EL PASO COUNTY HEALTH DEPARTMENT

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Colorado Springs, Colorado 80909-4598

ANNUAL REPORT

Venereal Disease Program

January 1, 1987 - December 31, 1987

"It is not alone what we do,
but also what we do not do,
for which we are accountable."

Molière

"How can I tell what I think
till I see what I say?"

E.M. Forster

INTRODUCTION

Sexual adventurism is dead. Its appeal waned in the closing years of the last decade. The genital herpes scare sealed its fate for many, especially the whites and the advantaged. The AIDS-virus scare did the same thing for most of the remainder of the population, starting in mid-1985 (Rock Hudson).

During 1987, almost all segments of society were affected, with many members exercising sexual caution (fewer partners; barrier methods of sexual self-defense). Virtually all indices for 1987 in the following pages support this view; currently, conditions favorable to the transmission of many STD are the lousiest they've been since the mid-1950's. There is probably less AIDS-virus than we thought; the rate of its transmission seems to be very low; "heterosexual" transmission is negligible; gonorrhea and chlamydia are at probably their lowest levels on record; and the prostitution business is suffering its worst bear market in twenty years.

THIS IS PRECISELY WHEN WE AS A SOCIETY CANNOT AFFORD TO RELAX OUR ATTACK ON THESE INFECTIONS. We let our guard down in the 1950's and relaxed our fight against STD; ten years later, we were in the midst of the worst VD epidemic on record. Ten years after that, we had nature's answer to our vigorous counter-attacks: new (and worse) bugs.

If there is any lesson to be drawn, it is this: because of the present (viral) STD burden; because of STD bugs we have yet to detect; and because new ones may be created at any time, we must continue to sell the idea of self-defense in the sexual arena. The "candy-store" mentality in matters sexual should be relegated to what it was in the first place: junk-food.

AIDS Proper: a brief profile

Thirty-one persons (29 adults and 2 young hemophiliacs) with AIDS as defined by the CDC have lived in El Paso County since the first reported case in the summer of 1982; two-thirds are known to be dead. Twenty-six of the 31 were counted locally; the other five were diagnosed and counted elsewhere in the U.S.

The Pikes Peak region, comprising about 12 percent (386,000/3,267,000) of the state's population, has thus recorded less than 6 percent (31/542) of overall Colorado cases.

Temporal Distribution of AIDS Cases/Mortality

Year	Cases	Status	Mortality
1982	1	1 Dead	100%
1983	1	1 Dead	100%
1984	2	2 Dead	100%
1985	7	6 Dead/1 Alive	85.7%
1986	13	8 Dead/5 Alive	61.5%
1987	7	3 Dead/4 Alive	42.9%
Total	31	21 Dead/10 Alive	67.7%

AIDS (Full-blown) Cases: Risk Factor Classification (1982-1987):

	Cases	Percent
Men having sex with men:	25	80.6
I.V. drug use:	3	9.7
Hemophilia:	2	6.5
Sex contact to male I.V. drug user:	1	3.2
Total:	31	100

Note on AIDS-related Deaths:

Of the 21 patients who died of AIDS, most did so very, very quickly, as suggested by the following:

($peed of death = Interval from diagnosis of full-blown AIDS to death.)

Range: 1 week to 19 months

Mean: (102:21) or about 5 months

Median: 4 months

Mode: 2 months

AIDS-virus Control Program in El Paso County

The AIDS-virus Control Program consists of two parts: the Alternate Test Site (Clinic facility) and the Control (Outreach) Program. What follows is a potpourri of data and observations that help paint an impressionistic picture of what is happening with AIDS-virus infection County-wide.

A: Surveillance Information:

Two years ago (See: Annual Report 1985), we estimated that about 800 persons in El Paso County had the virus and that, given a seroconversion rate of roughly 5 percent annually, we should have about 900 by the end of 1987. Our current view is that this burden is exaggerated by one-third: a "guesstimate" of 500 or 600 infected persons is more in accord with the evidence.

- If we are correct, then about one-half of all persons carrying the virus have been identified so far: 256. This is an encouraging datum.

Of these 256 persons, about 2 out of 5 are identified by the Health Department Clinic, one out of 5 by the private medical sector, one out of 5 by the military, and the last one by donor collection centers:

AIDS-virus infection by source of report
(1985 - 1987)

Alternate Test Site (Health Dept.):	107	42%
Blood/Plasma Donation Centers:	46	18%
Military Installations:	49	19%
Private Physicians:	12	5%
Civilian Hospitals:	42	16%
	256	100%

We are thus fortunate to have a mandatory reporting law for AIDS-virus infection; it permits us to derive more solid estimates of the problem's true magnitude locally.

AIDS-virus infection by gender

Of the 256 persons, 238 are men (93%) and 18 (7%), women.

AIDS-virus infected persons by Risk Factor

Self-report information on 218 (of the 256 persons) reached by us.

Homosexual Men:	162	74.3%	
Bisexual Men:	19	8.7%	
I.V. Drug User:	25	11.5%	
Contacts to High Risk:	1	0.5%	(1 heterosexual (?) male)
Prostitutes:	3	1.4%	
Transfusion:	6	2.7%	
Low-Risk Persons:	2	0.9%	(2 persons who did not level with us?)
Unable to locate:	11	N/A	(Mostly transient plasma donors)
Undetermined:	27	N/A	(21 are Fort Carson soldiers)
	256	100%	

Ninety-five percent (206/218) of cases for which risk information has been obtained have occurred in men who have sex with men or/ and in I.V. drug users.

In the "Undetermined" category are six cases being currently evaluated and 21 Fort Carson soldiers (20 are men), on whom information is not available and, if it were, would probably not be reliable. (Authorities at Fort Carson decided, in late February of 1987, not to permit Health Department employees to interview infected soldiers for risk-factor assessment and for contact tracing purposes.)

Of the three infected prostitutes, one was from the Denver area (via New York City), arrested locally while working on a payday weekend. She has not been seen since, nor been informed of her results. The other two no longer reside in the area. Although none of the currently working prostitutes is known to harbor AIDS-virus, it is likely that in-migration (e.g., "circuit" prostitution) will serve as a source of periodic re-introduction for this virus in their subculture.

A note on women:

Of the 18 women thus far identified as having markers of AIDS-virus infection, most acquired it through needle-stick (I.V. drugs or transfusion) rather than through sexual activity. Of the two classified as "undetermined", both are suspected I.V. drug abusers (one is not in command of her faculties; the other is not being candid).

Risk Factor Distribution: Women

Proposed Route of Infection		
I.V. Drug abuse:	8	
Transfusion:	6	
Rectal intercourse:	1	
Conventional intercourse:	1	
Not yet determined:	2	
Total:	18	(9 white/9 black)

Of the 18 infected women, 3 (16.7%) are known to have died. This compares to 20 deaths in 238 infected men (8.4%). (During 1987, several studies in the U.S. reported on the apparently higher death rate of women with AIDS-virus infection.) The fact that infected women locally are dying at twice the rate of men is probably significant, even though we have (mercifully) small numbers.

AIDS-virus infection: Reason for presentation:

A person's infection status is ordinarily detected via screening, spontaneous presentation with symptoms (or curiosity), or contact tracing.

During 1987, a substantial decline in the proportion of high-risk persons volunteering to take the test (mostly gay and bi-sexual men) is noted, as is a similar reduction in those appearing as a consequence of contact tracing. Several reasons are offered: 1987 was the year of the "heterosexual scare"; this phenomenon focused our energies in the wrong direction. Less energy was available to encourage high-risk clients to take the test and even less was available for contact tracing. In addition, passage of House Bill 1177 temporarily discouraged many gay men from seeking the test.

AIDS-virus infection: Reason for presentation:

	6/85-12/86 (18 months)	1987	Cumulative Total (1985-1987)
Volunteer:	80 (50.6%)	28 (28.6%)	108 (42.2%)
Screening:	56 (35.4%)	62 (63.3%)	118 (46.1%)
Contacts:	22 (14%)	8 (8.1%)	30 (11.7%)
Total:	158 (100%)	98 (100%)	256 (100%)

(Note: almost all "screening" detections are accounted for by blood/plasma donor initiatives and by screening in the military.)

B. Control Efforts/Case-finding:

Most health jurisdictions in the U.S. do not interview AIDS-virus infected patients for sexual/needle-sharing partner information; they consider the procedure ineffectual. Our view differs; we've conducted interviews on positive clients since the late fall of 1985.

Of the 98 positive clients identified in 1987, 48 were interviewed. Of the 50 not interviewed, 25 were Fort Carson soldiers ("interviewed" by Fort Carson, presumably, but no data are being forwarded to us), 7 could not be located, 2 refused interview. For the remaining 16, staff shortage and work overload precluded their completion.

If we remove the 25 Fort Carson cases from consideration as "eligible for interview", then program efficiency was roughly similar to the 1986 performance: 48 of 73 "eligible cases", or about two-thirds, were interviewed (73% in 1986).

AIDS-virus Contact Interviews:

	1985		1986		1987	
	Interview	Contacts/ Index	Interview	Contacts/ Index	Interview	Contacts Index
Men	12	34 (2.8)	90	163 (1.8)	43	55 (1.3
Women	0	0	7	5 (0.7)	5	14 (2.8
Total	12	34 (2.8)	97	168 (1.7)	48	69 (1.4

Note: The substantially lower contact index (1.4) in 1987 is largely a product of staff shortage; much less time was allocated to each case than during 1986.

Contact tracing:

Fewer contacts were sought during 1987; two reasons are offered. Most importantly, fewer index cases (infected persons) were identified, and fewer contacts per case were elicited. (In addition, about half of all elicited contacts cannot be sought because they reside elsewhere in the U.S. Thus all data presented reflect efforts to trace local contacts.) The second reason lies with inadequate staffing, a problem that was corrected in late 1987.

Contact tracing outcomes (local contacts)

Disposition:	1985 - 1986 (11/85-12/86)	1987	Cumulative Total
Newly identified cases:	22	6	28 (11.4%)
Tested (not infected):	68	30	98 (40%)
Previously tested (all are infected):	22	24	46 (18.8%)
Unable to locate:	35	19	54 (22%)
Refused blood test:	11	8	19 (7.7%)
Total:	158	87	245 (99.9%)

In summary, about one local contact per infected patient is sought (245/256); about one out of five is not found, a minority refuses testing (19 of 145 found and eligible for the test, or about 13 percent), and all found are counselled, whether they accept testing or not.

A note on seroconverters:

Persons who initially tested negative on the blood test and were found on subsequent (weeks to months later) testing to be positive are classified as seroconverters.

During 1987, about 100 persons (about ten percent of all persons tested) had repeat tests; 4 seroconverted. Of the four, one was a prostitute (I.V. drug user); she converted on her fifth test in two years. The other three were gay men (two in the military).

Since the inception of blood testing for AIDS-virus markers in June of 1985, seven tested persons have seroconverted - all gay men, except the prostitute. All six gay men continued unprotected high-risk (i.e., passive anal intercourse) sexual behaviour despite our counseling efforts. (That's called DENIAL, incidentally.) The prostitute continued sharing needles despite numerous counseling sessions. (Here is not the place to record our disappointment.)

It is virtually impossible to make sense of epidemiologic data without sound denominators. Please interpret the following with appropriate circumspection...If we guess that there are about 4000 men locally who have sex with other men, and if we "guesstimate" that about 500 are infected, and that about 25 percent of the 4000 have sought the test (with or without our knowledge) thus far, and that about fifteen percent get repeat tests, then to observe six seroconversions in gay men in two years is encouraging.

Transmission of the virus can be viewed as having slowed down significantly. Shaky as our assumptions or reasoning may be, the observations of small numbers of seroconverters and small numbers of AIDS cases proper (only seven in 1987, compared to 13 in 1986) suggests that we have an entirely manageable virus burden now and for the immediate future. The evidence in gay men is DEFINITELY not spreading like wildfire; it is at a trickle level.

C. Health Department Antibody testing ("Alternate Test Site")

We have offered free/confidential testing for serologic evidence of AIDS-virus infection since June 1, 1985. Nearly 2000 persons have been tested at our facility since then (roughly 2200 tests).

The 1987 "heterosexual scare" dominated our testing services. No question about it whatever. The total number of tests doubled during 1987, compared to the previous year (from 664 to 1203 in 1987); the positivity rate declined by a factor of 3 (from 14.3 percent in 1986 to 5.2 percent during 1987!) - an artifact of testing very low risk populations (heterosexuals without needlestick exposure); and the female client population (the "heterosexuals" most likely to get worried and seek the test) virtually doubled.

During 1987, there was an inverse relationship between level of risk in a client and the likelihood of seeking the test: the lower your risk-factor level, the more likely you were to seek the test (and vice-versa). Testing women without needlestick exposure for the presence of HIV markers is like looking for moose tracks in the Great Lakes (Thank you, Dr. Muth, for the wonderful simile!): why look in women for markers of a disease that occurs in men 97 percent of the time? We could not, however, turn women who had been made hyper-anxious by sensationalized media reports away from our testing center. The irony was not lost on us; only our control energies suffered.

Antibody testing center : by gender (persons, not tests):

	6/85 - 1986 (18 months)	1987
Men:	635 (70%)	608 (56.6%)
Women:	271 (30%)	466 (43.4%)
Total:	906 (100%)	1074 (100%)

Note: The enrollment of women during 1987 would have been 3 to 4 times higher had we not screened applicants for risk-factor information telephonically before accepting an appointment for testing.

Client category:

The inverse relationship between risk-level and testing is beautifully illustrated in the following table. The only increases occurred with clients at needle-stick risk: 1987 saw a media "transfusion scare" in the spring, and our Drug Clinic testing initiative increased substantially in 1987.

	6/85 - 1986 (18 months)	1987
Gay men:	309 (34.1%)	169 (15.7%)
Bisexual men:	89 (9.8%)	53 (4.9%)
I.V. drug users:	115 (12.7%)	150 (14%)
Prostitutes:	105 (11.6%)	82 (7.6%)
Transfusion:	25 (2.8%)	75 (7%)
Very low risk:	154 (17%)	368 (34.3%)
Contacts to high risk:	91 (10%)	154 (14.3%)
Other:	18 (2%)	23 (2.2%)
Total:	906 (100%)	1074 (100%)

PART II

Gonorrhea Control

Overview: Declining morbidity is a consequence of sexual conservatism at all sociosexual levels.

For calendar year 1987 we report 1001 gonorrhea cases, a 20 percent decline over 1986 (1265 cases), and the lowest level on record. Such a low level of gonorrhea transmission is unthinkable in terms other than the pronounced reduction in sexual adventurism on the part of virtually all segments of our society. El Paso County has about one-third the gonorrhea rate it had one decade ago! (In 1977, the biggest year on record, we had almost 2000 cases and one-half the current population.) The reasons were elaborated in Annual Report 1986 (page 9) and these reasons hold for 1987. It is the threat of the viruses in the sexual arena that helped generate sexual conservatism in the late 1970's/early 1980's and of AIDS-virus in particular (especially in 1987) that has reducing unsafe sexual activities even further. Of that, there is no doubt whatever.

Many of the following data sets suggest this reduction in sexual adventurism.

A. Case-finding highlights: Gonorrhea

1987 was a solid year from the contact interviewing point of view. Case reduction cannot be attributed to inadequate interviewing efforts.

Contact Interviewing Activity

1977 - 1987

	1977-1979 (Averages)	1980-1982 (Averages)	1983	1984	1985	1986	1987
Cases Interviews (%)	70%	93%	97.3%	94%	88.6%	90%	91%
Contacts per interview	1.35	1.87	1.8	1.83	1.72	1.77	1.69

When we turn to contact tracing, we see that productivity actually improved (better quality due to smaller caseload?): a solid proportion (25.6%) of new cases identified, and fewer (26.1%) lost to follow-up. The latter suggests that people know their sexual partners better and can thus have them located more easily (e.g., fewer anonymous "pick-ups"). The "not examined" figure is the lowest on record (16 years).

Local Contacts to Gonorrhea: Outcomes

	1980-1982 (Average)	1983	1984	1985	1986	1987
Infected (New Cases)	380(29.6%)	357(25.9%)	475(29.8%)	375(23.5)	276(22.4)	226(25.6%
Not Infected	500(38.9%)	567(41.1%)	637(40%)	593(37.2%)	490(39.7)	427(48.3%
Not Examined	405(31.5%)	456(33%)	481(30.2%)	627(39.3%)	468(37.9)	231(26.1%
Total Sought:	1285(100%)	1380(100%)	1593(100%)	1595(100%)	1234(100%)	884(100%)

Gonorrhea: Reason for Presentation (Epidemiologic category)

Reason for presentation

	1984	1985	1986	1987
Volunteer	838(55%)	870(56.9%)	680(53.8%)	537(53.6%)
"Screenee"	170(11.1%)	210(13.7%)	192(15.2%)	159(15.9%)
Contact	517(33.9%)	450(29.4%)	393(31%)	306(30.5%)
Total Cases	1525(100%)	1530(100%)	1265(100%)	1002(100%)

And, historically (percentages only):

	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987
olunteer	63.1	62.2	61	62.8	57.3	51.7	58	55.6	55	56.9	53.8	53.6
Screenee"	11.4	10.7	11.7	10.1	9.9	8.3	8	11.9	11.1	13.7	15.2	15.9
ontact	25.5	27.1	27.3	27.1	32.8	40	34	32.5	33.9	29.4	31	30.5

Gonococcal pelvic inflammatory disease (PID)

The number and proportion of gonorrhea cases involving serious reproductive tract involvement declined even further during 1987. Nice.

	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987
ases	130	111	85	84	84	76	79	108	75	123	98	73
ercent	18.3	15.5	15.4	16	14	12.5	17.3	21	12.7	19.7	17.7	16.3

Note: Pct = percent of total infected women

Urethrally Asymptomatic Men

Men with inapparent infection have been vigorously pursued for a dozen years in El Paso County, and 1987 was the best year: the consistency in the trend is best viewed from the column at the far right.

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
1986	106	712	14.9
1987	101	554	18.2 (best ever!)

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

Gonorrhea repeat cases

Sexual conservatism is also apparent in the reduced amount and proportion of cases accounted for by repeaters: 1987 is the lowest on record. Remember that the persons most likely to be repeaters are the least advantaged members of society.

Year	Repeat 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
1986	73	5.8
1987	48	4.8

- In terms of bodies, 47 persons were repeaters; 46 had 2 episodes, and 1 had 3 each. Thus these 47 persons generated 95 total cases in all, the lowest ever.

Gonorrhea in street prostitutes

Historical background:

For the eleven year interval (1977 through 1987) during which data were rigorously kept, about 800 different women (estimated) have offered their sexual services for money in El Paso County, of whom 730 were tested by our department. About half were "circuit" prostitutes - women who stayed a very short time and moved on to other areas - and an additional 20% of whom stayed for a few months only. The remainder (about 30%) can be referred to as "our" girls. Most of the venereal disease identified in street prostitutes can be attributed to importation by the 70 percent of all prostitutes who are peripatetic.

The 730 women were tested on 2788 different occasions (a mean of four visits per lady) during the eleven year period. Only original visits (excludes follow-up visits for test-of-cure, etc.) are recorded below, and for an 18 year period.

Year	Original Visits	Gonorrhea Cases	% positive
1970-1975(Averaged)	133(Average)	39	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	197	27	13.6

Continued

Year	Original Visits	Gonorrhea Cases	% positive
1983	214	31	14.5
1984	258	23	8.9
1985	254	27	10.6
1986	174	33	19.0
1987	169	19	11.2
Total: 18 years	3683	695	18.9

It is likely that the reduction in total visits observed during the last two years reflects diminished demand on the part of a less sexually adventurous society. The lower infection rate for 1987 probably reflects the increase in rubber condom use on the part of the prostitutes (clients?).

Gonorrhea in homosexuals

The threat of AIDS-virus infection continues to deter promiscuous behaviour among local gay men; the proportion of gonorrhea cases in all men contributed by homosexuals reflects this phenomenon. The decline is steady and has probably reached the lowest level it can (virtually zero!):

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%
1986	2.0%
1987	approaches 0% (1 of 554 cases in men)

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, HMO's, 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 at the highest level ever. From 1973 to 1982 case distribution shifted from 23.3% to 13.6% of all cases presenting in the private sector. For 1987, it is 26.4%.

1973	1982	1983	1984	1985	1986	1987
23.3%	13.6%	19%	17.8%	23.1%	23.6%	26.4%

Unreported cases

About half of one percent of gonorrhea 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)
1986	3 (0.24)
1987	5 (0.5)

Gonorrhea case rates:

(Assumes a 1987 population of about 386,000) We have the lowest rate ever! Nice.

Gonorrhea Rates (cases/100,000)

1970	1973	1977	1980	1981	1982	1983	1984	1985	1986	1987
667	700	735	491	473	387	387	459	437	342	259

These data are nothing short of spectacular, and provide the most persuasive evidence for the positive sexual habit changes noted in the Introduction. (The media can properly claim most of the credit for influencing changes in sexual behaviour.)

Aside: Nationally, gonorrhea cases declined about 15 percent and Colorado, a spectacular 33 percent (probably because so much of Denver's gonorrhea, the largest burden, used to occur in gay men. Denver has proportionally far more gay men than do).

PPNG (penicillinase-producing N. gonorrhoeae) cases:

There was a modest number of such cases during 1987. In some areas of the country, particularly on either coast, the disease is probably becoming entrenched. It took almost ten years for entrenchment (as opposed to episodic outbreaks) to occur. We can expect to observe more cases (due to almost invariably to importation from these areas), but we doubt PPNG will become entrenched locally.

Since the introduction of PPNG in the USA in the spring of 1976, 78 cases have been diagnosed in El Paso County (71 confirmed; 7 probable). Because they occurred in context of 17,938 gonorrhea cases, the 0.41% rate is "acceptable" (78 cases divided by 17,938).

There were 15 PPNG cases in 1987, compared to 20 in 1986. Nine occurred in military personnel.

Male-to-female ratio: gonorrhea

This ratio is the lowest on record. It reflects both the absence of gay men in the gonorrhea burden and the reduction in sexual adventurism, particularly on the part of soldiers, who traditionally contribute the lion's share of male cases (about two-thirds, usually.)

Year	Males	Females	Ratio
1973	984	613	1.6:1
1974	1015	615	1.65:1
1975	1033	643	1.61:1
1976	1266	712	1.78:1
1977	1284	714	1.8:1
1978	964	551	1.75:1
1979	1002	523	1.91:1
1980	918	602	1.52:1
1981	928	609	1.52:1
1982	807	456	1.77:1
1983	775	505	1.53:1
1984	936	589	1.59:1
1985	907	623	1.46:1
1986	712	553	1.29:1
1987	554	448	1.23:1

The difference between 1977 and 1987 (the highest and lowest years in numbers of cases) is breathtaking, especially the "males" category. (Men are the best indicator of recent gonorrhea transmission activity.)

PART III

A. Chlamydia Control

Chlamydia, a disease virtually identical to gonorrhea, was first clearly delineated in the late 1960's/early 1970's. Serious control efforts were hampered by the lack of inexpensive tests and by the shift of attention to viruses, starting in the late 1970's: first genital herpes, and now AIDS-virus.

The availability of (modestly)reliable and (relatively) inexpensive tests in the mid-1980's, and the availability of control resources (occasioned by the declining gonorrhea load), permit us to devote more attention to its control. Several modest but committing events occurred during 1987: the introduction in June of screening initiatives in Prenatal, Family Planning, and STD Clinics. All clients are tested in Prenatal Clinic; selected clients in the other clinics. Likelier than not, screening will be universal in Family Planning Clinic in 1988 and expanded in STD Clinic.

Patients suspected of having chlamydia have usually received counseling for sexual partner referral. During 1988, formal contact eliciting/tracing procedures, analogous to those used in gonorrhea control, will be used for clients in Health Department clinics. (Since chlamydia is not a reportable disease, we cannot do the same for cases in the private medical sector. We are in the process of persuading military clinics to view chlamydia in the same public health light as gonorrhea.)

Since chlamydia testing's inception mid-year, 263 tests were collected on women in STD Clinic; 28 (10.6%) were positive. This rate closely resembles the gonorrhea rate for women examined in STD Clinic: 11.6%, though the two data are not strictly comparable because 1) chlamydia testing is not yet universal, and 2) the gonorrhea test is much more reliable. (We suspect the true chlamydia rate for STD Clinic women approaches twenty percent.)

B. Minor STD Program Data/Miscellaneous

VD Clinic attendance...declined about 10 percent during 1987, a consequence of the decline in sexual adventurism.

Year	New Visits	Return Visits	Total
1982	2135	1721	3856
1983	2218	1691	3909
1984	2234	1650	3884
1985	2301	1565	3866
1986	2250	1562	3812
1987	2042	1350	3392 (-11%)

Note: Table excludes the approximately 2200 Alternate Test Site visits in 1987.

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 STD Clinic is included), they support the idea that sexual adventurism is declining. They are presented mainly as a trend indicator.

Infection	Men						Women					
	1982	1983	1984	1985	1986	1987	1982	1983	1984	1985	1986	1987
NGU	569	552	512	447	419	416	--	--	--	--	--	--
Trichomoniasis	--	--	--	--	--	--	461	492	390	275	112	115
Monilia	--	--	--	--	--	--	456	463	391	318	110	188
NSV	--	--	--	--	--	--	250	279	257	233	297	240
Herpes (1st Episode)	70	83	34	32	59	49	51	59	25	18	38	33
Venereal warts	131	185	127	132	172	119	55	62	49	76	72	61
Scabies	17	21	15	10	19	21	4	4	3	4	9	4
Phithirus Pubis	56	59	44	50	41	54	29	31	22	17	29	24
Totals:	843	900	732	671	710	659	1306	1390	1137	941	667	665

The most "reliable" indicator for men may be NGU; for women, Trichomoniasis. The trends show a steady decline for NGU since the "Herpes scare" years; for Trichomoniasis, an even more dramatic one.

Syphilis - We've never understood syphilis trends. No explanations 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
1981	16	3	19
1982	18	7	25
1983	15	9	24
1984	26	4	30
1985	27	12	39
1986	31	10	41
1987	13	6	19

PART IV (Miscellaneous)

A. Afterthoughts Section: Notes of a Street Prostitute Watcher

During 1987 we completed our two-year cooperative study of AIDS-virus infection in prostitutes. Formal reports are being prepared for publication with our collaborators (CDC etc.)

Here, we offer a few morsels to help paint an impressionistic picture of our "ladies" locally.

Most are in their twenties (two-thirds) and fifteen percent are teen-agers. The remainder are oldies. Half are white, the rest mostly black. About two-thirds have a "regular" man that looks out for them (pimp is too flattering of a term). Forty percent of all street prostitutes have a "regular" man who shoots drugs through the veins. About half of our "ladies" shoot drugs (and half of those admit to sharing needles). Incidentally, the vast majority (75%) of "ladies" started shooting in their early teens (13 - 17). This supports the idea that in many instances, drugs come first, prostitution second.

The average prostitute on our streets has been in the trade about 4 years and turns about 80 - 120 tricks a month. By the time of our survey interview, the average lady had had about 6,000 lifetime partners (range: 15 - 84,000!!!).

At the time of testing, about 2 percent had markers of AIDS-virus infection and 2.5 percent of HTLV-I infection; one third had hepatitis-B markers, and one percent, syphilis markers (non-infectious stages).

The majority have never had anal sex. Of the nearly one quarter of women who ever have, the practice is seldom done with customers.

Street Prostitutes and Anal Sex: 1985-1987

(Self-report information on 97 ladies)

Never had:	77.3%
With lover only:	14.4%
With customer only:	2.1%
With lover and/or customer:	6.2%
	100.0%

If a prostitute gets AIDS-virus or hepatitis-B, she is likely to acquire it from her "regular" man, who is also frequently an I.V. drug user. The fact that one out of five "ladies" also has anal sex (14.4% and 6.2%) with her "regular" man is not encouraging from a prevention viewpoint: if she doesn't get it through sharing needles, she might get it anally! Our counseling efforts will focus on these two practices (sharing and unprotected high-risk intercourse, especially anal) on a continual basis.

AIDS-virus antibody testing is done quarterly on (returning) prostitutes. Since mid-1985, 187 prostitutes have been seen in our clinic. Of those 15 were male prostitutes, 3 of whom are AIDS-virus infected (20 percent). Of the 172 female prostitutes, we were unable to draw blood from six (badly damaged veins due to I.V. drug use).

Altogether, we did 268 tests on the 166 prostitutes: 107 had one test; 34, two tests; 15, three; 5, four each; 3 had five each, and one each was tested 6 and 7 times.

Of the fifteen male prostitutes, three have been re-tested once (all negative).

B. Presentations:

Concern about AIDS-virus infection has escalated in crescendo fashion since Rock Hudson's diagnosis (mid-1985). It peaked from the fall of 1986 through the spring of 1987 (The "hetero-sexual scare"). Demand for presentations on the part of a concerned public stretched our resources and depleted our energies for most of 1987.

About 110 formal presentations were recorded, with a total audience of 3683 persons (excluding radio/television audiences). The average audience numbers 30 - 35 persons, and is in the school or health care arena. About 45 percent of the audiences are students in their teens, about one-third are health care workers, about ten percent are employers, ten percent "general public", and two (!!!!) percent, persons known to have high risk behaviours.

PART V

The traditional, inelegant Tables

EL PASO COUNTY GONORRHEA MORBIDITY
1973 - 1986
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. Phillips → 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
1986	97	96	96	98	94	99	99	148	119	124	97	98	105	1265
1987	79	80	98	93	98	98	99	92	73	67	58	66	83	1001

Monthly Venereal Disease Morbidity Report

Calendar 1987

Reporting Source	Morbidity				Age Group										Race			Pro RX	
	Syphilis			Gon	14-19		20-24		25-29		30-39		40+		Cav	Blk	Hisp	Syph	Gon
Categories	P&S	E.L.	Other		Syph	Gon	Syph	Gon	Syph	Gon	Syph	Gon	Syph	Gon					
Private Physician Men	1	1	2	75		11		18	2	23	1	20	1	3	35	25	19		
Women			3	132	1	40		49	1	24		14	2	5	59	49	28		
V.D. Clinic Men	1	3		140		28	1	50		37	2	22		3	53	69	21	3	199
Women				163		52		55		31		23		2	68	65	30	3	195
CHC/Pren/Family P.				43		17		18		6		3			22	17	5		
Planned Parenthood				30		14		8		6		2			19	9	2		
Health Hold				9				5		4					2	4	3		
Fort Carson Men	1	3	1	318		49	2	188	2	60		21	1		77	231	15		
Women		2		67		13	1	40	1	8		4		2	25	37	7		
Ent Air Base Men				5		1		3		1					1	4			
Women				1				1							1				
Air Academy Men				16		4		11						1	7	8	1		
Women		1		3			1	2				1			3	1			
Totals	3	10	6	1002	1	229	5	448	6	200	3	110	4	16	372	519	131	6	394

Clinic Attendance: 3392 ($4541.00)
New: 2042
Return: 1350

Treatment Failure 2 women

ER Males: 28
ER Females: 59

MONTHLY G.C. INVESTIGATIONS REPORT: EL PASO COUNTY HEALTH DEPARTMENT, 1987

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CY87	PCT/TL
CONTACTS TO GONORRHEA: OUTCOME														
NOT INFECTED	0	0	1	0	1	1	2	0	1	0	0	0	6	0.58
BROUGHT - TX	17	20	21	28	27	20	20	15	28	11	11	8	226	21.69
PREVIOUS TX	12	15	12	13	12	10	22	1	15	14	5	2	133	12.76
NOT FOUND	8	8	14	6	7	7	24	1	14	14	13	7	123	11.80
REFUSED EXAM	3	1	5	2	2	5	5	0	6	0	1	1	31	2.98
UNLOCATABLE	7	3	7	8	10	5	9	6	7	4	4	7	77	7.39
TRANSFERRED	6	3	1	2	0	2	1	1	6	1	2	0	25	2.40
RPT TREATED	31	36	60	41	41	24	50	14	37	26	34	21	415	39.83
OTHER	0	0	2	0	1	0	1	0	0	2	0	0	6	0.58
TOTAL	84	86	123	100	101	74	134	38	114	72	70	46	1042	100

[illegible] V.D. TESTING AND LABORATORY REPORT: EL PASO COUNTY [illegible] DEPARTMENT, 1987

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CY87	POS.	PCT+
TESTING:															
HTLV (AB)	99	120	108	140	95	105	96	105	100	72	65	98	1203	63	5.24
HTLV (CUMULATIVE)												2182	2182	185	8.48
RPR	188	198	214	200	242	239	255	220	233	217	178	189	2573	37	1.44
FTA	0	2	3	5	1	2	0	7	4	1	1	1	27	12	44.44
DF	0	1	0	0	0	0	0	0	0	0	0	1	2	0	0.00
GC SMEAR	95	128	130	107	126	116	109	119	126	117	83	96	1352	107	7.91
GC CULTURE:															
VDC MEN	104	136	134	127	132	128	131	136	144	136	88	102	1498	152	10.15
VDC WOMEN	77	108	121	129	123	147	156	119	143	104	80	96	1403	163	11.62
PHC WOMEN	22	26	28	43	42	37	38	29	40	26	28	48	407	3	0.74
FPC WOMEN	12	26	26	22	14	17	46	28	37	24	25	32	309	13	4.21
PND WOMEN	160	184	175	160	128	136	182	184	172	134	155	155	1925	21	1.09
TOC :ALL PTS	17	21	18	21	20	21	21	17	39	20	24	11	250	9	3.60
CHLAMYDIA:PE	5	6	2	4	6	22	56	36	39	39	24	24	263	28	10.65 ← New Categor
TREATMENT:															
GC TREAT	36	37	44	39	44	41	37	25	38	22	25	14	402	NA	NA
GC PRO TREAT	35	43	42	32	54	38	44	24	30	25	19	24	410	NA	NA
LUES TREAT	1	0	1	0	0	1	0	0	2	1	0	0	6	NA	NA
LUES PRO TREAT	1	0	0	1	0	2	1	0	0	1	0	0	6	NA	NA
NON-V.D. TREAT	183	181	201	177	234	218	257	189	221	210	154	151	2376	NA	NA
CLINICS: NO.	13	11	12	13	13	13	13	13	13	13	11	12	150	NA	NA

HTLV TESTING EXCLUDES THE 57 MILITARY POSITIVES SINCE JULY 1985 AND 9 REACTIVE DONORS LOST TO FOLLOW-UP

V.D. Clinic

Summary of Medications Used

1/1/87-12/31/87

APPG (6m.u. vials)	136
BICILLIN (1.2m.u. syringes)	53
TROBICIN (2g. vials)	63
BENEMID (500mg)	2030
AMPICILLIN (500mg)	6970
TETRACYCLINE (SHD)	970
TETRACYCLINE (CHD)	53,000
BENADRYL (50mg)	350
E-MYCIN (250mg)	5860
ROCEPHIN	25