EL PASO COUNTY HEALTH DEPARTMENT

501 North Foote Avenue

Colorado Springs, Colorado. 80909-4598

ANNUAL REPORT

Venereal Disease Program

January 1, 1985 - December 31, 1985

The Summer of '85:
Remembrance of Things Rocked

Prologue: The Age of Viruses

Years from now, we may view the summer of 1985 as a turning point in sexually transmitted disease (STD) control. Two events served to punctuate the major shift in STD morbidity (from bacterial to viral diseases): the general availability of the HTLV-III antibody test and Rock Hudson's diagnosis.

The trend towards recognition of viruses as major STD problems started a decade ago, but it took HTLV's and Rock Hudson's coming out of the closet during the summer of 1985 to stimulate programmatic changes. It may not be long before superior diagnostic, therapeutic, and control tools (including funding) are available to combat the viral STD: devastating AIDS-virus, "incurable" genital herpes virus, oncogenic Hepatitis-B and papilloma viruses, and immunosuppressive Cytomegalovirus. (Not to mention viruses not yet identified nor yet created.) A century ago, it was asserted that he who knew syphilis knew medicine; today, it is he who understands viral STD who knows medicine.

These events rocked our control Program to its foundations in mid-1985. It was exhausting, yet exhilarating. The control of bacterial STD (syphilis, gonorrhea and, to a lesser extent, Chlamydia) suffered modest setbacks in 1985 as a consequence of this shift in focus to viruses. Please keep these remarks in mind as you assess the outcomes of program components reported below. When all is said and done, what is amazing is not how relatively modest the indices are, but how well they turned despite programmatic upheavals.

This report is divided into four parts. Part I analyzes gonorrhea morbidity; Part II, AIDS-virus surveillance and control; Part III deals with some of the other STD and with miscellaneous data; and Part IV consists of the traditional tabular data.

Part I:

Gonorrhea Control

Overview-

For calendar year 1985 we report 1530 gonorrhea cases, a burden virtually identical to 1984's (1525 cases). Despite overall similarity between the two years, case distribution is different and reflects the suboptimal casefinding efforts of 1985, compared to the superb outcomes of 1984 (See Annual Report 1984).

Somewhere between 60 and 100 gonorrhea cases were "allowed" to occur that, in less frenetic years, would have been identified earlier or prevented altogether. Since many of these cases are probably still in our community, our burden in 1986 is to remove them quickly to prevent entrenchment of the disease.

A. Casefinding Highlights

For the first time in six years, less than ninety percent of gonorrhea cases was interviewed for sexual partner information. And, unfortunately, proportionally fewer contacts were obtained: 1356 of 1530 cases were interviewed, with 2343 contacts elicited. Comparison with previous years:

Contact Interviewing Activity

1977-1985

	1977-1979(Averages)	1980-1982(Averages)	1983	1984	1985
ses Interviewed(%)	70%	93%	97.3%	94%	88.6%
ntacts per interview	1.35	1.87	1.8	1.83	1.72

B. Although the decline in proportion of contacts elicited per interview may appear slight (from 1.8 to 1.7), its impact is probably substantial because the quality of (locating) information on contacts was poorer. Unacceptably high numbers of contacts were not found and, consequently, fewer new cases were identified (Especially compare 1984 to 1985):

Local Contacts to Gonorrhea: Outcomes

	1977-1979 (Average)	1980-1982 (Average)	1983	1984	1985
fected w Cases)	194(22%)	380(29.6%)	357(25.9%)	475(29.8%)	375(23.5)
Infected	356(40.4%)	500(38.9%)	567(41.1%)	637(40%)	593(37.2)
examined	331(37.6%)	405(31.5%)	456(33%)	481(30.2%)	627(39.3)
al Contacts Sought:	881(100%)	1285(100%)	1380(100%)	1593(100%)	1595(100%)

Approximately half of the responsibility for the decline in new cases identified and for poorer interviewing outcomes lies with our Health Department casefinders; the other half is due to substandard Fort Carson program efforts (discussed below). Superior interviewing of civilian cases should have yielded about 50 additional new cases and superior military-case interviewing, about 35-50.

C. Less aggressive casefinding efforts are reflected in the Table below. Many cases that were "missed" by casefinding efforts were identified passively through screening ("routine discoveries") and, unfortunately, via appearance of painful symptoms(see: PID below):

Gonorrhea: Reason For Presentation (Epidemiologic category)

Reason for presentation

	1984	1985
Volunteer	838(55%)	870(56.9)
"Screenee"	170(11.1%)	210(13.7)
Contact	517(33.9%)	450(29.4)
Total Cases	1525(100%)	1530(100%)

And, historically (percentages only):

	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985
olunteer	63.1	62.2	61	62.8	57.3	51.7	58	55.6	55	56.9
Screenee"	11.4	10.7	11.7	10.1	9.9	8.3	8	11.9	11.1	13.7
ontact	25.5	27.1	27.3	27.1	32.8	40	34	32.5	33.9	29.4

D. Gonococcal pelvic inflammatory disease (PID)

It is distressing to report the highest number and proportion of gonorrhea cases involving serious reproductive tract involvement in women in a decade. It is surmised that proper program intervention would have prevented 25 of the 123 cases reported in 1985.

	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985
Cases:	130	111	85	84	84	76	79	108	75	123
Pct:	(18.3)	(15.5)	(15.4)	(16)	(14)	(12.5)	(17.3)	(21)	(12.7)	(19.7)

Note: Pct = percent of total infected women

E. Urethrally asymptomatic men

Given the substantial increase in passively intercepted cases in women (screenees and PID), one would expect an increase in the number and proportion of men identified with asymptomatic infection. It is estimated that 20 fewer asymptomatic men were identified than would have been under optimal conditions in 1985.

Year	Asymptomatic	All men*	Pct. Asymptomatic
1981	143	927	15.4
1982	116	814	14.3
1983	131	777	16.9
1984	139	936	14.9
1985	126	907	13.9

*(97 percent are urethrally positive; the rest, rectally or/and pharyngeally)

F. Gonorrhea repeat cases

Good news. And yet, much as we'd like to claim all of the credit for it, we suspect random variation had as much to do with 1985's low rate as our moderately diligent casefinding efforts. The rate, as you can see, is the lowest on record.

Year	Cases	Percent of all cases
1973	159	9.9
1974	180	11
1975	129	7.7
1976	170	8.6
1977	229	11.5
1978	138	9.1
1979	156	10.2
1980	129	8.5
1981	136	8.8
1982	86	6.8
1983	89	6.9
1984	132	8.6
1985	92	6.0

In terms of bodies, 86 persons were repeaters; 81 had 2 episodes, 4 had 3 each; and one had 4 episodes. Thus these 86 persons generated 178 total cases in all.

Characteristics of repeaters:

1. 50 of 86 repeaters (58.1%) are men
2. 36 of 50 male repeaters (72%) are military
3. 34 of 38 military (both genders) repeaters are black, with these accounting for 38 percent of all repeat episodes.
   Under-represented are...
4. ...Prostitutes, since only 3 of 36 women repeaters are hookers.
5. ...gay men, since only 3 of 50 male repeaters are homosexual.

G. Gonorrhea in street prostitutes

The good news continues. There were 271 visits to the clinic on the part of street prostitutes during 1985 (254 original visits and 17 follow-up visits), yet only 27 cases of gonorrhea were identified.

Year	Original Visits	Cases	%positive
970-1975(Averaged)	133(Average)	39(Average)	29.3(Average)
1976	341	119	34.9
1977	311	57	18.3
1978	348	32	9.2
1979	204	36	17.6
1980	228	21	9.2
1981	186	35	18.8
1982	198	27	13.6
1983	214	31	14.5
1984	258	23	8.9
1985	254	27	10.6

H. Gonorrhea in homosexuals

AIDS-phobia continues to deter indiscriminately promiscuous behavior among local gays, and the proportion of gonorrhea cases in gay men reflects it. The decline continues...

Percent of male gonorrhea cases: gay men

Before AIDS (1-6/'81)	16.2%
AIDS reported (7/'81-12/'81)	9.4%
1982	6.9%
1983	7.2%
1984	6.5%
1985	5.4% (lowest ever!)

Note: Had the rate been 16.2% (rather than 5.4) in 1985, there would have been about 135 additional GC cases in the County.

I. Field Investigations

A total of 2688 field investigation reports (2936s) were closed in 1985, the highest number ever. (Field investigations include syphilis contacts, positive serologies, positive gonorrhea cultures, and GC contacts. The mean and median for a dozen years hovered around 1800.)

a. A total of 580 (about 60 fewer than in 1984) were newly identified infections: 375 GC contacts, 178 GC cultures, and 27 syphilis contacts and serologies.

b. About 57 percent were completed within 3 working days and 73 percent within 7. Pretty Good.

c. About 24.4 percent (19% in 1984) of reports had unsuccessful outcomes (unable to reach the individual).

J. Gonorrhea by aggregate report source

Since the advent, by about 1983, of immediately accessible and price-competitive medical care facilities (the Macdonald of hands-on care, such as Ready Care,Emergicare) and of pre-paid health plans (Peak Health, HMOs,etc), the STD burden has inexorably shifted to the private sector, reversing the 1973-1982 trend of increasing enrollment to public and quasi-public facilities. The implications are chiefly operational: it takes at least 3 times the operational energy to conduct case management on private, as opposed to public or military, cases.

We are now back to the 1973 configuration. From 1973 to 1982 case distribution shifted from 23.3% to 13.6% of all cases presenting in the private sector. For 1985, it is 23.1 percent. The recent trend:

1973	//	1982	1983	1984	1985
23.3%	//	13.6%	19%	17.8%	23.1%

K. Unreported cases

About one half of one percent of gonorrhea cases are not spontaneously reported in El Paso County...

Year	Cases Not reported (%)
1981	7 (0.45)
1982	5 (0.4)
1983	12 (0.94)
1984	9 (0.6)
1985	10 (0.65)
5 years	43 (0.6)

L. Gonorrhea case rates:

(Assumes a 1985 population of about 350,000) We have about the same number of cases as in 1973, but a 37.5% lower rate.

Gonorrhea Rates (cases/100,000)

1970	1973	1977	1980	1981	1982	1983	1984	1985
667	~700	~735	491	473	387	387	459	437

M. Penicillinase-producing N. Gonorrhoeae (PPNG) cases

Since the introduction of PPNG in the United States ten years ago (Spring, 1976), 43 cases have been diagnosed in El Paso County (36 confirmed and 7 probable). Since these 43 occured in context of 15,671 total GC cases (1976-1985), the o.27% rate is acceptable. (There were 4 confirmed cases in 1985).

N. Fort Carson Gonorrhea Program

From the casefinding point of view, this Program performed inadequately during 1985. The major reason was the loss (and belated replacement) of the highly trained and motivated civilian casefinder(s) assigned to the Program since late 1979. The vacancy occured in early February, was bravely filled by an under-trained soldier for several months, and is currently occupied by someone who did not complete formal training until November of 1985. The Program is expected to produce superior work in 1986.

The Program reported 620 cases (40.5% of all cases in the County) during 1985, of which 512 occured in men and 108 in women.

a. Fort Carson gonorrhea interviews

The quality of interviews steadily declined during the year. For the first six months, the proportion of contacts elicited per interview was 1.67 (acceptable) and 1.4 for the second 6 months (unacceptable). Historically:

Year	No. of interviews	Contacts Elicited	Contact Index
1977	626	388	0.62
1978	570	419	0.74
1979	645	534	0.81
1980	574	865	1.5
1981	632	1144	1.8
1982	605	1100	1.8
1983	516	868	1.7
1984	619	1003	1.62
1985	595	925	1.55

b. Fort Carson: contact-tracing outcomes

The decline in the quality of contact interviewing was mirrored in mediocre contact tracing outcomes: an unacceptably high "unable to locate" rate and, consequently, fewer cases identified. These indices must improve to prevent re-entrenchment of gonorrhea in our community. There is no doubt whatever that Fort Carson cases are more crucial to disease control than civilian ones. As Fort Carson goes, so goes the rest of the County.

Contacts to Fort Carson cases

Year	New Cases Identified ("Brought")	No. "Epi Treated	Unable to locate
1977	70	79	42%
1978	53	42	50%
1979	57	81	55%
1980	119	82	36%
1981	235	195	29%
1982	199	160	27%
1983	148	157	29%
1984	203	185	27%
1985	160	173	37.9%

Examining the data by six-month periods (not shown in Table), a similiar pattern of decline is observed: for the first 6 months, 31.7% of contacts were newly brought to treatment vs. 22.8% in the last 6 months. And nearly 30% were categorized as "unable to locate" in the first six months, as opposed to a distressing 44.2% in the second half of 1985.

Ruminations

There were two major reasons for the suboptimal gonorrhea control efforts expended in El Paso County during 1985: 1)the substantial increase in Program responsibility generated by the birth of the HTLV-III control program (see Part II) and 2)the Fort Carson program personnel changes detailed above. Both causes were addressed by November 1985: 1)a new position was approved to run the HTLV control program and 2)the Fort Carson casefinder completed formal training.

Although it is difficult to do anything other than "guesstimate", it can be said that during 1985 the Program 1)interviewed 80 fewer gonorrhea cases than in 1984, 2)failed to identify and remove about 60 infected persons (of whom 20 are asymtomatic men),

3)permitted another 35 (or so) cases to be identified passively (screening) rather than actively (contacts), and 4)perhaps "allowed" about 25 cases to progress to PID.

While these outcomes are undesirable, it must be emphasized that much was accomplished. Amazingly, actually. We purposely highlighted the negative aspects for two reasons: we strive for optimal indices and we are once again able to offer empirical evidence for the pivotal role played by assiduous casefinding efforts in the control of gonorrhea. We now have some idea of the price we pay when control efforts are relaxed, qualitatively and quantitatively.

It is not important to seek refuge behind explanations (personnel shortage, increased workload, etc); what is important is to accept responsibility for our epidemiologic efforts. We make a difference. If in 1986 our indices continue to be suboptimal, despite the corrections instituted in November of 1985, we will need no explanations other than ineptitude.

Part II:

AIDS-virus Control

Overview-

"AIDS" came of age in 1985. For the first time, the idea that "AIDS" should be reconceptualized as part of a spectrum of HTLV-III infection was broadly disseminated. The introduction of the antibody test for the virus in the spring not only (virtually) guaranteed the safety of the blood supply, but stimulated the creation of Alternate Test sites by summer. Although officials at first discouraged at-risk persons from taking the test it became clear, by late fall, that public health purposes would be better served by enrolling many such persons. The year was also dominated by a wave of public concern bordering on hysteria; social, political, and legal issues served to heavily tax Program resources.What follows is a pot-pourri of data on HTLV infection. It recapitulates in capsule form the Program's efforts and, more importantly, serves as a springboard to guess at community prevalence.

I. A.I.D.S.: A brief epidemiologic profile.

Twelve persons (11 adults and an 11 y/o hemophiliac) with AIDS as defined by the CDC have lived in El Paso County since the first reported case in the summer of 1982; ten (83.3%) are dead. Only 8 of the 12 were counted locally; the others were diagnosed and counted in the New York area. Thus El Paso County has recorded only 5 percent of our State's cases (8 of 157), although our region comprises about 13 percent of Colorado's population.

With the exception of the first case (a woman contact to a drug abuser), all have been male and all (with the exception of the hemophiliac) have had sex with men. At least 3 (30%) of the men were also I.V. drug abusers.

The increase in reported cases was exponential in 1985, mimicking the 1983 national trend. Of the 12 cases, four lived here in the 36 months separating the summer of '82 and of '85; eight occurred during the last six months of 1985 (six are dead).

II. Antibody Testing ("The Alternate Test Site")

Our section offered free testing for HTLV-III antibody starting June 1, 1985. During the last seven months of 1985, about 300 persons were tested. A brief client profile:

Gender:	207 males; 93 females (2.2:1 ratio)	
Race/Ethnicity:	236 white	(78.7%)
	34 black	(11.3%)
	24 hispanic	(8%)
	6 other	(2%)
Total:	300	100%

Age: Range-6 months to 69 years
Mean and median-29 years

These 300 clients generated about 600 visits (since results could only be obtained in person).

Positivity: Roughly ten percent of the 300 clients tested were true positives.

Client category:
Nearly half were gay (98) and bi-sexual (45) men; about ten percent (28) claimed histories of I.V. drug abuse; 10 percent (28) were sexual contacts to high-risk persons; 12.5 percent (38), street prostitutes; 4 percent (12) were transfusion recipients; and 17 percent (51) supplied no risk factor except fear.

Co-factors: About 9% (13/143) of gay and bi-sexual men and half of prostitutes (19/37) gave histories of I.V. drug abuse.

III. HTLV-III infection in El Paso County-

Although more than eighty percent of all persons who tested positive for antibody to the virus were initially or subsequently (i.e. via referral) seen in our "Alternate Test Site", the data below include all persons about whom something is known (a consequence of the mandatory reporting law, which took effect by November 1, 1985). A sketchy description and analysis should illuminate our guesses at prevalence for this virus in our community. Our guesses should be viewed with appropriate circumspection.

Note: The following data exclude 9 of the 12 AIDS cases discussed above because they were either not blood tested or the data were not kept locally (e.g. reported directly to CDC on their forms, no copies of which were retained locally).

Some chacteristics of HTLV-III(Ab) Positives:

Thirty-four persons have been identified as true positives in El Paso County as of the end of 1985; all but one are alive.

Age: Range 18 to 53
Mean and Median: same as above

Gender: 32 men (94%); 2 women

Race/Ethnicity: About the same as above, except that blacks are slightly over-represented.

Sexual orientation:
21 homosexual (61.7%)
6 bi-sexual (17.6%)

Heterosexual: 7 (20.6%). These include the two women and 4 men, all of whom supplied histories of I.V. drug abuse. The seventh is a male being classified as possible I.V. drug abuser. None is enrolled in our Drug Treatment Program Clinic.

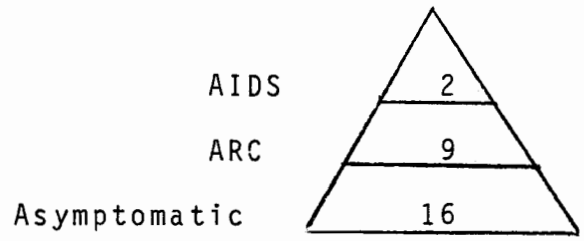
Symptoms: Two patients had AIDS at the time of testing and nine had symptoms consistent with ARC. Thus, about a third (11/34) were symptomatic at the time of presentation. The distribution of symptoms was about equally distributed among each of the "sexual orientation categories" (above).

Donors: Distressingly, 8 (almost one quarter)of the 34 positives were identified as a result of (plasma) donations. That all 8 had the risk factors which should have provoked self-exclusion from the donor pool suggests that screening messages do not always motivate high-risk donors to decline donating. Of the eight, 5 were gay or bi-sexual men and 3 were involved in I.V. drug abuse.

Reflections on Prevalence:

If we assume that infected persons, because they have a good chance of feeling ill, are likelier to have presented for the test, then it is likely that the proportion of HTLV-III antibody-positive clients is overrepresented in our sample.

Since 27 of 143 homo- and bi-sexual men tested, or about 19 percent, were true positives and since their clinical status is known, (2 AIDS, 9 ARCs, and 16 asymptomatics), a pyramid can be constructed to see how well it fits the standard view of the proportional representation in the spectrum of HTLV infection:



	El Paso County	Nationally
AIDS	7.4%	5-15%
ARC	33%	25-35%
Asymptomatic	60%	50-60%

Our data, even if based on small numbers, fit reasonably well. Our best guess is that in El Paso County, by 1985, between 15 and 20 percent of gay men have been infected with the virus. Since we feel that the 19 percent positivity rate observed in our sample of tested men probably overstates the true rate in the population, a guess of 15 percent may be closer to true prevalence. If we assume that El Paso County has about 5000 gay and bi-sexual men, then about 750 have been infected.

If we guess (that's all it is, a guess) that a similiar rate exists in our I.V. drug abusers and that perhaps 500 people have such a history, an additional 50-75 have been infected, giving a total of about 800.

If this is true, then we have identified about 5 percent of the positives thus far. Our task is to address the submerged 95 percent. All other things being equal (and they never are!), it will take about a dozen years to accomplish this. If we assume:

1)that 800 persons have been infected by 1985.
2)a 5 percent annual incidence.
3)immigration of new cases is balanced by ex-migration, death, and the effect on transmission of an aging (and ill) cohort.
4)that we identify 10% of all infectees annually (twice the incidence rate)...

1318 actual total end of 1999!!!

Then, by the year 2000 we will have about 1665 infectees in the County and most will be known to the Health Department. Again, if current estimates are correct, that about 15% of infectees proceed to AIDS, we can expect about 250 AIDS cases (or about 15 annually) until the end of the millenium.

Since "things" are never equal, what you have just read is to be viewed with profound skepticism, though it at least provides a sense of the magnitude of the problem (manageable).

"Control" efforts for 1986 will comprise active casefinding to stimulate high-risk persons to find out their antibody status and to educate them about risk reduction.

Part III

Miscellaneous STD Program Data

I. VD Clinic attendance...
...has been stable for 4 years:

Year	New Visits	Return visits	Total
1982	2135	1721	3856
1983	2218	1691	3909
1984	2234	1650	3884
1985	2301	1565	3866

Note: Table excludes the 600 (Alternate Test Site) visits

II. Non-reportable STDs in V.D. Clinic

Data for non-reportable STDs were first recorded in a systematic way during calendar 1982. Although these data are not catholic (only VD Clinic is included), they support the idea that sexual adventurism may be declining. Who knows?

Infection	Men				Women			
	1982	1983	1984	1985	1982	1983	1984	1985
GU	569	552	512	447	--	--	--	--
richomoniasis	--	--	--	--	461	492	390	275
onilia	--	--	--	--	456	463	391	318
on-specific vaginitis	--	--	--	--	250	279	257	233
enital Herpes (1st Episode)	70	83	34	32	51	59	25	18
enereal warts	131	185	127	132	55	62	49	76
cabies	17	21	15	10	4	4	3	4
hithirus Pubis	56	59	44	50	29	31	22	17
Totals:	843	900	732	671	1306	1390	1137	941

III. Syphilis-

The recent increase in cases first noted during 1984 continued into 1985. No reason offered.

Year	Infectious Syphilis	Late Syphilis	Total
1973	50	47	97
1974	52	17	69
1975	48	20	68
1976	39	17	56
1977	20	12	32
1978	26	19	45
1979	19	8	27
1980	23	4	27
1981	16	3	19
1982	18	7	25
1983	15	9	24
1984	26	4	30
1985	27	12	39

IV. Suggestions for Program Improvement

Our two Program priorities for 1986 are to improve gonorrhea control and to implement AIDS-virus control measures, particularly casefinding and education. A couple of other items deserve mention.

a) Chlamydia-screening in prenatal Clinic:

Although our resources preclude implementation of a comprehensive Chlamydia-control initiative, this ought to be a first step.

b) Family-planning referrals from V.D. Clinic:

It would be ideal if these services could be offered in situ (in VD Clinic). We believe this is what's in store for the future. In the meanwhile, a greater effort to facilitate referral from V.D. Clinic to F.P. Clinics ought to be made. The need exists, as current data suggest:

V. Profile of the STD Clinic Female and Contraception status.

Note: These data are estimates based on a random sample of 97 charts of women in V.D. Clinic for 1985.

Women account for a mean of 138 visits a month. About 30% are teenagers (≤19 yrs) and 70% "adults" (≥20 yrs).

There is a striking difference by age in the likelihood of using birth control: about 75% (31/41) of teenagers were not using any form of birth control at the time of their visit, as opposed to 33% (32/97) of adults. Overall, nearly half of our women (63/138) used nothing at all.

There are thus about 60 potential referrals a month to F.P. Clinics from our V.D. Clinic. We ought to spend the time encouraging them to follow through.

Faithfully submitted,

John Potterat

Lyanne Phillips

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Helen L. Zimmerman

Part IV

The traditional, boring Tables

EL PASO COUNTY GONORRHEA MORBIDITY
1973 - 1985
By Month

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Monthly Average	Annual Total
1973	175	150	102	93	122	122	134	149	188	124	146	93	133	1598
1974	110	79	108	133	138	143	203	198	127	155	101	134	135	1629
1975	133	138	122	145	116	126	191	186	171	124	82	146	140	1680
1976	140	119	154	138	158	155	185	L. Hill 174	246	131	213	165	165	1978
1977	193	117	133	182	161	215	134	193	149	145	212	164	167	1998
1978	134	124	107	128	112	134	119	136	129	137	137	118	126	1515
1979	161	106	97	106	105	117	130	175	Woodhouse 166	117	136	109	127	1525
1980	164	149	73	118	109	122	156	170	98	118	126	117	127	1520
1981	117	120	126	118	140	174	137	148	99	144	128	86	128	1537
1982	95	96	98	83	94	127	115	149	118	97	94	97	105	1263
1983	113	97	108	97	87	98	118	110	128	148	90	86	107	1280
1984	96	115	161	127	105	113	153	142	113	133	131	136	127	1525
1985	98	96	98	138	132	127	179	155	127	157	97	126	128	1530

Venereal Disease Morbidity Report

Calendar 1985

Reporting Source	Morbidity				Age Group										Race			Pro	EX
	Syphilis			Gon	14-19		20-24		25-29		30-39		40+		Cau	Blk	Hisp	Syph	Gon
Categories	P&S	E.L.	Other		Syph	Gon	Syph	Gon	Syph	Gon	Syph	Gon	Syph	Gon					
Private Physician Men	1			91		17		35		20		16	1	3	44	29	19		
Women	2	1	1	180		62		71	4	35		9		3	101	58	25		
V.D. Clinic Men	5	3	1	264		36		97	3	75	4	48	2	8	128	101	44	9	164
Women	1	3	4	224		83	3	77	2	40	2	22	1	2	107	70	55	3	235
CHC/Pren/Family P.				27		9		8		7		3			14	6	7		
Planned Parenthood				55		16		32		5		2			35	9	11		
Health Hold				10				6		2		2			3	4	3		
Fort Carson Men	2	4	2	512	1	74	4	309	2	94	1	32		3	107	372	41		
Women	1	1	1	108		28	2	54	1	18		8			31	65	15		
Ent Air Base Men			1	23		4		12		6	1	1			12	12			
Women				6		2		2		1		1			2	3	1		
Air Academy Men		1	1	17		4	2	10		1		2			10	8	1		
Women		2	1	13	2	6		5		1	1	1			9	6	1		
Totals	12	15	12	1530	3	341	11	718	12	305	9	147	4	19	603	743	223	12	339

Clinic Attendance: 3866 ($4654.00: includes 888.00 for Heptavax and 186.00 for medications)
New: 2301
Return: 1565

Treatment Failure 7 (6 males: 1 female)

ER Males: 33
ER Females: 91

Above includes 1) 4 PPNG cases
2) 4 Prepubertal GC cases
3) 1 D.G.I.
4) 1 Possible Congenital Lues

G.C. INVESTIGATIONS REPORT: EL PASO COUNTY HEALTH DEPARTMENT, 1985

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CY85	PCT/TL
CONTACTS TO GONORRHEA: OUTCOME														
NOT INFECTED	0	2	2	3	2	18		16	0	2	3	1	49	2.40
BROUGHT - TX	24	30	31	32	30	36		67	19	39	25	42	375	18.40
PREVIOUS TX	32	24	25	47	46	29		71	23	44	31	48	420	20.61
NOT FOUND	7	40	12	23	27	26		31	21	31	40	13	271	13.30
REFUSED EXAM	0	5	4	0	9	1		8	7	10	10	7	61	2.99
UNLOCATABLE	5	20	4	32	12	14		63	16	63	32	34	295	14.47
TRANSFERRED	3	0	3	0	1	4		4	0	2	3	3	23	1.13
EPI TREATED	35	30	44	57	38	58		99	28	43	42	55	529	25.96
OTHER	0	1	2	4	0	3		3	1	1	0	0	15	0.74
TOTAL	106	152	127	198	165	189	0	362	115	235	186	203	2038	100

NOTE: JULY AND AUGUST ARE MERGED

V.D. CLINIC AND LABORATORY REPORT: EL PASO COUNTY HEALTH DEPARTMENT, 1985

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CY85	POS.	PCT+
TESTING:															
RPR	236	206	195	239	227	232	296	254	243	246	197	242	2813	101	3.59
FTA	6	6	5	5	5	5	4	5	10	6	3	6	66	33	50.00
DF	0	0	2	1	3	3	1	0	2	2	1	1	16	5	31.25
GC SMEAR	139	122	126	146	105	148	134	170	170	149	125	130	1664	189	11.36
GC CULTURE:															
VDC MEN	179	141	148	183	149	193	175	205	240	180	149	154	2096	298	14.22
VDC WOMEN	91	111	114	131	124	158	132	147	148	110	114	85	1465	224	15.29
PNC WOMEN	36	34	31	37	24	29	21	47	45	50	46	40	440	3	0.68
FPC WOMEN	21	26	26	23	26	17	7	10	19	15	16	11	217	3	1.38
PMD WOMEN	205	195	186	206	183	208	213	293	216	240	195	169	2509	33	1.32
CHC WOMEN	103	82	92	100	70	60	97	121	95	67	77	61	1025	19	1.85
TOC :ALL PTS	30	12	21	35	25	21	15	33	28	45	20	33	318	17	5.35
TREATMENT:															
GC TREAT	42	35	32	60	52	49	64	52	44	47	51	50	578	NA	NA
GC PRO TREAT	35	23	24	29	51	34	35	42	22	35	28	41	399	NA	NA
LUES TREAT	5	3	2	1	2	2	1	2	6	2	4	1	31	NA	NA
LUES PRO TREAT	2	1	0	1	0	0	0	2	1	1	2	2	12	NA	NA
NON-V.D. TREAT	140	115	134	175	172	139	196	126	123	205	171	168	1864	NA	NA
CLINICS: NO.	13	12	11	13	14	11	15	13	13	13	12	13	153	NA	NA

V.D. Clinic

Summary of Medications Used

1/1/85-12/31/85

APPG (6m.u. vials)	189
BICILLIN (1.2m.u. syringes)	108
TROBICIN (2g. vials)	67
Benemid (500mg)	1870
Ampicillin (500mg)	7140
Tetracycline (SHD)	1140
Tetracycline (CHD)	42,730
Benedryl (50mg)	300
E-Mycin (250mg)	800
Rocephin	4

Note: In addition, the following were provided to Community Health Center (these are NOT included above):

Tetracycline	(500mg)	2860
Ampicillin	(500mg)	1400
Probenicid	(500mg)	100
Trobicin	(2g)	11
APPG	(6m.u.)	3

MONTHLY FIELD ACTIVITY REPORT

District El Paso County Representative J. Potterat

Month/Date July, 1984 - June, 1985 ← 13 months (?)

Gonorrhea Morbidity

	Male	Female	Total
Civilian	365	483	848
Military	534	115	649 ← 43.4%
Total	899	598	1,497

1.5 : 1

	Male	Female	Total
Public			
Private			
Military			
Total			

Syphilis Interviews: OI 29 RI 25 CI 39

Consultation Visits: Lab 3 Health Dept/PHN 0 PMD 6

GC Interviews:	Male	# Contacts Initiated	Female	# Contacts Initiated	Total	# Contacts Initiated
Clinic Volunteer	177	294 (~1.7)	188	453 (2.4)	365	747
PMD	57	82 (1.4)	153	290 (1.9)	210	372
Asymptomatic Males	80	185 (2.3)			80	185
Hospital Females			0	0	0	0
PID			60	129 (2.15)	60	129
Repeaters	13	21	21	35	34	56
Other						
TOTAL	327	582	422	907	749 (~~88%~~)	1,489 (2.0)
Military	518	825 (1.6)	101	201 (2.0)	619 (95%)	1,026 (1.66)

91.4% interviewed

Field Investigations:	# Closed	# Exam	0-3 Days	4-7 Days	"OI"	"OX"
Syphilis Contacts	49	40	25	7	9	6
Reactors	86	79	43	18	12	1
Suspects/Associates						
Gonorrhea Cultures	446	444	238	92	164	0
Gonorrhea Contacts	2,088	1,550 (~75%)	888 (57%)	221	427	528
Other						
TOTAL	2,669	2,113	1,194	338	612	535

205/mo. 47/mo