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Gonorrhea Rate Continues to Fall - A VD Program Success Story

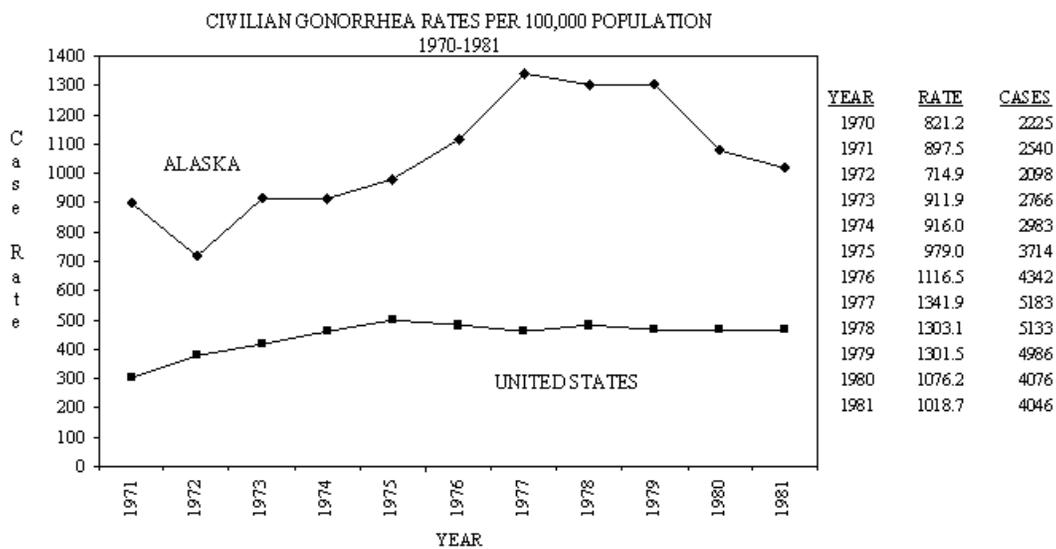
ALASKA'S CIVILIAN GONORRHEA RATE DECREASED IN 1981 FOR THE FOURTH CONSECUTIVE YEAR.

Although not as dramatic as last year's decrease, the 1981 rate decrease of 5.3% is particularly encouraging because screening activities increased in high incidence areas in rural Alaska.

In 1981, 4,046 civilian gonorrhea cases and 284 military cases were reported. Military cases increased by 39 cases over the 245 military gonorrhea cases reported in 1980.

In 1981 we requested that Gonococcal Pelvic Inflammatory Disease (GPID) be reported separately from uncomplicated gonorrhea. In 1981, 97 of 1,884 cases (5.1%) of our reported female gonorrhea morbidity (including 6 military cases) were reported as GPID. Record review documented that 75 of these 97 (77.3%) reported cases of GPID received additional medical management and epidemiologic follow-up in accordance with recommendations for treatment by the Centers for Disease Control, Atlanta, Georgia.

Although a steady increase in the number of penicillinase producing *Neisseria gonorrhea* (PPNG) cases has occurred in the rest of the United States, in 1981 only two PPNG cases were documented in Alaska.



ALASKA RATES BASED ON POPULATION DATA FROM ALASKA DEPT. OF LABOR

U.S. RATES BASED ON POPULATION DATA FROM U.S. BUREAU OF CENSUS

Syphilis - Under Control

During 1981, 56 cases of syphilis in all stages were reported, including six military cases, compared to 52 cases (including nine military cases) reported in 1980. Alaska's civilian rate of syphilis in 1981 was 12.5 per 100,000 population compared to the U.S. civilian rate of approximately 30 per 100,000 population.

Of the 56 cases of syphilis reported in 1981, 27 were diagnosed as early syphilis (including primary, secondary and early latent-less than one year) and received epidemiologic follow-up. Of the patients with early syphilis, 22 of 27 were male and 12 of the 22 (54.5%) named male sexual contacts.

No cases of congenital syphilis were reported in 1981.

We would like to acknowledge, commend, and thank all of the physicians, public health nurses, village health aides, local and state venereal disease investigators, military medical specialists, laboratory personnel, and other health care providers who have cooperated, supported and participated in our statewide Venereal Disease Control Program activities.

(Reported by Tom Kelly, Public Health Advisor, VD Unit, CDC)