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# **Contributors**

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# NEWHAVEN URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

Medical Officer of Health

for the

YEAR ENDED - 31st December, 1966



# NEWHAVEN URBAN DISTRICT COUNCIL HEALTH AND HOUSING COMMITTEE CONSTITUTION AT 31st DECEMBER, 1966

Chairman

Councillor G. W. Fox

Vice Chairman

Councillor H. D. Newnham

Councillors:-

F. C. Herriott

V. Hedges, J.P.

J. Angus

R. F. Michaelis

B. E. Jackson

R. Patterson

A. R. J. Tucker

D. Kennedy

R. H. Richardson

# PUBLIC HEALTH DEPARTMENT

# Medical Officer of Health

J. L. Cotton, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

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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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 1966.

The vital statistics of the area compare very favourably with those for England and Wales and do not call for more than a brief comment. No infant deaths were notified whereas seven infants deaths occurred during 1965. This wide variation has no particular significance other than to illustrate the danger of attaching undue importance to statistics derived from small populations.

40 cases of infectious disease were notified during the year and of these 38 were measles. Trials of the measles vaccine are continuing in various areas of the country. Many questions about its use still remain unanswered but vaccination against measles can give a very good degree of protection. It remains to be seen if measles vaccination will be added to the routine schedule of vaccination and immunisation recommended for children. I still believe that there is no justification for retaining measles on the list of notifiable diseases except on a local basis where the measles vaccine is on trial. Only one new case of tuberculosis was notified during the year.

After a period of several years during which no Council building was carried out, it is pleasing to be able to report that the building of Council houses has been resumed. Thirty-four houses were started towards the end of the year and there is every hope that further Housing Schemes will follow. The provision of additional Council accommodation will enable the clearance of unfit houses to be restarted. Only one unfit house was dealt with during the past year. The slum clearance programme has fallen behind since the Council house building ceased in 1962.

The area continues to develop industrially. During the year 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.

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. Chairman and Gentlemen,
Your obedient servant,

J. L. COTTON,

Medical Officer of Health.

# SECTION I

# STATISTICS FOR THE AREA

# (a) GENERAL STATISTICS

-twoied mevin at areay not taul out to' nevented to noite	
Area (acres)	1,772
Population (Registrar General's estimate for mid year 1966)  Population (1931 Census) Population (1951 Census) Population (1961 Census) Net increase of population during the year	9,380 7,381 7,783 8,325 120
Number of occupied houses 1951 Number of occupied houses 1965	2,196 3,063
Rateable Value (January, 1967) Product of penny rate	£457,318 £1,975
(b) <u>VITAL STATISTICS</u>	
1. Births and Birth Rates NEWHAVEN U.D.	ENGL AND
Live Births Live birth rate per 1,000 population (crude)  ** Corrected birth rate 19.0 Illegitimate live births per cent of total live births  ** Still-births	17.7
Still-birth rate per 1,000 live and still births 6.9 Total live and still-births 159	15.4
Live births Male Female Total Legitimate 71 72 143 Illegitimate 9 6 15	
80 78 158	
2. Deaths and Death Rates	
Deaths 139 Death rate per 1,000 population	
x Corrected death rate 12.0 Infant deaths (deaths under 1 year) 0 Total infant deaths per 1,000 total	11.7
live births) 0 Maternal mortality (including	19.0
Number of deaths 0	223
Rate per 1,000 live and still births 0	0.26

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 16.8 the adjusted rate becomes 19.0 which is higher than the figure of 17.7 for England and Wales. Similarly a comparability factor of 0.81 applied to the crude death rate makes the adjusted rate of 12.0. This is higher than the rate for England and Wales at 11.7

# POPUL ATION

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

Year	Population	Births	Deaths	Birth Rate	Adjusted Birth Rate	Death Rate	Adjusted Death Rate
1957 1958 1959 1960 1961 1962 1963 1964 1965 1966	8,030 8,020 8,010 8,160 8,360 8,520 8,780 9,010 9,260 9,380	99 121 103 136 117 145 143 171 165 158	105 107 98 103 109 134 137 117 124 139	12.3 15.1 12.9 16.7 14.0 17.0 16.3 19.0 17.8 16.8	15.5 13.2 17.2 14.4 17.5 18.4 21.4 20.1 19.0	13.1 13.3 12.2 12.6 13.4 15.7 15.6 13.0 13.4 14.8	11.5 10.0 10.2 10.7 13.4 12.3 10.5 10.7

The increase in population during 1966 was 120 and it seems likely that the population will continue to rise at a steady rate over the forseeable future.

# MATERNAL MORTALITY

No case of maternal mortality occurred in Newhaven during 1966. Only one maternal death has occurred in the area during the last thirty years.

# INFANTILE MORTALITY

No infant deaths occurred in 1966 in Newhaven.

# BIRTH RATE

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

# DEATH RATE

The corrected death rate of 12.0 per 1,000 population was slightly higher than the national figure of 11.7.

Highest age at death was 96 years
Lowest age at death was 6 years
Average age at death was 73.5 years

MAIN CAUSES OF DEATH

(1)	Diseases of the heart and circulatory system (Coronary Disease accounted for)	61 23	43.9 16.5
(2)	Cancer (all sites) (Cancer of the lung or bronchus accounted for)	21 8	15.1

# 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 All Ages	Under 4 Weeks	4 Weeks & Under 1 Year	1- 5	5-	15-	25-	35-	45-	55 <b>-</b>	65-	75 & over
Syphilitic Disease	H	1	in H	THE P	-			-	-	-	-	1	-
Malignant Neoplasm Stomach	H	1	150	000	101	11	1	1 1	1	13	-1	1	20 -
Malignant Neoplasm Lung Bronchus	H F	8 -	901	100			-	- 1		-	2 -	4	2 -
Malignant Meoplasm Breast	H F	ī	ine ten	in a single	1 1		1	-	-	-1	-	-	-
Malignant Neoplasm Jterus	F	1	-	-	-	-	-	-	117	-	100	10.70	1
Other Malignant & Lymphatic Neoplasms	H F	6	1 1210	nes-	101		-	1	-	1 -	1	1 -	32
Diabetes	H F	2	at Took	VIOI 00	-		-	-	-	-	-	2	-
Vascular lesions of Norvous System	M F	8 20	- coluides	The state of		- 1	1 1	-	55	100	1 -	2 5	5 15
Coronary Disease Angina	H F	13	vell on	THE STATE OF	1.1	-	1 1		7	1 -	7 -	4 4	6
Hypertension with Heart Disease	M F	1	Frieddy	other o	1 18	-	1	-	- 1	-	-	100	1
Other Heart Disease	M F	12 18	-	=	-	-	-	200	1 -	1 -	2	3	8 15
Other Circulatory Disease	M P	6	Iedl I	uno Essa do Tor	101	-	101	-		-	-	3	3
Pneumonia	M F	4	ous An	Ta bre do	11		-	1 -	-	-	1 1		3
Bronchitis	H F	6 2	mo5 xe	esot te	-	-	-	-	-	-	1	1 -	4
Other Diseases of Respiratory System	H F	1	ENG SIE		-	- 1	-	-	907	00-10 00-10	17	-	1 -
Congenital Malformations	K F	ī	-	-	DET	1	-		-	117-0	-	-	-
Other Defined and	II F	4	13	io in Dall	1 1		-	-	-	1	-	3	1 -
Suicide	M F	2	-	-			1	-		1	1	-	-
TOTAL ALL CAUSES		69 7 0		54.		-	1 -	1 -	1	33	15	19	29 45

# 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.

One Public Health Inspector carried out duties in the Urban District of Newhaven, assisted by a temporary Assistant Public Health Inspector 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 Newhaven and District Nursing Association.

# 6. CLINICS AND TREATMENT CENTRES

The following is a list of clinics and treatment centres available during 1966 for residents of the district:-

Day and Time of Attendance	By whom provided
Monday to Friday inclusive of each week By appointment	East Sussex County Council
Every Monday by appointment	East Sussex County Council
Mornings - 3rd Tuesday in every month Evenings - 2nd & 4th Tuesday in every month	East Sussex County Council
Mornings - 3rd & 5th Wednesday in every month	East Sussex County Council
Afternoons- 1st 2nd & 3rd Monday in every month (General Practitioners Clinics) - 4th Monday in every month (Midwives Clinic) - 4th Tuesday in every month (General Practitioners Clinic)	East Sussex County Council
Afternoons - 1st 2nd 3rd & 4th Tuesday in every month	East Sussex County Council
Afternoons - 1st 2nd 3rd & 4th Wednesday in every month	East Sussex County Council
Afternoons - 1st Thursday in every month	East Sussex County Council
Afternoons - Monday Wednesday & Friday of each week.	East Sussex County Council
Afternoons - 3rd Tuesday in every month	East Sussex County Council
	Monday to Friday inclusive of each week By appointment  Every Monday by appointment  Mornings - 3rd Tuesday in every month Evenings - 2nd & 4th Tuesday in every month  Mornings - 3rd & 5th Wednesday in every month  Afternoons- 1st 2nd & 3rd Monday in every month  (General Practitioners Clinics) - 4th Monday in every month (Midwives Clinic) - 4th Tuesday in every month (General Practitioners Clinic)  Afternoons - 1st 2nd 3rd & 4th Tuesday in every month  Afternoons - 1st 2nd 3rd & 4th Wednesday in every month  Afternoons - 1st Thursday in every month  Afternoons - 1st Thursday in every month  Afternoons - Monday wednesday & Friday of each week.  Afternoons - 3rd Tuesday in every

# 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 treated water were submitted for analysis by the Water Company during 1966. 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-three samples before treatment and fifty-two 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 1966.

Sixty-five private houses were built during the year.

The Council at 31st December, 1966, owned 640 houses and flats, twenty-five houses having been purchased by agreement during the year.

# 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	4
Harbour Heights	39
Denton and Mount Pleasant	27
Lewes Road	10
New Road	2
Valley Road	8

# 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.

Both the bulk and tonnage of household and trade refuse continue to increase and the last available space on the existing refuse tip at Denton Island is being used up. Negotiations for the use of land at Lewes Road as a controlled tip are now complete and accommodation works are in hand. The tip will come into use in the early part of 1967. This will make provision for disposal for many years and will bring a low-lying wet area up to the level of Lewes Road.

# BULKY REFUSE COLLECTION

The service instituted in 1964 whereby householders can, by calling the Surveyor's Department, have bulky articles removed and destroyed free of charge, continues to be very popular. This is now at fortnightly intervals on Fridays. It is estimated that more than 110 tons of waste material was collected in 1966, which 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:

Inspection under the Public Health Acts	 59
Reinspection under the Public Health Acts	 45
Inspections under the Housing Acts	 28
Reinspections under the Housing Acts	 43
Inspection of Verminous Houses	 8
Reinspection of Verminous Houses	 14

# Infectious Diseases:

No action was necessary.

# General Sanitation:

Water Supply	 			 16
Drainage	 			 56
Stables and Piggeries	 	[		 17
Fried Fish Shops	 			 35
Factories and Workshops	 			 65
Bakehouses			and the	á
	 			 20
Public Conveniences	 			 39
Refuse Accumulations	 			 23
Rats and Mice	 10.00	v		 82
Caravan Sites	 			 84
D14 1 1 D 1 -	7.00			 37
	 ••	••		 -
Miscellaneous	 			 74

# Food and Food Shops:

Butchers	 	 	42
Fishmongers	 	 	30
Grocers	 	 	73
Ice Cream Premises	 	 	77
Dairies	 	 	10
Restaurants and Cafes	 	 	52
Canteens	 	 	26
Licensed Premises	 	 	11
Food Hygiene Regulations	 	 	46

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

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

The following inspections and registrations were made during the year under review:-

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	7	21	13
Retail Shops	18	64	34
Wholesale Shops Warehouses	son drinell	order the protect	natawoH
Catering Estabs. open to the public Canteens	9 3 3 3 3 3	16	15
Fuel Storage Depots	-	range	notice the section
TOTALS	34	108	67

On the completion of the Survey of the District it was found there were 199 premises, of this 119 were found to come under the provisions of the Act. The total premises are made up as follows:-

Persons employed under a total of 21 hours per	week	e de	14
Family businesses only			59
Empty premises			7
Employment of persons over 21 hours per week			119
			1.99

At the end of the year works were outstanding at 10 premises only.

In addition 408 visits, other than those required for general inspection, were made during the year.

A total of 603 persons - 224 male and 379 female - were employed in the registered premises subjected to inspection.

During 1966 investigations were made into the cause of 2 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 1955.
- (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	Regi	Complying		Complying
Butchers Fishmongers and Fried Fish Shops Grocers Supermarket Grocery & General Stores Grocers Warehouse Greengrocers Licensed Premises Dairies Ice Cream Premises Cafes & Restaurants	6 1 2 24 1 7 26 2 32 10 17	6 1 2 24 1 7 26 2 32 10 17	6 1 2 24 1 7 26 2 32 10 17	6 1 2 24 1 7 26 2 32 10 17
TEM TEM 200	128	128	128	128

In addition to 46 visits for the specific purpose of the regulations, 346 general inspections of food premises were made.

# 9. UNSOUND FOOD

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

Meat (Home killed) Meat (Tinned various) Fish (Fresh) Fish (Tinned) Fruit (Fresh) Fruit (Tinned) Vegetables (Fresh) Vegetables (Tinned) Butter and other Fats Miscellaneous	Tons. 0 0 0 0 2 0 0 0 0 0 0 0	Cwt. 0 16 0 2 0 0 0 2 0	Qrt. 2 0 0 0 3 3 1 1	1bs. 0 11 6 1 8 13 26 16 23 19	0zs. 0 2 8 14 0 15 4 0 13 14
TOTAL	2	15	1	15	6

# 10. FACTORIES ACT 1961

In the Urban District of Newhaven there are two 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

 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	2	4	Nil	Nil
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority	60	58	Nil	Nil
(3) Other premises in which Section 7 is enforced by L. A. (excluding outworkers premises).	4	3	Nil	Nil
TOTAL	66	65	Nil	Nil

# 2. Cases in which defects were found

PARTICUL ARS	FOUND	REMEDIED	REFERRED TO H. M. INSPECTOR	REFERRED BY H. M. INSPECTOR	NO.OF CASES IN WHICH PROSECUTION WAS INSTI- TUTED
Want of cleanliness (S.I.)	-	-10001101	-	_	NIL
Overcrowding (S.2)	121	SON.	ásio_	-	NIL
Unreasonable Temperature (S.3)		-	be L	tovel so	NIL
Inadequate vent- lation (S.4)		_	I -	ealec	NIL
Ineffective drainage of floors (S.6)	4123	ounty Com	) xesemb d	by the Ba	NIL
Sanitary Conven- iences (S.7)	NI 486	responding	-	-	NIL
Other offences against the Act (not including offences relating to Outwork)	1963	1961	3966	w matans	NIL

# PART VIII OF THE ACT

375	SECTIO	ON 133	SECTION 134				
Nature of work (1)	No. of out- workers in August list required by Section 133 (1) (c) (2)	lists to	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwhole-some premises (5)	Notices served	Pro sec uti ons	
Curtains and furni- ture hang- ings.	1	trans trans to the second trans tr	edi Lia de	o chance and a second of the control	ereals  see the see th		

# SECTION IV

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

# INFECTIOUS DISEASES

Forty cases of infectious disease were notified in Newhaven during 1966. The details were as follows:-

DISEASE	NUMBER OF CASES	ADMITTED TO HOSPITAL	DEATHS
Measles	38	-	- 1
Scarlet Fever	1	-	111-01-
Erysipelas	1	-	-5000

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

# DIPHTHERIA IMMUNISATION

am 4	-	CHILI	REN BO	RN IN	YEARS:	Conven- 8,7) -	vasilie ) seom
	1966	1965	1964	1963	1959 1962	others under 16	TOTAL
A. NUMBER OF CHILDREN WHO COMPLETED A FULL COURSE OF PRIMARY IMMUNISATION IN THE AUTHORITY'S AREA DURING 1966.	64	70	3	3	2	-	142
B. NUMBER OF CHILDREN WHO RECEIVED A SECONDARY (REINFORCING) INJECTION DURING 1966.	-	46	74	21	106	128	375

Since immunisation was first introduced there has been a dramatic fall in the number of cases of diphtheria and also in the number of deaths from diphtheria. In 1966 there were three deaths from diphtheria and twenty-four cases compared with no deaths and thirty-five cases in 1965. To prevent this disease from spreading once again it is vital to maintain a high state of immunity in the community. 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 disease which no longer occurs and that 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

amorteoliques aucites	to val	YEAR OF BIRTH					
primary after early children of the control of the	1966	1965	1964	1963	1959 1962	others lunder 16	TOTAL
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 1966	64	70	3	3	2	80000	142

# VACCINATION AGAINST SMALLPOX

The following persons under 16 years of age were vaccinated or revaccinated against smallpox in 1966.

AGE AT DATE OF VACCINATION	0 - 3 months	3 - 6 months	6 - 9 months	9 - 12 months	l year	2 - 4 years	5 - 15 years	TOT AL
NUMBER VACCINATED	-	-	-	2	99	79	14	194
NUMBER REV ACCIN ATED	-	-	-	-	1	-	-	

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 give to:-

(a) septic skin conditions

(b) a history of, or the presence of, exzema

(c) hypogammaglobulinaemia

(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 1966 one new case of pulmonary tuberculosis was notified amongst Newhaven residents. No new case of non-pulmonary tuberculosis was notified, nor was any case of pulmonary tuberculosis notified amongst people coming to live in the area. One pulmonary case previously removed was restored to the register during the year on re-entry into the district. No deaths due to tuberculosis occurred in the district during 1966.

# NEW CASES AND MORTALITY DURING 1966

AGE GROUPS		NI	EW CASE	5	DEATHS				
	Pulmor	nary	Non-Pulmonary		Pulmonary		Non-Pulmonary		
	M	F	М	F	M	F	М	F	
Under 1 year	-	-	-	-	-	-	-	-	
1 - 4	-	-	-	-	-	-	-	-	
5 - 14		-	-		-	-	-	-	
15 - 24	-	lR	-		-	-	-	-	
25 - 34	lt.o.	-	-	-	-	-	-	-	
35 - 44	-	-	-		-	-	-	-	
45 - 54	-	-	-	-	-	-	-	-	
55 - 64	-	1 New	-	-	-	-	-	-	
65 +	-	-		-	-	-	-	-	
TOTALS	1	2	-	-	-	-	-	-	

R = Restored to register t.o. = move out of district

# NUMBER OF CASES ON REGISTER AT 31st DECEMBER 1966

	MALES			
Pulmonary	Non-Pulmonary	Non-Pulmonary Pulmonary N		TOTAL
52	3	44	6	105
Whereas at	31st December, 196	55, the number	of cases on the n	egister
56	3	42.	6	107

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				15 - St
				35 - 44
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# MERCE DECEMBER 1906



