: 236 (33%) patients were prophylactically treated for gonorrhea exposure.			
SYPHILIS 124	88 (71%)	36 (29%)	6 (4.8%)
Note: 27 (22%) patients were prophylactically treated for syphilis exposure.			
POSITIVE SEROLOGIES 243	203 (83.5%)	40 (16.5%)	27 (11%)
CLINIC PATIENT (Follow-Up) 390	266 (68%)	124 (32%)	114 (29%)
GRAND TOTALS 1484	1080 (72.7%)	404 (27.3%)	338 (22.7%)

OBSERVATIONS:

A. This constitutes an average of 124 (up 9%) investigations per month.
B. Percentages (Grand Totals) of persons examined, unable to examine, and brought to treatment are essestially similar to 1973 and 1974: not as good as 1973 but better than 1974.
C. The most pronounced change occurred with Positive Serologies: up 80% over 1975!
D. Gonorrhea investigations are 20% lower than 1973. This can be attributed to the controlled study we conducted between February and September 1975 in which self-referral was encouraged over field investigations. Field efforts in support of this study are not reflected in this table; a complete report, under separate cover, will be submitted soon.

2. Military Gonorrhea: Investigations

It is of interest to note, for the third consecutive year, that locating gonorrhea contacts obtained in military interviews is more difficult than locating those obtained in Venereal Disease Clinic interviews. The following table illustrates our findings.

Percentage of Contacts NOT locatable

Agency	1973	1974	1975
Military	44%	42%	38%
Venereal Disease Clinic	16%	23%	20%

3. Military Gonorrhea: Interviewing

In February of 1975 we requested Fort Carson to maintain gonorrhea contact interviewing records. Though figures were not available for previous years, this office estimated that 70% of their gonorrhea caseload was subjected to contact interviewing. In actuality, close to 90% of their gonorrhea is contact interviewed. Venereal Disease Clinic personnel at Fort Carson interviewed 466 patients (93% males, 7% females) and obtained 298 contacts for a .6 contact index.

Parenthetically, our own Venereal Disease Clinic staff's success rate is no less than three times better: 1.8 contacts per interview.

4. Venereal Disease Clinic Gonorrhea Contact Interviewing (Males):

A total of 331 (83% of the positives) contact interviews were conducted on Venereal Disease Clinic males, producing 596 contacts. Most of the 17% we missed are patients who left our clinic - against medical advice - before an interview could be performed, or who furnished inexact (phony ?) addresses thus precluding follow-up.

5. Syphilis Contact Interviewing:

In 1975, 35 cases were assessed by this office as constituting early syphilis infections of less than one year's duration. Only one - a 31 month old Black male with acquired Primary Syphilis - was, understandably, not contact interviewed.

A. By Race:

Race	1973		1974		1975	
	Cases	Percent	Cases	Percent	Cases	Percent
Caucasian	21	(53%)	27	(64%)	22	(63%)
Black	19	(47%)	14	(33%)	13	(37%)
Other	0	-	1	(3%)	0	-
Totals	40	(100%)	42	(100%)	35	(100%)

The increase in Caucasian percentage reflects the high (male) homosexual morbidity: 30% of total cases in 1973, 50% in 1974 and 48% in 1975. Most Caucasian infectious syphilis in the U.S.A. is homosexually contracted.

B. By Sex

	1973		1974		1975	
Sex	Cases	Percent	Case	Percent	Case	Percent
Male	27	(67.5%)	32	(76%)	29	(83%)
Female	13	(32.5%)	10	(24%)	6	(17%)
Totals	40	(100%)	42	(100%)	35	(100%)

The male to female ratio dropped dramatically from 2:1 in 1973 to nearly 5:1 in 1975 with about two-thirds of this ratio increase due to the greater share of male homosexual morbidity.

Happily, 1975 was the first year in memory that saw no prostitute reported as harboring infectious syphilis.

C. By Reason for Examination:

Early syphilis seldom proclaims itself via painful, or even obvious, symptoms. It is thus interesting to analyze how these cases were brought to medical attention.

Self-Motivated (Patient had lesions):	8	(23%)
Epidemiology (Named as Contacts):	8	(23%)
Physician Suspicion (Patient sees doctor for reason other than syphilis):	6	(17%)
Gonorrhea Volunteer	2	(5.6%)
Prenatal Care	1	(2.9%)
Blood Donor	2	(5.6%)
Premarital, Preemployment, Routine Screening Hospitalization Screening, Etc.):	8	(23%)
Totals:	35	(100%)

This in way of saying that if epidemiology had not been performed; that if the physician's index of suspicion for the disease had been lower; that if serological screening of gonorrhea, prenatal, blood donor, pre-employment and hospitalized patients had been neglected, 77% (62% in 1974) of infectious syphilis presumably would have remained undetected.

D. Contacts Elicited:

A total of 121 contacts were elicited from these 34 interviews (3.6 per interview), a high and commendable yield. One out of five contacts was investigated outside of Colorado proper. Source was identified in eleven (32%) cases (9% lower than 1974) and nine patients were identified as new, previously undiagnosed, untreated cases - same as last year. Thirty-Three (27%) contacts were not found due to paucity of locating information, as opposed to 12% in 1974.

Venereal Disease Laboratory Testing Report

Calendar 1975

Tests	No.	Pos.	% Pos.	RX	Disp.	Pndg	V.D.Clinic Men	V.D.Clinic Women	Private Physicians Men	Private Physicians Women	O.B.Clinic	P.P.C.	Health Hold
VDRL(Routine)	3550	152	4.3%										
VDRL(Pre-Marital)	932	4	.4%										
FTA	127	67	53%										
Darkfield	26	3	11.5%										
GC Smear	2061	281	13.6%										
GC Culture	19758	960	4.9%				(375) 2449	(318) 1779	(53) 419	(140) 10,003	(0) 83	(66) 4983	(8) 42
Trichamonas	503	131	26%										
Monilia	407	70	17%										
Gravindex	55	17	31%										
Urinalysis	37	2	5.4%										
Pap	420	3	.7%		3Class	III							
Profiles	12	-	-										
Rechecks	668	40	6%				(11) 233	(26) 355	(2) 17	(1) 63			

Numbers in parentheses refer to positives

Commentary on "Venereal Disease Laboratory Testing Report" Table

A comparison of this Table with those of 1973 and 1974 reveals no significant differences save the remarkable increase in volume.

To assist in Budget Preparation a table plotting Venereal Disease Laboratory tests by percentage increase will prove useful.

A.

Test	1974 Percentage Change	1975 Percentage Change
Syphilis Serology	+14	+10
Premarital Serology	+92 (!)	+80 (!)
Gonorrhea Smears	+12	+20
Overall Gonorrhea Cultures	+20	+20
1. For Venereal Disease Clinic Males	+27	+26
2. For Venereal Disease Clinic Females	+19	+ 3 (!)
3. Private Doctors Males	+ 1	- 1
4. Private Doctors Females	+22	+22
5. Planned Parenthood	+20	+22

We offer no explanation for the stunning increase in Premarital testing requests, only much good luck. If these rates of increase continue through 1976, we shall expect nearly 1700 Premaritals (Mr. Schneble: at $2.00 a piece that's $3400. odd dollars!)

B. If we now examine absolute numbers, we find that our laboratory performed a staggering anount of tests in support of the Venereal Disease Program.

Tests	1973 Numbers	1974		1975	
		Numbers	Percent Change	Numbers	Percent Change
For Syphilis	3212	3843	(+20%)	4508	(+17%)
For Gonorrhea	15829	19029	(+20%)	22720	(+19%)
For Other STDs	735	923	(+26%)	1014	(+10%)
Totals	19776	23795	(+20%)	28242	(+19%)

C. Gonorrhea Testing: Females

Excluding test of cure cultures, 16,890 cultures were collected on females in 1975. Considering that El Paso County's female population in the 15-44 (reproductive age group is estimated at less than 90,000, these 16,890 attempts represent 18% of this population being tested for gonorrhea. Thus close to one in five women in that category was subjected to gonorrhea testing in 1975.

D. Private Physician Screening Program:

The trend in detection of gonorrhea being increasingly in favor of public providers over private providers, it is not surprising to see that private physicians are experiencing a low rate of positivity. Out of 10,003 attempts, only 140 cases were found for a 1.4% positive rate in female screening. This compares with a 2% rate in 1974 and a 2.4% rate in 1973.

Increasing costs incurred in maintenance of the Screening Program, coupled with this steadily declining productivity forces this office to assign first priority in 1976 to evaluating its usefulness from a cost-benefit point of view. We must redefine our needs and aims, critically scrutinize the yields and envisage a more efficient allocation of dwindling resources. Though much of the Screening Program will be phased out, serious consideration is being accorded the proposal to charge the physician for the service. No further progress has been made as of this date.

E. Prostitutes and The Health Hold Order:

Prostitutes: A vanishing species in El Paso County during the last three years! Contributing, of late especially, a negligible precentage of overall gonorrhea morbidity and none of syphilis, prostitutes suffered 45 arrests for solicitation during 1975. All but one were examined by our clinic, producing seven cases of gonorrhea.

	1973	1974	1975
Prostitution Arrests	31	20	45
Cases of Gonorrhea	5	1	7
Cases of Syphilis	0	0	0

Those whose philosophical inclination is to blame venereal disease on prostitutes should derive little comfort from these figures; support to buttress their convictions will have to be supplied from elsewhere. Gross estimates assign between 2 - 5% of the county's gonorrhea burden to prostitution.

CITY-COUNTY HEALTH DEPARTMENT COLORADO SPRINGS, COLORADO

ACTIVITIES REPORT

Clinic or Division Venereal Disease Clinic Month _____ Year 1975

Section _____ MONTHLY DATA

TYPE OF ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JLY	AUG	SEP	OCT	NOV	DEC
Clinic Attendance	471	391	430	430	479	491	574	541	610	475	428	455
Number Clinics	16	15	17	18	16	16	20	15	17	16	14	17
GC Testing	1889	1752	1892	2021	1693	1804	2052	1716	2255	2042	1621	2159
Syphilis Testing	386	322	355	337	351	409	494	426	474	390	338	352
Non VD Testing	115	96	126	132	120	103	164	179	120	80	108	101
Syphilis Treatment	1	2	3	6	3	4	4	6	6	4	2	5
GC Treatment	72	56	61	44	67	65	88	97	109	59	55	64
Pro Syphilis	3	0	1	7	5	1	1	3	6	2	0	1
Pro GC	33	34	41	30	36	29	37	44	52	46	38	48
Non VD Rx	102	82	94	103	72	95	131	120	89	80	87	89
Syphilis Morbidity	3	3	3	12	8	3	8	7	8	3	4	5
GC Morbidity	133	138	122	145	116	126	191	186	171	124	82	146
GC Interviews	28	18	20	15	29	31	32	41	49	27	19	25
Syphilis Interviews	3	2	0	7	4	2	4	1	9	0	2	1
GC Investigations	63	57	52	51	38	48	82	44	88	70	47	79
Syphilis Investigations	13	7	11	13	13	6	6	6	23	11	5	10
Rechecks & Pos. Bloods	37	52	67	56	70	36	48	46	81	47	33	60
TOTAL ACTIVITIES												

CITY-COUNTY HEALTH DEPARTMENT COLORADO SPRINGS, COLORADO

ACTIVITIES REPORT

Clinic or Division Venereal Disease Clinic Month _____ Year _____

Section _____ CUMULATIVE DATA

TYPE OF ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JLY	AUG	SEP	OCT	NOV	DEC
Clinic Attendance	471	862	1292	1772	2201	2692	3266	3807	4417	4892	5320	5775
Number Clinics	16	31	48	66	82	98	118	133	150	166	180	197
GC Testing	1889	3641	5533	7554	9247	11051	13103	14819	17074	19116	20737	22896
Syphilis Testing	386	708	1063	1400	1751	2160	2654	3080	3554	3944	4282	4634
Non VD Testing	115	211	337	469	589	692	856	1035	1155	1235	1343	1444
Syphilis Treatment	1	3	6	12	15	19	23	29	35	39	41	45
GC Treatment	72	128	183	227	294	359	447	544	653	712	767	831
Pro Syphilis	3	3	4	11	16	17	18	21	27	29	29	30
Pro GC	33	67	108	138	174	203	240	284	336	382	420	468
Non VD Rx	102	184	278	381	453	548	679	799	888	968	1055	1144
Syphilis Morbidity	3	6	9	21	29	32	40	47	55	58	62	68
GC Morbidity	133	271	393	538	654	780	971	1157	1328	1452	1534	1680
GC Interviews	28	46	66	81	110	141	173	214	263	290	309	334
Syphilis Interviews	3	5	5	12	16	18	22	23	32	32	34	35
GC Investigations	63	120	172	223	261	309	391	435	523	593	640	719
Syphilis Investigations	13	20	31	44	57	63	69	75	98	109	114	124
Rechecks & Pos. Bloods	37	89	156	212	282	318	366	412	493	540	573	633
TOTAL ACTIVITIES												

Commentary on "Activities Report" Tables

These two Tables constitute a brief statistical summary of overall Venereal Disease Program activities - the first on a monthly, the second on a cumulative, basis. Hence monthly trends can be visualized while maintaining periodic totals.

1. Clinic Attendance

Total attendance is deceptive because it adds premarital visits to classic venereal disease client visits.

Visits	1973	1974	Percent Change	1975	Percent Change
Venereal Disease Clients	4218	4643	(+10%)	4843	(+4.3%)
Premaritals	270	519	(+92%)	932	(+80%)
Total Attendance	4488	5162	(+15%)	5775	(+12%)

This clearly demonstrates that true clinic attendance is increasing at a slower rate that overall attendance. Average patient load is thirty patients per clinic (twenty-five true venereal disease client visits per clinic and five premaritals.)

2. Treatment in Venereal Disease Clinic

A. Forty-five patients were treated for syphilis in our clinic in 1975. Considering that total syphilis in the entire county was sixty-eight cases, eighteen of which were military, our clinic treated 90% (45 out of 50) of the civilian syphilis. The private practitioner increasingly refers his cases to our agency for management, as this statistic convincingly reveals.

B. Treatment administered in our Venereal Disease Clinic in support of sexually transmitted diseases (STD's) breaks down as follows:

Treatments	1973	1974	1975
Syphilis and Pro Syphilis	43	77	75
Gonorrhea and Pro Gonorrhea	944	1085	1299
Other STD's	940	1189	1114
Totals	1927	2351	2488

Thus,

1. 1374 patients (28% of total visits) were treated for venereal disease or exposure to venereal disease (25% in 1974; 23% in 1973). This statistic explains why, with only 4.3% increase in true clinic attendance in 1975 many more people were diagnosed and treated than in previous years. Our batting average is improving.

2. 2488 patients (51% of total visits) were administered treatment for some sexually transmitted disease category (50% in 1974 and 45% in 1973).

3. Some 12,289 tests were performed on these 4843 visits, an average of 2.5 tests per visit of which 88% were for classic venereal disease.

CALENDAR YEAR 1975

Sexually Transmitted Disease Medication Dispensed

MEDICATION	COLO. SPGS. CLINIC	COST	FAIRPLAY CLINIC	COST	PRIVATE DOCTORS	COST	TOTAL USED	TOTAL COST
Procaine Penicillin	588 vials	-0-	none	-0-	12 vials	-0-	600 vials	-0-
Bicillin	106 vials	-0-	none	-0-	none	-0-	106 vials	-0-
Erythromycin	400 (250mg) caps	-0-	none	-0-	none	-0-	400 caps	-0-
Trobicin	155 (2g) vials	-0-	9 vials	-0-	10 vials	-0-	174 vials	-0-
Probenicid	1625 caps	-0-	200 caps	-0-	200 caps	-0-	2025 caps	-0-
Vibramycin	342 (100mg) caps	-0-	90 caps	-0-	216 caps	-0-	648 caps	-0-
Tetra (State)	1700 (250mg) caps	-0-	800 caps	-0-	200 caps	-0-	2700 caps	-0-
Tetra (CCHD)	21,000 (250mg) caps	327.00	none	-0-	none	-0-	21,000 caps	327.00
Trojacillin	428 bottles	428.00	22 bottles	22.00	12 bottles	12.00	462 bottles	462.00
Ampicillin	1,400 (500mg) caps	210.00	100 caps	10.00	100 caps	10.00	1,600 caps	230.00
AVC Cream	90 doses	210.00	-	-	-	-	90 doses	210.00
Vanobid	43 doses	87.00	-	-	-	-	43 doses	87.00
Gantanol	1,650 caps	175.00	-	-	-	-	1,650 caps	175.00
Tubex Wycillin	none	-	50 m.u.	70.00	70 m.u.	105.00	120 m.u.	175.00
Podophyllin etc.	N/A	15.00	-	-	-	-	N/A	15.00
Bicillin (Tubex)	-	-	-	-	12 m.u.	-	12 m.u.	-
Benadryl	100 caps	-	-	-	-	-	100 caps	-
TOTAL COST:		$1452.00		$102.00		$127.00		$1681.00

Commentary on "Medications Dispensed in Venereal Disease Clinic" Table

Medications for our venereal disease clinic emanate from two sources: those provided free of charge by the Colorado State Health Department and those acquired under the auspices of City-County Venereal Disease Program Budget. The dotted line in the Table conveniently segregates suppliers: the top half reflects State, the bottom, County secured medications.

Despite substantial increases in drug prices, we spent 15% ($1600 in 1974; $1452 in 1975) less in 1975 for the Colorado Springs Clinic. This reduction was achieved by the elimination of non-essential drugs (for which we now write prescriptions) and by sagacious comparative price shopping.

Observations:

a. Approximately 10% of patients treated for venereal infection or exposure required therapy with a regimen other than penicillin due to sensitivity.

b. There were seven (seventeen in 1974) patients who experienced an adverse reaction to penicillin, none serious. Since circa 1200 patients received penicillin, seven reactions constitute a .6% adverse rate. (At this point the reader is urged to knock on wood).

Miscellaneous

Certain activities performed in support of venereal disease control are not reflected in any of the tables presented thus far. They are:

1. Venereal disease services were structured in Park County during the Summer of 1975 and became operational September 1, 1975 in Fairplay.

2. Similarly, the Manitou Springs Clinic offers venereal disease services effective January 2, 1976. This institution will prove most useful between May and October, the height of the tourist season.

3. Multifarious venereal disease presentations were delivered to schools, para-professional and professional organizations, part of our education program. No exact figures were recorded.

4. A graduate seminar in venereal disease and their psycho-social implications was offered twice in 1975 via the University of Colorado (Cragmore Campus). Conducted by our Director (not on Health Department time) it attempts to equip school administrators, counselors, librarians, teachers and social workers with the tools necessary to implement their own education programs.

5. This department instructed two groups of City-County Health Department nurses - roughly twenty in number-in venereology and contact interviewing. They received the same instruction offered in the five day United States Public Health Service course. Many will exercise their skills in the Colorado Springs, Manitou Springs and Fairplay venereal disease clinics.

Conclusion

Our Program's mandate is clear: do what is possible within the confines of allocated resources to stem the tide of venereal infection in our community. Careful review of this Report should confer the feeling that much was accomplished in the achievement of this goal.

Much remains to be done. Unfortunately the forseeable future augurs a challenging dilemma. Diminishing resources and controlling venereal disease have always been bedfellows in need of generous doses of efficiency to get along.

Program activities are not synonymous with control. The architecture of the Program will thus need corrective surgery in 1976 to assure continued control in light of budget constrictions.

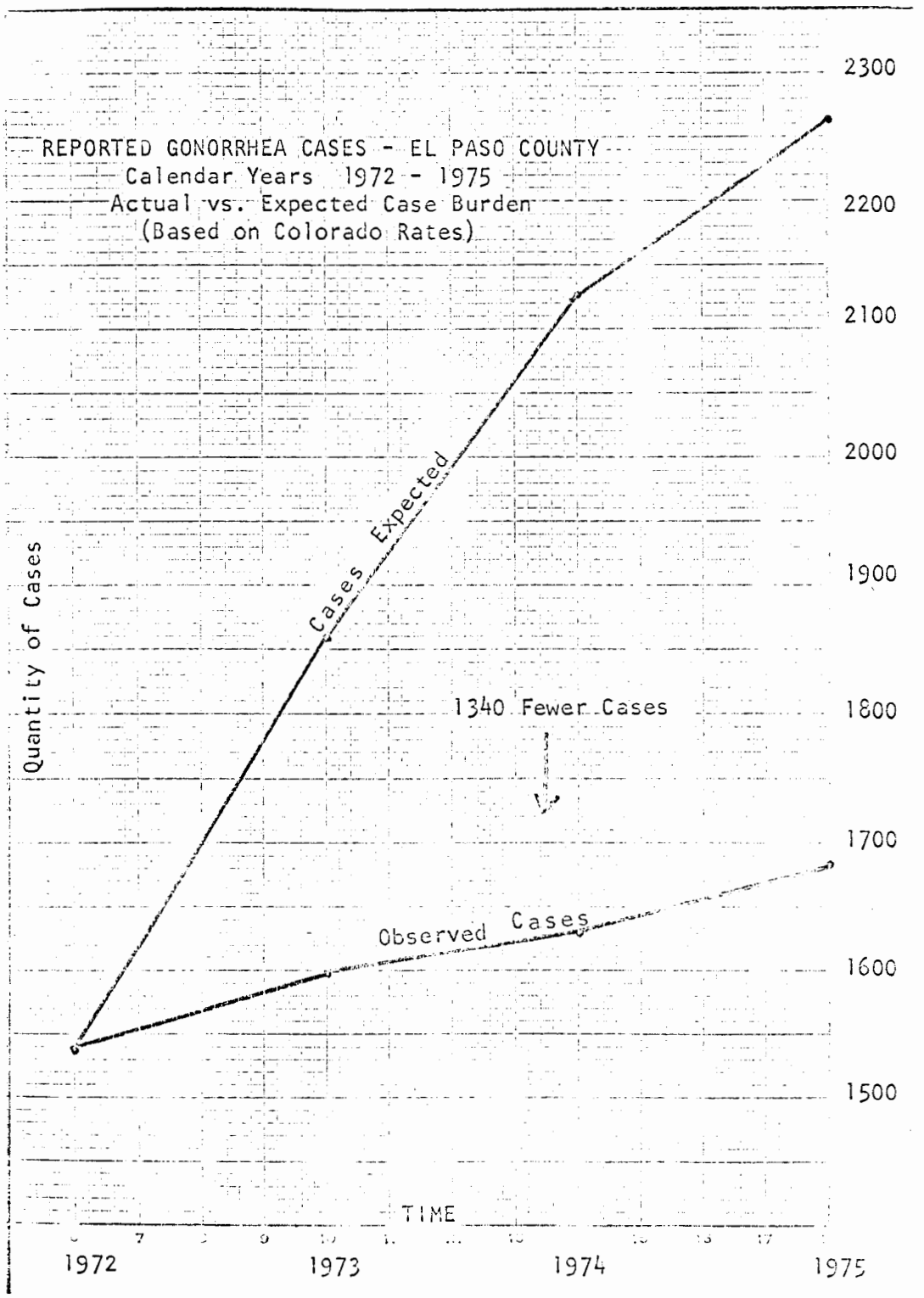
We are presently assessing control techniques with cost-benefit as the guiding consideration. We have alluded, earlier in this paper, to the dissolution of the Private Physician Screening Program as it presently operates. Other protocols will be developed in concert with the State Health Department's Epidemiology Section.

Orchestration of new measures requires time. Moreover no one knows what the music will sound like until the score is written. We can only trust it will be harmonious, particularly in harmony with our resources and hopefully achieved at little sacrifice to control.

ANNUAL REPORT PRECIS

VENEREAL DISEASE CONTROL PROGRAM

El Paso County hosts an enviable Venereal Disease Control Program. Vigorous efforts to stem the gonorrhea epidemic sweeping the industrial world since the late 1960s have had their intended impact. While gonorrhea increased 50% for the years 1972 through 1975 in Colorado and 30% for the nation as a whole, El Paso County recorded only a 10% increase. Had our community experienced Colorado's rates the expected gonorrhea case burden would have been 1340 more cases for this three year period. Graph I elegantly illustrates this conclusion.



This success is remarkable in light of the spectacular (+30%) population increase in Colorado Springs since 1970.

Prompt, accurate reporting by a cooperative private medical sector and by the military along with the existence of an excellent Health Department Venereal Disease Clinic, have contributed significantly to concerted efforts at control.

Venereal Disease Clinic

This facility enjoys the trust of young people (92% of gonorrhea afflicts those under age 30) and high susceptibles alike. High quality diagnostic and therapeutic management of sexually transmitted diseases in a strictly confidential setting is offered four days a week. No appointments are necessary and minors are examined and treated without parental consent. Directed by a physician, the clinic recorded over 5,000 client visits in 1975, treating 1,374 patients for venereal disease or exposure to venereal disease. More than 12,000 tests were performed in clinic to support our diagnoses.

Venereal Disease Epidemiology

There were 1,681 cases of gonorrhea and 48 of infectious syphilis reported in El Paso County in 1975, a 3% increase over 1974. Appropriate case management, based on contact interviewing of infectees and concomitant field investigations, required nearly 1,500 confidential visits and 850 interviews on the part of the staff.

The County's Gonorrhea Screening Program, designed to detect inapparent infection in females, is conducted under the aegis of the Health Department in concert with participating private physicians and the military. 17,000 cultures were collected on females in 1975 (nearly 20% of the susceptible female population) yielding 532 new cases.

Prostitutes, contrary to popular opinion, contribute a negligible amount of venereal disease in El Paso County. Less than 3% of the total venereal disease burden can be attributed to their presence. This office served 45 legal orders on prostitutes in 1975, detecting 7 cases of gonorrhea and none of syphilis on compulsory examination.

Special Report

A controlled study, designed to test the reliability of self-referral of sexual contacts by gonorrhea infectees (in contrast to traditional management via the contact interview), was conducted between February and September of 1975. Self-referral proved slightly more efficacious and significantly more cost effective than its alternative, contact interviewing. Results will be published soon.