Original (Office) copy

don't
screw
around
with
it

CITY - COUNTY HEALTH DEPARTMENT
501 N. Foote Avenue
Colorado Springs, Colorado

ANNUAL REPORT

Venereal Disease Program

January 1, 1974 - December 31, 1974

"Do I contradict myself?
Very well then, I contradict myself.
I am ample; I contain multitude."

Walt Whitman

"Doubt is not a very pleasant state;
but certainty is a ridiculous one."

Voltaire

I N D E X

I. INTRODUCTION p.1

II. A. VENEREAL DISEASES MORBIDITY REPORT p.2
B. COMMENTARY ..... p.p. 3 - 9

III. A. SUMMARY OF INVESTIGATIVE AND INTERVIEWING ACTIVITIES..... p. 10
B. COMMENTARY ..... p.p. 12 - 14

IV. A. VENEREAL DISEASE LABORATORY TESTING REPORT ..... p. 15
B. COMMENTARY ..... p.p. 16 - 17

V. A. GONORRHEA CULTURING ACTIVITY REPORTS ..... p. 18
B. COMMENTARY ..... p.p. 19 - 22

VI. A. GENERIC ACTIVITIES REPORT - MONTHLY DATA ..... p. 23
B. GENERIC ACTIVITIES REPORT - CUMMULATIVE DATA ..... p. 24

VII. SUMMARY OF MEDICATIONS DISPENSED IN VENEREAL DISEASE CLINIC ..... p.p. 25 - 26

VIII. CONCLUSION ..... p. 27

IX. APPENDIX ..... p.p. 28 ff

INTRODUCTION

This report comprises a review of the activities of the Venereal Disease Program for calendar 1974.

The skeletal framework consists of the composite of the twelve mensual statistical reports; the muscle and flesh of interpretive commentaries. The fat has been kept to a minimum.

Comprehensive data for this program were not compiled prior to calendar 1973. The enclosed analysis highlights 1974 findings with those of 1973 where significant. Thus, if a particular segment of activity for 1974 is presented WITHOUT reference to 1973 the reader may assume that it differs little from the previous year. This technique provides perspective while precluding the necessity of constantly referring to Annual Report 1973.

We trust this "sex pollution" report conveys the enthusiasm and pleasure we experienced in its compilation.

Respectfully submitted,

John Potterat

John Potterat
Director
Venereal Disease Program

Christopher I. Pratts

Christopher I. Pratts
Venereal Disease Epidemiologist

Special thanks to Program Secretary, Diane Richards, whose patience and energy facilitated the entire process.

Monthly Venereal Disease Morbidity Report

[redacted] CALENDAR 1974

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	5	4	1	106		10	3	29	3	32	2	27	2	8	96	18	2		
Women	2	5	4	198	1	66	6	79	1	40	1	10	2	3	175	34			
V.D. Clinic Men	7	12	1	347		54	3	179	6	82	7	25	4	7	279	87	1	22	117
Women	3	2	4	333	1	156	5	121	2	44	1	10		2	268	67	7	11	213
O.B. Clinic				1				1								1			
Planned Parenthood				55		25		27		3					52	3			
Health Hold				1		1										1			
Fort Carson Men	5	3	3	509	3	142	5	275	2	59	1	25		8	244	275	1		
Women	4		4	22		6	4	11		3	1	2	3		24	4	2		
Ent Air Base Men				32				26		4		1		1	14	18			
Women				4		2		2							3	1			
Air Academy Men				21		3		12		4		2			16	6			
Women				1				1							1				
Totals	26	26	17	1630	5	465	26	763	14	271	13	102	11	29	1172	514	13	33	330

Clinic Attendance 5162
New 2938
Return 2224

Treatment Failure 1 Clinic Female

Commentary on "Venereal Disease Morbidity Report" Table

In comparing the Tables for 1973 and 1974 we are immediately struck by their similarity: virtually every category is ESSENTIALLY the same.

While we feel confident that this phenomenon defies exact interpretation, we are not abdicating our responsibility to attempt an "educated guess". To the reader we offer the caveat that our speculations are largely grounded on "gut feeling."

In El Paso County Venereal Disease control is synonymous with Gonorrhea control - unavoidable because there are forty (40) cases of gonorrhea to each of syphilis. Systematic control concepts were not translated into program activity until mid-1971. We have hosted a soundly designed and well executed program for three and one-half years. While many sections of the United States suffered rapidly rising gonorrhea morbidity (10 - 15% per year), El Paso County reached a plateau in 1972 and has since remained at that level despite aggressive, comprehensive epidemiology, a popular Venereal Disease clinic, reliable diagnostic and therapeutic tools, the trust and cooperation of medical community and high priority groups alike.

Reported Gonorrhea Morbidity (All Sources)

1969	-	1000 cases	1972	-	1541 cases
1970	-	1536 cases	1973	-	1597 cases
1971	-	1099 cases	1974	-	1630 cases

We assess this plateau to be the by-product of a mature control program. All other things being equal similar results can be expected in 1975 given the same control tools. Indeed, we feel our program marvelously illustrates the shortcomings of traditional epidemiology. We know that these control techniques - those recommended by the Center for Disease Control - have failed to reduce morbidity, if not incidence, in our community. If reducing the overall Gonorrhea burden is achievable via

current technology, then new epidemiologic approaches must be evolved.

The Center for Disease Control has assigned a team in Colorado to explore and implement new avenues of approach. We feel fortunate to have been selected to participate in a series of controlled studies that offer hope in having our efforts make a significant impact. Our sense of direction won't change; hopefully some of the tools will.

GONORRHEA

No sensitive barometer has yet been designed to gauge changes in the incidence of gonorrhea in a population. We must satisfy ourselves with certain indices, outlined below, that prove useful in judging a control program.

1. MALE to FEMALE RATIO:

1015 males : 615 females
(Ratio - 1.65:1)

We assume that the lower the male to female ratio - the ideal being 1:1 in a non-homophile population? - the better. This would hold true because the female, unlike the male, is asymptomatic in the majority of cases. It can be estimated that 255 females (Private Physician screening, Planned Parenthood, OB, Health Hold) were brought to medical attention through screening. The ABSENCE of screening presumably would have increased this ratio to 2.8 to 1.

1015 males : 360 females
(Ratio - 2.8:1)

2. GONORRHEA MORBIDITY BY REPORTING SOURCE:

1974	Cases	Percent	1973	Cases	Percent
Private Physicians	304	(18.7%)	Private Physicians	312	(19.5%)
V. D. Clinic	681	(41.8%)	V. D. Clinic	587	(36.8%)
Planned Parenthood	56	(3.4%)	Planned Parenthood	63	(3.9%)
Military	589	(36.1%)	Military	636	(39.8%)
	1630	100%		1598	100%

Of notable interest is that the Venereal Disease Clinic experienced a 5% increase in overall reported morbidity with the military's share decreasing 3.7% over 1973.

The 15% increase in Venereal Disease Clinic attendance (4488 visits for 1973; 5162 visits in 1974) correlates (coincides?) closely with the 16% increase in clinic gonorrhea morbidity (587 cases for 1973; 681 cases for 1974). May we presume that a similar attendance increase in 1975 would yield a corresponding increase in gonorrhea cases? Our projection for 1975 must accomodate this probability.

3. GONORRHEA MORBIDITY BY AGE:

Age Group	Cases	Percent
14 - 19	465	28.5%
20 - 24	763	46.8%
25 - 29	271	16.6%
30 - 39	102	6.25%
40 plus	29	1.8%

These percentages are similar to 1973: 75% of the gonorrhea afflicts the 14 - 24 age group; 92% the 14 - 29 age group.

A young person's disease indeed!

The majority (80%) of FEMALE gonorrhea from all reporting sources for both 1973 and 1974 rests with the 14 - 24 age group. Notable is the shift in 1974 to the younger (14 - 19) from the older (20 - 24) group.

1973	1974
Females in the 14 - 24 age group	
498 cases	494 cases
Percentage in 14 - 19 group: 43%	Percentage in 14 - 19 group 52% (+9%)
Percentage in 20 - 24 group 57%	Percentage in 20 - 24 group 48%

This shift to younger women is also dramatically reflected in the Venereal Disease Clinic Gonorrhea cases:

1973	1974
Total females in 14 - 24 group	
245 cases	277 cases
Percentage in 14 - 19 group: 46%	Percentage in 14 - 19 group: 56% (+10%)

This increase obtains also if we examine the Fort Carson male Gonorrhea in the 14 - 24 age group for both 1973 and 1974: a 10% increase in 1974 in favor (sic!) of the younger (14 - 19) over the older (20 - 24) group. Perhaps the change was occasioned by the shift to a volunteer Army: an Army composed of inductees tends to be older.

4. VENEREAL DISEASE MORBIDITY BY RACE:

1974			1973		
Caucasian:	1172 cases	(69%)	Caucasian:	1035 cases	(61%)
Black:	514 cases	(30%)	Black:	653 cases	(38.6%)
Other:	13 cases	(.8%)	Other:	7 cases	(.4%)

Nearly 9% "traded" from Black to Caucasian in 1974.

ON EARLY SYPHILIS: an anecdote

Virtually all indices relating to Venereal Disease Clinic activity have risen substantially in 1974. The diagnosis and treatment of early Lues - of which more later - constitutes no exception.

In 1973, ten (20%) of the fifty reported cases were diagnosed in our clinic. For 1974 the figures are twenty-four (46%!) out of fifty-two cases, a hefty 26% increase. We view it as self-evident that as the clinic's reputation for trustworthiness diffuses throughout the

community, its share of the total venereal disease load for El Paso County will increase. This is desirable because exercise for its management is easier in a public clinic setting.

5. CIVILIAN GONORRHEA TREATMENT FAILURES:

In 1974 only one case of gonorrhea - a clinic female - stood assessed by this office as a genuine treatment failure. 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 our 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 had engaged in sex prior to the recheck. Alas, all too often the case!

Civilians	PMD Males	PMD Females	Clinic Males	Clinic Females
Total Morbidity:	106	198	347	390
Tested for Cure:	9 (8.5%)	89 (45%)	205 (59%)	354 (90.7%)
Positive on Recheck:	1 (11%)	3 (3.4%)	12 (5.9%)	29 (8%)
Treatment Failures:	0	0	0	1 (3.4%)

Total Treated:	1041	
Total Tested For Cure:	657	(63%)
Total Positive on Recheck:	45	(6.8%)
Total Treatment Failure:	1	(.15%)

That 63% (50% in 1973) of the civilian gonorrhea cases was tested for cure is remarkable considering the cavalier attitude most infectees harbor vis-a-vis gonorrhea. A treatment failure rate of .15%, 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.

6. TEST OF CURE TRENDS:

Our office devotes no special effort beyond counseling to induce venereal disease clinic male gonorrhea patients to return for tests of cure, and yet nearly 60% (20% over 1973!) did so of their own accord. These patients have to be at least treated somewhere, irrespective of clinic conditions (i.e.condenscending, hostile, etc.). That so many should honor our recommendations constitutes a laudable vote of confidence in our particular clinic.

Clinic females positive for gonorrhea, on the other hand, are actively followed through field endeavor if they do not return for tests of cure within ten calendar days. In 1973, 82% were so tested and 91% in 1974.

Private Physicians rechecked a paltry 8.5% of their positive males (versus 12% in 1973) but 45% (versus 27% in 1973) of their females. Patient and persistent efforts on our part to educate the private medical provider regarding sound venereal disease case management may well account for this significant increase in females being tested for cure.

Note for 1975:

Assuring test of cure compliance on the part of the venereal disease clinic female is costly from the point of view of the allocation of scarce resources. Counseling alone resulted in 60% of the males returning for rechecks. For 1975 we are going to assume that a similar percentage can be obtained with females, precluding field follow-up. We feel that, numerically, this would provide our office a statistically valid sample for purposes of monitoring the efficacy of therapeutic regimens in El Paso County. Time, money and anxiety levels will thus be directed into more productive channels.

7. GONOCOCCAL RECIDIVISM:

We report 1630 gonorrhea cases for calendar 1974, a rate of 572 cases per 100,000 (assuming a population of 285,000), up 12 per 100,000 over 1973.

Of the 1630 cases, 318 (19.5%) represent infections in 138 people, a very high rate of recidivism. Thus 1450 people accounted for 1630 cases in 1974. That virtually one of every five cases proved a re-infection in the same person (17.7% in 1973) seems appalling. We must marshall our energies and imagination to stem this rate. Controlled studies, designed to identify the repeater and to eventually tailor an effective approach to redice his likelihood of repeated episodes, must be conducted.

If we now examine reinfection rates by sex and reporting source we find that 48 (35%) of these 138 repeaters are military (chiefly Fort Carson) and 65% civilian; 63% are males and 37% are females.

106 patients suffered two episodes each.
26 patients suffered three episodes each.
7 patients suffered four episodes each.

Summary of Investigative and Interviewing Activities

Month Calendar - 1974

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.	3	2		1					2		8	8	16	2.0
	2. Early Latent Syphilis	1				1			1			3	2	6	3.0
	3. Other Syphilis														
	4. Gonorrhea	6	72		30	89	6	52	4	85	3	347			
Private Physicians	1. Primary & Secondary Syph.	4				1				10		15	6	18	3.0
	2. Early Latent Syphilis	6			2	3	1			5		17	5	17	3.4
	3. Other Syphilis														
	4. Gonorrhea	2	1		8	7				11		29	23	35	1.5
Public Cases (Clinic)	1. Primary & Secondary Syph.	4	8		3	9	1		6	21		52	12	49	4.0
	2. Early Latent Syphilis	8			1	8			1	11		29	8	29	3.6
	3. Other Syphilis														
	4. Gonorrhea	8	130		71	76	13	7	8	94		407	294	478	1.6
Armed Forces Public & Private	Positive S.T.S. Follow-Up	37	12		63	11	2	1	6	1	1	134			
Clinic	Clinic Patient Field Follow-Up (Rechecks)	96	59		24	56	68	10	10	5		328			
Totals		175	284		203	261	91	70	36	245	4	1369	358	648	1.8

# of Personal Visits with Private Physicians 6 # of Laboratory Visits 24

Contacts & Follow-Up Open at end of Month
1. Syphilis :
2. Gonorrhea : N/A
3. Other :

COMMENTARY ON "SUMMARY OF INVESTIGATIVE AND INTERVIEWING ACTIVITIES" TABLE

Once again one is immediately impressed by the similarity in the Tables for 1973 and 1974.

1. FIELD INVESTIGATIONS:

TOTALS	EXAMINED	UNABLE TO EXAMINE	BROUGHT TO TREATMENT
GONORRHEA			
783	530 (67.6%)	253 (32.3%)	203 (26%)

Note: 190 (24%) patients were prophylactically treated for gonorrhea exposure.

SYPHILIS			
124	100 (80%)	24 (19%)	10 (8%)

Note: 49 (40%) patients were prophylactically treated for Luetic exposure.

POSITIVE SEROLOGIES			
134	119 (89%)	15 (11%)	12 (9%)
CLINIC PATIENT FOLLOW-UP			
328	189 (57.6%)	139 (42.3%)	59 (18%)

GRAND TOTALS

Investigations	Examined	Unable to Examine	Brought To Treatment
1369	938 (68.5%)	431 (31.4%)	284 (21%)

This constitutes an average 114 investigations per month.

Comparing 1974 with the preceeding year one has to confess that our success rate fell 8% overall in 1974: Gonorrhea investigations are down 15% over 1973 and the success rate down 4%. Clinic patient follow-ups are up 15% while the success rate plummeted 18%.

It is of interest again to note that locating gonorrhea contacts obtained in military interviews is more difficult that locating those obtained in venereal disease clinic interviews: 42% of military interview contacts were not found as opposed to 23% (16% in 1973) of clinic interview contacts. Whether the projected "civilianization" of Fort Carson's Venereal Disease Program in 1975 favorably affects the situation remains to be seen.

2. GONORRHEA CONTACT INTERVIEWING:

A total of 298 (86% of the positives) Gonorrhea interviews were conducted on Venereal Disease Clinic males, producing 478 contacts for a 1.6 contact index. The reader is referred to the monograph "Venereal Disease Clinic Male Gonorrhea Contact Interviewing: Is It Worthwhile?" attached as an appendix for a lively discussion on the problem.

Not included in this report are 562 cases of male gonorrhea reported by the military installations. Exact statistics being unfortunately unavailable, we nevertheless estimate that 70% were subjected to contact interviewing.

3. SYPHILIS CONTACT INTERVIEWING:

In 1974, 42 cases were assessed by this office as constituting early syphilis infections of less than one year's duration. Forty-One (98%) were interviewed for contacts, the remaining case having moved to New York prior to interview.

A. BY RACE:

1974			1973		
Caucasian:	27	(64%)	Caucasian:	21	(53%)
Black:	14	(33%)	Black:	19	(47%)
Indian:	1	(3%)	Indian:	0	
	42 cases			40 cases	

The increase in the Caucasian percentage (11%) reflects the higher homosexual morbidity this year: 30% of the cases in 1973; 50% of the cases in 1974. Most Caucasian early syphilis in the United States is homosexually contacted.

B. BY REPORTING SOURCE:

1974	1973
Military: 10 cases (24%)	Military: 15 cases (37.5%)
V.D. Clinic: 20 cases (48%)	V.D. Clinic: 8 cases (20%)
Private Physicians: 12 cases (28%)	Private Physicians: 17 cases (42.5%)

In El Paso County, syphilis cases reported by the military tend to be black, male and heterosexual; those reported by private practitioners and the Venereal Disease Clinic, caucasian, male and homosexual. It is probably true that the sharp increase in clinic reporting and the substantial decrease in private practitioner reporting reflects the trust we have engendered in the homophile community in the preceeding eighteen months. In years past the homosexual was likely to seek private medical care to hopefully avoid being reported; he is now much more inclined to present at our clinic knowing that confidentiality rests as the cornerstone of our program.

C. BY SEX:

1974	1973
Male: 32 cases (76%)	Male: 27 cases (67.5)
Female: 10 cases (24%)	Female: 13 cases (32.5%)

Notable is the fact that out of 23 caucasian males, 21 (91%) were homosexual. All nine black males were heterosexual. As for females, 3 (30%) of the ten cases were prostitutes, all black.

D. BY REASON FOR EXAMINATION:

Early syphilis seldoms proclaims itself through painful, or even obvious, symptoms. It may thus be interesting to list here how these cases were brought to medical attention.

Self-Motivated (Patient has lesions):	16	(38%)
Epidemiology (Named as contacts) :	12	(28.5%)
Physician Suspicion (Patient present for reasons other than syphilis)	7	(16.5%)
Gonorrhea Volunteer	4	(9.5%)
Prenatal	1	(2.4%)
Blood Donor	1	(2.4%)
Routine (Hospitalization)	1	(2.4%)

This in way of saying that if epidemiology had not been conducted; that if the physician's index of suspicion for the disease had been lower; that is serological screening of gonorrhea, prenatal, blood donor and hospitalized patients had been overlooked, 62% of the early syphilis presumably would have remained undetected in 1974.

E. CONTACTS ELICITED:

A total of 139 contacts were elicited from these 41 interviews (3.4 per interview) which is reasonably high and thus commendable. Thirty-two of these contacts (23%) required investigation out of our jurisdiction.

Source case was identified in seventeen (41%) of the cases and nine patients were identified as new, previously undiagnosed, untreated cases.

Only 12% of the named contacts were not located.

Monthly Venereal Disease Laboratory Testing Report

[redacted] Calendar - 1974

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)	3252	127	3.9%										
VDRL(Pre-Marital)	519	3	.5%										
FTA	133	74	55.6%										
Darkfield	72	9	12.5%										
GC Smear	1707	228	13.4%										
GC Culture	16460	912	5.5%				1945 (329)	1741 (298)	423 (63)	8188 (160)	61 (1)	4085 (60)	17 (1)
Trichamonas	433	85	20%										
Monilia	348	60	17%										
Gravindex	75	20	27%										
Urinalysis	36												
Pap	498		1 Class III										
Profiles	31												
Rechecks	657	45	6.8%				205 (12)	354 (29)	9 (1)	89 (3)			

Note: If a number is in parentheses, it refers to the Positives.

"COMMENTARY ON VENEREAL DISEASE LABORATORY TESTING REPORT" TABLE

In compiling the Venereal Disease Program budget for 1974 this office was advised by the administrator, Jack Schneble, to project a 20 - 25% increase to accomodate increases in both activity and cost. Laboratory support for the Venereal Disease Program rose 20% overall in 1974, price increases notwithstanding - an unimpeachable vindication of the administrator's sagacity!

1. TOTAL LABORATORY TESTING IN SUPPORT OF VENEREAL DISEASE PROGRAM:

Venereal Disease Clinic:	10,940 tests	+14% over 1973
Private Practitioners:	8,770 tests	+22% over 1973
Planned Parenthood:	4,085 tests	+20% over 1973
	23,795 tests	+18% over 1973

Venereal Disease Clinic attendance proved 15% greater in 1974; the above figures demonstrate that laboratory testing rose correspondingly. That a laboratory as small as ours should have performed nearly 24,000 individual tests in support of the Venereal Disease Program alone remains astonishing. We congratulate the staff and thank them for both the quality and the quantity of output.

2. GONORRHEA TESTING:

A. FEMALES:

Excluding test of cure cultures, some 14,092 (+22%) cultures were collected on females in 1974. Considering that El Paso County's female population in the 15 - 44 (reproductive) age group is presently estimated at 85,000, these 14,092 tests represent approximately 16% of this population being tested during the year. Even if duplicate testing in the same female is discounted, the possibility remains that one in every six females in that category underwent testing for gonorrhea.

B. MALES:

For calendar 1974 the diagnosis of gonorrhea in our Venereal Disease Clinic was obtained in 347 males, involving the rectum or pharynx in 45 cases and the urethra in 302 cases. Our clinic resorts to both smear and culture to establish the diagnosis urethrally.

The urethral smear was positive in 228 cases (75.5%). On the remaining 74 cases diagnosis was reached on the basis of a positive culture, the smear being negative (or borderline).

This information butresses our conviction that in diagnosing the male, smear and culture must be collected. Relying on the smear alone courts the loss of one-fourth of the positives.

3. SYPHILIS TESTING- MISCELLANEOUS:

a.) In May of 1974, the Venereal Disease Clinic discontinued the VDRL as the standard screening serological test in favor of the more sensitive R.P.R. This latter has proved a most satisfactory tool, recommending itself by its ease and speed of performance.

b.) A total of 133 F.T.A.s were ordered (up 40% from 1973), reflecting the larger share of syphilis diagnosed in our clinic as well as the difficulties encountered with equivocal State Health Department reading (usually requiring repeat specimens.)

c.) Notable also in 1974 was the high rate of positive Darkfield Examination specimens: 9 of 72 attempts (12.5%) as opposed to 1 of 87 attempts (1%) in 1973. This experience has conferred upon our laboratory staff a degree of expertise in Darkfield testing that we point to with pride.

d.) The year 1974 was a jubilee year for premarital testing: up 92% over 1973! We offer no explanation, only good wishes.

COLORADO DEPARTMENT OF HEALTH
EPIDEMIOLOGY SECTION
ACTIVITY REPORT - GONORRHEA CULTURING

Agency El Paso County Report Period Calendar Year 1974

1. Grand Total females cultured during report period 14086

11. Total number/percent of females with one or more positive test results 520 (3.7%)

111. *Breakdown of positives by patient source, age and Specimen site. (Supplementary data sheets.)

AGE	TOTAL FEMALES IN AGE GROUP		**TOTAL POSITIVES		POSITIVE SPECIMEN SITE CERVICAL	RECTAL	BOTH
0-14	142	(1%)	10	(2%)	6		4
15-19	3972	(28.2%)	202	(38.8%)	111	12	79
20-24	4579	(32.5%)	210	(40.4%)	149	9	52
25-29	2334	(16.6%)	72	(13.8%)	58	3	11
30-34	1033	(7.3%)	9	(1.7%)	7	1	1
35-39	562	(4%)	13	(2.5%)	9	1	3
40 +	818	(5.8%)	3	(.6%)	1		2
Not Stated	646	(4.6%)	1	(.2%)	1		
Total	14086	(100%)	520	(100%)	342 (65.8%)	26 (5%)	(29.2%) 152

* A separate table of individual positives should be initiated for each patient source.

** A patient with one or more positive findings is counted as only one.

COMMENTARY ON "GONORRHEA CULTURING ACTIVITY REPORT" TABLES

This set of reports was not maintained prior to calendar year 1974. At the request of the State Health Department they are composed monthly; the attached form the aggregate for the year.

1. THE POSITIVES:

It is indeed notable that 95% of the positive female screenees rest in the 14 - 29 age group and that 80% fell in the 14 - 24 group. Only 25 cases (5%) would have remained undetected had screening not been performed on females over 29 years of age.

2. SPECIMEN SITE:

Cervical, or rectal-cervical (tandem), cultures detected 95% of the positives. Five percent of the positives were diagnosed by the rectal culture alone, the cervical culture having proved negative. One might add that these percentages correlate perfectly with those in published controlled studies.

During the Spring of 1974 the private practitioners in the community were advised to cease collecting the rectal cultures in the screening process. This procedural change probably effected a savings of nearly $4000.00 at a cost to morbidity of perhaps 15 - 25 cases for 1974.

CDH - GONORRHEA CULTURE - SUPPLEMENTARY SHEET

Agency El Paso County Report period Calendar Year 1974

III. Patient Source: Private Physician Screening
Specific Clinic, private patients, etc.)

AGE	TOTAL FEMALES IN AGE GROUP	TOTAL POSITIVES	POSITIVE SPECIMEN SITE		
			CERVICAL	RECTAL	BOTH
0-14	67 (.8%)	2 (1.25%)	1		1
15-19	1423 (17.4%)	49 (30%)	36	2	11
20-24	2372 (29%)	64 (40%)	53	1	10
25-29	1677 (20%)	32 (20%)	26	1	5
30-34	826 (10%)	3 (1.9%)	2	1	
35-39	453 (5.5%)	7 (4.3%)	5		2
40 +	756 (9.3%)	3 (1.9%)	1		2
Not Stated	614 (7.5%)	0			
TOTAL	8188 (100%)	160 (100%)	124 (77%)	5 (3%)	31 (20%)

III. Patient Source: Pap Clinic
(Specific Clinic, private patients, etc.)

AGE	TOTAL FEMALES IN AGE GROUP	TOTAL POSITIVES	POSITIVE SPECIMEN SITE		
			CERVICAL	RECTAL	BOTH
0-14	0				
15-19	5				
20-24	11				
25-29	15	1	1		
30-34	13				
35-39	9				
40+	7				
Not Stated	2				
TOTAL	62	1	1		

CDH - GONORRHEA CULTUR - SUPPLEMENTARY SHEET

Agency El Paso County Report period Calendar Year 1974

III. Patient Source: Venereal Disease Clinic (Females)
Specific Clinic, private patients, etc.)

AGE	TOTAL FEMALES IN AGE GROUP	TOTAL POSITIVES	POSITIVE SPECIMEN SITE		
			CERVICAL	RECTAL	BOTH
0-14	35 (2%)	8 (2.7%)	4	1	3
15-19	709 (40.5%)	126 (42%)	47	11	68
20-24	687 (40%)	118 (40%)	70	7	41
25-29	199 (11.4%)	35 (11.7%)	28	1	6
30-34	62 (3.5%)	5 (1.7%)	4		1
35-39	35 (2%)	6 (2%)	4	1	1
40 +	24 (1.4%)	1 (.3%)	1		
Not Stated	-0-				
TOTAL	1751 (100%)	299 (100%)	158 (53%)	21 (7%)	120 (40%)

III. Patient Source: Planned Parenthood
(Specific Clinic, private patients, etc.)

AGE	TOTAL FEMALES IN AGE GROUP	TOTAL POSITIVES	POSITIVE SPECIMEN SITE		
			CERVICAL	RECTAL	BOTH
0-14	40 (.02%)	1 (1.7%)	1		
15-19	1833 (44.8%)	27 (45%)	27		
20-24	1509 (37%)	28 (47%)	26	1	1
25-29	443 (10.8%)	4 (6.7%)	4		
30-34	132 (3.2%)	0			
35-39	65 (1.6%)	0			
40+	31 (.75%)	0			
Not Stated	32 (.75%)	0			
TOTAL	4085 (100%)	60 (100%)	58 (97%)	1 (1.7%)	1 (1.7%)

NOTE: Planned Parenthood only performs cervical cultures.

COMMENTARY ON "GONORRHEA CULTURING ACTIVITY REPORT"

SUPPLEMENTARY SHEET NUMBER 1

This table dissects Gonorrhea Screening Activity for the Private Medical Sector and our Pap Clinic. Statistics on the Pap Clinic being insignificant, we offer no comments.

PRIVATE PHYSICIAN SCREENING

8188 females were tested, yielding 160 positives, a 2% positive rate. Testing rose 22% over 1973 and the rate dropped ½ percent.

Note the high productivity rate in the 15 - 24 age group; this category represents 47% of the total screenees but 70% of the positives! Of captivating interest is the surprisingly high yield in the 25 - 29 age group, an even 20% of the positives for 20% of the total tested. Our recommendation to the private practitioners in the Spring of 1974 was that the heaviest emphasis be placed in the 14 - 24 age group. Our findings should modify this recommendation to read 14 - 29 or risk the loss of that 20%.

COMMENTARY ON "GONORRHEA CULTURING ACTIVITY REPORT"

SUPPLEMENTARY SHEET NUMBER 2

These tables record screening activity for the Venereal Disease Clinic and Planned Parenthood.

1. Venereal Disease Clinic Females

A glance at this table reveals a surprising relationship. Please compare percentage tested with percentage positive; one could not fabricate a closer correspondence. May we thus anticipate that, for example, if 40%

of the screenees are in the 20 - 24 age group, 40% of the total positives will also be in this category? Interesting.

Had the rectal culture not been collected in Venereal Disease Clinic only 21 (7%) cases would have escaped diagnosis. We retain the use of the rectal culture if only because it is so inexpensive in that setting.

2. PLANNED PARENTHOOD:

Testing increased 20% over 1973 and the positive rate dropped .3%, to 1.5% in 1974.

ACTIVITIES REPORT

No commentary attached

linic or Division VENEREAL DISEASE Month Dec. Year 1974

ection MONTHLY DATA

TYPE OF ACTIVITY	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
linic Attendance	380	302	425	464	430	395	498	494	509	448	398	419
c. Clinics	14	11	12	14	13	16	18	17	15	17	15	15
C Testing	1394	1195	1328	1558	1575	1460	1358	2078	1979	1745	1544	1814
yphilis Testing	315	232	303	344	362	316	388	361	372	347	313	323
on VD Testing	104	81	114	114	91	104	125	165	165	145	125	82
yphilis Treatment	1	2	4	2	4	4	4	4	6	2	7	4
C Treatment	52	30	50	60	60	59	76	93	82	65	66	62
co Syphilis	1	0	0	1	8	2	6	4	3	3	2	3
co GC	18	10	25	30	28	33	32	35	37	28	24	30
on VD Rx	88	79	109	68	85	80	133	106	143	113	87	98
yphilis Morbidity	6	4	5	3	6	8	7	8	8	3	4	7
C Morbidity	110	79	108	133	138	143	203	198	127	155	101	134
C Interviews	25	15	27	28	27	25	35	35	27	21	14	38
yphilis Interviews	2	4	2	1	5	3	4	6	4	2	2	7
C Investigations	64	37	64	78	80	50	62	74	85	85	55	71
yphilis Investigations	6	4	6	5	20	13	14	14	3	16	5	8
echecks & Pos. Bloods	41	18	26	25	57	43	48	64	18	46	28	27
OTAL ACTIVITIES/												

TY-COUNTY HEALTH DEPARTMENT COLORADO SPRINGS, COLORADO

ACTIVITIES REPORT

linic or Division VENEREAL DISEASE ~~XXXXXX~~ Month Year 1974

ection CUMULATIVE DATA

YPE OF ACTIVITY	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
linic Attendance	380	682	1107	1571	2001	2396	2894	3388	3897	4345	4743	5162
. Clinics	14	25	37	51	64	80	98	115	130	147	162	177
C Testing	1394	2590	3918	5476	7051	8511	9869	11947	13926	15671	17215	19029
yphilis Testing	315	547	850	1194	1156	1872	2260	2621	2993	3340	3653	3976
on VD Testing	104	185	299	413	504	608	733	898	1063	1208	1333	1415
yphilis Treatment	1	3	7	9	13	17	21	25	31	33	40	44
C Treatment	52	82	132	192	252	311	387	480	562	627	693	755
o Syphilis	1	1	1	2	10	12	18	22	25	28	30	33
o GC	18	28	53	83	111	144	176	211	248	276	300	330
on VD Rx	88	167	276	344	429	509	642	748	891	1004	1091	1189
yphilis Morbidity	6	10	15	18	24	32	39	47	55	58	62	69
C Morbidity	110	189	297	430	568	711	914	1112	1239	1395	1496	1630
C Interviews	25	40	67	95	122	147	182	217	244	264	278	316
yphilis Interviews	2	6	8	9	14	17	21	27	31	33	35	42
C Investigations	64	101	165	243	323	373	435	509	594	679	734	805
yphilis Investigations	6	10	16	21	41	54	68	82	85	101	106	114
echecks & Pos. Bloods	41	59	85	110	167	210	258	322	340	386	414	441
OTAL ACTIVITIES/												

COMMENTARY ON ACTIVITIES REPORT - CUMULATIVE DATA - TABLE

1. CLINIC ATTENDANCE:

5162 visits (+15% over 1973) were recorded for 177 clinic sessions, yielding an average thirty visits per session. This average is the same as 1973. The difference stems from the addition of a fourth clinic in May of 1974.

2938 (57%) constituted visits by new patients
2224 (43%) were returnees.

Again, these percentages are similar to 1973.

2. CLINIC TREATMENTS:

1162 patients (23% of total visits) were treated for venereal disease or exposure to venereal disease, an 18% increase over 1973. Thus, roughly 100 patients monthly received therapy for this category.

A total of 2351 patients (45% of visits) were administered treatment for venereal disease and/or sexually transmitted diseases (e.g. Trichomonas, Herpes, etc.) a 22% increase over 1973.

Interestingly enough the percentages remain the same for both categories; percentage increases are explained by heavier clinic attendance.

3. CLINIC TESTING:

Some 11,571 tests were performed on these 5162 visits, an average of 2.3 tests per visit; 10,150 (87.7%) were tests for venereal disease only.

4. MEDICATIONS DISPENSED IN VENEREAL DISEASE CLINIC: January 1, 1974 - December 31, 1974

Medications for the Venereal Disease Clinic emanate from two sources: those provided free of charge by the State Health Department and those secured under the auspices of the City-County Venereal Disease Budget.

A review of medications used in the Venereal Disease Clinic for all ailments treated reveals a refreshing fact: it was not expensive! Only $1600.00 of City-County money was expended on drugs for 1974. (Compared to $1100.00 spent on Venereal Disease Clinic Pap smears alone.) Part of this achievement was not fortuituous. Our office made concerted efforts to secure cheaper prices without sacrifice in quality for many medications - and we were successful.

The following is compiled chiefly for use in making projections for 1975. The reader may skip this section at will.

Note: The percentage recorded in parentheses below constitute the percentage of the $1600.00 expended on each drug purchased with City-County Health Department monies.

Medications Supplied By The State Health Department

Procaine Penicillin (vials):	480 vials
Bicillin (vials):	71 vials
Trobicin:	374 grams
Benemid:	1875 capsules
Erythromycin:	200 capsules
Tetracycline:	2400 capsules
Vibramycin:	Unavailable

Medications Secured By City-County Health Department

(5%) Procaine Penicillin (Tubex): 40 syringes of 2.4 m.u. each

(3%) Bicillin (Tubex): 40 syringes of 1.2 m.u. each

(9%) Tetracycline: 10,000 capsules

(25%) Vibramycin: 1,000 capsules

(8%) Vanobid: 43 individual packets

(17%) AVC Cream: 84 individual packets

(9%) Trojacillin: 144 bottles

(6%) Gantonol: 1,400 capsules

(17%) Ampicillin: 1,845 capsules

(1%) Benadryl: 400 capsules

(1%) Decadron: 2 vials

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

b.) There were seventeen patients treated who experienced a reaction to penicillin. None suffered anaphylaxis; all except one had mild reactions. Eight (47%) of the seventeen had been administered penicillin in the clinic prior to the therapeutic episode that induced reaction.

CONCLUSION

To the successes realized in 1974 we point with pride; to the failures and shortcomings with humility. The coming year promises a set of challenges we welcome.

1. Our office is in the process of implementing a controlled study we trust will buttress the conclusions delineated in the Appendix. Briefly, the hypotheses to be tested are:

a. That a self-referral system in gonorrhea management is equal to or superior to the standard gonorrhea contact interview and adjutant field epidemiology.

b. That this self-referral system has a superior cost effectiveness.

As many as one hundred venereal disease clinic male gonorrhea infectees are anticipated as constituting the control group and a similar number, the study group. The study should consume the better part of eight months. Additional studies are envisaged, contingent on favorable conditions (e.g. permission, time, energy, and feasability).

1. The year 1975 may prove a year of transition for the venereal disease program. Heretofore subsuming mainly gonorrhea and syphilis, the concept of the venereal diseases should be broadened to include other sexually transmitted ailments: Herpes, Non Specific Urethritis, Trichomoniasis, etc. Long beneath the dignity of public medical providers, these infections - commonly defined as Sexually Transmitted Diseases (S.T.D.) - are rapidly being accorded the attention that patients felt they deserved. This constitutes an important shift in our attitude vis-a-vis the patient. Our inclinations in the past have been to care for this patient only as he was afflicted with gonorrhea or syphilis and to dismiss his ailment as negligible if he was found free of either. In short, we were chasing particular diseases and not caring for the patient qua patient. It is our feeling, as well as our hope, that Federal monies will be allocated in the near future to subsidize the management of these S.T.D.'s.

It is an idea whose time has come and we should be prepared to implement it when monies are available.

CITY-COUNTY HEALTH DEPARTMENT

Colorado Springs — El Paso County, Colorado 80909

HAL J. DEWLETT, M.D., M.P.H.
DIRECTOR

CENTRAL ADMINISTRATION: 501 NORTH FOOTE AVENUE, 80909
SPECIAL SERVICES BLDG., 710-712 SOUTH TEJON, 80902
VITAL STATISTICS: 27 EAST VERMIJO, 80903
CODE ENFORCEMENT: 105 EAST VERMIJO, 80903

To: Charles Dowding, M.D. Director
From: Venereal Disease Section
Subject: 1974 City-County Health Department Annual Report Precis

In compliance with your request for a resume of Venereal Disease Program activities in 1974, the following is submitted.

VENEREAL DISEASE CONTROL PROGRAM

El Paso County hosts the most effective Venereal Disease Control Program in the State of Colorado and its most popular Venereal Disease Clinic. A regional effort, the program assumes primary responsibility for the management of venereal diseases in El Paso, Park, Teller, Lincoln, Cheyenne, Elbert and Kit Carson Counties, including all military installations within its jurisdiction.

REPORTED MORBIDITY

There were 1662 cases of Gonorrhea and 42 of infectious syphilis reported for the region in 1974 - virtually the same as 1973. Proper case management, based on contact interviewing of infectees and concomitant field investigations, required nearly 1400 confidential visits and 750 interviews on the part of the staff. Over 92% of the Gonorrhea cases afflicted the 14 - 29 age group.

VENEREAL DISEASE CLINIC

Four clinics are conducted weekly in support of the diagnosis and treatment of sexually transmitted diseases. No appointments are necessary and services are free of charge. Minors are examined and treated without parental or legal guardian consent. Strict confidentiality is observed. Clinics are staffed by a physician, public health nurses, and professional counselors. Over 5000 patient visits were recorded for calendar 1974. Nearly 20,000 tests for Gonorrhea and 4,000 for Syphilis were performed for the Venereal Disease Program

PROGRAM INTENTIONS FOR 1975

A series of controlled studies, conducted under the aegis of the State Health Department, is envisaged for calendar 1975. In the preparatory stage, they are intended to field test new hypotheses designed to ameliorate conventional Venereal Disease Control techniques and to improve the quality of services rendered venereal disease patients.

Additionally, the City-County Health Department will act in advisory capacity as Fort Carson effects the transfer of their Venereal Disease Control Program to civilians and develops their first Venereal Disease Clinic.

BOARD OF HEALTH

Joseph A. Reich, President; John E. McWilliams, M.D., Vice President;
Donald Marksheffel; Mrs. James Carris; Miss Mary Frances Loughlin.

VISITING NURSE ASSOCIATION BOARD

Mrs. W.H. Ryder, President; Mrs. Robert Davis, First Vice President; Mrs. L.J. Valdez, Second Vice President;
Mrs. James Blaine, Recording Secretary; Mrs. D.W. Smith, Corresponding Secretary;
Mrs. Donald Hibbard, Treasurer; Mrs. Steward Bliss, Assistant Treasurer.

HEALTH DEPARTMENT PERSONNEL

Charles H. Dowding, Jr., M.D., M.P.H., Director

ADMINISTRATION DIVISION

E. Jack Schneble, Administrator
Nadine Danskin, B.A., Executive Secretary
Barbara Snell, Secretary/Administrative Assistant
Opal Clark, Receptionist
Rose Arel, PBX Operator
Karen Roseman, Bookkeeper
Bob Straup, Dist. & Supply
Robert Grote, Maintenance Super.
Freda Grote, Custodian Aide
Russel Hurley, Janitor

A. EPIDEMIOLOGY & HEALTH EDUCATION SECTION
Joel Phillips, M.P.H.

B. VITAL STATISTICS SECTION
Mildred Allen, Sub Registrar
Bernadine Hoffman, Clerk
Janet Ciemiewicz, Clerk

ENVIRONMENTAL HEALTH SERVICES DIVISION

Frank Otoupalik, M.P.H., R.P.S., Director
Raymond Nordstrom, R.P.S., Assistant Director
Daniel Bowlds, B.S., R.P.S., Environmental Supervisor
Warren Pickerel, M.P.H., R.P.S., Environmental Supervisor
Dale Brockhausen, B.S., R.P.S., Environmentalist
Harry Davis, B.S., R.P.S., Environmentalist
Robert Harrington, B.S., M.S., Environmentalist
George Harris, B.S., R.P.S., Environmentalist
Duane Janssen, B.S., Environmentalist
Gary Krueger, B.S., R.P.S., Environmentalist
Donald Lillie, B.S., R.P.S., Environmentalist
Lawrence Rasmussen, B.S., R.P.S., Environmentalist
Anna Dailey, Secretary

A. AIR POLLUTION CONTROL SECTION
Donald Stone, B.S., Chief
John James, Sr. Technician
Charles Stention, Sr. Technician
Janice Williams, Clerk

B. HOUSING & TRASH CODE ENFORCEMENT SECTION
Harold Blume, Chief Code Enforcement
Eldon Rice, Sr. Technician
Samuel Turrentine, Sr. Technician
Walter Kreidel, Sr. Technician
Cathie Byrne, Secretary

LABORATORY DIVISION

John O'Malley, S.B., M.T. (A.S.C.P.), Director
James S. Fogle, Jr., Supervisor
Betty Sala, B.S., Bacteriologist
Joyce Clinger, Medical Technician
Ofelia Doyle, Medical Technician
Mary Lou Gordon, Medical Technician

PUBLIC HEALTH NURSING DIVISION

Marian Alt, R.N., B.S., M.S.N., Director
Dorothy Swanson, R.N., B.S., Assistant Director
Jane Earnest, R.N., B.S., Supervisor
Barbara French, R.N., B.S., Supervisor
Patricia McAteer, R.N., B.S., Supervisor
Mary Lentz, R.N., B.S., M.P.H., MCH Consultant
Susan Ader, R.N., B.S.
Marlene Bourgeois, R.N., B.S.
Barbara Grube, R.N., B.S.
Sharon Hamann, R.N., B.S.
Mary Ann Harder, R.N., B.S.
Debra Malone, R.N., B.S.
Dolores Martinez, R.N., B.S.
Emma Mitchell, R.N., B.S.
Shirley McHenry, R.N., B.S.
Diane Nakai, R.N., B.S.
Deborah Pettis, R.N., B.S.
Lynanne Phillips, R.N., B.S.
Diana Woodhouse, R.N., B.S.
Norma Arthurs, R.N.
Mildred Baer, R.N.
Elizabeth Bjornsrud, R.N.
Eleanor Edwards, R.N.
Ellen Evans, R.N.
Lucy Hatcher, R.N.
Helen Koons, R.N.
Karen Marczynski, R.N.
Alice Morgan, R.N.
Elizabeth O'Donnell, R.N.
Doris Seiloff, R.N.
Mildred Woolley, R.N.
Selma Halseide, LPN
Betty Newell, LPN
Wyoma Price, LPN
Mary Crow, Secretary/Supervisor
Elaine Wade, Secretary
Edna Bond, Clerk
Lourdes Martinez, Clerk
Jerry McClure, Clerk
Ruth Shughart, Field Service Rep.–VNA
Helen Pattison, Bookkeeper–VNA
Wanda Cowen, Screening Technician

A. SCHOOL NURSING SECTION
Charlotte Barkley, R.N., B.S., Supervisor
Marilynn Doenges, R.N., M.A.
Kristine Evenson, R.N., B.S.
Linda Ferguson, R.N., B.S.
Christine Hinds, R.N., B.S.
Sheila Houston, R.N., B.S.
Jane May, R.N., B.S., P.H.N.
Loretta Montgomery, R.N., B.S.N.
Rena Pace, R.N., B.S.
Kathleen Schroeder, R.N., B.S.
Jeanne Speers, R.N., B.S.

B. TUBERCULOSIS CONTROL SECTION
Stephanie Hudson, R.N., B.S.
Rita Dawson, Clerk

C. DENTAL CLINIC SECTION
Katherine Thompson, Dental Assistant

D. IMMUNIZATION AND CLINIC SECTION
Jimmie Combs, R.N., B.S.
Mary Linthicum, Aide

VENEREAL DISEASE CONTROL DIVISION

Jean J. Potterat, B.A., Director
Christopher Pratts, B.S., Epidemiologist
Diane Richards, Clerk

DRUG DEPENDENCE DIVISION

Harvey McCraney, Director
Paul Gothard, Jr., B.S., Dr. Field Management Consultant
Mabel Livermore, R.N., Coordinator-Patient Mgr.
Jeanne Fennewald, Clerk
Evelyn Wynn, Record Clerk

A. NON-NARCOTIC SECTION
Randall Johnson, B.A., Sr. Counselor Supervisor

B. NARCOTIC AND METHADONE MAINTENANCE SECTION
William Park, B.A., Sr. Counselor Supervisor
Gary Ong, B.A., Counselor
Esther Morelli, R.N., Counselor
Charlotte Thomas, M.S.W., Counselor
David Seligman, Counselor
Antoine DuCros, Community Services Specialist
Amelia Engelbrecht, R.N.
Debra Kimball, R.N.
Ava Muckenthaler, R.N.
Nathaniel Wilson, Aide

EXCEPTIONAL CHILDREN DIVISION

Larry Thomas, B.S., M.S.W., Director
Maxine Healey, Secretary

REGIONAL HEALTH SERVICES

A. TELLER COUNTY
Martha Ann Blome, R.N., B.S.
George Hemming, B.S., R.P.S., Environmentalist
Winona Snare, Clerk

B. PARK COUNTY
Nella Mona Shields, R.N.
Elizabeth Thompson, R.N.
Harold F. Lenhart, Jr., B.S., Environmentalist
Doris J. England, Secretary

CONSULTANTS

Paul G. duBois, M.D.
Stephen Fishelman, M.D.
Gilbert Horn, M.D.
Esther Lackey, M.D.
Richard Price, M.D.
Frank Szvetecz, M.D.
James Watson, M.D.
H. J. Greene, D.D.S.
Don Hogue, D.D.S.
Terry Rich, D.D.S.
Michael Wirth, D.D.S.
Harold Hobbs, Ph.D.
Lawrence Lichstein, Ph.D.
Susan Greene, M.A.
James Medchill, M.S.W.
Joan Agee, B.S., Speech Therapist

1974

APPENDIX

(to annual report)

CITY-COUNTY HEALTH DEPARTMENT

Colorado Springs — El Paso County, Colorado 80909

501 NORTH FOOTE AVENUE

VENEREAL DISEASE SECTION December 10, 1974

DRAFT

VENEREAL DISEASE CLINIC MALE GONORRHEA CONTACT INTERVIEWING -

IS IT WORTHWHILE ?

For the better part of a decade, beginning in 1961, the Venereal Disease Branch at the C.D.C. in Atlanta focused its imagination and energies on syphilis control. By the end of the 1960's it became compellingly clear that Gonorrhea constituted a greater problem; it thus emerged as the new glamour disease.

The mid - 1960's witnessed the rapidly rising morbidity that catapulted Gonorrhea into the limelight, challenging the United States Public Health Service into exploring avenues of approach designed to curtail the epidemic.

Techniques of control - particularly the contact interview - that had proved useful in the management of syphilis were advocated in the fight against Gonorrhea. A number of studies devoted themselves to demonstrating the usefulness of male Gonorrhea contact interviewing. The United States thus embarked on not only massive screening programs, the asyptomatic female in mind, but on large scale contact interviewing of male infectees as well.

It is our intent to challenge the assumption of the usefulness of male Gonorrhea contact interviewing, to explore the reasons for this mis-conception and to suggest alternate lines of approach.

Colorado's El Paso County, with Colorado Springs as its seat, comprises nearly 285,000 in population. Gonorrhea morbidity in 1973 stood at 1598 cases, the military population accounting for 635 cases (40%) (579 male, 56 female). The overall ratio was 1.6 males for each female reported. Gonorrhea screening of women from all sources, Private Physicians, Planned Parenthood, Military Posts and the Venereal Disease Clinic witnessed over 13,000 cultures being performed for a 4.8% positive rate.

Our Venereal Disease Control section undertook a review of all male Venereal Disease Clinic Gonorrhea contact interviewing for the calendar year 1973, using United States Public Health Service Form 9.97 as its basic record.

A total of 297 consecutive males were diagnosed Gonorrhea by smear and/or culture and 291 were subjected to an average fifteen minute interview. We followed the United States Public Health Service recommendation of eliciting all contacts for the thirty days preceeding the onset of symptoms. Of the 297, 237 were symptomatic volunteers and 60 presented as contacts to Gonorrhea. Forty-five (15% of the total) were asymptomatic and positive on testing. The 252 symptomatic males accounted for 1398 symptomatic days for an average of 5.5 days

per patient. The overall index was 1.8 contacts per interview of which 1.5 per interview afforded sufficiently viable locating information.

Our cardinal interests in this analysis rested with exploring the (brought to treatment) productivity of contacts named and with determining the frequency with which these contacts were referred by the infectee, irrespective of Health Department follow-up.

RESULTS

Table 1 graphically illustrates our findings.

The last sexual contact before diagnosis and treatment is listed as Contact Number 1, the second to the last as Contact Number 2, etc. Contacts with positive cultures brought to treatment by the interviewee's own efforts are shown in Column 1. Column 3 differs from Column 1 only in that the cultures proved negative; these were both referred by the infectee and treated epidemiologically. Column 2 lists those contacts with positive cultures obtained by field effort on our part, self-referral having proved unsuccessful or not done. Column 4 is the same as Column 2 save the cultures proved negative. Column 5 shows contacts with positive cultures who had been adequately treated prior to either self-referral or Health Department follow-up. Lastly, Column 6 reflects those we proved unable to locate (a majority) or who refused examination (negligible).

A glance at Table 1 reveals that of 443 contacts initiated and investigated only 47 (10%) contacts with positive cultures were brought to medical attention through our efforts. These 47 constitute 20% of the total (241) positives.

Assuming the Thayer-Martin culture medium to be approximately 85% accurate in the presence of the disease, one can assume that a certain percentage of those treated (Columns 3 and 4) would have proved positive had we a perfect medium. This is probably true of many, if not most, of the last contacts named - 44 total - of which 19 were brought to treatment by self-referral in any event.

Of the total number of contacts investigated (443), 113 (25%) were, by United States Public Health Service definition, in need of examination and/or treatment. Of these 113, 47 had positive cultures and 66 had negative cultures. All were treated. Assuming that we had not performed contact interviews and field follow-up, this 25% would presumably have been our loss.

It is entirely conceivable that with a finely implemented screening program, quite a few of the 47 positives would have been brought to medical attention.

In assessing the amount of time, effort and monies (i.e. mileage) we devote to epidemiology to bring 47 positive contacts to treatment one is led to wonder if the costs be prohibitive and to recommend that these resources be put to more effective use.

DISCUSSION

In the last part of the 1960's the United States Public Health Service assumed that contact interviewing of male Gonorrhea patients would be productive. In sailing this unchartered sea, it seems to us that the

United States Public Health Service chose this course by default. We view it as a hangover from the apparent syphilis contact interviewing successes. The error possibly stems from viewing Gonorrhea and syphilis as similar diseases when, in point of fact, the only substantial component they share is their mode of transmission. One cannot reasonably expect that epidemiologic tools that may be useful in the control of one disease will of necessity prove successful in the other.

Moreover it is our suspicion, borne of seven years of intensive Venereal Disease field epidemiology with both diseases, that the patients afflicted with syphilis are a harder and less concerned lot than the Gonorrhea infectees. In El Paso County, at least, the preponderant majority of our Gonorrhea cases affect Caucasian males in the 20 - 24 age group and Caucasian females in the 14 - 19 age group. Most exhibit a more pronounced sense of concern, as evidenced by the high self-referral rate (virtually non-existent in syphilis) as shown in Table 1.

One critical factor remains undiscussed: the infectivity of both diseases. Syphilis is felt to be infectious for a short period of time and thus it seems imperative that contact epidemiology be conducted. In contrast, Gonorrhea is presumed to remain infectious as long as the patient remains infected. Should a male fail to contact his consorts one may assume that at some point in the near future the infectee will be brought to medical attention via screening or via infecting a more concerned partner. It is at that junction we wish to emphasise the importance of a well developed Gonorrhea screening program as a component of Gonorrhea epidemiology.

We remain unconvinced that Gonorrhea is substantially manageable through the time consuming and costly process of contact interviewing and follow-up. We suggest that because Gonorrhea population seems more amenable to concern that emphasis be changed from contact interviewing to counselling. That, in effect, possesses the distinct advantage of placing the epidemiologic burden on the infectee's shoulders, where it should be. Injecting a sense of responsibility and trust on the patient may well have a salutary effect on their conduct. Our suggestion is that the patient be treated in respectful and dignified fashion and encouraged, via a five minute education process, to refer his consorts to medical attention.

For those readers skeptical of our conclusions consideration should be accorded to modifying the United States Public Health Service recommended interview period. Our study suggests that if only the last contact were elicited and followed, only 22 positives (9% of all positives) would have been missed. Additionally, and perhaps preferable for those convinced of the value of contact interviewing, eliciting only the last two contacts within the last thirty days would prove useful.

It is in any case intended that this presentation generate a discussion on the value of Gonorrhea contact interviewing. The United States Public Health Service has ammassed, in the past few years, a large number of Gonorrhea interview (P.H.S. 9.97) forms which should be subjected to analysis. A comparison with the present study should prove useful.

CALENDAR YEAR 1973

El Paso County, Colorado

V. D. CLINIC MALE GONORRHEA CONTACT INTERVIEWS

Contact Sequence	Total Contacts Named	Not Able To Initiate	Contacts Initiated And Investigated	Disposition of Contacts Investigated					
				Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Contact #1	300 (57%)	39	261	92	25	19	25	60	40
Contact #2	149 (28%)	23	126	15	14	18	23	17	39
Contact #3	54 (10%)	13	41	3	6	5	13	3	11
Contact #4 and additional	22 (4%)	7	15	1	2	0	5	3	4
TOTALS	525 (94%)	82	443	111	47	42	66	83	94

LEGEND:
Column 1: Positive Cultures; referred by infectee
Column 2: Positive Cultures; field effort
Column 3: Negative Cultures; treated; referred by the infectee
Column 4: Negative Cultures: treated; field effort
Column 5: Previous adequate treatment; Cultures positive
Column 6: Unable to locate, refusals, not infected

TABLE 1