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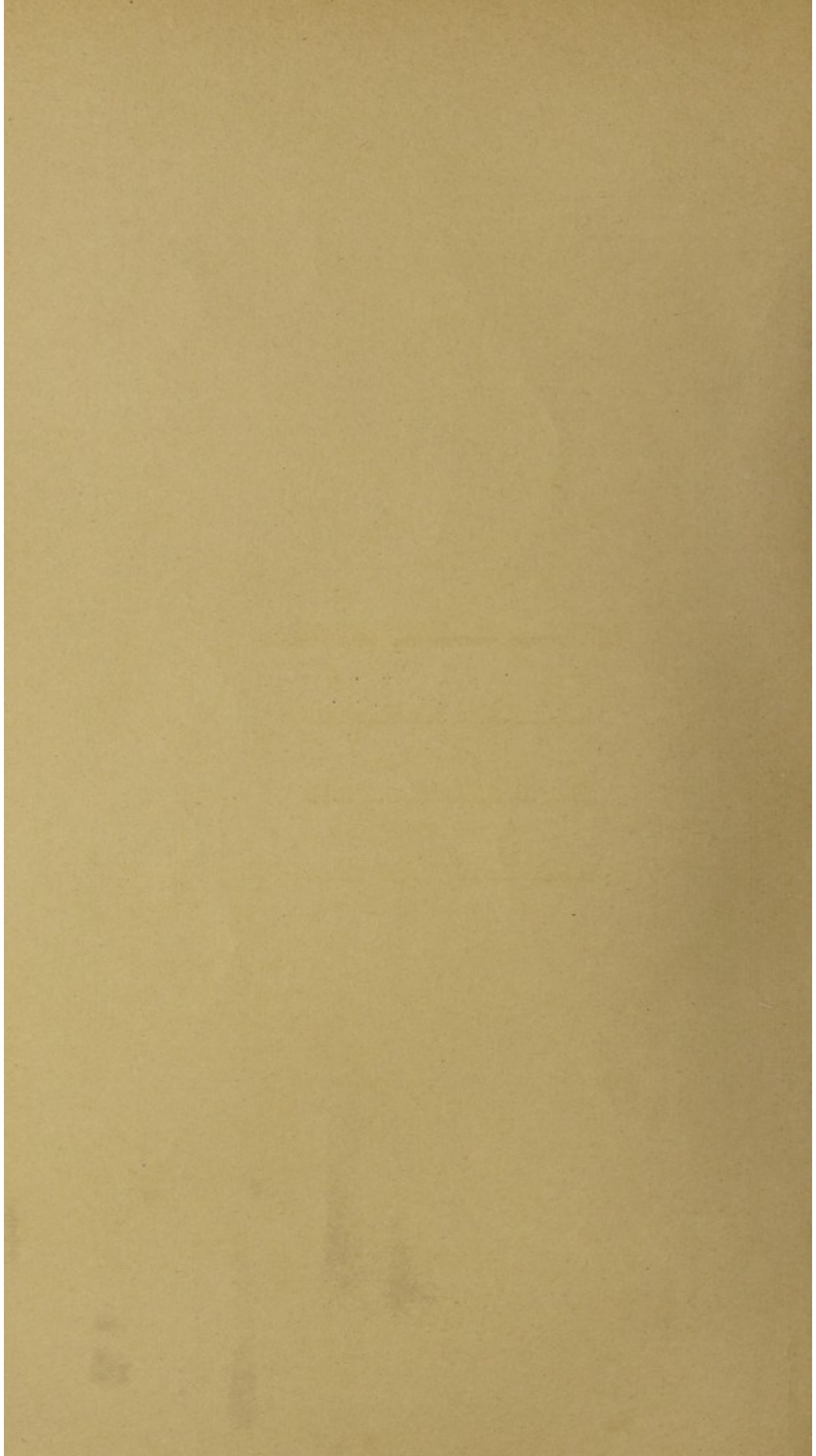
A N N U A L   R E P O R T

of the

Medical Officer of Health

for the

YEAR ENDED - 31st December, 1965




EAST SUSSEX UNITED DISTRICTS  
JOINT COMMITTEE

ACKD  
DE

WITH THE COMPLIMENTS  
OF THE  
MEDICAL OFFICER OF HEALTH

THE GRANGE  
SOUTHOVER  
LEWES

PHONE : LEWES 4282



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NEWHAVEN URBAN DISTRICT COUNCIL  
HEALTH AND HOUSING COMMITTEE  
CONSTITUTION AT 31st DECEMBER, 1965

Chairman

Councillor G. W. Fox

Vice Chairman

Councillor M. R. Morse

Councillors :-

F. C. Herriott

B. E. Jackson

V. Hedges, J.P.

A. J. H. Read

J. Angus

A. R. J. Tucker

A. G. Bengier

C. G. White

J. G. Williams

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PUBLIC HEALTH DEPARTMENT

Medical Officer of Health

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The Grange, Southover, Lewes.

Telephone No:- Lewes 4282

Public Health Inspector

W. P. Harrison, M.R.S.H.

Temporary Assistant Public Health Inspector

J. E. L. Smith (Appointed 1st September, 1965)

Office Staff

Mrs. L. V. J. Harris (Appointed 12th October, 1964)

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MEMBERS HEALTH DISTRICT COMMITTEE  
HEALTH AND WELFARE COMMITTEE  
CONSTITUTION AT 12th DECEMBER, 1967

Committee G. W. Fox  
 Committee H. R. Morse

Chairman  
Vice Chairman

Councillors :-

B. E. Jackson	F. C. Herrick
A. J. H. Head	V. Hedges, J.P.
A. H. J. Tucker	J. Angus
C. G. White	A. G. Benger

J. G. Williams

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Laboratory Assistant Public Health Inspector

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Office Staff

Mrs. L. V. J. Harris (Appointed 12th October, 1967)



To the Chairman and Members of the Newhaven Public Health and Housing Committee

Mr. Chairman and Gentlemen,

I have the honour to submit the Annual Report on the state of public health and on the sanitary circumstances of Newhaven for 1965.

The vital statistics of the area compare very favourably with those for England and Wales with the exception of the infantile mortality rate. The higher than average rate is due to the occurrence of seven infant deaths during the year compared with only one in 1964. There is no particular significance attached to these figures for when dealing with small populations a small alteration in the absolute figures can make a marked difference to the rate per 1,000. Also there is no common factor amongst the causes of these infant deaths.

61 cases of infectious disease were notified during the year and of these 59 were measles. During the year a measles vaccine was brought into limited use for groups of children considered to be special risk cases. The use of this vaccine on this limited scale although it may cut down the number of deaths from measles will do little to reduce the incidence of measles in the population until a high proportion of the susceptible age groups are vaccinated. My own belief that measles should be removed from the list of notifiable diseases remains unchanged. There were in addition 4 new cases of tuberculosis.

I regret having to report once again that no Council house building was undertaken during the year. Newhaven still has a considerable number of unfit houses and it is impossible to re-house the occupants into decent conditions until alternative housing is available. The last Council housing programme was completed in 1962 and since then only two unfit houses have been closed or demolished.

The area continues to develop industrially. During the year three more industrial premises were completed and the number of persons employed in the town is rising steadily. It is estimated that more than 2,500 persons are now employed in local factories. Some of these industrial processes have given rise to nuisances on occasions. If proper planning control is exercised, it ought to be possible to adequately separate industrial and residential areas. If however, industrial development is allowed adjacent to residential property, some industrial processes must be a nuisance to people living nearby. The old adage that prevention is better than cure is very true in these cases.

The East Sussex County Council did not believe this to be true when they recently (February 1966) decided not to introduce fluoridation of the water supplies in their area. This decision was taken in the face of professional medical and dental opinions that fluoridation is a safe and effective measure for improving the deplorable state of the nation's teeth.

In the field of environmental health, I must stress the urgency of making arrangements for an alternative site for tipping refuse. Denton Island cannot continue to be raised in height indefinitely by successive layers of refuse. It is several years now since this problem was raised and there seems little chance of getting another site in 1966.



I should like to comment once again on the need for eternal vigilance against the ingestion diseases; that is those diseases caused by organisms entering the body through the mouth. Methods of control are chiefly prevention of bowel to mouth infection by sanitary disposal of excreta and provision of pure food and drink. Whilst our drinking water supplies can be considered safe, the same cannot be said of our food supplies. The handling of food all too often leads to contamination with the resulting outbreaks particularly of food poisoning and dysentery; typhoid is now normally an uncommon disease in the country. If food was handled hygienically, this contamination would not occur but standards of food hygiene are sometimes deplorably low. Hand washing is essential after use of the toilet for everyone if the risk of contamination is to be reduced. If a food handler neglects this precaution he can risk the health of many people. The general public could do much more to raise the standards of food hygiene by refusing to tolerate any insanitary methods of food handling. They should complain loudly and continuously whenever cooked food stuffs are touched by hand, whenever they are served with dirty or chipped crockery and dirty cutlery and whenever adequate toilet facilities do not exist. There is a tendency in this country to put up with existing conditions rather than to complain, but the more complaints there are about these unhygienic practices, the more the work of the public health department is helped. Your officials can only do a certain amount - it is up to the public to raise their standards. They will get the standard of service they demand.

In conclusion, I should like to express my appreciation to the Members of the Council for the help and support I have received from them during the year. My thanks are also due to Mr. Harrison the Chief Public Health Inspector and to Mr. Smith who was appointed in September 1965 as a part-time inspector, for their valuable assistance and to other officials of the Council for their courtesy and co-operation.

I am Mr. Chairmen and Gentlemen,  
Your obedient servant,

J. L. COTTON,

Medical Officer of Health.



## SECTION I

### STATISTICS FOR THE AREA

#### (a) GENERAL STATISTICS

Area (acres)	1,772
Population (Registrar General's estimate for mid year 1965)	9,260
Population (1931 Census)	7,381
Population (1951 Census)	7,783
Population (1961 Census)	8,325
Net increase of population during the year	250
Number of occupied houses 1951	2,196
Number of occupied houses 1965	2,998
Rateable Value (1st April, 1966)	£437,672
Product of penny rate	£1,825

#### (b) VITAL STATISTICS

1. <u>Births and Birth Rates</u>	NEWHAVEN U.D.	ENGLAND & WALES
Live Births	165	
Live birth rate per 1,000 population (crude)	17.8	18.1
* Corrected birth rate	20.1	
Illegitimate live births per cent of total live births	5.4	
Still-births	1	
Still-birth rate per 1,000 live and still births	6.0	15.7
Total live and still-births	166	
Live births		
Legitimate	Male 83    Female 73    Total 156	
Illegitimate	3                  6                  9	
	86                  79                  165	

#### 2. Deaths and Death Rates

Deaths	124	
Death rate per 1,000 population (crude)	13.4	
* Corrected death rate	10.7	11.5
Infant deaths (deaths under 1 year)	7	
Total infant deaths per 1,000 total live births)	42.4	19.0
Maternal mortality (including abortions)		
Number of deaths	0	219
Rate per 1,000 live and still births	0	0.25

\* In order to compare death rates and birth rates in different parts of the country, the Registrar General supplies comparability factors for every district, so as to adjust for irregularities regarding age and sex in the local population. Applying a comparability factor of 1.13 to the crude birth rate of 17.8 the adjusted rate becomes 20.1 which is higher than the figure of 18.1 for England and Wales. Similarly a comparability factor of 0.80 applied to the crude death rate makes the adjusted rate of 10.7. This is lower than the rate for England and Wales at 11.5.



### POPULATION

The population of Newhaven for the last ten years is given below:-

<u>Year</u>	<u>Population</u>	<u>Births</u>	<u>Deaths</u>	<u>Birth Rate</u>	<u>Adjusted Birth Rate</u>	<u>Death Rate</u>	<u>Adjusted Death Rate</u>
1956	7,960	135	94	17.0		11.8	
1957	8,030	99	105	12.3		13.1	
1958	8,020	121	107	15.1	15.5	13.3	11.5
1959	8,010	103	98	12.9	13.2	12.2	10.0
1960	8,160	136	103	16.7	17.2	12.6	10.2
1961	8,360	117	109	14.0	14.4	13.4	10.7
1962	8,520	145	134	17.0	17.5	15.7	13.4
1963	8,780	143	137	16.3	18.4	15.6	12.3
1964	9,010	171	117	19.0	21.4	13.0	10.5
1965	9,260	165	124	17.8	20.1	13.4	10.7

The increase in population during 1965 was 250 and it seems likely that the population will continue to rise at a steady rate over the foreseeable future.

### MATERNAL MORTALITY

No case of maternal mortality occurred in Newhaven during 1965. Only one maternal death has occurred in the area during the last twenty-nine years.

### INFANTILE MORTALITY

Seven infant deaths occurred in 1965 in Newhaven. Two of these deaths were due to prematurity and the remainder to various causes... see table opposite.

### BIRTH RATE

The corrected birth rate is considerably higher than that for England and Wales.

### DEATH RATE

The corrected death rate of 10.7 per 1,000 population was lower than the national figure of 11.5.

Highest age at death was 97 years  
Lowest age at death was 2 minutes  
Average age at death was 66.8 years

### MAIN CAUSES OF DEATH

		<u>% of deaths</u>
(1) Diseases of the heart and circulatory system	41	33.1
(Coronary Disease accounted for)	21	16.9
(2) Cancer (all sites)	26	21.0
(Cancer of the lung or bronchus accounted for)	6	4.8

### NATIONAL ASSISTANCE ACT 1948

It was not necessary to take action under Section 47 of the above Act which gives the Council power to remove to suitable premises persons who are not able to devote to themselves and are not receiving from other persons adequate care and attention.



Cause of Death	Sex	Total Under 4 Weeks & Under 1- 5- 15- 25- 35- 45- 55- 65- 75 & Over											
		All Ages	4 Weeks	1 Year	1- 5-	5- 15-	15- 25-	25- 35-	35- 45-	45- 55-	55- 65-	65- 75-	75 & Over
Tuberculosis	M	1	-	-	-	-	-	-	-	-	-	-	1
Respiratory	F	-	-	-	-	-	-	-	-	-	-	-	-
Syphilitic Disease	M	1	-	-	-	-	-	-	-	-	-	1	-
	F	1	-	-	-	-	-	-	-	-	1	-	-
Malignant Neoplasm Stomach	M	3	-	-	-	-	-	-	-	-	-	1	2
	F	1	-	-	-	-	-	-	-	1	-	-	-
Malignant Neoplasm Lung Bronchus	M	6	-	-	-	-	-	-	-	2	1	3	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Malignant Neoplasm Breast	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	2	-	-	-	-	-	-	1	-	-	-	1
Malignant Neoplasm Uterus	F	2	-	-	-	-	-	-	-	-	1	1	-
Other Malignant & Lymphatic Neoplasms	M	8	-	-	-	-	-	-	1	-	4	1	2
	F	3	-	-	-	-	-	-	-	-	1	2	-
Leukemia	M	1	-	-	-	-	-	-	-	-	1	-	-
Aleukemia	F	-	-	-	-	-	-	-	-	-	-	-	-
Vascular Lesions of Nervous System	M	8	-	-	-	-	-	-	-	-	1	3	4
	F	12	-	-	-	-	-	-	-	-	1	3	8
Coronary Disease	M	13	-	-	-	-	-	-	-	1	1	4	7
Angina	F	8	-	-	-	-	-	-	-	1	-	5	2
Other Heart Disease	M	7	-	-	-	-	-	-	-	-	1	3	3
	F	10	-	-	-	-	-	-	-	-	-	2	8
Other Circulatory Disease	M	2	-	-	-	-	-	-	-	-	-	2	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
Pneumonia	M	2	-	1	-	-	-	-	-	-	-	-	1
	F	4	-	1	-	-	-	-	-	-	-	-	3
Bronchitis	M	5	-	-	-	-	-	-	-	-	1	-	4
	F	1	-	-	-	-	-	-	-	-	-	1	-
Gastritis Enteritis and Diarrhoea	M	1	-	-	-	-	-	-	-	-	-	1	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Nephritis and Nephrosis	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	1	-	-
Other Defined and Ill-Defined Diseases	M	6	3	-	-	-	-	1	1	-	-	-	1
	F	7	1	-	-	-	-	-	-	-	-	4	2
Motor Vehicle Accidents	M	1	-	-	-	-	1	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	1	-	-
All Other Accidents	M	1	-	-	-	-	-	-	-	-	1	-	-
	F	2	-	1	-	-	-	-	-	-	-	-	1
Suicide	M	2	-	-	-	-	1	-	-	1	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL ALL CAUSES	M	68	3	1	-	-	2	1	2	4	11	19	25
	F	56	1	2	-	-	-	-	1	2	6	18	26



## SECTION II

### GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

#### 1. PUBLIC HEALTH FACILITIES OF THE LOCAL AUTHORITIES

During the period under review the Medical Officer of Health for Newhaven also acted as Medical Officer of Health for the Borough of Lewes, the Urban District of Seaford and the Rural District of Chailey.

For the greater part of the year one Public Health Inspector carried out duties in the Urban District of Newhaven. As from 1st September, a temporary Assistant Public Health Inspector was appointed, whose main duty was the inspection of premises in connection with the Offices, Shops and Railway Premises Act, 1963.

#### 2. LABORATORY FACILITIES

These are provided by the Public Health Laboratory, at the Royal Sussex County Hospital, Brighton.

#### 3. AMBULANCE FACILITIES

The provision of the ambulance service is the responsibility of the East Sussex County Council.

The area served by the ambulance includes the districts of Newhaven, Peacehaven, Telscombe, Piddinghoe, Tarring Neville and South Heighton. In the event of a further call or calls being received before the ambulance has returned from a previous journey, arrangements are in being for the call to be dealt with by other authorities in the area.

The East Sussex County Council provide facilities for the transport of tuberculosis patients.

#### 4. HOSPITALS

Under the provisions of the National Health Service Act, 1946, the Ministry of Health is responsible for the provision of hospital accommodation which, in this area, was materially the same as in previous years.

#### 5. NURSING IN THE HOME

As in previous years, the East Sussex County Council, as empowered by Section 25 of the National Health Service Act, 1946, has arranged for the service to be provided by the East Sussex County Nursing Association through the Lewes and District Nursing Association.

#### 6. CLINICS

The Minor Ailments Clinics have been held at the Schools as previously and immunisation clinics have also been held monthly in the town.

#### 7. PROVISION FOR DEALING WITH THE NEEDS OF THE MENTALLY DISORDERED

Under the provisions of the Mental Health Act, 1959 the East Sussex County Council makes provision for dealing with the needs of the mentally disordered. The provision of care in psychiatric hospitals is the responsibility of the Regional Hospital Board.



### SECTION III

#### SANITARY CIRCUMSTANCES OF THE AREA

##### 1. WATER SUPPLY

The district has two sources of water supply. All supplies are from the mains, direct to houses.

(a) From the Mid-Sussex Water Company's well sunk into the chalk at Poverty Bottom.

Nine samples of the water before treatment, and four samples of the treated water, were submitted for analysis by the Water Company during 1965. All proved to be of good quality. The supply is ample and sufficient for all purposes.

(b) From the British Railways well at Denton. In addition to providing the main supply to the Harbour this also is supplied to four houses and the Railway and Harbour Hotels.

Fifty-one samples before treatment and fifty-one samples of the treated water from this source were submitted for analysis by the Medical Department of British Railways. The supply is satisfactory in quality and ample in quantity.

##### 2. HOUSING

No rehousing from Slum Clearance Areas took place during the year. No Council houses were completed or in course of construction in 1965.

Seventy-two private houses were built during the year.

The Council at 31st December 1965, owned 615 houses and flats.

##### 3. SEWERAGE

All premises in the district are connected to the sewers with the following exceptions:-

###### Premises with Cesspools

West Pier	3
Court Farm Road	27
Harbour Heights	39
Denton & Mount Pleasant	7
Lewes Road	10
New Road	2
Valley Road	8

Proposals for the making up and sewerage of Court Farm Road are well advanced and this work should be completed in 1966. This should enable the bulk of the 27 cesspools to be discontinued.



#### 4. SCAVENGING

Household refuse was collected from all premises in the area within fifty yards of a reasonably accessible road. Trade refuse was collected where necessary twice a week. All refuse was disposed of by controlled tipping on the Council tip on Denton Island. Arrangements have continued whereby private persons are, on the production of an authorization, allowed to place waste material or trade refuse on the tip. The bulk of both types of material continues to increase to an alarming degree and the remaining space on the tip is becoming filled. It is essential that an alternative area for tipping be secured as soon as possible. Steps were taken to acquire a suitable site.

#### BULKY REFUSE COLLECTION

The service instituted in 1964 whereby householders can, by calling the Surveyor's Department, have bulky articles removed and destroyed, has proved to be very popular. It has been found necessary to make the collection at fortnightly intervals on Fridays, instead of monthly on Saturdays. It is estimated that more than 100 tons were collected in 1965 and this is having a noticeable effect on the improper dumping of litter in the area.

#### 5. HOUSING AND GENERAL INSPECTIONS

The following is a list of the number and nature of inspections carried out during the year by your Public Health Inspector.

##### Housing:

Inspections under the Public Health Acts	..	65
Reinspections under the Public Health Acts	..	46
Inspections under the Housing Acts .. ..	..	65
Reinspections under the Housing Acts .. ..	..	57
Inspection of Verminous Houses .. ..	..	5
Reinspection of Verminous Houses .. ..	..	14

##### Infectious Diseases:

No action was necessary.

##### General Sanitation:

Water supply .. ..	12
Drainage .. ..	47
Stables and Piggeries .. ..	16
Fried Fish Shops .. ..	48
Factories and Workshops .. ..	53
Bakehouses .. ..	15
Public Conveniences .. ..	44
Refuse Accumulations .. ..	17
Rats and Mice .. ..	64
Caravan Sites .. ..	116
Ditches and Ponds .. ..	34
Miscellaneous .. ..	100

### Food and Food Shops:

Butchers	..	..	..	..	..	..	64
Fishmongers	..	..	..	..	..	..	44
Grocers	..	..	..	..	..	..	68
Ice Cream Premises	..	..	..	..	..	105	
Dairies	..	..	..	..	..	10	
Restaurants and Cafes	..	..	..	..	..	73	
Canteens	..	..	..	..	..	36	
Licensed Premises	..	..	..	..	..	18	
Food Hygiene Regulations	..	..	..	..	..	54	

### 6. OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963:

The Council appointed a retired Public Health Inspector on a part-time basis to assist with the inspections under the Act. He began work on 1st September, 1965.

The following inspections and registrations were made:-

Class of Premises	Number registered during the year	Total registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	4	22	17
Retail Shops	15	53	48
Wholesale Shops Warehouses	1	8	3
Catering Estabs. open to the public Canteens	2	18	3
Fuel Storage Depots.	-	-	-
TOTALS	22	101	71



In addition 116 visits, other than those required for general inspection, were made during the year.

A total of 297 persons - 104 male and 193 female - were employed in the registered premises subjected to inspection.

During 1965 investigations were made into the cause of 5 reported accidents of slight or moderate degree, involving injury to persons, advice was given or alterations to premises carried out to attempt to prevent a repetition.

#### 7. ERADICATION OF BED BUGS:

Number of Houses infested:-

Council Houses ... Nil  
Other Houses ... Nil

#### 8. PREMISES CONTROLLED BY BYELAWS AND REGULATIONS:

(a) Clean Food Byelaws are in force, made under Section 15 of the Food and Drugs Act 1938.

(b) Slaughter of Animals. There are no slaughterhouses in the district. Fresh meat is obtained principally from slaughterhouses and markets in Brighton and Chailey. There is one licensed slaughterman in the district.

(c) Milk Supply. Two dairies from which milk is supplied to the district retail received special attention.

(d) Other Foods. All premises where food is prepared for sale were inspected regularly.

(e) Food Hygiene (General) Regulations 1960.

Category	Regulation 16		Regulation 19	
	No.	Complying	No.	Complying
Butchers	6	6	6	6
Fishmongers and Fried Fish Shops	2	2	2	2
Grocers Supermarket	3	3	3	3
Grocery & General Stores	23	23	23	23
Grocers Warehouse	1	1	1	1
Greengrocers	7	6	7	7
Licensed Premises	26	26	26	26
Dairies	2	2	2	2
Ice Cream Premises	31	31	31	31
Canteens	8	8	8	8
Cafes & Restaurants	17	17	17	17
	126	125	126	126

In addition to 54 visits for the specific purpose of the regulations, 422 general inspections of food premises were made.



## 9. UN SOUND FOOD

The following foodstuffs were found to be unsound and were condemned and suitably disposed of:-

	Cwt.	Qrt.	lb.	Oz.
Meat (tinned various)	7	1	6	8
Fish (wet various)	1	0	15	0
Fruit (tinned various)	1	3	2	3
Vegetables (tinned)		2	16	5
Assorted Food's	1	0	10	3

TOTAL	11	3	22	3
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## 10. FACTORIES ACT 1961

In the Urban District of Newhaven there are five factories in which Sections 1, 2, 3, 4 and 6 of the above Act are enforced, and 60 in which Section 7 only is enforced.

### PART I OF THE ACT

1. Inspections for purposes of provision as to health (including inspections made by the Public Health Inspector).

PREMISES	NUMBER ON REGISTER	INSPECTIONS	WRITTEN NOTICES	OCCUPIERS PROSECUTED
(1) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by the Local Authority	5	2	NIL	NIL
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority	60	49	1	-
(3) Other premises in which Section 7 is enforced by L. A. (excluding outworkers premises).	3	2	NIL	-
TOTAL	68	53	1	-

2. Cases in which defects were found

PARTICULARS	FOUND	REMEDIED	REFERRED TO H. M. INSPECTOR	REFERRED BY H. M. INSPECTOR	NO.OF CASES IN WHICH PROSECU- WERE INSTITUTED
Want of cleanliness (S.1.)	1	1	-	1	NIL
Ineffective drainage of floors (S.6)	-	-	-	-	NIL
Sanitary Conveniences (S.7) Insufficient	-	-	-	-	NIL
Unsuitable or defective	-	-	-	-	NIL
No separate for sexes	-	-	-	-	NIL
TOTALS	1	1	-	1	NIL

PART VIII OF THE ACT

Outworkers

Nature of work  (1)	SECTION 133		SECTION 134			
	No. of out- workers in August list required by Section 133 (1) (c) (2)	No. of Cases of default in sending lists to the Council (3)	No. of prosecu- tions for failure to supply lists (4)	No. of instances of work in unwhole- some premises (5)	Notices served (6)	Pro- secu- tions (7)
Wearing Apparel Making	1	-	-	-	-	-



# SECTION IV

## PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASE

### INFECTIOUS DISEASES

Sixty-one cases of infectious disease were notified in Newhaven during 1965. The details were as follows:-

DISEASE	NUMBER OF CASES	ADMITTED TO HOSPITAL	DEATHS
Measles	59	1	-
Whooping Cough	1	-	-
Pneumonia	1	-	-

The following figures relating to Vaccination and Immunisation were supplied by the East Sussex County Council:-

### DIPHTHERIA IMMUNISATION

	CHILDREN BORN IN YEARS:-						
	1965	1964	1963	1962	1958 1961	others under 16	TOTAL
A. NUMBER OF CHILDREN WHO COMPLETED A FULL COURSE OF PRIMARY IMMUNISATION IN THE AUTHORITY'S AREA DURING 1965.	72	90	10	1	4	-	177
B. NUMBER OF CHILDREN WHO RECEIVED A SECONDARY (REINFORCING) INJECTION DURING 1965.	-	35	57	2	162	137	393

Since immunisation was first introduced there has been a persistent and dramatic fall in the number of cases of diphtheria and also in the number of deaths from diphtheria. This fall continued until a year or two ago but since that time several locally severe outbreaks of diphtheria have occurred. I cannot urge parents too strongly to ensure that their children are protected against this disease since almost all the cases and deaths occur amongst non-immunised children. It has become all too common to regard diphtheria as a dying disease and to think that because it is no longer prevalent, there is no need to have children immunised. This is a very dangerous practice and every child should be immunised during infancy and again at the start of school life.



# WHOOPING COUGH IMMUNISATION

	YEAR OF BIRTH						
	1965	1964	1963	1962	1958 1961	others under 16	TOT
NUMBER OF CHILDREN WHO HAVE COMPLETED A PRIMARY COURSE (normally three injections) OF PERTUSSIS VACCINE (Singly or in combination) IN THE AUTHORITY'S AREA DURING THE YEAR 1965	72	90	10	1	4	-	17

## VACCINATION AGAINST SMALLPOX

The following persons under 16 years of age were vaccinated or revaccinated against smallpox in 1965.

AGE AT DATE OF VACCINATION	0 - 3 months	3 - 6 months	6 - 9 months	9 - 12 months	1 year	2 - 4 years	5 - 15 years	TOTAL
NUMBER VACCINATED	1	-	1	-	91	34	1	128
NUMBER REVACCINATED	-	-	-	-	-	-	7	7

During and since the recent outbreaks of smallpox a lot of confusion has been caused to the general population by the arguments for and against smallpox vaccination. The Ministry of Health have now issued a Memorandum on Vaccination against Smallpox. The salient features are as follows:-

### A. Routine Primary Vaccination in Early Childhood

(1) Optimum Age - Routine primary vaccination is not now recommended in the first few weeks of life but should be done before the age of two years, preferably during the second year.

#### (2) Contra-indications -

- (a) exposure to infectious disease
- (b) septic skin conditions
- (c) infantile exzema or any other allergic condition - these are absolute contra-indications to routine primary vaccination
- (d) hypogammaglobulinaemia
- (e) cortico-steroid treatment
- (f) failure to thrive

### B. Routine Primary Vaccination at Later Ages

- (1) Although at any age the risk of serious complications following vaccination is much smaller than the risk of death run by those exposed to smallpox while unvaccinated, primary vaccination is not advised as a routine after early childhood. But, if not performed in early childhood, primary vaccination at a later age may eventually become necessary e.g. when serving with the armed forces, as a condition of employment and before undertaking foreign travel.

- (2) Contra-indications. Consideration must be given to:-
- (a) septic skin conditions
  - (b) a history of, or the presence of, exzema
  - (c) hyp ogammaglobulinaemia
  - (d) cortico-steroid treatment. It is not considered wise to vaccinate routinely patients who are receiving systemic cortico-steroid treatment.
  - (e) early pregnancy. On general principles it is desirable to avoid the use of live vaccine during the first trimester of pregnancy.

### C. Vaccination in the presence of Smallpox

The object is, by primary vaccination or revaccination as soon after exposure or, at most, within three days, to enable the individual to gain immunity to smallpox within the normal incubation period of that disease. In the presence of suspected smallpox there are no absolute contra-indications to the immediate vaccination or revaccination of all close contacts.



# SECTION V

## TUBERCULOSIS

In 1965 four new cases of pulmonary tuberculosis were notified amongst Newhaven residents. No new case of non-pulmonary tuberculosis was notified. Two cases of pulmonary tuberculosis were notified amongst people coming to live in the area. One of these persons left the district before the end of the year. No deaths due to tuberculosis occurred in the district during 1965.

### NEW CASES AND MORTALITY DURING 1965

AGE GROUPS	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
Under 1 year	-	-	-	-	-	-	-	-
1 - 4	-	-	-	-	-	-	-	-
5 - 14	-	-	-	-	-	-	-	-
15 - 24	-	-	-	-	-	-	-	-
25 - 34	-	-	-	-	-	-	-	-
35 - 44	-	-	-	-	-	-	-	-
45 - 54	1 New	1 New	-	-	-	-	-	-
55 - 64	1 t.i. 1 t.i. & 1 New t.o.	-	-	-	-	-	-	-
65 +	-	1 New	-	-	-	-	-	-
TOTALS	2	3	-	-	-	-	-	-

t.i. = transfer into district      t.o. = move out of district

### NUMBER OF CASES ON REGISTER AT 31st DECEMBER 1965

MALES		FEMALES		TOTAL
Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	
56	3	42	6	107
Where as 31st December, 1964, the number of cases on the register was:-				
55	3	41	7	106





