EL PASO COUNTY HEALTH DEPARTMENT
501 North Foote Avenue
Colorado Springs, Colorado 80909-4598

ANNUAL REPORT

Venereal Disease Program

January 1, 1982 - December 31, 1982

TENTH ANNIVERSARY ISSUE

How poor are they that have not patience!
What wound did ever heal but by degrees?

Othello (II, 3, 372-373)

This report is dedicated to

Richard B. Rothenberg

and 4168*

* See page 10. 4+1+6+8=19; 1+9=10, the perfect number (on page 10!) Signed:the closet numerologist.

Part I

Gonorrhea

Introduction

For calendar year 1982 we report 1263 gonorrhea cases, a 17.8 percent decline over 1981 (1537 cases). This constitutes the second major decline in five years; gonorrhea incidence is now about 40 percent lower than in the mid-1970s. We did it!

Calendar 1982 was the tenth year of vigorous efforts to control gonorrhea in El Paso County. It is fitting that this Report offer an historical perspective. Accordingly 1982 data are presented in context of the last decade. This was not difficult to achieve because the monthly and annual report formats have not changed since their introduction in 1973; in addition, the data were collected the same way for ten years.

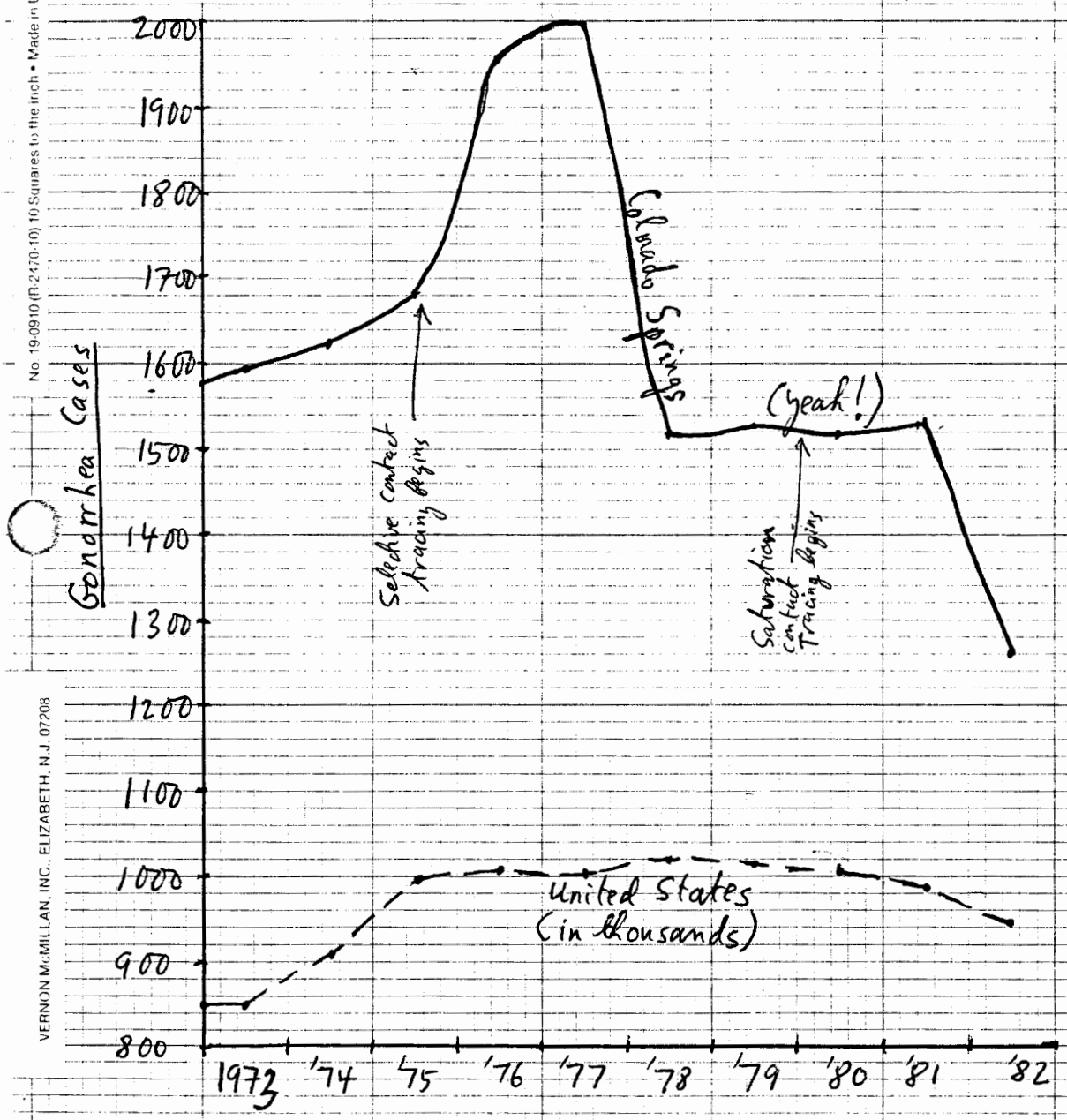
Methods

Although much of the success in reducing gonorrhea incidence may be attributed to conscientious attention to all control program components (e.g., clinic management, screening, private physician rapport, coordination with the military, high risk group surveillance and education), the most crucial factor was dogged contact tracing. The Figure (next page) graphically illustrates the difference in outcome between national and local trends. Our program followed the national recommendations up to late 1975: trends were similar. Selective contact tracing on "important" patients probably caused the subsequent rapid rise in reported cases (1976-1977) and the precipitous decline of 1978. These latter levels remained stable until saturation (> 90 percent of all cases) contact tracing efforts were implemented in mid 1979, probably occasioning much of the subsequent decline two years later. In the meanwhile, little (about one-third of cases) contact tracing occurred on the national level.

If about 2000 cases annually ought to be the "normal" burden in El Paso County, it can be argued that at least 2750 cases have been prevented locally since 1978. (It's as if the last 2 years (1981-1982) had experienced zero morbidity!) That is public health!

19-0910

EL PASO COUNTY
GONORRHEA
1973-1982



No. 19-0910 (R-2470-10) 10 Squares to the inch • Made in U.S.A.
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Figure 1

RESULTS

What follows is a potpourri of boring data that may serve to illuminate (buttress?) our claims. Gonorrhea case distribution in El Paso County has been profoundly affected by the application of public health measures. It has been a dynamic process and the results appear below. If the Report seems inordinately lengthy it is because, as Blaise Pascal once said, we "did not have time to make it shorter". The same reason is invoked for mediocre prose.

I. Gonorrhea trends (1973-1982)

A Table (rear of report) displays incidence by month and year for the last decade. A total of 16,243 cases were reported. The monthly average started at 133, reached a high of 167 in 1977 and is currently at 105. Two digit months (our favorites), a frequent occurrence of late, are circled.

II. Venereal Disease by race (1973-1982)

(Due to the monthly report format, race includes syphilis with gonorrhea. Since syphilis represents only 2.8 percent of all V.D. cases since 1973, not much distortion occurs.)

The majority of cases currently affects blacks (from 38.5% to 53.1% in ten years), probably because health behaviors among blacks are not as developed as that of other groups. The data also reflect the changing sociodemographic profile of the post-draft era Army (most draftees were discharged by 1975). Recruitment of blacks increased from 18.4% in 1973 to 33.2% in 1981.

Venereal (Syphilis/Gonorrhea) Disease Cases in Blacks

Year	Cases in blacks(%)	Total	Year	Cases in blacks(%)	Total
1973	653 (38.5)	1695	1978	630 (40.4)	1560
1974	514 (30.3)	1699	1979	727 (46.8)	1552
1975	547 (31.3)	1749	1980	709 (45.8)	1547
1976	775 (38.1)	2034	1981	749 (48.1)	1556
1977	773 (38)	2030	1982	684 (53.1)	1288

(Grand total: 16,243 gonorrhea and 467 syphilis cases)

III. Gonorrhea by report source (1973-1982)

A. Fort Carson has been the single most important report source in the County since 1979; it reported nearly half of all cases in 1982. A substantial increase in the amount of women detected on post reflects the improved contact tracing efforts since 1979.

Fort Carson Gonorrhea Cases

(by gender and percent of total cases)

Year	Men	Women	Total in County (%)
1973	510	50	1598 (35)
1974	509	22	1630 (32.6)
1975	506	33	1681 (32)
1976	663	29	1978 (35)
1977	697	48	1998 (37.3)
1978	521	49	1515 (37.6)
1979	571	50	1525 (40.7)
1980	546	110	1520 (43.2)
1981	528	115	1537 (41.8)
1982	501	108	1263 (48.2)
Total	5552	614	16,243 (38)

(Incidentally, the proportion of Fort Carson cases represented in blacks increased from 54% of all male cases in 1974 to 77% in 1982.)

III. Gonorrhea by report source (1973-1982): Civilian and Air Force cases

B. Active health measures served to increasingly transfer gonorrhea into the public sector, away from private doctors. In 1973, 23.3% of all cases (includes military) were reported from the private sector (PMDs, hospitals and Planned Parenthood); by 1982 only 13.6% were. A large decline in Air Force cases occurred, from 4.8% of all cases in 1973 to 1.3% in 1982. As a report source, the Health Department (VD, FP, OB, and Prenatal clinics) reported 61.5% of civilian cases in 1973 vs. 77.6% in 1982. Not only does this reflect active manipulation ("driving" cases into the Health Department) of the gonorrhea burden, but it facilitates case management (contact interviewing etc).

IV. Gonorrhea case rates:

Case rates declined from 560/100,000 in 1973, reached a high of 664 by 1976 and are currently (1982) at 408/100,000 (a 38.6% decline since the mid-1970s).

V. Gonorrhea by reason for presentation (1976-1982; data for 1973-1975 are not available).

Patients with gonorrhea are identified by spontaneous presentation with symptoms (volunteers), screening efforts, and contact tracing. Volunteers and screening detections are epidemiologically passive cases; contacts reflect active intervention.

In 1976, only one quarter (25.5%) of cases were actively detected; by 1982 it was more than one third (34%). In terms of absolute numbers, the most substantial decline occurred in volunteers, implying that many cases were prevented

(since volunteers tend to be people with recently acquired, symptomatic gonorrhea). That's what public health is all about.

Gonorrhea by Reason for Presentation

	1976	1977	1978	1979	1980	1981	1982
Volunteers	1249 (63.1%)	1243	924	958	871	794	732(58%)
Screenees	225 (11.4%)	214	178	153	150	127	102(8%)
Contacts	504 (25.5%)	541	413	414	499	616	429(34%)
Total	1978 (100%)	1998	1515	1525	1520	1537	1263(100%)

VI. Repeat gonorrhea cases (1973-1982)

The number and percentage of repeat cases declined appreciably during this period, even though repeaters tend to be difficult patients to motivate and locate. Active contact-tracing has been instrumental in reducing the percentage from 9.9 to 6.8% of cases in 1982.

Gonorrhea Repeat Cases

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
Total	1512	9.3

VII. Male to Female Ratio (1973-1982)

In a non-homophile population it is thought that an ideal ratio should be 1:1 (1 female case for each male case). Because so much of El Paso County's gonorrhea is imported from outside, especially by soldiers, this ratio has not changed much in the last decade. (Before the screening program was initiated in 1972, the ratio was 2.9:1.)

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

Year	Males	Females	Ratio
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

(Note: In 1980, there were 1.2 males for each female in the 15-29 age group in El Paso County's population)

VIII. Street Prostitutes and Gonorrhea (1970-1982)

Street prostitutes were significantly involved in the transmission of gonorrhea up to the mid-1970's. Vigorous control and surveillance, accompanied by sustained police pressure, have stimulated rapid detection of infected ladies and has significantly interrupted disease transmission. Relaxation of Health Department or police vigilance may reverse the situation.

Gonorrhea in street prostitutes (1970-1982)

Year	Visits*	Cases	% Positive
1970-1975 (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
Total (13 years)	2614	561	21.5%

(*Visits exclude test of cure/follow-up visits)

IX. Gonorrhea screening (excludes military and public clinics):

Instituted in 1972, the private physician gonorrhea screening program was modified in 1975 (more rigorous screening criteria; discontinuance of free courier service) and placed on a fee basis in the fall of 1981. Many providers are still screening, but using private laboratories. The data below record cultures processed in our laboratory only.

	Private doctors			Planned Parenthood		
Year	Cultures	Positives	(%)	Cultures	Positives	(%)
1973	6694	161	(2.4)	3418	60	(1.8)
1974	8188	160	(2)	4085	60	(1.5)
1975	10003	140	(1.4)	4983	66	(1.3)

	Private doctors			Planned Parenthood		
Year	Cultures	Positives	(%)	Cultures	Positives	(%)
1976	7636	110	(1.4)	6610	82	(1.2)
1977	6538	86	(1.3)	6788	52	(0.8)
1978	7520	82	(1.1)	6334	39	(0.6)
1979	7214	54	(0.7)	2954	17	(0.6)
1980	6642	61	(0.9)	1642	9	(0.5)
1981	6133	53	(0.9)	3347	21	(0.6)
1982	2953	25	(0.8)	None (using private lab since since mid-1980)		
Total	69,521	932	(1.34)	40,161	406	(1)

Better disease control occasioned more rapid detection of asymptomatic cases, reducing the chance of a case being passively identified through screening.

X. Gonorrhea by age (1973-1982)

Some change was recorded in age distribution, as shown below (in abbreviated form). Gonorrhea is found in slightly older people by 1982. No idea what this means!

Gonorrhea By Age group and percentage of all cases

Year	14-19	20-24	25-29	30-39	40+
1973	24%	51%	16.5%	7.2%	1.3%
1982	22.2%	46%	21.7%	8.5%	1.6%

XI. Gonorrhea test of cure trends (1973-1982): Civilian cases only

Year	Tested for cure	Positive on TOC (%)
1973	546	16 (2.9)
1974	657	45 (6.8)
1975	668	40 (6)
1976	754	54 (7.1)
1977	701	29 (4.1)
1978	568	28 (5)
1979	529	30 (5.7)
1980	477	23 (4.8)
1981	545	28 (5.1)
1982	362	23 (6.4)
Total	5807	316 (5.4)

Thus, of 9609 civilian cases between 1973 and 1982, 5807 (60.4%) were tested for cure and 5.4% were positive (usually because of reinfection rather than treatment failure).

XII. Penicillinase-producing N. gonorrhoeae (PPNG) cases:

Since the first U.S. report of penicillin resistant gonorrhea in the spring of 1976, a few cases have been diagnosed in El Paso County. Resistant strains have not diffused as rapidly as feared, probably because the plasmid that mediates resistance is not stable and because conscientious case management is followed nationwide.

PPNG cases

Year	Laboratory confirmed	Probable cases	Total
1976	0	0	0
1977	0	1	1
1978	0	0	0
1979	1	2	3
1980	0	0	0
1981	7	0	7
1982	17	4	21 (Oh, oh!)
Totals	25	7	32

Fifteen (53.6%) of the 28 cases in 1981-82 were reported in Fort Carson soldiers. Korea was the geographical source for seven and the Southeast U.S. for another seven. This mirrors gonorrhea in general: many Fort Carson soldiers acquire the infection in these 2 regions.

Summary

Gonorrhea in the early 1970s was epidemic and broadly diffused - in terms of numbers and rates, among report sources and races. Prostitutes were crucial in transmission. A decade of sustained public health pressure has profoundly affected case distribution.

Gonorrhea is no longer epidemic. There is little entrenched endemicity. More than half of all cases (the subject of a forthcoming report) are due to importation from outside. Instead of large scale fires, we now have waste-basket size ones -- a manageable burden. Continued control depends on pressure being maintained on Fort Carson and V.D. Clinic cases (85% of all cases); failure in either sector will permit the disease to re-establish itself.

Part II - Miscellaneous

XIII. Syphilis

This disease is now always imported. Modest endemicity existed in the early '70s; the reservoir was drained by 1976 through aggressive contact tracing and screening.

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
Total	311	154	465

XIV. Contact tracing

Field follow up of persons exposed to (or suspected of having) gonorrhea and syphilis was the most influential public health measure used in achieving our results.

V.D. Clients Sought in El Paso County

Year	For Gonorrhea	For Syphilis	Other*	Total
1973	892	114	405	1411
1974	805	114	441	1360
1975	719	124	633	1476
1976	979	78	718	1775
1977	1199	53	530	1782
1978	870	92	580	1542
1979	1032	33	583	1648
1980	1256	46	572	1874
1981	2205	41	483	2729
1982	1307	29	446	1782
Total	11,246 (64.7%)	724 (4.2%)	5399 (31.1%)	17,379(100%)

* Follow up for positive serologies, positive GC cultures and test of cure candidates.

XV. Contact interviewing: Gonorrhea

Year	Civilian Interviews	Fort Carson Interviews	Total County Cases/Interviewed	Percent
1973	339	420 (estimate)	1598	(47.5)
1974	316	400 (estimate)	1630	(43.9)
1975	334	404 (estimate)	1681	(43.9)
1976	309	554 (estimate)	1978	(43.6)
1977	424	520 (estimate)	1998	(47.2)
1978	382	570	1515	(62.8)
1979	693	645	1525	(87.7)
1980	759	574	1520	(87.7)
1981	843	632	1537	(96)
1982	617	620	1263	(98)
Total	5016	5339	16,243	(63.7)

Thus about half of all gonorrhea cases were interviewed for contacts during the first five years. (The quality of interviews was very poor at Fort Carson from 1975 through mid-1979.) The large decline in cases by 1978 permitted a higher percentage of cases to be interviewed. Incidence currently very manageable; saturation (> 90%) interviewing will continue.

XVI. New V.D. cases identified ("Brought to treatment" clients)

Of these 17,379 clients (many of whom, incidentally, required several visits or calls to assure their presentation to a doctor), almost one quarter were identified as new, untreated cases in El Paso County as a result.

Year	New cases identified
1973	301
1974	284
1975	318
1976	338
1977	409
1978	427
1979	404
1980	501
1981	667
1982	519
Total	4168

yeah!

Of the 4168, 3979 (95.5%) were brought to treatment for gonorrhea and 189 (4.5%) for syphilis. Over the ten year span, it averages to 35 "broughts" per month; those are our very favorites.

XVII. V.D. Clinic attendance

In general, as gonorrhea morbidity and casefinding increased, so did clinic attendance. Conversely, decreases in incidence were mirrored in reduced enrollment.

V.D. Clinic Attendance 1973-1982

Year	New visits	Return visits(%)	Total visits	No. of Clinic Sessions	(Visits/Clinic)	Fees Collected
						Not levied
1973	2449	2039 (45.4)	4488	149	(30)	" "
1974	2938	2224 (43)	5162	177	(29)	" "
1975	3508	2267 (39.3)	5775	197	(29)	" "
1976	2988	2368 (44.2)	5356	200	(27)	2963
1977	2546	2497 (49.5)	5043	203	(25)	2657
1978	2316	2114 (47.7)	4430	196	(23)	1907
1979	2201	2166 (49.6)	4367	156	(28)	1928
1980	2209	1959 (47)	4168	156	(27)	1961
1981	2471	2076 (45.6)	4547	155	(29)	2915
1982	2135	1721 (44.6)	3856	151	(26)	3882
Total	25,761(54.6)	21,431 (45.4%)	47,192(100%)	1740	(27)	$18,213

The clinic has averaged 27 visits per session. Incidence reduction permitted us to curtail clinic sessions from 4/week (late 1974-1978) to 3/week (1978-present), occasioning substantial savings - a lovely by-product of incidence reduction.

XVIII. Gonorrhea Treatment

The data are for the Health Department V.D. Clinic only. About 107 treatments per month are given for gonorrhea or exposure to gonorrhea at our clinic. Forty seven percent (7630/16,243) of all reported cases in the County during the last decade were treated in the clinic; it sounds better to state that -- 80 percent (7630/9609) of all civilian cases were treated by us.

Year	GC Treatment	Exposure to GC Tx (Epi)	Total
1973	663	281	944
1974	755	330	1085
1975	831	468	1299
1976	912	662	1574
1977	944	695	1639
1978	756	562	1318
1979	708	570	1278
1980	677	572	1249
1981	798	622	1420
1982	586	447	1033
Total	7630	5209	12,839

The large increase in treatments for exposure since 1976 (Column 2) reflects our pursuit of men contacts to women with gonorrhea (we started in late 1975). Each decline in incidence was, of course, accompanied by a proportional decline in treatment for GC. Another nice savings.

XIX. Laboratory support

About a quarter of a million tests were performed by our laboratory during these ten years in support of the V.D. Clinic and private physician gonorrhea screening program (see IX above).

Year	Gonorrhea tests	Syphilis tests	Other STD tests	Total
1973	15,566	3308	1246	20,120
1974	19,029	3976	1415	24,420
1975	22,896	4634	1444	28,974
1976	22,078	4150	1156	27,384
1977	21,666	3870	1556	27,092
1978	21,954	3443	1435	26,832
1979	18,041	3291	1136	22,468
1980	16,502	3197	1128	20,827
1981	18,463	3344	1184	22,991
1982	9,845	2877	1090	13,812
Total	186,040	36,090	12,790	234,920

The substantial decrease in 1982 reflects reduced clinic attendance and the shift to private laboratories by PMDs for gonorrhea specimens processing. The monthly average during these ten years approaches 2000 tests.

XX. Other Sexually Transmitted Diseases (STD)

Of the common STDs only syphilis and gonorrhea are reportable. The incidence of several other STDs in El Paso County is not known. To develop a sense of the non-reportable STD burden, we began to keep track of such diagnoses in our V.D. Clinic. (Obtaining data on military and private sector non-reportable STD cases would be burdensome.)

Non-reportable STDs in V.D. Clinic

Calendar 1982

Infection	Male	Female	Total	Male/Female Ratio
Non-gonorrhea Urethritis	569	N/A	569	N/A
Trichomoniasis	N/A	461	461	N/A
Monilia	N/A	456	456	N/A
Non-specific vaginitis	N/A	250	250	N/A
Genital Herpes (Primary)	70	51	121	1.37:1
Venereal warts	131	55	186	2.38:1
Scabies	17	4	21	4.25:1
Crabs	56	29	85	1.93:1
Total	843	1306	2149	0.65:1

In the V.D. Clinic, then, non-gonorrhea urethritis is 2.4 times as common as gonorrhea in men (569 cases v. 237), while non-gonorrhea genital infections (incl. Trichomoniasis, Monilia, NSV) is 5.4 times as frequent (1167 cases v. 216) as gonorrhea in women. There are about 3.75 cases of gonorrhea (both sexes) for each of primary genital herpes (453 cases v. 121) presenting in clinic.

XXI. Formal reports

In the early 1970s little was known about the epidemiology of gonorrhea; few reports were available in the medical literature. We decided to find out for ourselves how this disease behaved in the community. As a happy by-product of our efforts, we were able to contribute some pieces to solve this puzzle. These pieces were submitted as follows:

1. Potterat JJ, Rothenberg R: The case-finding effectiveness of a self-referral system for gonorrhea: a preliminary report. American Journal of Public Health 1977; 67:174-176.

2. Potterat JJ, Markewich GS, Rothenberg R: Prepubertal infections with Neisseria gonorrhoeae:clinical and epidemiologic significance. Sexually Transmitted Diseases 1978; 5:1-3.

3. Potterat JJ, Rothenberg R, Bross DC: Gonorrhea in street prostitutes: epidemiologic and legal implications. Sexually Transmitted Diseases 1979; 6:58-63.

4. Phillips L, Potterat JJ, Rothenberg RB, Pratts CI, King RD: Focused interviewing in gonorrhea control. American Journal of Public Health 1980; 70:705-708.

5. Potterat JJ, Phillips L, Rothenberg RB, Darrow WW: Gonococcal pelvic inflammatory disease: case-finding observations. American Journal of Obstetrics and Gynecology 1980; 138:1101-1104.

6. Potterat JJ, King RD: A new approach to gonorrhea control: the asymptomatic man and incidence reduction. Journal of the American Medical Association 1981; 245:578-580.

7. Potterat JJ, Muth JB: Economical gonorrhea control in Colorado. Colorado Medicine 1981 (Nov): 427-428.

8. Rothenberg R, Potterat JJ: Strategies for the management of sexual partners, in Sparling PF, Wiesner P, Mardh P-A, et al (eds): Sexually Transmitted Disease. New York, Mc Graw-Hill Book Co. Inc. (in press).

9. Potterat JJ, Woodhouse DE, Pratts CI, Markewich GS, Fogle JS: Women contacts to men with gonorrhea: case-finding yields. Sexually Transmitted Diseases 1983; 10:22-26 (in press).

The following are in various stages of preparation:

10. Woodhouse DE, Potterat JJ, Muth JB et al: The U.S. Army and reduction of gonorrhea incidence in a stateside community. Intended for the American Journal of Public Health (To be submitted in late January 1983).

11. Potterat and a bunch of people: Gonorrhea as a social disease. Envisaged as a two part article, intended for the American Journal of Epidemiology.

12. This will be a surprise....

Acknowledgement

Our ten year fight against gonorrhea was a rewarding and satisfying experience. We achieved substantial reductions in incidence, spared the population thousands of cases, saved the taxpayer much money, and even secured a place as a footnote in the medical literature! Three key ingredients were enthusiasm, tenacity, and patience. Many were involved; only a few will be mentioned, to preclude Rita having to type an additional ten pages. They are, in alphabetical order: Colonel Evelyn Boaz (Fort Carson), Rita Dawson, Bill Darrow (CDC), Jim Fogle, Colonel Patricia Greene (Fort Carson), Richard King, Esther Lackey, Gary Markewich, John Muth, Lynanne Phillips, Chris Pratts, Diane Richards, Colonel Mike Sisk (Fort Carson), Fred Wolf (Colorado Department of Health), Don Woodhouse, the ubiquitous Zimmermans and the Nursing Division. A special debt is owed our guru, Richard Rothenberg, of the CDC and N.Y. State Health Department.

Part III

The traditional, ponderous, inelegant Tables

Calendar 1982

EL PASO COUNTY GONORRHEA MORBIDITY

1973 - 1982

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

Monthly Venereal Disease Morbidity Report

CALENDAR, 1982

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	54		4		22	1	17		8	1	3	27	23	6		
Women			1	89		35		28		17		8	1	1	49	21	20		
V.D. Clinic Men	3	6	2	237		32	1	81	1	79	5	38	4	7	127	95	26	11	207
Women		1		211		69		77	1	43		19		3	92	88	32	6	240
CHC/Pren/Family P.		1		12		8		3	1	1					9	2	2		
Planned Parenthood				29		13		6		7		3			20	6	3		
Health Hold				5		1		2		1		1			2	1	2		
Fort Carson Men	2	2	2	501		82	2	298	3	94	1	23		4	83	386	38		
Women	1	1	1	108		34		57	2	13		3	1	1	39	55	17		
Ent Air Base Men				10		1		4		2		2		1	4	5	1		
Women				2		1		1							2				
Air Academy Men				5		1		2				2			2	2	1		
Women				0															
Totals	6	12	7	1263		281	3	581	9	274	6	107	7	20	456	684	148	17	447

Clinic Attendance: 3856 ($3882)
New: 2135
Return: 1721

Treatment Failure: 4 Clinic males/ 5 Clinic female

ER Males: 16
ER Females: 47

9 male PPNG
5 female PPNG (10 Carson and 4 V.D. Clinic)

Summary of Investigative and Interviewing Activities — CALENDAR 1982

Originating Agency	Investigations	Disposition of Persons Examined										Totals	Number of Interviews	Contacts Obtained	CT Inde
		0	1	2	3	6	7	8	9	X	Y				
Armed Forces	Contact To: 1. Primary & Secondary Syph.	2	2					1		4		9	3	7	2.33
	2. Early Latent Syphilis	2	1		3							6	3	5	1.7
	3. Other Syphilis														
	4. Gonorrhea	4	19 9		66	97	7	43	3	160	1	580	620	1111	1.8
Private Physicians	1. Primary & Secondary Syph.												1	2	2.0
	2. Early Latent Syphilis												1	1	1.0
	3. Other Syphilis														
	4. Gonorrhea	2	40		19	26	13	14	2	72		188			
Public Cases (Clinic)	1. Primary & Secondary Syph.												4	6	1.5
	2. Early Latent Syphilis	2	1			2	1			5		11	5	10	2.0
	3. Other Syphilis														
	4. Gonorrhea	2	128		95	67	31	14	7	192	1	537	617	1224	2.0
Armed Forces Public & Private	Positive S.T.S.Follow-Up	16	11		28	2			3		1	61			
Clinic	Clinic Patient Field Follow-Up (Rechecks)	69	137		124	27	16		4	4		381			
Totals		99	519		335	221	68	72	19	437	3	1773	1254	2366	1.9

# of Personal Visits with Private Physicians 10 # of Laboratory Visits 14 Contacts & Follow-Up Open at end of Month

1. Syphilis
2. Gonorrhea
3. Other

Monthly Venereal Disease Laboratory Testing Report

CALENDAR 1982

Tests	No.	Pos.	% Pos.	RX	Disp.	Pndg	V.D.Clinic Men	V.D.Clinic Women	private Physicians Men	private Physicians Women	Pren	CHC	P.P.C.	Health Hold	F.P
VDRL(Routine)	2841	68	2.4%				1740	1101							
VDRL(Pre-Marital)	0														
FTA	28	12	42.9%												
Darkfield	8	2	25%												
GC Smear	1772	193	10.9%												
GC Culture	7558	526	7%				2305 (274)	1286 (205)	112 (9)	2953 (25)	331 (2)			70 (7)	501 (4)
Trichamonas	438	80	18.3%												
Monilia	429	77	17.9%												
Gravindex	4	3													
Urinalysis	3														
Pap	216	1			Class 3										
Profiles															
Rechecks	362	23	6.4%				156 (10)	194 (12)	1	11 (1)					

15 reinfections
8 Tx failures

TY-COUNTY HEALTH DEPARTMENT COLORADO SPRINGS, COLORADO

ACTIVITIES REPORT

inic or Division _____ Month DECEMBER Year: 1982

ction _____ MONTHLY DATA

TYPE OF ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JLY	AUG	SEP	OCT	NOV	DEC
Clinic Attendance	302	269	322	305	272	412	316	360	382	318	304	294
Number Clinics	12	11	14	13	12	13	13	13	13	13	12	12
GC Testing	966	737	874	844	797	726	See August	1707	947	755	789	703
Syphilis Testing	226	183	236	234	213	276		518	280	241	243	227
Non VD Testing	92	83	101	82	70	109		217	96	71	86	83
Syphilis Treatment	3	1	0	1	1	2	2	2	1	1	1	1
GC Treatment	33	37	47	32	39	62	62	56	61	52	48	57
Pro Syphilis	1	1	1	1	3	3	3	1	1	Ø	1	1
Pro GC	24	38	35	51	18	35	36	51	55	37	49	18
Non VD Rx	90	114	144	129	119	134	140	135	151	101	115	139
Syphilis Morbidity	1	2	0	7	0	2	2	4	2	1	3	1
GC Morbidity	95	96	98	83	94	127	115	149	118	97	94	97
GC Interviews	93	98	92	81	95	122	111	141	124	94	90	96
Syphilis Interviews	1	2	1	6	0	1	Ø	2	1	2	1	Ø
GC Investigations	84	76	81	105	91	84	See August	292	162	65	110	157
Syphilis Investigations	2	2	1	9	7	1		2	1	1	0	3
Echecks & Ps. Bloods	34	38	32	41	45	25		69	52	30	33	47
TOTAL ACTIVITIES												

ITY-COUNTY HEALTH DEPARTMENT COLORADO SPRINGS, COLORADO

ACTIVITIES REPORT

linic or Division _____ Month DECEMBER Year 1982

ection _____ CUMULATIVE DATA

YPE OF CTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JLY	AUG	SEP	OCT	NOV	DEC
linic ttendance		571	893	1198	1470	1882	2198	2558	2940	3258	3562	3856
Number linics		23	37	50	62	75	88	101	114	127	139	151
GC esting		1703	2577	3421	4218	4944	N/A	6651	7598	8353	9142	9845
Syphilis esting		409	645	879	1092	1368	N/A	1886	2166	2407	2650	2877
Non VD esting		175	276	358	428	537	N/A	754	850	921	1007	1090
Syphilis reatment		4	4	5	6	8	10	12	13	14	15	16
GC reatment		70	117	149	188	250	312	368	429	481	529	586
Pro Syphilis		2	3	4	7	10	13	14	15	15	16	17
Pro GC		62	97	148	166	201	237	288	343	380	429	447
Non VD Rx		204	348	477	596	730	870	1005	1156	1257	1372	1511
Syphilis Morbidity		3	3	10	10	12	14	18	20	21	24	25
GC Morbidity		191	289	372	466	593	708	857	975	1072	1166	1263
GC Interviews		191	283	364	459	581	692	833	957	1051	1141	1237
Syphilis Interviews		3	4	10	10	11	11	13	14	16	17	17
GC Investigations		160	241	346	437	521	N/A	813	975	1040	1150	1307
Syphilis Investigations		4	5	14	21	22	N/A	24	25	26	26	29
Rechecks & Pos. Bloods		72	104	145	190	215	N/A	284	336	366	399	446
TOTAL ACTIVITIES												

V.D. Clinic

Summary of Medications Used

1/1/82 - 12-31-82

Procaine penicillin G (6 m.u. vials)	175
Bicillin (1.2 m.u.) Tubex	92
Trobicin (2g. vials)	133
Benemid (500 mg.)	2050
Ampicillin (500 mg.)	8550
Tetracycline (SHD) (500 mg.)	1300
Tetracycline (CHD) (500 mg.)	26,900
Benadryl (50 mg.)	250
E-Mycin (250 mg.)	400

Note: Of the above, the following were given to PMDs and/or CHC:

Trobicin (11 vials)
TCN (1100 caps)
Probenecid (400 caps)
Ampicillin (1100 caps).