



Department of Health and Social Security
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To: Regional Health Authorities)
 District Health Authorities) for action Your reference
 Genito-Urinary Medicine Clinics)
 Special Health Authorities for)
 the London Postgraduate) for Our reference
 Teaching Hospitals) Information Date

M.R.H.A. - ADMIN.	
RCVD. 28 OCT 1988	
FOR ACTION BY	AM Morgan
COPIES SENT TO: D	
R.M.O.	AM 472
October 1988	

Dear Sir

MANAGEMENT SERVICES
 RETURNS BY PHYSICIANS IN CHARGE OF TREATMENT CENTRES FOR
 SEXUALLY TRANSMITTED DISEASES: FORM KC60
 QUARTER ENDING 30 SEPTEMBER 1988

This letter requests completion of form KC60 for the quarter ending 1 July 1988 - 30 September 1988. It calls for these returns to be submitted by 30 November 1988. Timeliness is important.

Notes of guidance on the completion of form KC60 are attached to the form. In accordance with previous practice form KC60 will be forwarded directly to physicians in charge of genito-urinary medicine clinics. However, completed returns should be routed to follow the procedure determined by Regional Health Authorities rather than sent direct to the Department as in the past. Enquiries and requests for further copies of the form should be made to Statistics and Research Division (SR2B), Room 801, at the above address.

Authorities are requested to ensure that all parts of the form have been completed leaving no blank boxes. If figures are not available or are "nil" this should be noted on the form. Compliance with these requests will reduce the need for the Authority to be asked to confirm the availability or accuracy of the figures.

ACTION

Clinics are asked to submit to Regional Health Authorities, in accordance with the practice determined by the Region, a magnetic tape or the typed original and a copy of form KC60 for the quarter ended 30 September 1988. Those clinics with computer systems which can produce a KC60 may send the printout rather than re-type the information. Regional Health Authorities are asked to submit the data to the Department by 30 November 1988. The completed forms should be returned to:

STATISTICS AND RESEARCH DIVISION (SR2A)
 ROOM 7110
 NORTH FYLDE CENTRAL OFFICE
 NORCROSS
 BLACKPOOL
 FY5 3TA

Regional Health Authorities are asked to ensure the returns are submitted on time, and to note that the prompt submission of these returns will be monitored by the Department, along with other aspects of performance.

This letter may be freely reproduced by all those to whom it is addressed, and will be cancelled and deleted from the current communications index on 30 September 1989 unless notified separately.

Yours faithfully

G S WILSON

DISS Form KC 60

**Genito-Urinary Medicine clinics -
Cases of sexually transmitted diseases**

Quarter ending 30 September 19 88

Clinic code _____ Name _____

INITIAL CONTACTS IN THE QUARTER - PART A

Condition	Males*	Females	*of which homosexually acquired
A1-3 Infectious syphilis			
A4-6 Other acquired syphilis			
A7 Congenital syphilis, aged under 2 years			XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
A8 Congenital syphilis, aged 2 or over			XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
A9 Epidemiological treatment of suspected syphilis			XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
B1.1-3 Post-pubertal uncomplicated gonorrhoea			
B1.4a, 5 Other complicated gonorrhoea, excluding PID and epididymitis			
B2 Pre-pubertal gonorrhoea			
B3 Gonococcal ophthalmia neonatorum			XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
B4 Epidemiological treatment of suspected gonorrhoea			XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

DHSS Form KC 60 (continued)

INITIAL CONTACTS IN THE QUARTER - PART A (continued)

Condition		Males*	Females	*of which homosexually acquired
C1-3	Chancroid/Donovanosis/LGV			XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX
C4a	Post-pubertal uncomplicated chlamydia			
C4b	Other complicated chlamydia, excluding PID and epididymitis			
C4c	Pre-pubertal chlamydia			
C4d	Chlamydial ophthalmia neonatorum			XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX
C4e	Epidemiological treatment of suspected chlamydia			
B1.4b	Pelvic infection and epididymitis			XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX
	Gonococcal only			XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX
C4f	Chlamydial only			XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX
B1.4c	Gonococcal and chlamydial			XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX
	Non-specific			XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX

DISS Form KC 60 (continued)

INITIAL CONTACTS IN THE QUARTER - PART A (continued)

Condition		Males*	Females	*of which homosexually acquired
C4h	Non-specific urethritis, excluding PID and epididymitis		XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	
C4i	Epidemiological treatment of NSU and related disease			
C5	Chlamydial infection/NSU with arthritis			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
C6a	Trichomoniasis			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
C6b	Anaerobic/Bacterial vaginosis and male infection			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
C6c	Other vaginosis/vaginitis/balanitis			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
C7a	Candidosis			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
C7b	Epidemiological treatment of C6 and C7			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
C8-9	Scabies/Pediculosis			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
C10a	Herpes simplex - first attack			
C10b	Herpes simplex - recurrence			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
C11a	Wart virus infection - first attack			
C11b	Wart virus infection - recurrence			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
C13a	Antigen positive viral hepatitis B			
C13b	Other viral hepatitis			

DISS Form KC 60 (continued)

INITIAL CONTACTS IN THE QUARTER - PART A (continued)

Condition		Males*	Females	*of which homosexually acquired
D2	Other conditions requiring treatment			XXXXXXXXXXXXXXXXXXXXXXXXXXXX
D3	Other episodes not requiring treatment			XXXXXXXXXXXXXXXXXXXXXXXXXXXX
D4	Other conditions referred elsewhere			XXXXXXXXXXXXXXXXXXXXXXXXXXXX
E1a	Asymptomatic HIV infection - first presentation			
E1b	Asymptomatic HIV infection - subsequent presentation			XXXXXXXXXXXXXXXXXXXXXXXXXXXX
E2	HIV infection with symptoms, not AIDS, first presentation			
E3	AIDS - first presentation			

DHSS Form KC 60 (continued)

INITIAL CONTACTS IN THE QUARTER - PART B

Condition	Sex	Age Group						
		Under 16	16-19	20-24	25-34	35-44	45 and over	All Ages
A1-3 Infectious syphilis	M							
	F							
B1.1-3 Post-pubertal uncomplicated gonorrhoea	M							
	F							
C4a Post-pubertal uncomplicated chlamydia	M							
	F							
C10a Herpes simplex - first attack	M							
	F							
C11a Wart virus infection - first attack	M							
	F							
E1a Asymptomatic HIV infection - first presentation	M							
	F							
E2 HIV infection with symptoms, not AIDS - first presentation	M							
	F							
E3 AIDS - first presentation	M							
	F							

GUIDANCE NOTES ON COMPLETION OF FORM KC60: SEXUALLY TRANSMITTED DISEASES

1. Initial contacts. Parts A and B of the form should record the number of initial contacts during the quarter. An initial contact refers to the first in an episode of treatment, and is equivalent to new cases on the old form SBH60. Thus, a patient already undergoing a course of treatment at the beginning of the quarter covered by the form is not counted as an initial contact in that quarter, unless he presents with a new condition, or unless a completely new episode of treatment for the same condition is started in the quarter.
2. A patient suffering from more than one condition should be recorded under each condition.
3. Where a male patient is believed to have acquired the condition through homosexual contact, this should be recorded in the final column, in addition to being recorded in column 1. Details of homosexual contacts are required only for acquired syphilis, gonorrhoea, chlamydia, NSU, herpes, wart virus, hepatitis and HIV.
4. Epidemiological treatment is defined as treatment given to named contacts after a history of exposure but without or in advance of confirmatory pathological findings.
5. Line A1-3. This refers to primary and secondary syphilis, and latent in the first two years of infection.
6. Line A4-6. This refers to latent syphilis (after the first two years of infection), cardio-vascular syphilis, syphilis of the nervous system and all other late and latent syphilis.
7. Line A9. This should include all cases where syphilis has not been confirmed but where epidemiological treatment (see note 4 above) is being given.
8. Line B1.1-3. Includes post-pubertal infections of the lower genito-urinary tract, anorectum, mouth, throat and eye.
9. Line B1.4a-5. Infections where there are upper genito-urinary tract or systemic complications, but excluding pelvic inflammatory disease and epididymitis, which should be recorded in line B1.4b or B1.4c as appropriate.
10. Line B4. This should include all cases where gonorrhoea has not been confirmed but where epidemiological treatment is being given.
11. Line C4a. Includes post-pubertal infections of the lower genito-urinary tract, anorectum, mouth, throat and eye.
12. Line C4b. Infections where there are upper genito-urinary tract or systemic complications, but excluding pelvic inflammatory disease and epididymitis, which should be recorded in line B1.4c or C4f as appropriate.
13. Line C4i. This should include all cases where non-specific urethritis has not been confirmed but where epidemiological treatment is being given, and should also include suspected cases of non-specific proctitis and cervicitis.
14. Line C10a. An episode should be recorded here only if the patient has never (as far as can be ascertained) been previously treated for genital herpes by any medical practitioner.
15. Line C10b. This should refer to all other episodes of genital herpes.
16. Line C11a. An episode should be recorded here only if the patient has never (as far as can be ascertained) been previously treated for genital warts by any medical practitioner.
17. Line C11b. This should refer to all other episodes of genital warts.
18. Lines C13a and b. Only newly diagnosed cases should be recorded, not patients being treated for other conditions who are known to be carriers.
19. Line D2. Cases of moluscum contagiosum should be included here.
20. Line E1a. This should record newly diagnosed cases of HIV without symptoms.
21. Line E1b. Cases already known to be HIV positive and attending for routine checks should be included here. Patients known to be carriers and attending for treatment for other conditions unrelated to the virus should not be recorded here.
22. Line E2. Cases presenting for the first time with symptoms (but whose symptoms do not satisfy the criteria for AIDS) should be recorded here. A patient must therefore be recorded only once in line E2, but may or may not have been previously recorded under E1.
23. Line E3. Cases presenting for the first time with AIDS should be recorded here. A patient must be recorded only once in line E3, but may or may not have previously been recorded under E1 or E2.