Annual report of the Medical Officer of Health [to] the Corporation of the City of Capetown.

CITY OF CAPE TOWN

ANNUAL REPORT OF THE

MEDICAL OFFICER OF HEALTH

1981

The City Health Department moved to the Civic Centre on 15 June 1979. The Department's general offices are situated on the eastern side of the 22nd Floor of the Tower Block and the Executive Suite on the 21st Floor as depicted in red on the cover. Access to the general offices is via Lift/Stair A and to the Executive Suite through Lift/Stair C at the Nico Malan entrance to the building.

CITY OF CAPE TOWN

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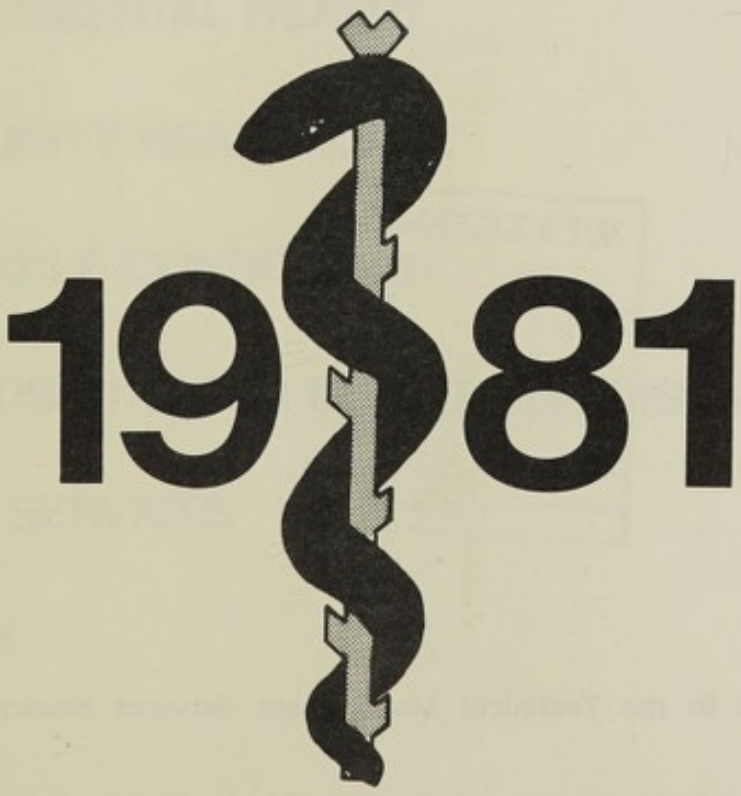

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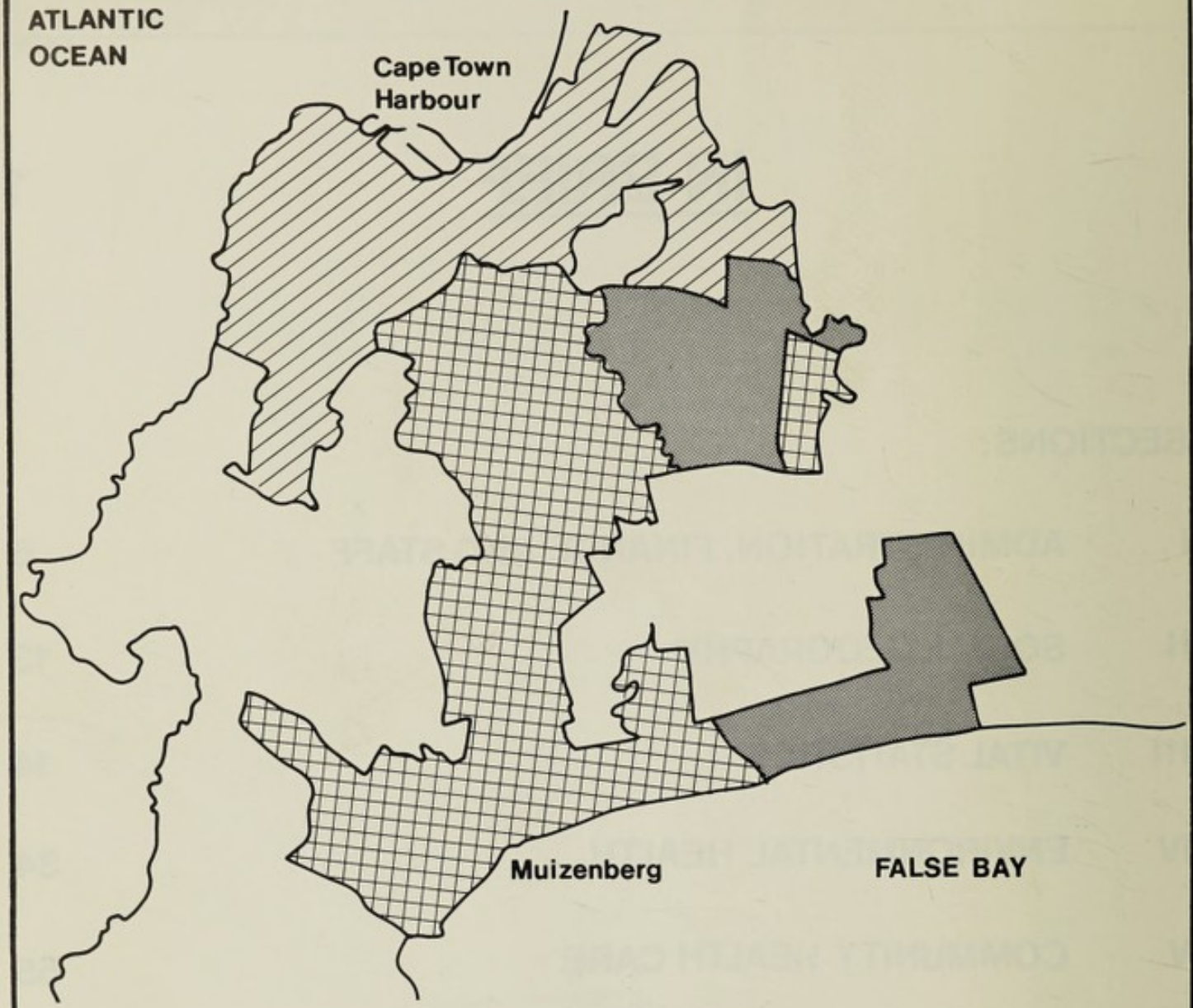


	NORTHERN ZONE	SOUTHERN ZONE	EASTERN ZONE
Population	301 686	379 540	291 954
Principal Medical Officer	1	1	1
Medical Officers	3	3	3

CITY OF CAPE TOWN HEALTH ZONES

TO

THE DIRECTOR-GENERAL FOR HEALTH AND WELFARE

and

HIS WORSHIP THE MAYOR, ALDERMEN AND COUNCILLORS OF THE CITY OF CAPE TOWN

I have pleasure in presenting my Seventh Annual Report on health conditions in the City of Cape Town during 1981 and on the work carried out by the City Health Department during that year, as required by the provisions of the Health Act 63 of 1977.

The intensive re-organisation of the City Health Department commenced late in 1974. The objective was to bring it's two main Divisions, namely the Promotive and Preventive Health Services, and the Environmental Health Services up to the level of efficiency, and of flexibility, needed to cope with our responsibilities to the end of this century.

This process was completed in 1980. Therefore 1981, under review, was the first complete year of the new dispensation.

The details of the upgraded services are given in the text of this report. In summary, we have sought:-
Clear delineation of objectives.
Accurate and ongoing assessment of progress.
A sharply restrictive fiscal policy.
Full and continuous usage of all our facilities, buildings, and other resources, throughout each working day.
Above all, markedly increased productivity by every individual member of staff.

Communication, motivation, and in-service training were of the essence. These principles are ongoing.

I consider that the only yardstick for success is the results achieved. It is in this context that I submit the following facts for your consideration.

CAPE TOWN ESTIMATED POPULATION 1981

Whites	272 980
Coloured	573 520
Asiatic	12 650
Black	114 030
Total	973 180 persons

This makes Cape Town comparable to Birmingham, which is Britain's second largest city, after London itself.

THE SERVICE

Total service contacts of the Department with the people of the City during the year totalled 1 799 164 items. This is an all time record figure.

THE COSTS

There was rigid financial control. Actual expenditure amounted to R8 824 270 - an increase of only 7,2% over the previous year, while the national inflation rate was 13,2%.

Because of subsidies the contribution from ratepayers was reduced to R3 726 783. This constitutes a minimal rise of 1,5% over the previous year.

CAPE TOWN HEALTH PARAMETERS 1981

1. INFANT MORTALITY RATES: "The Infant Mortality Rate occupies a special position in vital statistics not only because of its value as an indicator of loss of life, but also because of its close relation with social conditions".(1) This Infant Mortality Rate is also generally accepted as the most sensitive index of the quality of an Environmental, Promotive and Preventive Health Service. In Cape Town, too, due credit must be given to the excellent Paediatric and Maternity Services of the University of Cape Town Medical School.

(The Rate is expressed as the number of deaths occurring per 1 000 live births, up to the age of one year).

The Infant Mortality Rates in Cape Town for 1975 (first year of re-organisation) and 1981 were:-

	1975	1981
White	12,2	9,4
Coloured	32,2	18,8
Black	59	34,6
Total all Races	34	20,7

The present Rate for Whites is comparable to any American or European city, and is better than most.

The decline in the Mortality Rate for Coloured infants is greatly encouraging, and hopefully reflects the widespread and intensive health efforts being directed towards this section of the community.

The Black Rate does continue to decline, but because of the migrant labour system, and the ebb and flow of population in Langa and Guguletu, the exact figures given, while as accurate as possible, must be treated with caution.

By comparison, the Infant Mortality Rates for South Africa as a whole (1979)(2) are:

White	18,1	
Coloureds	81,2	
Black	190,8	(Calculated)

Another yardstick is to compare with several major American cities with a population of 500 000 or more.(3)

In 1978 (latest figures available) the United States Classification is headed:

	"White"	"All Other Races"
Detroit	15,4	25,3
Kansas City	16,7	38,9
Washington D.C.	13,4	29,7

2. MOTHER AND CHILD WELFARE CLINICS. The Department operates 24 Polyclinics and 24 satellite clinics throughout the city. These services, so vital to produce a generation of healthy children, include the guidance of mothers, baby care, immunisation, family planning, child assessment, developmental screening and specialised malnutrition clinics. They form the basis for our intensive Home Visiting programme.

There were 21 920 infants born in Cape Town during the year. Of all notified births 91% of babies attended our clinics at least once during the first year of life in 1981.

	1975	1981
Total attendances	307 214	503 171

Increase of 64%

3. FAMILY PLANNING. A top State priority for improving the quality of life.

	1975	1981
Individuals Attending	38 130	68 791

Increase of 80%

In the Coloured group the number is calculated to be 50% of all women in the child-bearing period.

4. GERIATRIC SERVICE. This screening service for elderly folk was commenced in mid 1975. The object was to carefully examine such people and their circumstances and to take necessary steps to improve their quality of life in the home environment wherever possible. We now conduct 18 such clinics throughout the city, and have achieved tremendous community involvement.

	1975	1981
Total Attendances	191	1267

Increase of 563%

5. IN SERVICE TRAINING PROGRAMMES to outside students are an excellent stimulus to our staff to maintain the highest standards.

	1975	1981
Medical Post Graduates from U.C.T.	4	6
Medical Students U.C.T.	Nil	188
Nursing Students (Hospitals & Colleges)	Nil	1537

6. ENVIRONMENTAL HEALTH

WATER SUPPLIES. Pure and satisfactory.

FOOD AND MILK PRODUCTION AND DISTRIBUTION. Closely and intensively monitored, and satisfactory.

HOUSING. Study of the epidemiological picture shows clearly that the shortage of houses in the Coloured and African areas, leading to gross overcrowding in the housing estates, is the big remaining factor which spreads infectious conditions such as pulmonary tuberculosis, meningococcal meningitis and influenza. There is still a huge waiting list. Consideration must be given to alternative housing standards. I consider that in no other way will we ever make up the backlog. In order to provide, or allow the provision of, unconventional housing, there has to be:

(a) a secure form of tenure,
(b) a serviced site,
(c) assistance to build plans prepared by a competent authority, and
(d) social services.

SEWAGE. Facilities in Cape Town maintain a constant and not always successful battle to cope with ever-increasing demands. Athlone works is still most unsatisfactory, and the cause of continual complaint from the public. It is feared that the Green Point outlet, at present under construction, will adversely affect the marine environment at the proposed marina development at Granger Bay.

AIR POLLUTION CONTROL. Readings have improved further during the year. (See Text). Cape Town is now among the world's cleanest cities from the standpoint of air pollution. Constant vigilance is needed to maintain these standards. During the year the Cape Town Metropolitan Air Pollution Committee was formed, giving representation to all involved

authorities in the Cape region. In addition, plans were finalised for the commencement of an independent monitoring system for Koeberg nuclear station, to be carried out by the City Health Department in 1982.

7. NOTIFIABLE DISEASES

PULMONARY TUBERCULOSIS is the biggest public health problem in Cape Town as in every other centre of the Republic. The notification of new cases of all forms of tuberculosis in the City increased to 3119 cases in 1981. In 1975 the figure was 2742. It is distressing that no significant progress has been made in controlling this disease. The problem is complex. The disease is fundamentally a manifestation of socio-economic ills - malnutrition, bad housing, overcrowding and poverty. On the purely medical side, because the normal curative regime of treatment takes up to 2 years, the defaulter rate remains as high as 30% or more. This is despite the most intensive follow up programme by all health staff in the field. The only really significant medical advance in recent years has been the introduction of Short-term Therapy involving the use of Rifampicin with other drugs. Here there is excellent scope for cure after 4 1/2 - 6 months of intensive therapy. Rifampicin is expensive, and therefore its use is restricted by State Health Department, who subsidise drug expenditure. But it is not prohibitively expensive - cost benefit analyses have shown very substantial savings when set against all the costs of failed treatment. The feeling of nearly every authority dealing with this problem in the field is that we must use Short Term Therapy, and we must include Rifampicin in the regime. I strongly support this view.

OTHER INFECTIOUS DISEASES have been well contained, gave no cause for alarm, and the details are in the text.

8. SEXUALLY TRANSMITTED DISEASES

In 1975, when a world-wide upsurge of V.D. was at it's peak, 37 304 patients attended our clinics. Last year the figure was 28 800. Many patients are treated by their own doctors, at hospitals, and elsewhere. Our figures are probably the tip of the iceberg, and indicate a thoroughly unsatisfactory state of affairs in dealing with these infections, both in the city and nationwide. In 1981 a Sexually Transmitted Diseases Society of South Africa was formed to investigate the whole problem. All our medical staff has joined in this project.

THANKS

I want to record again my keen appreciation and gratitude for the unstinting loyalty of the members of my staff. Without their motivation, enthusiasm, and devotion to duty, none of the results recorded here could have been achieved. The credit is all theirs.

To the members of the Amenities and Health Committee, and to all other Alderman and City Councillors, I also offer my sincere thanks for their consideration and support.

I wish also to thank the Heads of other Council Departments and their officials for their co-operation and assistance during the year.

To the Municipal Service Commission, I am grateful for their courtesy, helpfulness and understanding in regard to staff matters.

To the Director-General for Health and Welfare, and to Dr N J Le Roux, Regional Director, State Health Services, Western Cape, and his deputy Dr L Been, appreciation of their helpful co-operation and understanding in all matters where our mutual interest met.

To Professor L S Smith, Chief Government Pathologist, State Health Laboratories, an expression of genuine gratitude for his always excellent advice and assistance so freely given.

To Professor D Davey, Head of Department of Obstetrics and Gynaecology, University of Cape Town, sincere gratitude for his helpful co-operation and advice in all matters of common interest.

Last, but not least, to the Ladies and Gentlemen of the Press, and the South African Broadcasting Corporation, many thanks indeed for their accurate, objective, and informative

reporting of matters relating to the health of the public, which were of concern to the citizens of Cape Town, throughout the year.

R J COOGAN
L.R.C.S., L.R.C.P. (IREL.), D.P.H., L.M., F.R.S.H.
MEDICAL OFFICER OF HEALTH

References

(1) Hobson, W. (Ed) (1975) The Theory and Practice of Public Health, Oxford Univ. Press. 4th Ed. London. p. 20.

(2) S A Dept. of Statistics, Statistical News Release.

(3) National Centre for Health Statistics Hyattsville Maryland U.S.A.

I ADMINISTRATION, FINANCE AND STAFF

With the re-organisation of the Community and Environmental Health Services successfully completed, the Department is now able to offer the advantages of a more complete health service for all residents of the Municipal area, which number close to 1 million persons.

A Community Health Care Planning Committee and an Environmental Health Committee, both under the chairmanship of the Medical Officer of Health, meet on a monthly basis to critically examine and monitor progress and to initiate, where necessary, revised procedures to ensure the maximum utilisation of buildings and equipment, and the optimum use of all available manpower resources.

Arising from the implementation of paragraph 16 of the Health Act No. 63 of 1977, which effectively transferred responsibility for the treatment of acute infectious diseases (excluding Tuberculosis) to the Provincial Authorities, protracted negotiations between the Council, the Provincial Administration and the State Department of Health commenced in October 1977 for the takeover of the City Hospital for Infectious Diseases. These negotiations culminated in the City Hospital, which had been administered by the City Health Department since the beginning of the Century, being officially handed over to the Hospital Services of the Cape Provincial Administration on 1 October 1981.

To ensure the continued supply of equipment and medicaments for the Department's Community Health Services, a portion of the Dispensary Block at the City Hospital has been retained for an indefinite period for use as a dispensary and central store.

ADMINISTRATIVE OFFICES, CIVIC CENTRE

In order to accommodate additional staff acquired since the Department's move to the Civic Centre in June 1979 and to provide for a re-organisation of various clerical sections to meet the requirements of the expanded field services, it became necessary during the year to carry out certain alterations to the open plan offices on the 22nd Floor of the Civic Centre. This re-organisation highlighted the advantages of the open plan office system which required only the movement of free standing screens, desks etc., without any structural alterations being necessary. The revised layout has improved the workflow resulting in increased efficiency and productivity.

The Department also acquired its own Word Processing System during the year which has considerably reduced time lost on unnecessary and repetitive typing. All typing and layout work on this report has been prepared and edited on the Word Processor by a specially trained member of the Administrative Staff.

FINANCE

Because the costs for personnel, commodities and support services continued to spiral, it was necessary to maintain the restrictive fiscal policies of previous years. Expenditure was rigidly curtailed and monitored to ensure that growth and needs of the services were met within budgetary objectives. Actual expenditure compared to the previous year amounted to R8 824 270 - an increase of 7,2% and certainly not unfavourable when compared to a national inflation rate of 13,2%. Revenue from subsidies, fees and sundry income increased by R535 978 (11,8%) while the contribution from rates rose by a minimal 1,5% despite a 10% salary revision awarded by Council on 1 September 1981.

Capital expenditure amounting to R73 061 was incurred during the year in the partial completion of two public sanitary conveniences, the purchase of three additional and two replacement vehicles for the Community Health Services, and equipment for the Milk Control Laboratory.

INCOME AND EXPENDITURE, CITY HEALTH DEPARTMENT : 1979 - 1981

EXPENDITURE	1979	1980	1981	1981 Estimated
Salaries, Wages and Allowances	R 4 551 266	R 5 763 769	R 5 787 303	R 5 963 115
General Expenses	R 1 713 772	R 2 099 498	R 2 703 684	R 2 680 840
Repairs and Maintenance	R 220 397	R 261 214	R 232 435	R 341 420
Interest and Redemption	R 109 425	R 107 825	R 100 848	R 99 150
TOTAL EXPENDITURE	R 6 594 860	R 8 232 306	R 8 824 270	R 9 084 525
INCOME				
Refund and Subsidies from State and Provincial Authorities	R 3 494 761	R 4 145 807	R 4 527 503	R 4 505 725
Fees and Sundry Income	R 416 522	R 415 702	R 569 984	R 500 255
Contribution from Rates	R 2 683 577	R 3 670 797	R 3 726 783	R 4 078 545
TOTAL INCOME	R 6 594 860	R 8 232 306	R 8 824 270	R 9 084 525

TRAINING PROGRAMMES

The training of health personnel continued during the year within the cycle of courses geared to the Department's activities. In-service training was provided for medical post graduates, medical students, student nurses, and student midwives from seven training hospitals in the City area. In addition, a continuous programme of in-service training in Preventive and Promotive Personal Health Services was provided for the Department's own staff of clinical medical officers, community health nurses, clinic sisters and nursing assistants. When requested by Colleges for Advanced Technical Education, practical training of students from outside the service was undertaken by the Department during the student vacation periods. Training courses were provided for medical doctors undertaking post-graduate courses in Community Medicine, and for other staff attending courses leading to the Diplomas in Public Health, Community Health Nursing, and the Certificates in Nursery School Teaching, for Staff Nurses and for Nursing Assistants.

TRAINING COURSES

COURSE	MEDICAL M. MED. (COMMUNITY HEALTH)	HEALTH INSPECTION DIPLOMA IN PUBLIC HEALTH	ENVIRONMENTAL HEALTH DIPLOMA IN POLLUTION CONTROL	COMMUNITY HEALTH DIPLOMA IN COMMUNITY HEALTH NURSING	TEACHING CERTIFICATE IN NURSERY SCHOOL TEACHING
Students	2	10	2	10	2

IN SERVICE TRAINING

COURSE	MEDICAL M. MED. (COMMUNITY HEALTH)	NURSING PREVENTIVE AND PROMOTIVE COMMUNITY HEALTH SERVICES	DIPLOMA IN PUBLIC HEALTH	MEDICAL STUDENTS U C T	INDUCTION	SUPERVISORS (ADMIN.)
Internal Students	2	238	10	0	8	2
External Students	4	1 299	11	188	0	0

STAFF

As at 1 January 1981, the authorised fixed establishment of the Department was 1157 posts. The establishment was reduced by 277 posts on 1 October 1981 due to the transfer of the City Hospital for Infectious Diseases to the control of the Hospital Services of the Cape Provincial Administration. Of the remainder, 60 posts in the various services still require State Health approval leaving a net effective strength of 820 which, together with 13 authorised supernumerary personnel resulted in a total of 833 posts at 31 December 1981.

During the year the services of 2 Principal Medical Officers, 2 Senior Medical Officers and a Clinical Medical Officer were lost by way of superannuation, retirement, and in one instance, death. This reduced the overall medical strength of the Community Health Services by 35% and the senior ranks by 80%.

FULL-TIME STAFF ESTABLISHMENT AS AT 1981-12-31

Medical Officer of Health	R J COOGAN	LRCS, LRCP (Irel.), DPH(N.U.I.),LM (Rotunda) F.R.S.H.
Deputy Medical Officer of Health	M A CHAIMOWITZ	MB ChB, DPH (Cape Town)
Deputy Medical Officer of Health	M E E POPKISS	MB ChB, DCM (Cape Town) DOM (Stellenbosch)
Assistant Medical Officer of Health	N M DURCAN	MB BCh, DPH (N.U.I.), DCH RCP (Lond.), RCS (Eng.), LM (Rotunda), BA (S.A.)
Principal Medical Officer	G R F MASEY	MB BCh, (Witwatersrand), DCM (Cape Town), DOM (Stellenbosch)
Principal Medical Officer	T F NEWMAN	MB ChB, DPH (Cape Town)
Principal Medical Officer	VACANT	
Senior Medical Officer	VACANT	
Senior Medical Officer	S SANDERS	MB ChB (Cape Town)
Senior Medical Officer	N WALKER	MB ChB (Cape Town)
Clinical Medical Officer	A E COOPER	MB ChB (Cape Town)
Clinical Medical Officer	VACANT	
Clinical Medical Officer	M A ADLER	MB BCh (Witwatersrand)
Clinical Medical Officer	L B BLUMENTHAL	MB ChB, (Cape Town)
Clinical Medical Officer	N A MURISON	MB ChB (Cape Town)
Clinical Medical Officer	M I PAPILSKY	MB ChB (Cape Town), DCH, RCP & S (Irel.)
Clinical Medical Officer	J I RENNIE	MB ChB (Cape Town)

Clinical Medical Officer	A J WILSON	MB ChB (Cape Town)
Registrar in Community Medicine	G D HUSSEY	MB ChB (Cape Town)
Registrar in Community Medicine	B K ADAMS	MB ChB, (Cape Town)
Senior Veterinary Officer	D DIXON	B.Sc (Rand), B.V.Sc (Pretoria)

ADMINISTRATIVE

Chief Administrative Officer	C E BAILEY	AIAC
Assistant Chief Administrative Officer	M P O'LEARY	AIAC
Chief Administrative Assistant	A E S COX	AIAC
Chief Administrative Assistant	D W GILLIES	
Principal Administrative Assistants	5	
Senior Departmental Inspector	1	
Senior Administrative Assistants	7	
Senior Storekeeper	1	
Departmental Inspector	1	
Administrative Assistants	31	
Personal Secretary to Medical Officer of Health	1	
Senior Secretarial Typists	2	
Typists	5	
Office Attendant	1	
Messenger	1	
Painter	1	
Handyman	2	
Working Foreman	1	
Senior Clerical Assistant	1	
Storeman	1	
Labourer Leading Hands	2	
Labourers	5	

COMMUNITY HEALTH CARE

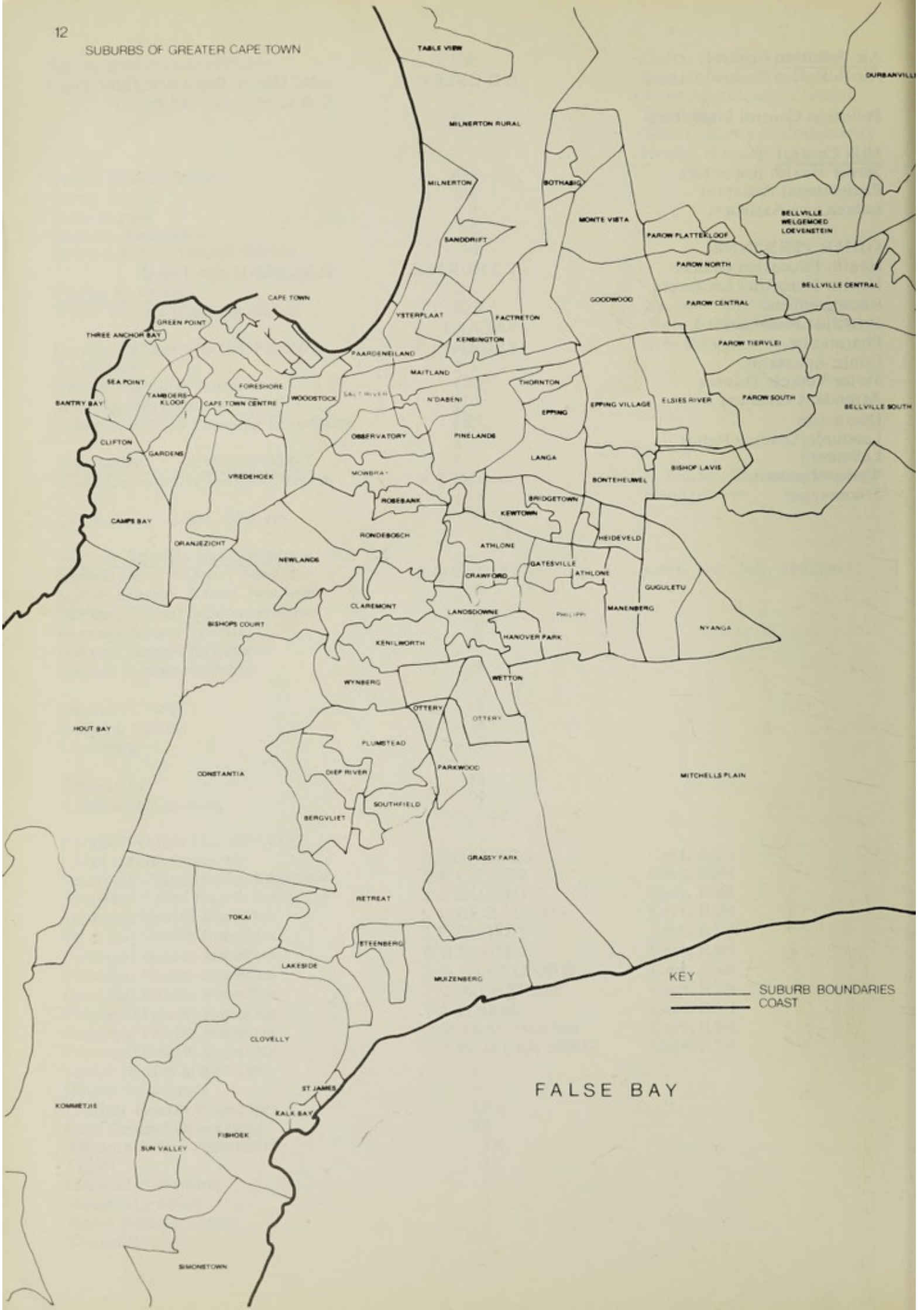
Nursing Personnel

Chief Public Health Nurse	D HORNE	Certs. S A Nursing Council (Gen. & Midwif.),RSH, Health Visitor
Assistant Chief Public Health Nurse	M C KOTZE	Certs. S A Nursing Council Gen. & Midwif.) Nat. Diploma in Public Health Nursing
Senior Public Health Nurse	M CICCONI	Certs. S A Nursing Council (Gen. & Midwif. & Intensive), Nat. Diploma in Community Health Nursing
Senior Public Health Nurse	D ENGLE	Certs. S A Nursing Council (Gen. & Midwif.), RSH, Health Visitor and School Nurse
Senior Public Health Nurse	A P GEARY	Certs. S A Nursing Council (Gen. & Midwif.), RSH, Health Visitor
Senior Public Health Nurse	E M A HARWOOD	Certs. S A Nursing Council (Gen. & Midwif.), RSH, Health Visitor and School Nurse
Senior Public Health Nurse	K V MOODLEY	Certs. S A Nursing Council (Gen. & Midwif.) RSH, Health Visitor
Senior Public Health Nurse	B L J MSENGANA	Certs. S A Nursing Council (Gen. & Midwif.) RSH, Health Visitor
Senior Public Health Nurse	U N NONGAUZA	Certs. S A Nursing Council (Gen. & Midwif.) RSH, Health Visitor and School Nurse
Senior Public Health Nurse	M M A WESSELS	Certs. S A Nursing Council (Gen. & Midwif.), Nat. Diploma in Public Health Nursing

Senior Public Health Nurse	E BEHR	Certs. S A Nursing Council (Gen. & Midwif & Psychiatric & Ward Admin. and Clinical Teaching) Nat. Diploma in Community Health Nursing
Public Health Nurses	84	
Clinic Sisters	76	
Male Nurses	3	
Nursing Assistants	60	
Learner Public Health Nurses	10	
Family Planning		
Senior Family Planning Nurse	J T LOW	Certs. S A Nursing Council (Gen. & Midwif.), Cytology
Liaison Officer, Family Planning Education	F PATEL	B.A. (Unisa)
Family Planning Nurses	22	
Nursing Assistant	1	
Adviser, Family Planning Education	13	
COMMUNITY DEVELOPMENT		
Chief Community Liaison Officer	M E PRICE	B.Soc.Sc., Diploma Housing Management
Community Liaison Officers	3	
Nursery Schools and Creches		
Supervisor of Nursery Schools	J M EBDEN	Cert. Nur. Sch. Teachers
Senior Nursery School Teachers	6	
Nursery School Superintendents	3	
Nursery School Teachers	6	
Nursery School Assistants	13	
Creche Superintendents	8	
Children's Help	12	
Cooking Hands	8	
Laundress	7	
Domestics	14	
Attendant/Cleaners	7	
ENVIRONMENTAL HEALTH		
Chief Health Inspector	B J DANIELS	Cert. RSH
Assistant Chief Health Inspector	D E C FILBY	Cert. RSH
Assistant Chief Health Inspector	J A MUNRO	Cert. RSH
Principal Health Inspector	L L DE ROUBAIX	Cert. RSH
Principal Health Inspector	J F DU TOIT	Cert. RSH
Principal Health Inspector	W J LUBBE	Cert. RSH
Principal Health Inspector	R A OCKELFORD	Cert. RSH
Principal Health Inspector	J C SCHAFFERS	Cert. RSH
Principal Health Inspector	T J TINKER	Cert. RSH
Principal Health Inspector	C P TRAUTMANN	Cert. RSH
Principal Health Inspector	C J VAN DER BERG	Cert. RSH
Senior Health Inspectors	16	
Health Inspectors	44	
Learner Health Inspectors	12	
Pest Control Operatives	25	
Administrative Assistants	2	
Typist	1	
Clerical Assistants	6	
Senior Storeman	1	
Motor Vehicle Driver	1	
Chalet Attendants	146	

Air Pollution Control		
Air Pollution Control Officer	B D OXLEY	ONC (Mech. Eng.) HNC(Elec.Eng.) C & G (Higher Fuel Tech.)
Pollution Control Inspectors	5	
Milk Control		
Senior Health Inspectors	3	
Professional Assistant	1	
Laboratory Assistant	1	
OTHER PERSONNEL		
Health Education Officer	T J HURTER	B.Sc, STD (Cape Town)
Health Education Lecturers	2	
Radiographers	4	
Principal Pharmacist	VACANT	
Pharmacist	VACANT	
Clinic Assistants	8	
Motor Vehicle Drivers	7	
Attendant Cleaners	9	
Domestics	45	
Labourer/Leading Hands	6	
Labourers	4	
Works Storeman	1	
Storekeeper	1	

SUBURBS OF GREATER CAPE TOWN



II SOCIAL GEOGRAPHY

SOCIAL AND ECONOMIC CONDITIONS

Economic conditions continued to improve in 1981 but were characterised by escalating prices for all basic commodities, which have reflected increases due to the escalation of petrol and transport costs. The wages of unskilled and semi-skilled labour have not increased proportionately and greater hardship has resulted.

The largest population group consists of Coloureds (59% of the total population). Their ancestors of the eighteenth century and earlier were mainly Europeans, Hottentots, Blacks from Mozambique, Madagascar and other parts of Africa, and East Indians from the Dutch East Indies. In more recent years they have received additions from White, Black and other stocks. There is one section of the Coloureds, Moslem in religion, known as 'Malays' who are more immediately descended from the Dutch East Indians. Though they possess a larger infusion of this strain, they are much mixed with other elements present in the Coloureds.

The social and economic conditions of the Coloureds are on the whole unsatisfactory. A section of Coloureds are skilled tradesmen who earn good wages but the majority are unskilled workers who earn on an average of less than R50,00 a week when in full employment. The position is aggravated by the large size of their families, and there is no compulsory insurance against sickness. Mitchells Plain has provided opportunities for home ownership but lack of rented accommodation has perpetuated overcrowding in existing townships. Housing accommodation apart from municipal schemes is relatively expensive and poor. The gap between the social conditions of the White community and the Coloured community remains; few Whites live in unsatisfactory conditions but the majority of Coloured families live in poor social and economic conditions.

The Black or Bantu group constitute only 12% of the Cape Town population. They live in the Peninsula Administration Board townships of Langa and Guguletu, or if in domestic service, in their employers' homes. Many of the Blacks are male migrant labourers from the Bantu homelands; but there is an increasing population of urbanised Blacks who are permanently resident in Cape Town and live here with their families. Their social and economic conditions are on the whole worse than those of the Coloured people.

The Asians total 12 650 in number. They are nearly all traders, and are better off than the Coloureds. Some of them are making good progress in business and are well-to-do.

Striking contrasts are presented by the vital statistics of the different races, which will be found in the next section of this report.

III VITAL STATISTICS

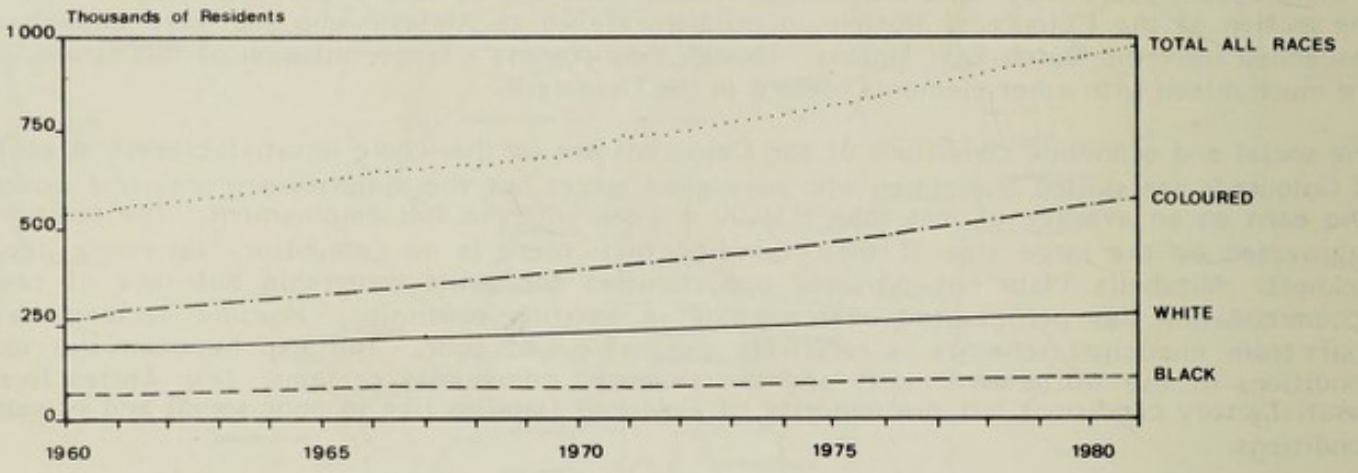
DEMOGRAPHIC DATA

(Summary data in Tables A and 111.2 Pages 101 and 102)

TOTAL POPULATION

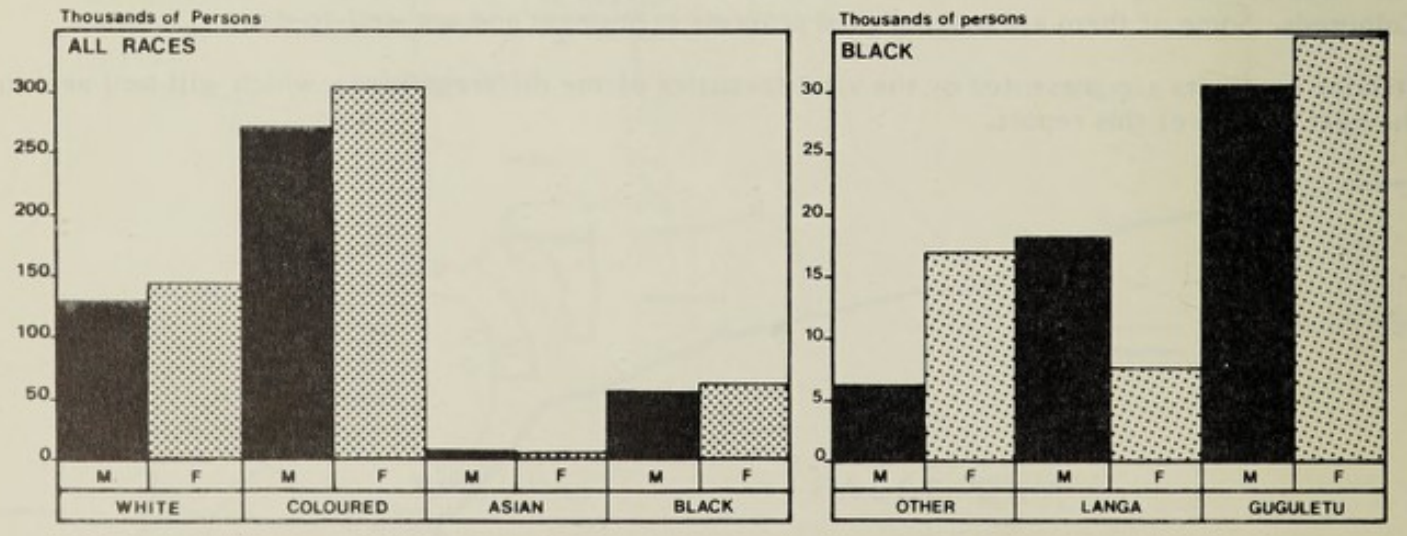
A national census was conducted on 1980-05-06 and although preliminary results are available these are not sufficiently detailed to allow for their use in this report. It is hoped to utilise this new data source in next year's report. Estimates of the population as at 1981-06-30 have been calculated using annual growth rates derived from the census of 1960 and that of 1970. These

Figure 3.1 POPULATION GROWTH OF THE CITY OF CAPE TOWN: 1960-1981



rates were 1,486% for Whites, 3,734%for Coloureds and 2,727% for Asians. The Black population has been estimated on the basis of figures supplied by the Administration Board but with upward adjustment to account for the large number of Black persons who must be present in the City

Figure 3.2 POPULATION OF THE CITY OF CAPE TOWN BY RACE AND SEX: 1981



unbeknown to the Board (this is borne out by the scrutiny of such parameters as the Langa fertility rate and tuberculosis incidence rates). The Board figures for 1981-12-31 were 16 702 males, 6 186 females for Langa and 39 650 males, 31 589 females for Guguletu, to give a total of 94 127 persons.

The total population estimate for 1981, at 973180, represents an 83% growth since 1960, most of which was due to growth in the size of the Coloured community (Table III.1 Page 101 and Figure 3.1.). The race and sex structure of the population is displayed in Figure 3.2 and detailed in Table III.2 Page 102.
Cape Town is thus nearly as populous as Birmingham, England (population 1,006,900).

POPULATION PYRAMIDS

Age - Sex Population Pyramids for the different race groups have not yet been compiled specifically for the Municipal area, but are displayed for 1980 for the whole of the 01 economic region, (which includes Cape Town, Bellville, Wynberg, Goodwood and Simonstown Magisterial districts) in Figure 3.3A. On this figure females account for 51,13 of the White 50,74 of the Coloured population, 49,71 of the Asian and 37,98 of the Black population groups.

Figure 3.3A POPULATION PYRAMIDS BY SEX AND FIVE YEAR AGE-GROUP INTERVALS BY RACE IN THE 01 ECONOMIC REGION (MAGISTERIAL DISTRICTS OF CAPE TOWN, WYNBERG, SIMON'S TOWN, GOODWOOD AND BELLVILLE

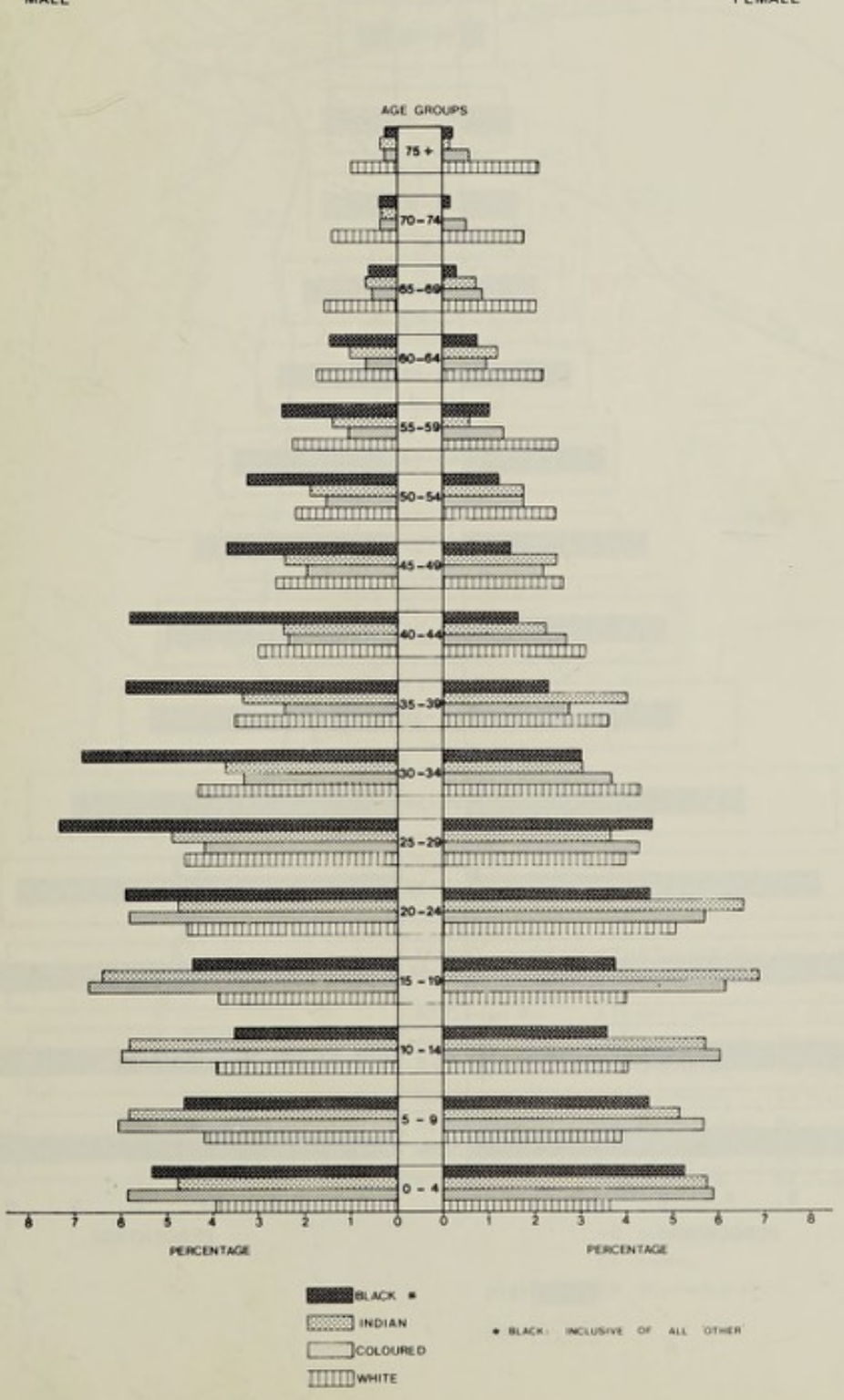
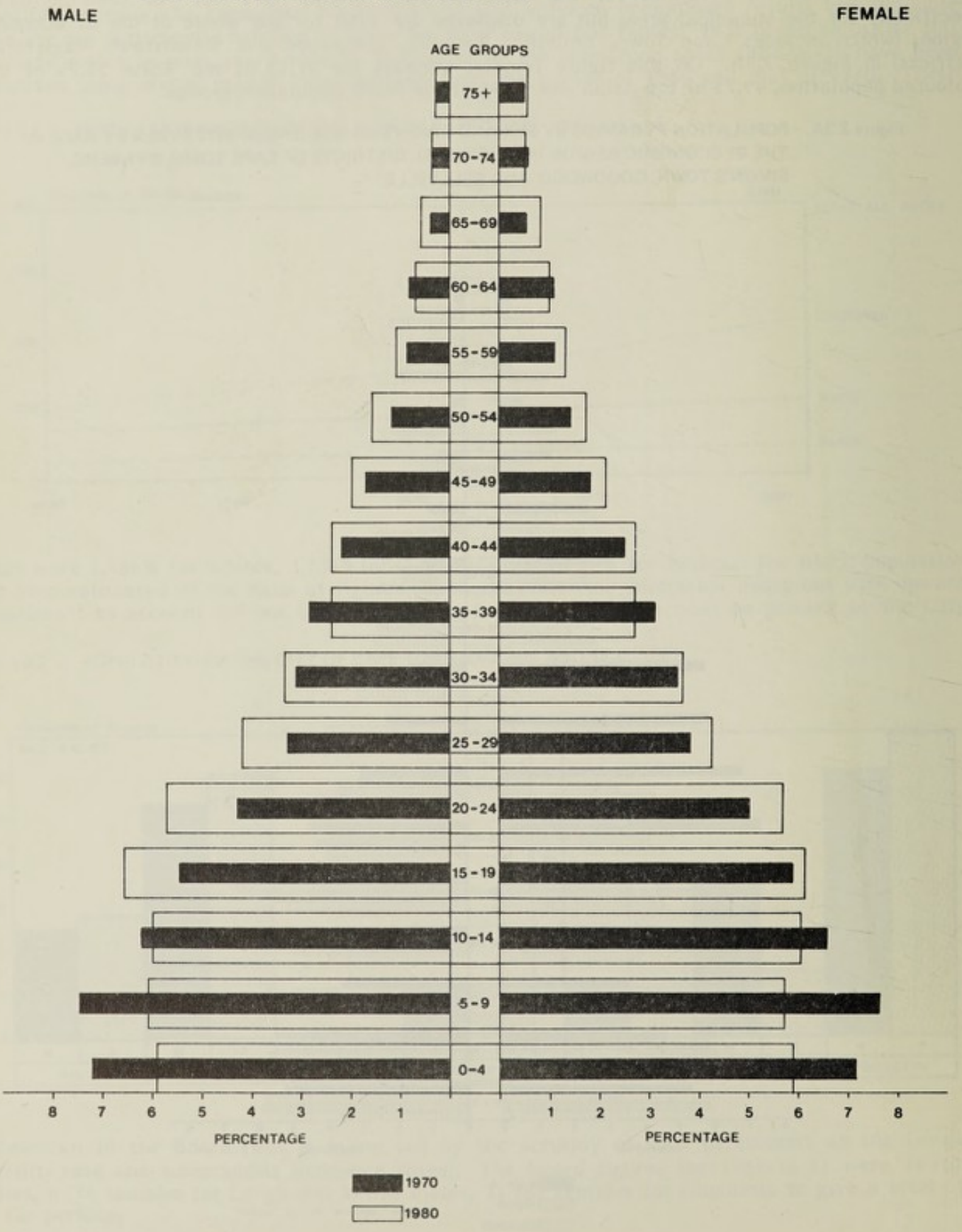
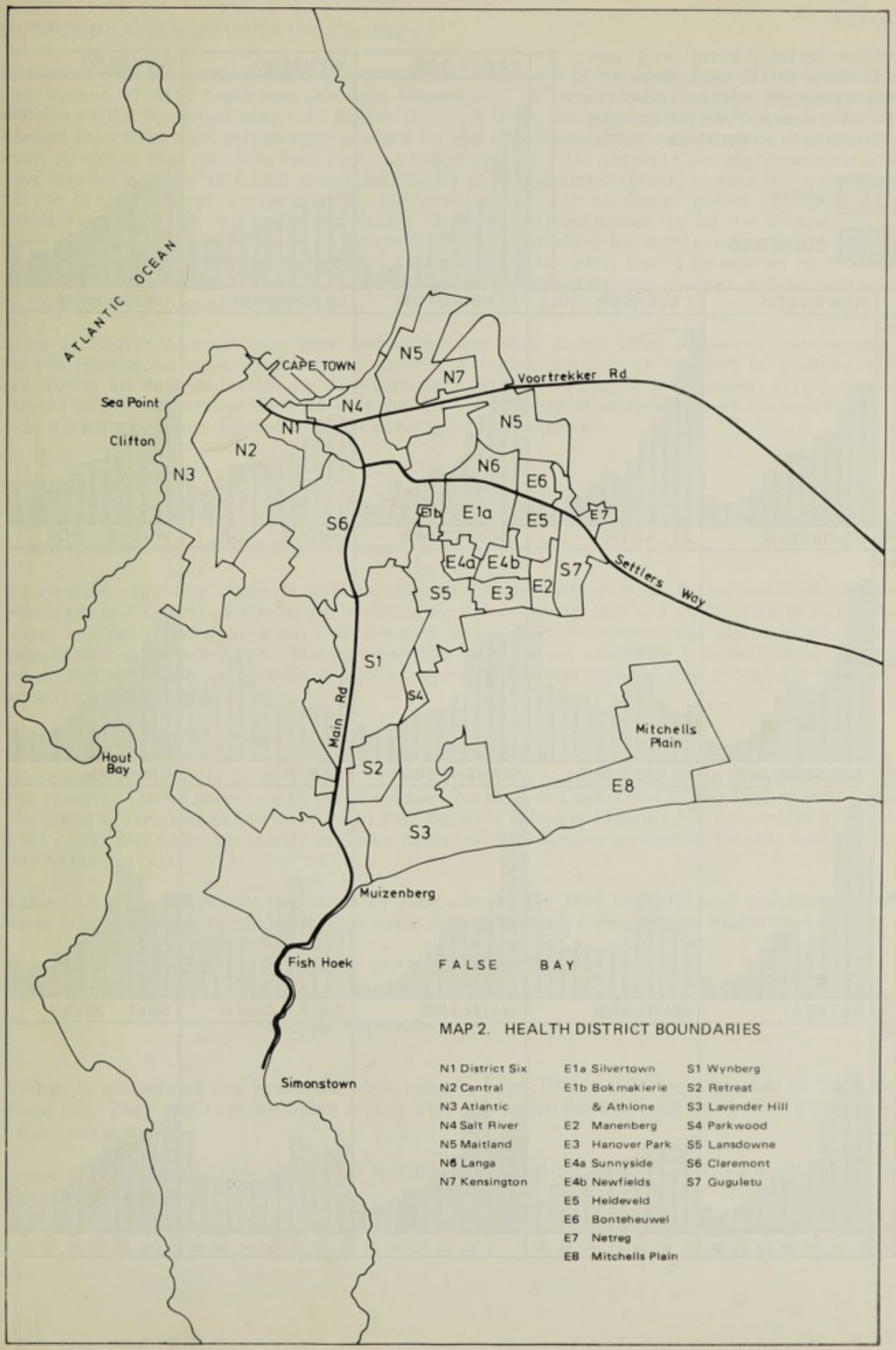


Figure 3.3B illustrates the changes in population pyramid form that have taken place over the decade 1970 - 1980 in the Coloured group.

Figure 3.3B POPULATION PYRAMIDS BY SEX AND FIVE YEAR AGE-GROUP INTERVALS FOR COLOUREDS IN THE 01 ECONOMIC REGION (MAGISTERIAL DISTRICTS OF CAPE TOWN, WYNBERG, GOODWOOD, SIMONSTOWN AND BELLVILLE) 1970 and 1980



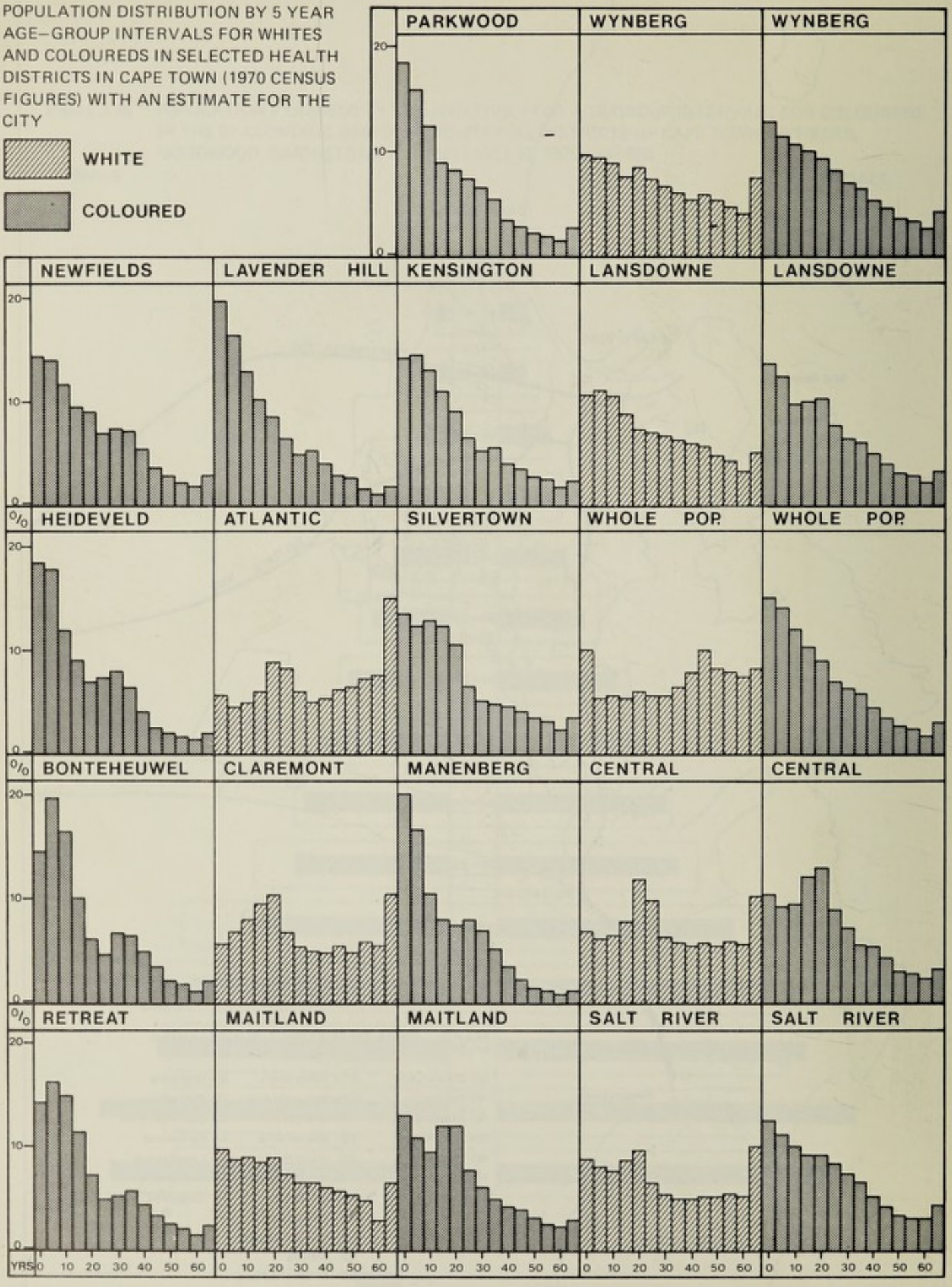


MAP 2. HEALTH DISTRICT BOUNDARIES

N1 District Six	E1a Silvertown	S1 Wynberg
N2 Central	E1b Bokmakierie & Athlone	S2 Retreat
N3 Atlantic	E2 Manenberg	S3 Lavender Hill
N4 Salt River	E3 Hanover Park	S4 Parkwood
N5 Maitland	E4a Sunnyside	S5 Lansdowne
N6 Langa	E4b Newfields	S6 Claremont
N7 Kensington	E5 Heideveld	S7 Guguletu
	E6 Bonteheuwel	
	E7 Netreg	
	E8 Mitchells Plain	

Figure 3.4

POPULATION DISTRIBUTION BY 5 YEAR AGE–GROUP INTERVALS FOR WHITES AND COLOUREDS IN SELECTED HEALTH DISTRICTS IN CAPE TOWN (1970 CENSUS FIGURES) WITH AN ESTIMATE FOR THE CITY



REORGANISATION OF DATA COLLECTION

In tandem with the establishment of a Comprehensive Health Service (see page 55) the basis for a new system of data collection has been blueprinted. In essence this involves the geographic division of the Municipal area into Health Districts (HD). In defining the boundaries of the HD certain objectives were set, namely to allow for the establishment of a data base with reasonable ease, to ensure that this data base could be relied upon to yield accurate and significant data, to take into account the technical resources (chiefly clinic buildings) extant, to take due cognisance of the preferences of the population domiciled therein for particular points of health care delivery, to base HD on Community Health Centres easily accessible to all the inhabitants, to allow for maximum utilisation of all groups of staff and to offer them maximum opportunity and to take natural and man-made boundaries into account (ultimately basing boundaries on those of census enumerator sub-districts of the 1970 census but accepting that changes will be necessary to follow the 1980 census delimitation).

Some 24 Health Districts have been delineated (see Map 2) and some preliminary demographic data in relation to some of them is presented in Figure 3.4 . It is intended to proceed with revision of all data collection so that pertinent data pertaining to their health status can be related to defined communities; so that the work of the health services can be evaluated and so that the effect of innovative measures can be accurately assessed.

BIRTHS

NOTIFICATION OF BIRTHS

Information regarding births is obtainable either from 'Registrations' made under the Births, Marriages and Deaths Act or from 'Notifications' made under the old Public Health Act. The latter are far superior in respect of this city and use of the former was discontinued by this Department some years ago. The value of the Notification procedure is widely recognised by other Public Health authorities and the necessity for maintaining this procedure has been emphasized on many occasions.

NOTIFIED LIVE BIRTHS AND BIRTH RATES

There were 144 more (+ 5,3%) White, 1089 more (+ 8,1%) Coloured, 381 more (+ 9,6%) Black and 108 fewer (- 42,4%) Asian live births to mothers resident in Cape Town during 1981 than in 1980. The trend in terms of actual numbers of such births is shown in Figure 3.5 which covers the years 1965 - 1981 (but which for clarity excludes Asian live births; these accounted for only 0,67% of all live births in 1981).

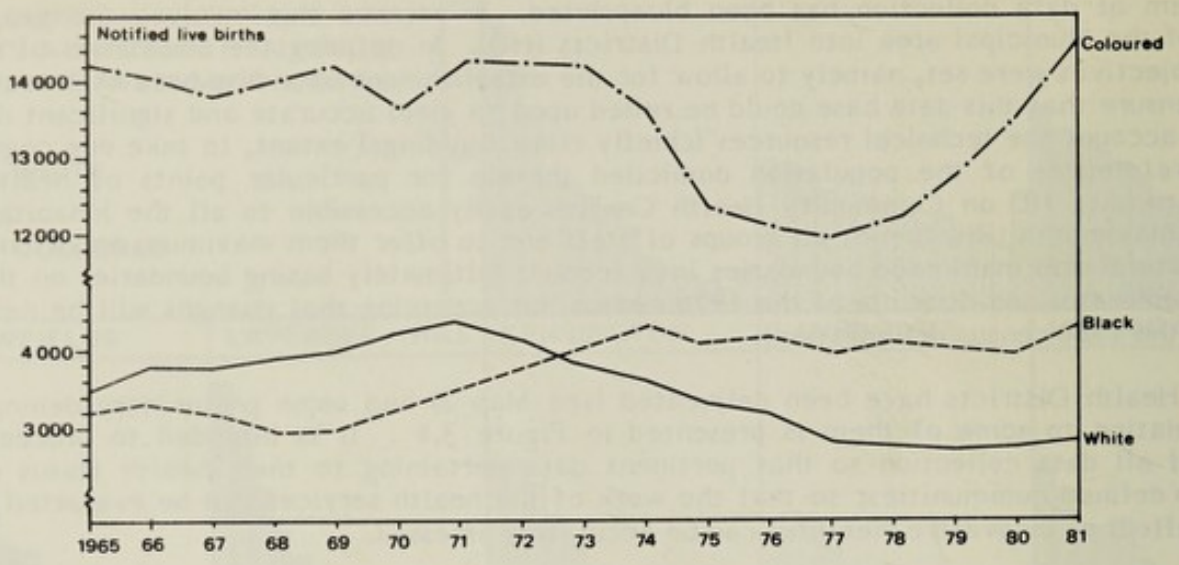
Table III.4 Page 103 details live births by race and sex for 1980 and 1981 and indicates that the Birth rates for Asians decreased slightly while that for Whites, Coloureds and Blacks rose slightly.

N B : birth rate (BR) = $\frac{\text{Number of live births during the year}}{\text{Midyear Population}} \times 1\,000$

Trends in numbers of live births and birth rates by race 1977 - 1981 are contained in Table III.5 Page 103. The Asian rate has fallen rapidly over this period but there are no obvious trends in the other race groups.

Langa and Guguletu : There were 4365 Notified live Black births in Cape Town during 1981, an increase of 9,6% from 1980.

Figure 3.5 THE NUMBER OF WHITE, COLOURED AND BLACK LIVE BIRTHS TO CAPE TOWN RESIDENTS NOTIFIED ANNUALLY FROM 1965-1981



Live Births are related to population for the different Cape Town Communities in Table III.6 Page 103 which shows that in 1981 the Black birth rate in Langa was 78/1000 population, that in Guguletu was 33,35 and that for other Blacks was 7,73. These figures cannot be directly compared with each other or with the other race group birth rates because of the gender imbalance in Langa.

FERTILITY RATES

Table III.7 Page 104 shows an attempt to determine the fertility rates for the various groups i.e. the number of Notified Live Births / 1 000 women in the child-bearing age group during 1981. The Langa fertility rate at 570,19 contradicts the official population figure. The Guguletu figure of 127,04 was much lower but still higher than Coloured Fertility and more than three times that of Whites.

STILL BIRTHS (SB) AND STILL BIRTH RATES (SBR)

The Still Birth Rate (SBR) (see Table III.8 Page 104) can be calculated with some certainty as it is not dependent on population data. It is an indicator of the quality of ante-natal care and of general health conditions. While the causes of all these stillbirths were not identified a paper by Woods and Draper (Woods, D.L. Draper, R.R. (1980) S.Afr. med J,57,441) revealed that abruptio placentae, gross amniotic fluid infection and severe congenital abnormality were the commonest autopsy findings in Cape Town. There was an increase in the SBR for Whites (from 5,5 to 7,3); for Coloureds (from 12,3 to 13,0); for Blacks (from 16,8 to 17,8) and Asians (from 0 to 6,8) in 1981 compared with 1980 - See Table III.8 Page 104. In addition to the 292 SB to municipal residents there were 87 such births to non-resident mothers notified to this Department in 1981 (compared to 251 and 71 in 1980).

$$\text{N B : SBR} = \frac{\text{Number of Still Births in the year}}{\text{Total live and still births in that year}} \times 1\,000$$

Langa and Guguletu : The Still Birth Rates for Langa and Guguletu were similar in 1980 and were some five times worse than that for Whites (Table III.9 Page 104).

MULTIPLE BIRTHS

There were 228 pairs of twins notified in 1981 (continuing an established trend). The twins are classified according to race and as to whether of the same or mixed sexes in Table III.10 Page 105.

PLACE OF OCCURRENCE OF BIRTHS/BIRTH ATTENDANTS

The trend for deliveries to take place in institutions continued in 1981 when 73% of live and still births to municipal residents were so classified (see Table III.11 Page 105). Of all live or still births notified irrespective of the residential status of the mother, 73% of deliveries took place in institutions (see Table III.12 Page 105).

LEGITIMACY

The percentage of all Live Births that were illegitimate was slightly lower in 1981 than in the previous year (see Table III.13 Page 106). The high percentage (75%) of births to teenage mothers that were illegitimate continues the established pattern in this regard and these births are classified by age and race of the mother in Table III.14 Page 106. The trend towards an ever higher percentage of illegitimate births over the past quarter century is shown in Table III.15 Page 106 although the 1981 figure at 38% of total live births was lower than the peak reached in 1979.

To place local illegitimacy in perspective it is interesting to compare the percentage of White and Black Live births that were illegitimate in Cape Town in 1981 (9,4% and 58,8% respectively) with figures for Whites and Blacks in Washington, United States of America in 1975 (12,9% and 57% respectively) +.

DEATHS

DEFINITIONS

"Uncorrected Deaths" - deaths registered during the year as having occurred in the Municipality of Cape Town, including inward transfers of deaths of municipal residents which took place outside the municipal area.
"Corrected Deaths" - deaths as above but minus the outward transfer of non-resident deaths which took place in the Municipality of Cape Town.

N B : All the following Rate fractions are multiplied by 1 000.
"Crude death Rate" = Number of deaths during the year ÷ Mid-year Population.
"Infant mortality Rate" (IMR) = Number of deaths of infants aged less than 1 year in the year ÷ Total live births in that year.
"Perinatal mortality Rate (PMR) = Number of still births and deaths of infants aged less than one week during the year ÷ Total live and still births during that year.
"Early Neonatal Mortality Rate" = Number of deaths of neonates aged under 7 days during the year ÷ Total live births in that year.
"Late Neonatal Mortality Rate" = Number of deaths of neonates aged 7-28 days ÷ Total live births in that year.
"Post-neonatal Mortality Rate" = Number of deaths of infants aged over 28 days but less than one year during the year ÷ Total live births in that year.

Deaths registered in 1981 may have taken place in 1980 and some deaths taking place in 1981 were not registered in that year so are not included in the total.

Information pertaining to Deaths is extracted from the records of, and by courtesy of, the Minister of the Interior.

The validity of the data as to cause of death can be questioned on a number of grounds e.g. - (a) most cases are not subjected to post-mortem and the diagnosis made is thus a clinical one; (b) even where the medical practitioner is confident of the clinical diagnosis the certificate may be difficult to read or interpret, it may give unclassifiable causes of death or it may give more than one cause of death with no indication of which one the doctor considered the actual cause of death; (c) even where the actual cause of death is known and stated it is often arguable whether or not an underlying or precipitating cause of that condition should be regarded as the cause of death; (d) the grouping of certain International Classification of Diseases Code numbers in classifying causes of Deaths follows a traditional and arbitrary pattern - it is intended to review this in future reports; (e) it should be noted that mortality figures for the City of Cape Town cannot always include all deaths of Municipal residents which occur outside the Municipal area.

+US National Centre for Health, reported in the Cape Times 1976-11-12.

Unless production of these annual reports was delayed by at least six months it is not expected that all data relating to deaths occuring in a particular year will have filtered through to this Department, hence it is not possible to classify deaths by the month in which they occurred but only by the month in which the registration became known to this Department (it is hoped that retrospective analysis of the actual time of death of several thousand persons may be possible and should provide the first reliable indication of seasonal trends published for Cape Town). Age-sex-cause-specific data is not presented owing to the lack of current demographic data, once again it is a future goal of this Department to refine crude data to such levels.

GENERAL MORTALITY

NUMBER OF DEATHS AND CRUDE DEATH RATE

There was an increase in the crude death rate for all race groups compared with the previous year (see Table III.16 Page 107) but no clear trend emerges over the past five years (see Table III.17 Page 107).

On the face of it, it would appear as if the death rates for Blacks are not all that different from Whites. However, crude death rates are not reliable health indicators as they do not reflect the age structure of a population. Older persons are naturally expected to die, children not. Yet the Black population consists largely of children and economically active adults whereas the White group has far fewer children and many more retired persons. (See Standardised Death rates page 26). The large number of deaths in very young Blacks is discussed in the following section.

Langa and Guguletu : Crude Death Rates are given in Table III.16 Page

DEATHS BY AGE AT DEATH

The age at death is Tabulated in Table III.18 Page 107 but age specific death rates cannot be calculated without the denominator (population in each age group), which is not available. The percentage of all deaths occurring at age 55 years or more is a health indicator because it rises as more babies survive to such ages. Figure 3.6 details the percentage of all deaths occurring at age 55 years or more for the different race groups over the past ten years and in general there is a satisfactory rising trend in this regard. However the percentage of Blacks dying at or over 55 years remains lower than for Coloured which in turn is lower than that for Whites. There was little change in 1981 compared with 1980. Mortality in the very young is discussed in greater detail on page 27.

PRINCIPAL CAUSES OF DEATH

Causes of death have been coded according to the 9th Edition of the International Classification of Diseases. The principal 'causes' of mortality (groups of causes) are detailed in Figures 3.7, 3.8 and 3.9.

HOMICIDE

There was a shocking increase in the number of homicides (code 960-969) to 154 Blacks, 250 Coloureds, 9 Whites and 3 Asians. Homicide ranked second in the Blacks and fifth as a cause of Coloured death.

'CANCER'(malignant neoplasms, including those of lymphatic and haemopoeitic tissue, according to the 9th Edition I C D) deaths totalled 1128 (481 Whites, 476 Coloureds, 4 Asian and 167 Black) in 1981. For the first time this was the leading cause of death in all race groups except Asians. These are detailed in Table III.19 Page 108. Neoplasms of the lungs and trachea are detailed in Tables III.20 and III.21 Page 108. There was a decrease in incidence compared with 1980. Over the past five years an average of 11% of pulmonary cancer deaths in White males occurred in persons aged less than 55 years and 89% in persons aged 55 years or more. The comparable figures for the combined Coloured/Black/Asian group were 34% under 55 years 66% 55 years or more.

Certain causes of death are classified more precisely by race in Table III.22 Page 109 and the ratios between infectious and degenerative diseases can be seen to be quite different in the White group to the Black and Coloured Group in this Table.

Figure 3.6 PERCENTAGE OF ALL DEATHS OCCURING IN PERSONS AGED 55 YEARS OR MORE 1971-1981

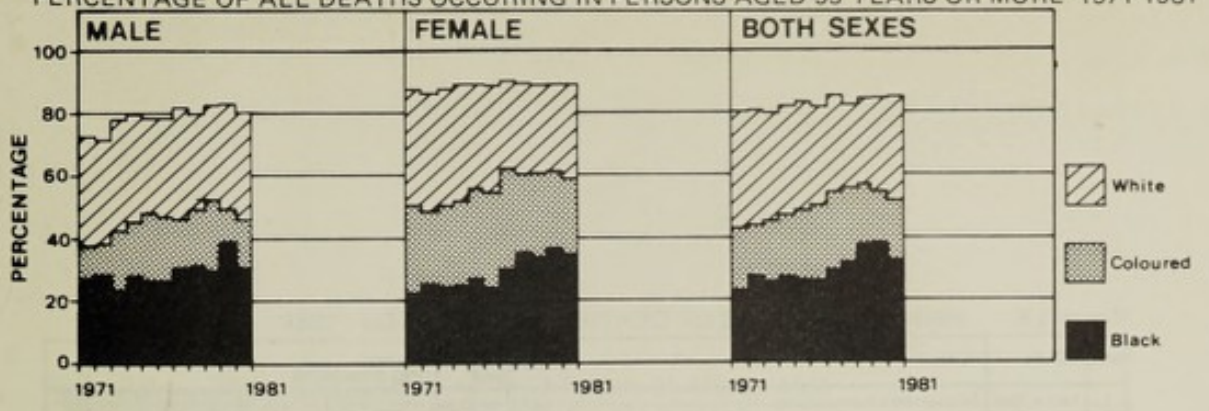


Figure 3.7 PRINCIPAL CAUSES OF DEATHS IN WHITES: 1981

Rank	Code	Cause	Deaths	Proof Total	Rate per 1000 population
1	140 - 208	Malignant Neoplasms	479	20	1,75
2	410 - 414	Ischaemic heart disease	453	19	1,66
3	780 - 799	Symptoms, Signs and ill defined conditions	408	17	1,49
4	430 - 438	Cerebrovascular disease	209	9	0,77
5	420 - 429	Other forms of heart disease	150	6	0,55
6	480 - 486	Pneumonia	89	4	0,33
7	490 - 496	Chronic obstructive pulmonary disease	87	4	0,32
8	810 - 829	Motor Vehicle accidents	64	3	0,23
9	580 - 629	Diseases of the Genito-urinary system	41	2	0,15
10	440 - 448	Diseases of arteries, arterioles and capillaries	37	2	0,14
11	570 - 579, 609	Other diseases of digestive system	35	1	0,13
12	880 - 888	Accidental falls	32	1	0,12
13	401 - 405	Hypertensive disease	31	1	0,11
14	510 - 519	Other diseases of respiratory system	28	1	0,10
15	740 - 779	Peri-natal mortality	25	1	0,09
15	950 - 959 979	Suicide	25	1	0,09
17	038	Septicaemia	24	1	0,09
18		All other accidents	19	0,8	0,07
19	415 - 417	Diseases of pulmonary circulation	17	0,7	0,06
20		All other causes	14	0,6	0,05
21	250	Diabetes mellitus	13	0,5	0,05
22	910	Accidental drowning	11	0,5	0,04
23	530 - 538	Diseases of oesophagus, stomach and duodenum	10	0,4	0,04
24	960 - 969	Homicide	9	0,4	0,03
24	340 - 349	Other disorders of the central nervous system	9	0,4	0,03
26	451 - 459	Diseases of veins and lymphatics, and other disease of circulatory system	8	0,3	0,03
27		Other infectious and parasitic diseases	8	0,3	0,03
28	004,5,6,8,9 555,6,8	Dysentery and gastro enteritis	6	0,3	0,02
28	557	Vascular, insufficiency of intestine	6	0,3	0,02
30	560 - 569	Other diseases of intestines and peritoneum	5	0,2	0,02
30	330 - 337	Hereditary and degenerative diseases of central nervous system	5	0,2	0,02
32	980 - 989	Injury undetermined whether accidentally or purposely inflicted	4	0,2	0,01
32	011	Pulmonary tuberculosis	4	0,2	0,01
34	350 - 359	Disorders of peripheral nervous system	3	0,1	0,01
34	390 - 398	Chronic rheumatic heart disease	3	0,1	0,01
34	303	Alcohol dependence syndrome	3	0,1	0,01
34	487	Influenza	3	0,1	0,01

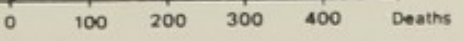


Figure 3.8 PRINCIPAL CAUSES OF DEATHS IN COLOUREDS : 1981

Rank	Code	Cause	Deaths	% of Total	Rate per 1000 population
1	140 – 208	Malignant Neoplasms	472	14	0.82
2	410 – 414	Ischaemic heart disease	363	11	0.63
3	780 – 799	Symptoms, Signs and ill defined conditions	323	9	0.56
4	430 – 438	Cerebrovascular disease	302	9	0.53
5	960 – 969	Homicide	250	7	0.44
6	810 – 829	Motor Vehicle accident	226	7	0.39
7	420 – 429	Other forms of heart disease	205	6	0.36
8	480 – 486	Pneumonia	179	5	0.31
9	74C – 779	Peri-natal mortality	165	5	0.29
10	490 – 496	Chronic obstructive pulmonary disease	112	3	0.20
11	401 – 405	Hypertensive disease	103	3	0.18
12	011	Pulmonary tuberculosis	65	2	0.11
13	580 – 629	Diseases of the Genito-urinary system	63	2	0.11
14	320 – 359	Diseases of Nervous System	55	2	0.10
15	570 – 579 609	Other diseases of digestive system	48	1	0.08
16	510 – 519	Other diseases of respiratory system	46	1	0.08
17	250	Diabetes mellitus	44	1	0.08
18	038	Septicaemia	43	1	0.07
19	800 – 807	Railway accidents	38	1	0.07
20	415 – 417	Diseases of pulmonary circulation	34	1	0.06
21	880 – 888	Accidental Falls	33	1	0.06
21		All other accidents	33	1	0.06
23	890 – 899	Accidents caused by fire and flames	23	0.7	0.04
24	910	Accidental drowning	21	0.6	0.04
24	440 – 448	Diseases of arteries, arterioles and capillaries	21	0.6	0.04
26	950 – 959 970 972	Suicide	17	0.5	0.03
26	004-5,8,8-9 555-6,8	Dysentery and gastro enteritis	17	0.5	0.03
26		Other diseases	17	0.5	0.03
29	530 – 537	Diseases of oesophagus, stomach and duodenum	13	0.4	0.02
30		Other infectious and parasitic diseases	10	0.3	0.02
30	980 – 989	Injury undetermined if accidental or purposely inflicted	10	0.3	0.02
32	036	Meningococcal infections	9	0.3	0.02
33	390 – 398	Chronic Rheumatic heart disease	8	0.2	0.01
34	303	Alcohol dependence syndrome	7	0.2	0.01
34	560 – 569	Other diseases of intestines and peritoneum	7	0.2	0.01
36	451 – 459	Diseases of veins and lymphatics and other disease of circulatory system	5	0.1	0.01
36	970 – 978	Legal intervention	5	0.1	0.01
38	500 – 509	Pneumoconioses and other lung disease due to external agent	4	0.1	0.01
38	260 – 269	Nutritional deficiencies	4	0.1	0.01
38	270 – 279	Other metabolic disorders and immunity disorders	4	0.1	0.01
41	235 – 238	Neoplasms of uncertain behaviour	3	0.1	0.01
41	487	Influenza	3	0.1	0.01
41	055	Measles	3	0.1	0.01

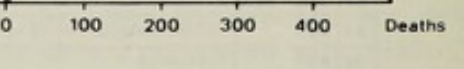
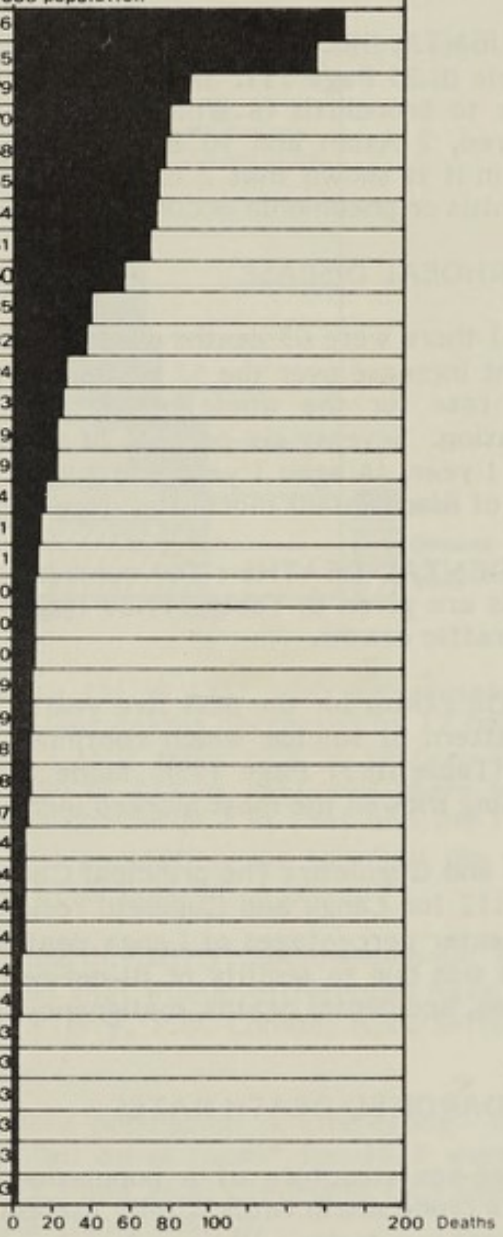


Figure 3.9 PRINCIPAL CAUSES OF DEATHS IN BLACKS: 1981

Rank	Code	Cause	Deaths	% of Total	Rate per 1000 population
1	140 - 238	Malignant Neoplasms	167	14	1,46
2	960 - 969	Homicide	154	13	1,35
3	480 - 486	Pneumonia	90	8	0,79
4	740 - 779	Peri-natal mortality	80	7	0,70
5	011, 018	Pulmonary and miliary tuberculosis	77	7	0,68
6	780 - 799	Symptoms, signs and ill defined condition	74	6	0,65
7	810 - 829	Motor Vehicle accidents	73	6	0,64
8	430 - 438	Cerebrovascular disease	70	6	0,61
9	420 - 429	Other forms of heart disease	57	5	0,50
10	004 5 6 8 9 555 6 8	Dysentery and gastro enteritis	40	3	0,35
11	490 - 496	Chronic obstructive pulmonary disease	37	3	0,32
12	580 - 629	Diseases of Genito-Urinary system	27	3	0,24
13	570 - 579, 609	Other disease of digestive system	26	2	0,23
14	800 - 807	Railway accident	22	2	0,19
14	401 - 405	Hypertensive disease	22	2	0,19
16	410 - 414	Ischaemic heart disease	16	1	0,14
17	038	Septicaemia	13	1	0,11
18	320 - 326	Inflammatory disease of central nervous system	12	1	0,11
19	250 - 259	Diseases of other endocrine glands	11	1	0,10
19	510 - 519	Other diseases of respiratory system	11	1	0,10
19		Other diseases	11	1	0,10
22	260 - 269	Nutritional deficiencies	10	0,8	0,09
22		All other accidents	10	0,8	0,09
24	880 - 888	Accidental falls	9	0,8	0,08
24	415 - 417	Diseases of pulmonary circulation	9	0,8	0,08
26	890 - 899	Accidents caused by fire and flames	8	0,7	0,07
27	345	Epilepsy	5	0,4	0,04
27	980 - 989	Injury undetermined if accidental or purposely inflicted	5	0,4	0,04
27	910	Accidental drowning	5	0,4	0,04
27	860 - 869	Accidental poisoning by other solid and liquid substances, gases and vapour	5	0,4	0,04
31	005	Measles	4	0,3	0,04
31		Other infectious and parasitic diseases	4	0,3	0,04
33	330 - 337	Hereditary and degenerative diseases of the central nervous system	3	0,3	0,03
33	390 - 398	Chronic Rheumatic heart disease	3	0,3	0,03
33	036	Meningococcal Infection	3	0,3	0,03
33	012 - 017	Tuberculosis, other forms	3	0,3	0,03
33	440 - 448	Disease of arteries, arterioles and capillaries	3	0,3	0,03
33	970 - 978	Legal intervention	3	0,3	0,03



ISCHAEMIC HEART DISEASE deaths have changed but little over a five year period in White females and Coloureds (see Table III.23 Page 110), but there has been a constant slight decrease in White male death rates due to this cause since 1978.

TUBERCULOSIS mortality and that due to other Notifiable Conditions are discussed in Section VI (Page 73).

Mortality due to NON-NOTIFIABLE COMMUNICABLE DISEASES is an important index of the priority to be attached to these conditions, as their morbidity is hard to quantify.

MEASLES deaths over the ten years 1972-1981 are detailed in Table III.24 Page 110. In 1981 there were only 7 deaths (3 Coloured and 4 Black) compared with 19 deaths (6 Coloured, and 13 Black) in the previous year. The havoc wrought by this often underestimated childhood disease is a spur to continued preventive efforts (see page 82).

INFLUENZA, BRONCHITIS, AND PNEUMONIA mortality over the ten years 1972-1981 is detailed in Table III.25 Page 111. In 1981 there were 6 deaths due to influenza (3 Whites and 3 Coloureds) 27 due to bronchitis (6 White, 19 Coloured, and 2 Black) 360 due to pneumonia (89 White, 179 Coloured, 2 Asian and 90 Black). The importance of age is detailed in Table III.26 Page 111 wherein it is shown that 2 of the White, 42 of the Coloured and 39 of the Black deaths due to bronchitis or pneumonia occurred in infants aged less than one year.

DIARRHOEAL DISEASE

In 1981 there were 63 deaths due to these diseases (6 White, 17 Coloured, and 40 Black) which was a slight increase over the 57 registered in 1980 (2 White, 30 Coloured 1 Asians and 24 Black). The death rate for the whole population in 1981 due to diarrhoeal disease was 6,47 per 100 000 population. Seventy six percent of these deaths occurred in children under the age of 5 years (32 under 1 year, 14 aged 1 year and 2 aged 2 to 4 years) and the diarrhoeal diseases remained a prime cause of Black infant mortality. (see page 29 Table III.27 Page 111 and Figure 3.15).

ACCIDENTAL DEATHS : The number of accidental deaths rose from 323 in 1980 to 636 in 1981. Details are given in Table 111.29 Page 112 but the rise was largely due to the 160% increase in road traffic deaths.

SUICIDE : Data for the past five years (Table III.30 Page 112) does not show any marked change in the pattern of suicide which continues to affect particularly males and the 24-44 year old age group (Table III.31 Page 113). Mode of suicide adopted is given in Table III.32 Page 113. Drug poisoning showed the most marked increase.

Langa and Guguletu : The principal Causes of General Mortality in 1981 are detailed in Table III.28 Page 112 for Langa and Guguletu residents. Pulmonary Tuberculosis and Hypertension, accounted for greater percentages of Langa deaths than in Guguletu. A greater percentage of all Guguletu deaths was due to senility or ill-defined causes, other heart diseases, pneumonia, cerebrovascular diseases, accidental deaths, malignancy, perinatal mortality, homicide and gastro enteritis.

STANDARDISED DEATH RATES

The age-sex structure of a population has a profound effect on its mortality experience and renders crude death rates totally useless for comparative purposes. More detailed analysis of the Municipal population will be undertaken for future Annual Reports but as an example of the use of such statistics the Standardised Death Rates for White and Coloured males were calculated using the age-sex distribution illustrated in Figure 3.3 (1970 Census data) to calculate the population in the age groups 0-4; 5-24; 25-64 and 65 or more years. The Deaths occurring in these age groups in 1976 were then used to calculate death rates therein and the population and crude death rate of the population of England and Wales in 1968 were used as the standard.

Whereas the crude death rates reveal that White males suffer a mortality of 9,6/1 000 per year and Coloured males only 8/1 000 per year the Standardised death rate for Whites was barely half that for Coloureds, i.e. 11,9/1 000 as opposed to 22,3/1 000. The "comparative mortality factors" calculated from these rates (using a standard crude death rate of 12,4/1 000) were Whites 960 and Coloureds 1798. When more reliable demographic data becomes available it is anticipated that standardised Mortality Rates will be calculated to a much greater extent, hopefully after the 1980 census.

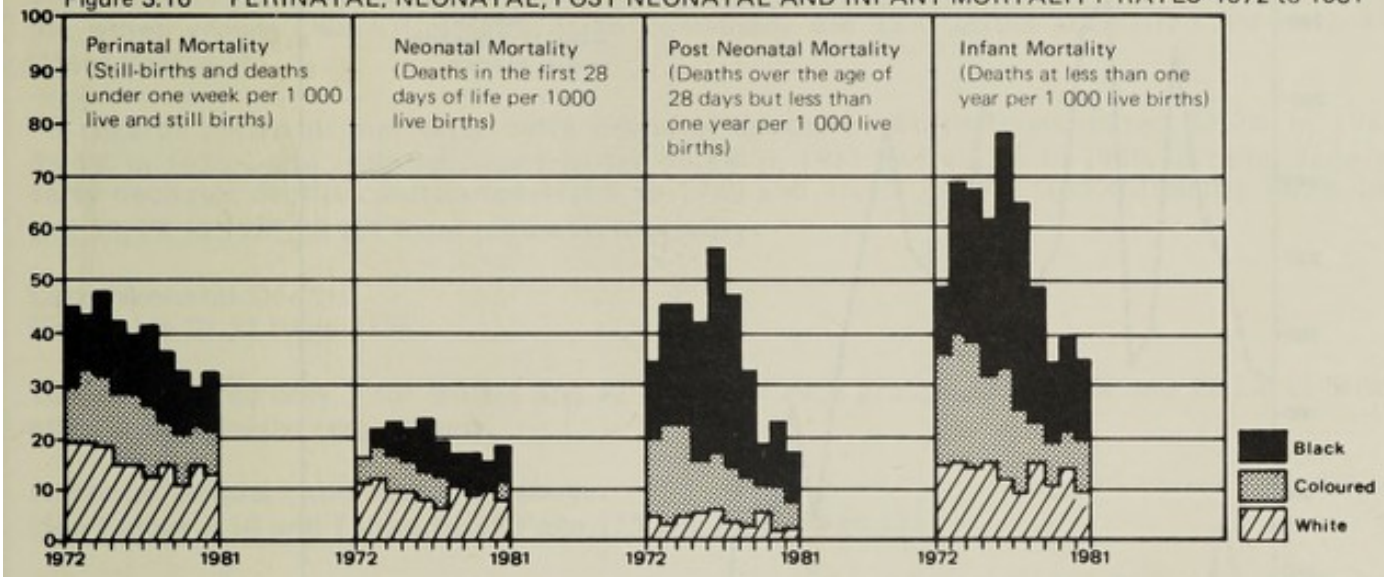
Mortality in the very young is a sensitive index of the efficacy of health services and the health status of communities and is therefore discussed as a special entity in this section of the report.

Deaths in various age groups are detailed in Table III.18 Page 107 which includes data relating to children of pre-school and schoolgoing ages but this section of the report concentrates on deaths occurring before the age of one year, i.e. deaths occurring in infants.

NUMBER OF INFANT DEATHS AND INFANT MORTALITY RATES (MR) IN GENERAL
(see Tables III.2 Page 102, III.8 Page 104, III.33 Page 113, III.34 Page 114, III.41 Page 121 and Figs. 3.10 and 3.11).

The overall decline in the Black and Coloured infant mortality rates over the past decade gives cause for great satisfaction and is a reflection of the high standard of Maternal and Child Care in the City.

Figure 3.10 PERINATAL, NEONATAL, POST NEONATAL AND INFANT MORTALITY RATES 1972 to 1981



Black infant deaths decreased (by 0,66%) from 152 in 1980 to 151 in 1981 with a corresponding decrease in the I M R from 38 in 1980 to 35 in 1981. White infant deaths decreased by 12 from 35 in 1980 to 27 in 1981 with a corresponding decrease in the I M R from 12,8 in 1980 to 9,4 in 1981. Coloured infants deaths rose by 2,6% from 266 in 1980 to 273 in 1981, but there was a decrease in the I M R from 19,8 to 18,8. Asian infant deaths numbered 3 in 1981 and the I M R increased from 17,8 to 20,4. However as the numbers of this population are so small the rates cannot be regarded as comparable in validity to those for the other population groups.

Although many factors apart from race (maternal age, health, parity, socio-economic class, culture and diet) can influence perinatal mortality it is noted that ethnic differences have been highlighted in Birmingham, United Kingdom by Terry et al (Terry, P.B. Condie, R.G. Settatree, R.S. (1980) Brit. Med. J. 281, 1307).

Comparison with 6 major American cities of 500,000 or more population is interesting - infant mortality rates (U.S. Classification for "Whites" and then "all other races" for 1978 were for Kansas City 16,7 and 38,9; St. Louis 13 and 28,8; Chicago 15,3 and 26,6; Cleveland 14,5 and 25,7 (Source National Centre for Health Statistics, Hyattsville, Maryland, U.S.A.).

Infant Mortality Rate data over the past few decades (Fig. 3.11) reveals the value of Early Notification of Births and the total inadequacy of Registered births as sources of the denominator. The fall in coloured I M R since 1963 is revealed as being at a faster rate than the fall in the White I M R and in both cases the fall is closely correlated with the passage of time. The dangers of predicting the future by means of trend lines are well known, nevertheless Fig. 3.11 indicates that I M R for all races are due to reach equivalence in the near future.

The Infant Mortality experienced in Cape Town is discussed below in relation to the age at death, the season (month) in which deaths were registered, the principal causes of death, the association with illegitimacy and the place of death.

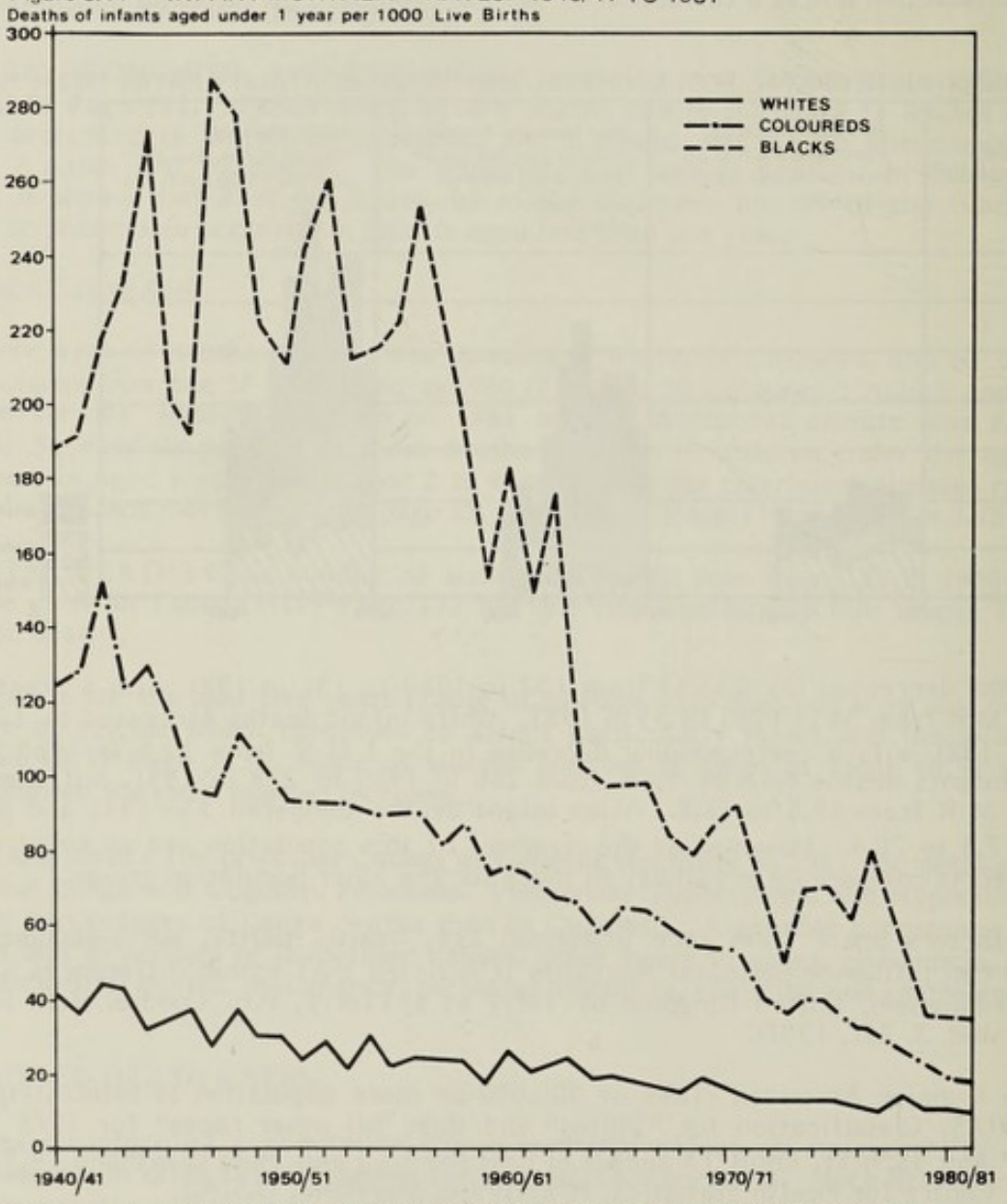
Langa and Guguletu : Infant Mortality - This is a combination of neonatal and post-neonatal mortality and is universally accepted as a reliable indicator of the health status of a community. The 1981 Langa rate of 27,4 compares favourably with that of 34,4 for the previous year and with the Guguletu rate of 41,2 but unfavourably with the White rate of 9,4. The Guguletu rate also compares favourably with that of 42,8 for the previous year.

AGE AT DEATH

(see Table III.35 Page 115 and Figure 3.6)

The usefulness of distinguishing between death rates at different ages lies in the ability to pinpoint causes which can be avoided - those causes being likely to differ as the child ages and is exposed to different hazards.

Figure 3.11 INFANT MORTALITY RATES: 1940/41 TO 1981



NOTE: 1. Rates based on Registered Births until 1963 and from then based on Notified Births
2. Data collection changed from "mid-year" to "calendar year" between 1955 and 1956

PERINATAL MORTALITY

This is usually regarded as an index of the quality and the use made of Ante-natal, Obstetric and Neonatal care services, as it embraces both stillbirths and deaths of infants under one week of age; when factors relating to ante-natal care and to the delivery and immediate post-partum period can be expected to have the most effect. (See Tables III.41 Page 121, III.42 Page 122). (Still births were discussed on page 20).

Perinatal Mortality in Whites fell (being 13,1 in 1980 and 12,8 in 1981), but rose for Coloureds (20,9 to 21,4), Asians (4,4 to 13,5) and Blacks (28,9 to 32,2).

Table III.42 Page 122 shows perinatal, neonatal and post-neonatal mortality over a five year period for Whites and other race groups.

Langa and Guguletu : Perinatal Mortality (PNM) - This was similar in both Langa and Guguletu but was about three times as high as that for Whites. (Table III.41 Page 121).

NEONATAL DEATHS

The neonatal period embraces the first 28 days of life and may be further subdivided into early (less than 7 days of life) and late (7-28 days) periods.

Early Neonatal Deaths

These are detailed on Table III.35 Page 115.

In whites the 16 early neonatal deaths accounted for 59% of all deaths under one year while for the other groups (Black/Coloured/Asian combined) the 189 deaths accounted for only 44% of infant deaths.

As regards perinatal mortality early neonatal deaths in Whites contributed 43,2% in 1981 and 59,5% in 1980 while stillbirths contributed 56,8% in 1981 and 40,5% in 1980; in other race groups early neonatal deaths contributed 41,1% in 1980 and 41,1% in 1981 and stillbirths 58,9% in 1980 and 58,9% in 1981 of the total perinatal mortality.

Late Neonatal Deaths
(See Table III.35 Page 115)

These numbered only 5 for Whites and 52 for other race groups, i.e. 18,5% and 12,2% of White and other infant deaths respectively.

Neonatal Deaths - combining the above.
(See Figure 3.10 and Tables III.35 Page 115 and III.41 Page 121)

There was a decrease in the White neonatal mortality from 26 deaths in 1980 to 21 deaths in 1981 corresponding to a decrease in the neonatal mortality rate from 9,5 to 7,3. The number of Black deaths (78) increased by 13 and the neonatal mortality rate from 16,3 to 17,9 from 1980 to 1981. Asian deaths (2) decreased and the rates increased from 13,3 to 13,6 while Coloured deaths rose from 143 to 161 and the rates from 10,6 to 11,1.

Langa and Guguletu : Neonatal Mortality - The position of Langa and Guguletu Blacks vis-a-vis one another and the Whites show a similar picture to Perinatal Mortality (see Table III.41 Page 121).

POST-NEONATAL DEATHS
(From one month but under one year of age).
(See Table III.35 Page 115 and Figure 3.10).

Ideally, health services and socio-economic conditions should be such that mortality in this period is minimal. The hazards of delivery and the postpartum period are past, the waning of maternal immunological protection should be parallelled by a programme of active artificial immunisation and in general only "unavoidable" causes of death should operate. This situation is approached for the White group where in 1981 there were only 6 such deaths (a rate of 2,1 per 1 000 live births). The Coloured infants however suffered 112 deaths (compared with 123 in 1980) with a rate of 7,7 in 1981 compared with 9,1 in 1980. The Black group experienced 73 deaths (compared with 87 in 1980 - with a decrease in the death rate from 22 in 1980 to 17 in 1981. The causes of Black and Coloured deaths are discussed below but probably two thirds of them were 'avoidable' (see Table III.35 Page 115).

DEATHS BY SEASON

The same problems with data collection discussed on page 21 apply.

PRINCIPAL CAUSES OF INFANT MORTALITY
(see Tables III.35 Page 115, III.38 Page 119, and Figures 3.12, 3.13 and 3.14).

Figure 3.12 PRINCIPAL CAUSES OF INFANT MORTALITY IN WHITES: 1981

Rank	Code	Cause	Death	% of Total
1	765, 769	Prematurity and respiratory distress syndrome	12	44
2	740-759	Congenital malformations	6	22
3	772	Fetal and neo-natal haemorrhage	2	7
4	033	Whooping cough	1	4
5	038	Septicaemia	1	4
5	466,490 491	Bronchitis	1	4
5	320-322	Meningitis	1	4
5	770	Other respiratory conditions of fetus and newborn	1	4
5	762	Fetus or newborn affected by complications of placenta, cord and membranes	1	4
5	798-799	Cause unknown	1	4
		All causes	27	

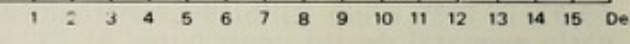
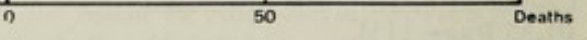


Figure 3.13 PRINCIPAL CAUSES OF INFANT MORTALITY IN COLOUREDS: 1981

Rank	Code	Cause	Death	% of Total
1	765-769	Prematurity and Respiratory distress syndrome	96	35
2	740-759	Congenital Malformations	36	13
3	798-799	Cause unknown	31	11
4	480-486 466 490-491	Bronchitis and Pneumonia	25	9
5	768	Intra-uterine hypoxia and birth asphyxia	15	6
6		Other miscellaneous causes	14	5
7	009-558	Gastro-enteritis	9	3
7	038	Septicaemia	9	3
9	320-322	Meningitis	6	2
10		Other diseases of early infancy	5	2
11	036	Meningococcal infection	4	2
12	429	Ill-defined heart disease	3	1
12	767	Birth injury	3	1
12	055	Measles	3	1
12	770	Other respiratory conditions of fetus and newborn	3	1
12	777	Peri-natal disorders of digestive system	3	1
17	810-829	Motor vehicle accidents	2	0,7
17		Other accidents	2	0,7
17	090	Syphilis	2	0,7
17	277	Other and unspecified disorders of metabolism	2	0,7
		All causes	273	



INFANT MORTALITY IN GENERAL

From Table III.35 Page 115 which lists 21 diseases or groups of diseases it can be seen, as in Figure 3.12, that in Whites the major single problems are prematurity, congenital anomalies, and other disease of early infancy.

Figure 3.13 shows that in the Coloured group the major single problems are prematurity, congenital anomalies and pneumonia and Figure 3.14 shows that in the black group the major single problems are prematurity, gastro-enteritis, pneumonia and congenital malformations. Figure 3.15 illustrates trends in gastro-enteritis mortality. Table III.37 indicates trends over a decade. It is of great importance that gastro-enteritis has been dislodged from its rank as the No. 1 killer in Blacks as had already happened in Coloureds. This is a success story which reflects the value of a continued promotive preventive and environmental approach to such health problems.

Figure 3.14 PRINCIPAL CAUSES OF INFANT MORTALITY IN BLACKS: 1981

Rank	Code	Cause	Deaths	% of Total
1	765 - 769	Prematurity and respiratory distress syndrome	49	33
2	009-558	Gastro-enteritis	23	15
3	480-486 466 490-491	Bronchitis and Pneumonia	15	10
4	740-759	Congenital malformations	14	9
5	798-799	Cause unknown	11	7
6	768	Intra-uterine hypoxia and birth asphyxia	8	5
7		Other Misc. causes	7	5
8	320-322	Meningitis	4	3
9	011	Tuberculosis, pulmonary	3	2
9	767	Birth injury	3	2
9	777	Perinatal disorders of digestive system	3	2
9		Accidents	3	2
13	036	Meningoccal infection	2	1
13	038	Septicaemia	2	1
13	770	Other respiratory conditions of fetus and newborn	2	1
13	055	Measles	2	1
		All cause	151	

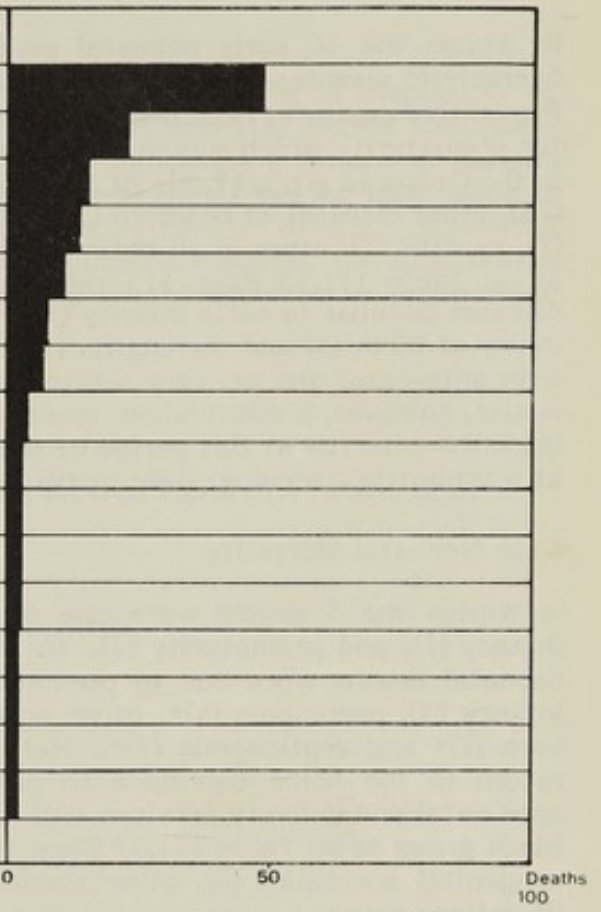
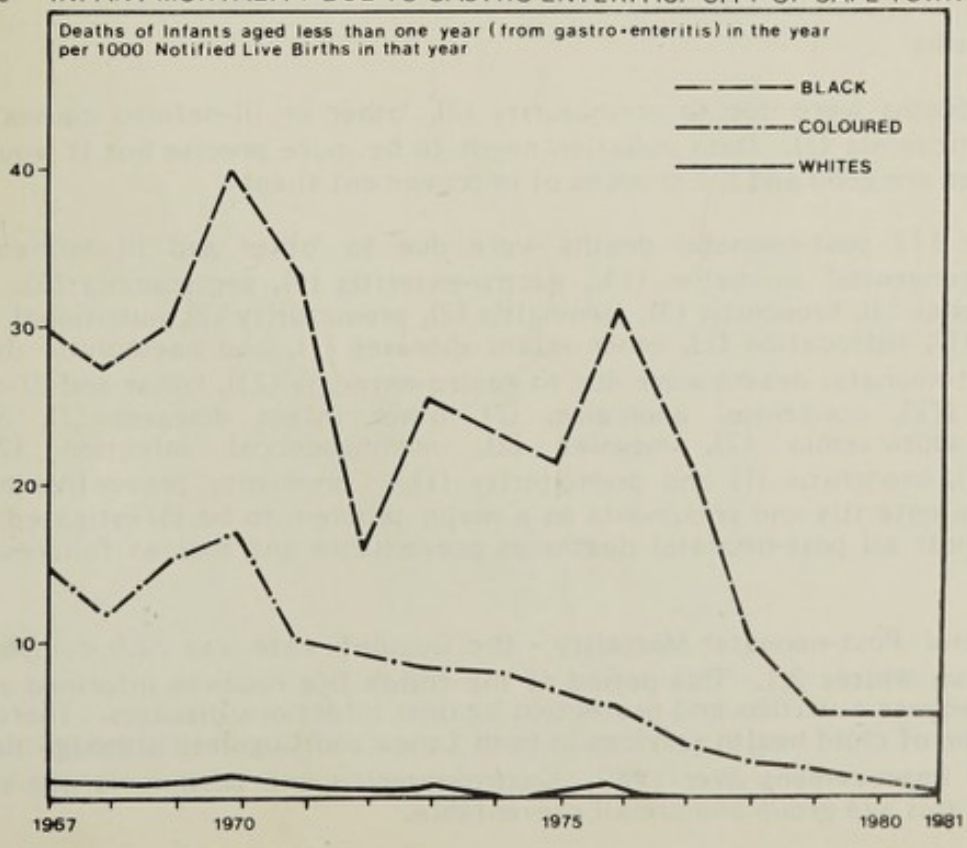


Figure 3.15 INFANT MORTALITY DUE TO GASTRO-ENTERITIS: CITY OF CAPE TOWN 1967 TO 1981



Langa and Guguletu : Causes of Infant Mortality (i.e. deaths under the age of one year) are detailed in Table III.43 Page 122: Guguletu showed higher infant mortality rates due to congenital malformation; other new born disease; bronchitis; gastro enteritis; measles; pneumonia; premature birth; syphilis; cause unknown and other cause than Langa. Langa had higher infant mortality rates due to nutritional maladjustment and tuberculosis than Guguletu.

It is pertinent now to examine causes of death in relation to the age at death so that efforts by the appropriate health services can be focussed thereon.

Early Neonatal Mortality

In Whites the 16 early neonatal deaths were due to prematurity (8), congenital anomalies (3), haemolytic diseases of new born (2) other diseases peculiar to early infancy (2) and meningitis (1). Preventive measures here need to be directed chiefly towards determining and avoiding the reasons for prematurity which should be a priority for those concerned with ante-natal care and deliveries. In the Coloured group (Table III.35 Page 115) the 124 early neonatal deaths were due to prematurity (73), other diseases of newborn (25), congenital malformations (15), injury at birth (3), septicaemia (2), syphilis (2), other or ill-defined causes (2) meningitis (1) and pneumonia (1). In the Black group as on Table III.35 Page 115 the 64 early neonatal deaths were due to prematurity (40), other diseases peculiar to early infancy (11), other or ill-defined causes (5), congenital malformations (4), injury at birth (3) and meningitis (1). Here again the clear priority for health services concerned with ante-natal and delivery services must be to prevent prematurity. In these race groups there is also, however, a much wider spectrum of pathology involved. It is noteworthy how unimportant is gastro-enteritis at this period of the child's life - almost certainly because of breast feeding, or at least bottle - feeding under institutional supervision.

Late Neonatal Mortality

In Whites the 5 deaths were due to congenital anomalies (3), other diseases peculiar to early infancy (1), and prematurity (1). In the Coloured group as on Table III.36 Page 117 the 37 late neonatal deaths were due to prematurity (13), congenital anomalies (6), other diseases of early infancy (5), pneumonia (4)*, other or ill-defined (4)*, meningitis (3)*, haemolytic diseases of new born (1)* and septicaemia (1)*. Here the health services usually caring for the infant upon its return to the home can hope to prevent only a proportion of those 13 deaths marked*, the ante-natal and delivery services still needing to prevent the remainder at an earlier stage. In the Black group as on Table III.35 Page 115 the 14 late neonatal deaths were due to prematurity (4), congenital anomalies (3), other diseases peculiar to early infancy (3), syphilis (1) and other or ill-defined cause.

Post-neonatal Deaths

In whites the 6 deaths were due to prematurity (2), 'other or ill-defined causes' (2), whooping cough (1) and septicaemia (1). Data collation needs to be more precise but it would appear that preventive services are good and the chances of improvement slight.

In Coloureds the 112 post-neonatal deaths were due to 'other and ill-defined' causes (46), pneumonia (17), congenital anomalies (15), gastro-enteritis (9), septicaemia (6), meningococcal infection (4), measles (3), bronchitis (3), meningitis (2), prematurity (2), nutritional maladjustment (1), tuberculosis (1), suffocation (1), other infant diseases (1), and haemolytic diseases (1). In Blacks the 73 post-neonatal deaths were due to gastro-enteritis (23), 'other and ill-defined causes' (13), pneumonia (12), congenital anomalies (7), other infant diseases (3), meningitis (3), tuberculosis (3), septicaemia (2), measles (2), meningococcal infection (2), nutritional maladjustment (1), bronchitis (1) and prematurity (1). Community preventive health services should view gastro-enteritis and pneumonia as a major problem to be investigated and overcome and to regard almost all post-neonatal deaths as preventable and thus as failures of health and social services.

Langa and Guguletu: Post-neonatal Mortality - the Guguletu rate was 22,0 compared to Langa's 11,5 and Cape Town Whites 2,1. This period of the child's life requires informed and responsible parental care, adequate nutrition and protection against infectious diseases. There is a need for continued expansion of child health services in both Langa and Guguletu although the 1981 figures showed a marked improvement over 1980. Gastro-enteritis and pneumonia are very important causes of death in this age group and are all preventable.

INFANT MORTALITY IN RELATION TO LEGITIMACY

It must be remembered that legitimacy rates are widely different for the different race groups and that associations between legitimacy and infant mortality or indeed race and infant mortality, are in many cases spurious as there are other socio-economic and environmental factors involved.

Table III.40 Page 120 gives infant mortality rate by race and legitimacy for 1980 and 1981 only for deaths of infants whose legitimacy was known (111 infant deaths where this could not be established are excluded from the table).

INFANT DEATHS AND PLACE OF DEATH

Table III.39 Page 120 details the number of deaths in each race group occurring in hospital or at home by neonatal and post-neonatal periods and by legitimacy, 85% of neonatal deaths took place in hospital while only 47% of post-neonatal deaths did so, probably indicating a failure of parents to utilise health services quickly enough. 88% of known legitimate neonatal deaths took place in hospital as did an almost equal percentage of 90% of such illegitimate deaths. Somewhat surprisingly whereas 46,3% legitimate post-neonatal deaths took place in hospital, the illegitimate figure was 50%. Where ligitimacy was not known 75% of neonatal deaths occurred in hospital and 43% of post-neonatal deaths did so.

MATERNAL MORTALITY
(see Table III.44 Page 123)

There were 2 maternal deaths in 1981, being ascribed to childbirth. (see Table III.45 Page 123).

VITAL STATISTICS COMPARED WITH OTHER CENTRES

Table III.46 Page 123 details such comparisons for a number of centres.

IV ENVIRONMENTAL HEALTH

GENERAL

AIR POLLUTION

WATER SUPPLIES

MILK CONTROL

FOOD CONTROL

(a) MEAT CONTROL - ABATTOIR

(b) WHOLESALE MARKET

(c) FOOD HYGIENE SECTION

(d) FOOD RETAIL OUTLETS

(e) FOOD CONDEMNATION

(f) FOOD POISONING INCIDENTS

CONTROL OF TRADING

HOUSING

SEWERAGE

SURFACE SANITATION

PEST CONTROL

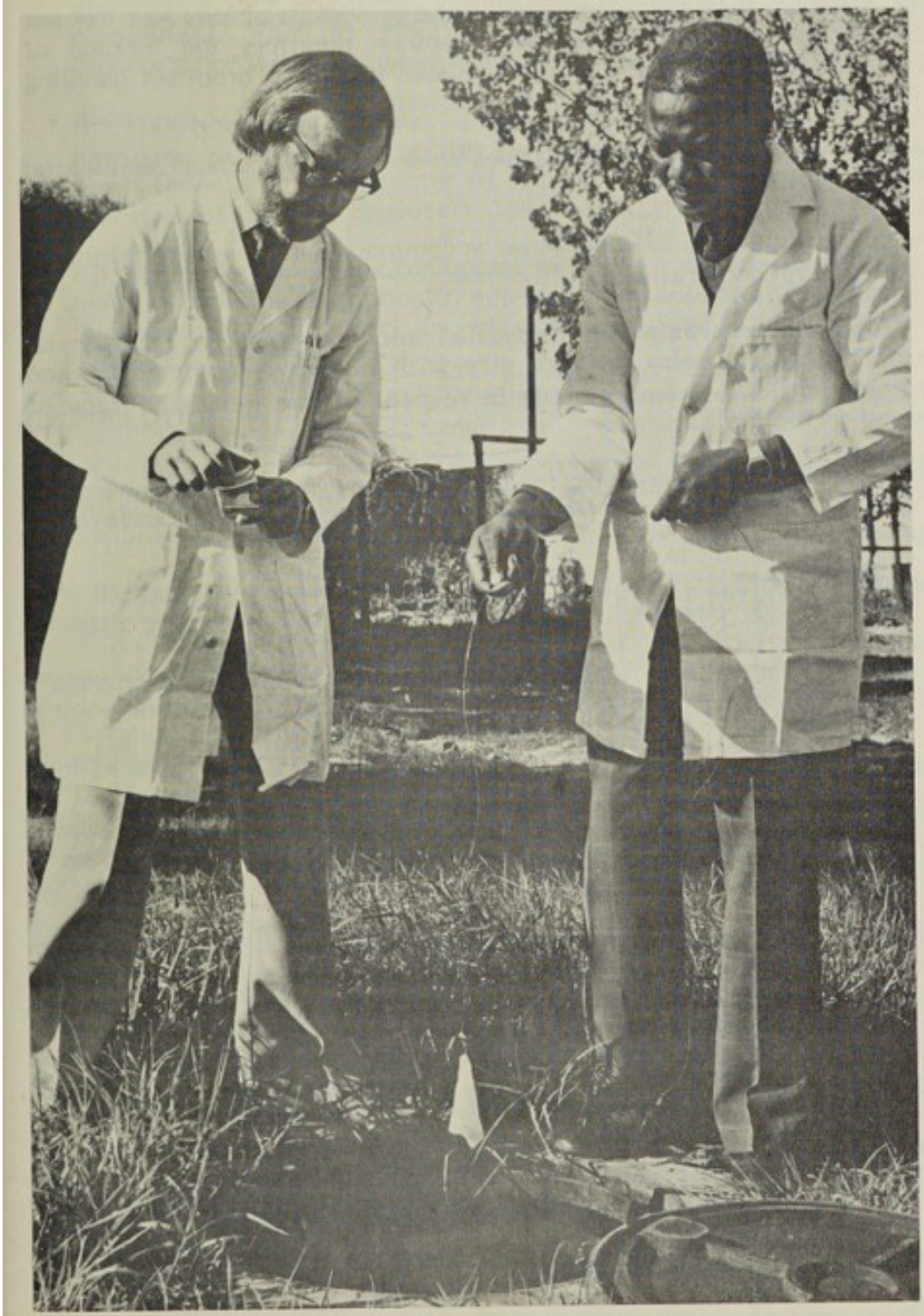
GENERAL

Control over the quality of the environment has always been a major function of local authorities.

Leading from the success of the Department's re-organised promotive and preventive clinic services, an Environmental Health planning committee consisting of Medical Administrative staff, officials of the Environmental Branch and heads of other associated sections under the chairmanship of the Medical Officer of Health was established. Meetings are held monthly to examine critically the functions and duties of the environmental services and to plan, co-ordinate and direct activities to maximum efficiency.

With the increased responsibility in terms of the Foodstuffs, Cosmetics and Disinfectants Act and as part of the reorganisation of the Branch, a Food Hygiene Section was established in September 1979 under the control of the Assistant Medical Officer of Health.

Following from the reorganisation, a work group on Environmental Health Data collection was established with its objective to update procedures of data collection in order to provide for the production of more useful and meaningful parameters of the Environmental Health Services. The new system came into effect as from 1981.



THE WATCH FOR CHOLERA

ENVIRONMENTAL HEALTH BRANCH

The inspections and other work carried out on district by health inspectors of this Branch during 1981 are tabulated in Table IV.1 Pages 124-126, the total number of notices served in 1981 being 2 904.

The Environmental Branch Inspectors' functions and duties are reflected in the implementation of the following legislation:

1. The Health Act with particular reference to the control of communicable diseases, maintaining hygienic conditions, preventing nuisances and monitoring water supplies through regular sampling.

2. The Foodstuffs, Cosmetics and Disinfectants Act with regard to monitoring food additives, foreign substances, microbiological standards, labelling, adulteration of compositional standards, preservatives and antioxidants, pesticide residues and false or misleading advertisements. Food samples are taken regularly to ensure compliance with the provisions of this legislation.

3. Hazardous Substances Act. Although the implementation of the provisions of this Act has not been delegated to the City Council, the Environmental Branch monitors the method of storage, sale and disposal of hazardous substances. An extensive survey of premises handling hazardous substances has been carried out and valuable data obtained.

4. The Housing Act with reference to reporting on applications to demolish or convert residential premises.

5. The Slums Act with reference to inspection of residential accommodation to ensure minimum standards and for the purpose of slum declarations.

6. Registration of Business Ordinance regarding the inspection and reporting on commercial premises for the purpose of licensing. Being a large city with numerous commercial and Industrial undertakings, the application of requirements in respect of the individual type of business puts a heavy workload on the Inspectors.

7. Food bylaws and Regulations with regard to hygienic food handling and minimum standards to which food premises shall comply. Included in this are the Bylaws relating to the Conveyance of Meat within the Municipal area.

8. Bylaws and Regulations relating to hygiene and structural standards of:-

   Accommodation Establishments
   Barbers and hairdressers
   Bakeries
   Butchers and Fish Shops
   Cafe Keepers and Restaurants
   Dairies and the sale of Ice Cream
   Laundries and Dry Cleaners
   Places of Entertainment
   Vending Machines
   Hawkers
   Mattress Makers and Upholsterers
   Offensive Trades

9. Regulations relating to the destruction of unsound foodstuffs.

10. Bylaws relating to the keeping of animals.

11. Bylaws relating to the suppression of nuisances.

12. Bylaws relating to the erection of tents (including caravans and similar structures).

13. Bylaws relating to the sale of unclean and verminous goods.

14. Regulations relating to the Rodentproofing of buildings and the extermination of rodents.

15. Regulations relating to the control of Communicable diseases such as isolation of contacts and carriers and excluding patients and contacts from school.

16. Bylaws relating to conditions likely to provide shelter for vagrants.

17. Bylaws relating to building construction and drainage with particular reference to plans examined by the district Inspector and inspections carried out of buildings under construction.

18. Other statutory provisions which do not fall under the jurisdiction of the Council but which require liaison between the Branch and official bodies.

The Branch is also involved with monitoring functions related to environmental health but which are carried out by other disciplines such as solid waste disposal, sewerage disposal, municipal housing, provision of public amenities e.g. beaches, swimming pools etc and also the supervision of public sanitary conveniences.

The branch has also identified "environmental problem areas" which for various reasons socio economical and otherwise require constant supervision with the objective of improving and eliminating such problems. During 1981 (21 out of a total of 160 such areas were completely eliminated). Each of these "problem areas" is kept under constant surveillance, monthly reports submitted, evaluated and where required, action taken.

Air Pollution Control, Milk Control, Pest Control and Food Hygiene at Factory premises are entrusted to specialised Health Department staff. The Abattoir is under the control of the Town Clerk and the Director of the Abattoir. Drainage, Sewerage and Refuse Removal are functions of the City Engineers Department. Housing falls under the Town Clerk.

All these aspects of environmental health are discussed with the following sections and while every effort is made to health educate the public and to persuade offenders to rectify matters it is sometimes necessary to resort to legal proceedings, a record of which is summarised in Table IV.2 Page 127.

AIR POLLUTION

The Air Pollution Control Section administers Parts III and V of the Atmospheric Pollution Prevention Act No 45 of 1965, as amended, on behalf of the Medical Officer of Health to whom responsibility has been delegated by the City Council.

Part III deals with pollution by the products of combustion from industrial, commercial and domestic premises. Part V covers pollution from motor vehicles.

Irrespective of whether legislation exists or not the Medical Officer of Health is held responsible, in the eyes of the public, for anything in the atmosphere that should not be there.

VISIBLE POLLUTION

Smog occurred on the Foreshore on fifty-one days of the year compared with fifty in 1980. On three days the smog was very thick and on six others moderate. April, May and June were the worst months.

It is interesting to note that ten years ago the black spot for smogs was at the North-West end of the docks. With controls and changes such as coal-burning locomotives being parked elsewhere, and the running-down of the power station, the emphasis has shifted to the City itself.

These last two years the worst area has been between Paarden Eiland and the bottom ends of Woodstock and Salt River.

Now that the coal-burning locomotives have been phased-out it is anticipated that this problem will disappear. The central incineration plant to burn all refuse from the harbour, which may not leave harbour precincts, is almost complete.

COMPLAINTS

Details of complaints handled are given in Table IV. 5 Page 129.

Of the two hundred and six complaints received ninety were of smoke, forty-nine of burning of waste material or garden fires and sixty-seven were of other emissions such as sawdust, sandblasting, odours, dust or spray painting, etc.

GENERAL WORK DONE

A break-down of work is given in Tables IV.3, 4 and 5 Pages 128-129.

Eighty-nine certificates of approval were issued for a variety of installations, conversions, resiting of appliances, or the replacement of chimneys.

The trend to convert or install new appliances to burn fuels other than expensive oil has continued. Eight new steam boilers using coal as fuel were approved and installed. These boilers are capable of meeting the requirements of the legislation but in some cases inexpertise on the part of operators has resulted in excessive smoke on occasions. The supplier of these boilers intends to have a school where operators may be taught the correct methods.

Eighty-six certificates of approval for fuel-burning-appliance installations were issued.
Forty-four sets of plans were scrutinised and sixty-nine licence applications were checked.
Ninety-three notices of various types were issued.
No cases in terms of Part III of the Act were referred to the public prosecutor.

FUTURE TRENDS

Partly as a result of the overall air pollution survey of Greater Cape Town done by Professors R Dutkiewicz and R Fuggle and Dr C Keen of the University of Cape Town and the obvious needs of the area great strides have been made in 1981.

A Committee has been formed, with the consent of all local authorities in the area, to co-ordinate all efforts into control of air pollution. This committee is known as the Cape Town Metropolitan Air Pollution Control Committee. Its permanent members consist of the Medical Officers of Health of Cape Town and the Divisional Council of the Cape, their respective Air Pollution Officers and the Air Pollution Officer of the Minister for Health and Welfare in the Cape. They have the power to co-opt anyone who may help them in their deliberations on any matter pertaining to Air Pollution.
It's early priorities have already been established as:-

1. Assistance with co-ordinating and measurement of pollutants for an epidemiological survey into alleged health problems due to air pollution in the Bothasig, Edgemead area.

2. Measurement of photochemical smog and its precursors due to vehicle emissions and the transport in atmosphere of the pollutants.

3. Strengthening of air pollution measurement generally in the area.

VEHICLE POLLUTION CONTROL

The only regulation promulgated under the Act thus far is that governing the control of smoke from diesel vehicles.

The following statistics were obtained from the road-side testing procedure laid down in the regulation:-

Number of vehicles tested	448
Warnings issued	34
Notices issued	42
% Failure (over 60)	16,9
Vehicles submitted for re-test	111
Notices issued for failing a re-test	38
Notices issued for failure to submit for re-test	85
Notices of intention to prosecute	24
Prosecutions	5

Four of these prosecutions were withdrawn at the last moment. The one case which was heard was successful and the offender was fined R50-00 or 25 days imprisonment.

The percentage of failures of the test at 16,9 is considered to be better and the policy is to reduce this figure rather than just catch offenders. Compared with a failure rate of 25,9% last year it could be said that improvement has been made.

Operators of vehicles in poor condition are learning that they cannot avoid our testing team for long and if they are caught the traffic department is likely to take firm action for other faults too.

Approaches have been made to the manufacturers and suppliers of diesel vehicles to see whether problems in maintenance can be overcome. They have undertaken to assist in all cases where difficulty is met with trying to meet our standards.

LEGISLATION

The National Association for Clean Air appointed a study-group to critically examine the effectiveness of and faults in the present legislation. This study group invited comments from all concerned. This Department commented at length, suggested, and drafted a whole new section of the Act to deal with those pollutants such as woodwaste, sandblasting, odours, spraypainting and others for which there is no existing legislation.

In addition we were asked to comment by the Chief Air Pollution Control Officer, Department of Health and Welfare on suitable local authorities being given the power to control dusty industries in terms of Part IV of the Act.

The outcome of these two enquiries is awaited.

STAFF

Two more inspectoral posts were approved by Council provided State Health approved the part-refund of salaries. These posts were filled and the two inspectors commenced in-service training at the end of the year.

Lectures were given to:-

Fourth-year medical students.
Intern medical students.
Learner Health Inspectors.
Health Inspectorate re diesel-vehicle testing.
Nurses at Groote Schuur Hospital.
M. Med doctors.

Seminars and lectures on environmental policy making, law enforcement, fuel oil characteristics and noise abatement were attended by staff.

SMOKELESS ZONES

The 8th and final zone in the first programme became effective on the 7th April 1981.

The City is now smokeless from Settlers Way right through to Bakoven.

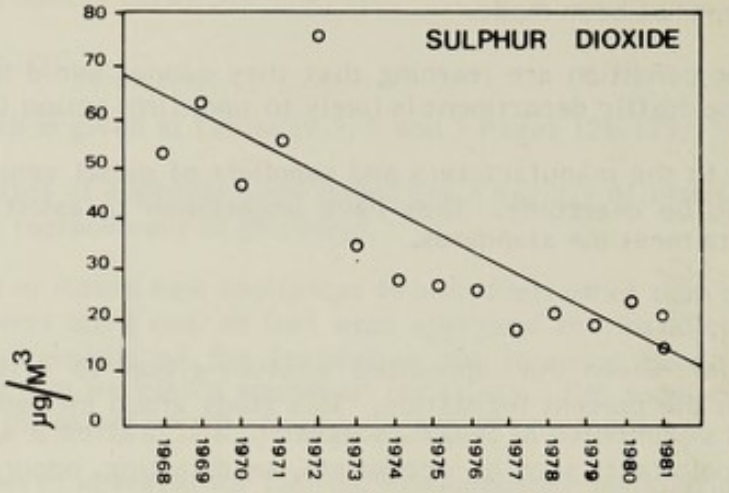
MEASUREMENT

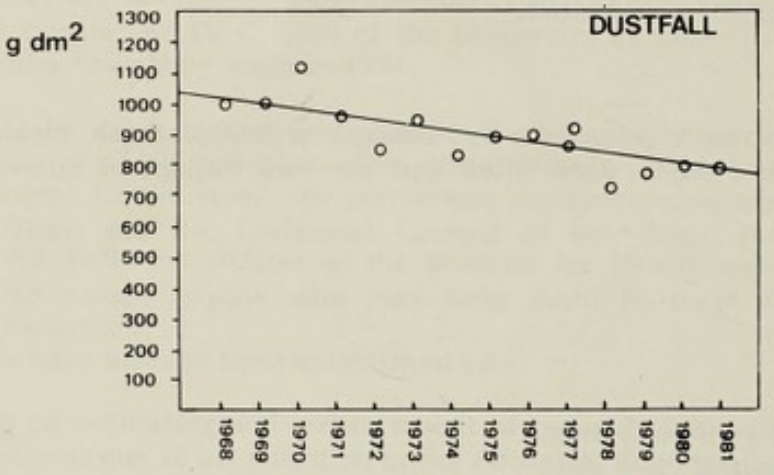
The Scientific Services Branch of the City Engineer's Department continues to maintain the seven SO_2 bubbler network, six deposit gauges, two continuous smoke recorders, two continuous SO_2 monitors and one total oxidants recorder on behalf of this department.

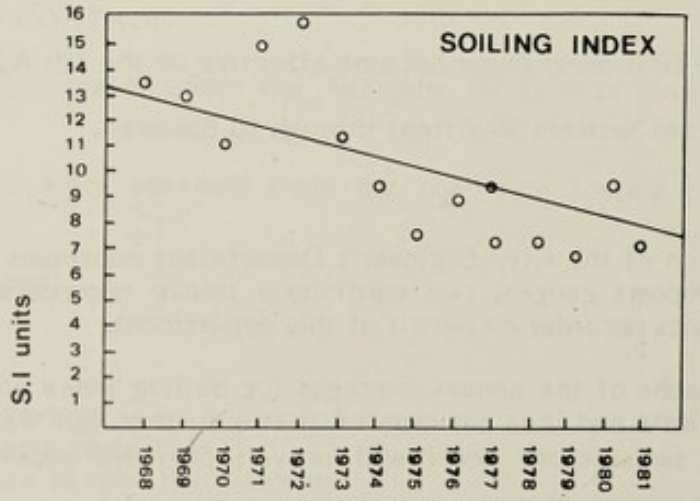
As can be seen from the graphs of the annual averages for Soiling Index and Sulphur Dioxide the general trend is still downwards and it is anticipated that a further fall will occur next year and then a levelling off at a satisfactory level will prevail provided supervision and control is maintained.

The Sulphur Dioxide readings for March and April indicated that a new massive source of Sulphur Dioxide had been introduced into the area which severely affected readings over an area stretching from the City through Paarden Eiland, Epping and out as far as Bellville. This is just not possible, and the occurrance must be ascribed to technical error.

Figure 4.1 ANNUAL AVERAGE VALUES OF SO_2 BUBBLERS AT SEVEN MEASURING STATIONS







The two points, one including the unacceptable readings and one excluding them have been indicated. The slope is drawn the same as in 1981. It can readily be seen that the downward prevailing slope would have been deflected slightly up or down.

Tables (Tables IV.6 to 21) Pages 130-145 of the summary of results for 1981 are included to show daily, hourly and the frequency figures for Nitrogen Dioxide, Total Oxidants (as ozone), Sulphur Dioxide, Soiling Index and Lead from the six continuous recorders.

The table below shows the frequency of high level readings of SO_2.

TOTAL NUMBER OF PEAK READINGS FOR TWO AND THREE-DAY AVERAGES FOR SULPHUR DIOXIDE IN MICROGRAMMES PER CUBIC METRE

SO_2ug/m	100-150	150-200	200-250	250-300	300-350	Over 350
1970	65	14	4			
1971	65	15	3	2		
1972	103	62	21	1	1	
1973	48	14		3	2	2
1974	25	3				
1975	4					
1976	10	1				
1977	1					
1978	2					
1979	2					
1980	1					
1981	6					

NOISE ABATEMENT

As stated in the 1979 report the noise legislation is inadequate. A report was submitted to Council and the committee was given a mandate to redraft the legislation. The final draft legislation was ready early in 1981 but further developments in noise control and a review of the S.A.B.S. Code of Practice 0103 prompted a re-think and delayed the submission to Council.

KOEBERG NUCLEAR POWER STATION

In order to allay the fears of the general public about the radiation from the first Nuclear Power Station in South Africa a proposal was put to Council to monitor the radiation in the municipal area.

Accordingly a system of monitoring was approved by Council will be installed early in 1982 which will indicate the background level of radiation and will record any variation in that level.

The system will be operational long before nuclear fuel arrives at Koeberg so that we shall know what radiation exists and whether any change takes place afterwards.

LANGA AND GUGULETU

No particular air pollution problems exist in these areas and only approximately 4 000 tons of solid fuel is burned annually.

WATER SUPPLIES

The following are the main sources of supply: Voelvlei Dam (164 095 megalitres) Wemmershoek Dam (58 633 megalitres), Steenbras Dam (68 488 megalitres), 5 Reservoirs on Table Mountain (2 375 megalitres). In addition small quantities of water have been drawn from the Theewaterskloof Dam which has a full capacity of 501 500 megalitres.

During 1981 the daily consumption varied between a maximum of 740 megalitres during the summer and a minimum 245 megalitres during the winter. The average daily consumption during the year was 443 megalitres.

Samples of water are taken fortnightly at thirty-two different test points within the water reticulation system of the municipal area. These samples are submitted to the State Pathological Laboratory for Bacteriological Report, and serve as a double check on the sampling carried out by the Scientific Service Branch of the City Engineer's Department.

Seventeen other dependant local authorities obtain their supplies of water from the Cape Town undertaking.

Langa and Guguletu: Purified piped water is supplied to both Langa and Guguletu by the Cape Town City Council.

MILK CONTROL

MILK SUPPLIES AND RELATED PRODUCTS
RAW MILK SUPPLIES

The City's milk shed comprises Vredenberg, Piketburg, Tulbagh, Ceres, Hopefield, Bellville, Malmesbury, Paarl, Stellenbosch, Wynberg, Cape, Worcester, Caledon, Hermanus and Somerset West magisterial areas. A total of 197 producers were registered with the Council. They employed the following systems of milking:

	% 1981	% 1980	% 1979	% 1978	% 1977	% 1976	% 1975	% 1974	% 1973
Hand Milking	6	7	8	10	11	18	20	29	38
"Round the Line" and bucket milking	30	29	31	32	36	35	35	34	29
Parlours	64	64	61	58	53	47	45	37	33

It is a pre-requisite of the Medical Officer of Health that all producers supplying milk to Cape Town for fresh milk consumption make use of a refrigerated bulk tank. The raw milk is collected by insulated road tankers on a daily or alternate day basis and delivered to the pasteurising plants. Throughout the year 23 - 25 such tankers delivered to the two pasteurising plants daily with an average load of 10 000 litres.

TESTING MILK PRODUCTS

INSPECTION AND LABORATORY CONTROL

RAW MILK

Milk samples are taken regularly by the Dairy Inspectors on the farms, and during the year the following work was carried out:

Total number of dairy farm inspections	2 628
Number of farms where major structural improvements were carried out	6

Investigations on farms in connection with:-

1	Unsatisfactory bacteriological quality of milk	159
2	Incidence of Mastitis	122
3	Recording of temperatures of mechanically cooled milk	35
4	Incidence of Inhibitory Substances	21
The	Number of samples brought to the laboratory for analysis	1 907

The test method used for inhibitory substances is the modified IDF Disc Test using B. Stearo Thermophilus Var. Calidolactis as the test organism.

The following tests were carried out:

Resazurin	1 907
Eijkmann Test	1 907
Laboratory Pasteurisation	1 906
Mastitis cell counts (DMC)	1 906
Inhibitory substances	1 735
Staph. Aureus 0,1 ml	1 901
Salmonella/Shigella	1 893

To test the efficacy of road tanker cleansing operations, tanker swabs and rinsing water samples were taken from time to time, and remedial action taken where necessary.

PASTEURISED MILK

Raw milk is delivered to two pasteurising plants licenced to process milk and cream and various milk products. Samples were obtained every week day and the following tests were carried out:

	Pasteurised Milk	Milk Products etc.
Plate Count	1 244	1 235
Eijkmann Test	1 244	2 298
Presumptive Coliform	1 244	2 278
Phosphatase Test	1 310	203

These tests included soft serve samples from 94 retail outlets. The Milk Products include ice cream, skim milk for school feeding schemes, flavoured skim milk, pasteurised cream, artificial cream, yoghurt, cultured butter milk and soft cheese.

ANIMAL DISEASES

All producers are members of the State Controlled Tuberculosis Accreditation Scheme and the eradication of Brucellosis is progressing. It is hoped that by 1985 the entire milk shed will be free.

Mastitis - Somatic cell counting of bulk herd samples gave the following results:

Cell count range X 10^3	%
0 - 240	11,6
250 - 499	30,3
500 - 749	19,8
750 - 000	13,3
1 000 and over	25,0

13,4% of the samples analysed showed Streptococcal mastitis infection.

VI TESTS

In our efforts to detect symptom-free carriers of Salmonella typhi associated with sporadic cases of typhoid fever, blood specimens of the workers in the dairy and ice-cream trades are submitted to the Government Laboratory for the Vi Agglutination Reaction test. During 1981, a total of 542 such tests were obtained from the latter and examined for the presence of Salmonella Typhi. All were negative.

In addition to the blood specimens of workers, Moore's swabs were regularly taken from the drains at the two pasteurising plants and examined for the presence of S. typhi; with negative results.

GENERAL

The Senior Health Inspector seconded to the Meat Control section of this Branch was responsible for the various soft serve outlets in the City.

He made 807 visits to the 94 outlets from which 394 samples were taken for analysis by this laboratory.

MEAT PROCESSING AND ALLIED INDUSTRIES

The above officer has twenty-one factories and plants under his control, two of which are poultry abattoirs which are licenced and inspected by the Department of Agriculture and Sea Fisheries. One plant could not comply with conditions laid down and ceased to trade as an abattoir. The other has made arrangements to move to Atlantis. Of the remaining plants, ten are producers of processed meat products. These were visited regularly during the year and swabs, specimens and agar impressions were taken routinely.

Number of visits to factories - 360
Number of swabs and specimens taken - 476
Number of agar impressions 2 512

The latter were taken to monitor the cleanliness of production, and the analysis of swabs and specimens was done by the State Health Laboratory in Orange Street, with special emphasis laid on detection of pathogens, especially those capable of causing food poisoning.

Where a problem was encountered, follow up action was taken, which involved the remedy of the problem and where necessary, Health Education lectures.

FOOD CONTROL

(a) MEAT CONTROL - ABATTOIR

The Municipal Abattoir, situated in Maitland, is a Branch of the Town Clerk's Department. The Director and Assistant Director are veterinarians. There are three additional posts for veterinary officers who have to carry out the duties of veterinary meat inspectors and other veterinary duties. Posts exist for thirty-two health inspectors who are employed on meat inspection and other hygiene duties. A qualified microbiologist working in a well equipped laboratory is responsible for the checking of hygienic control of slaughter procedures and equipment as well as diagnostic work.

At present the maximum daily slaughter throughput is 850 cattle, 150 calves, 5 000 sheep and goats and 750 pigs. In addition some horses are killed. With the exception of pigs and horses all slaughter stock are killed and dressed on mechanical conveyor systems. During 1981 the following animals were slaughtered (figures in parenthesis are for 1980).

Cattle	181 325	(204 204)
Calves	17 629	(27 381)
Sheep and Goats	1 153 849	(1 129 361)
Pigs	172 317	(154 501)
Horses Mules and donkeys	608	(491)

(b) WHOLESALE MARKET

The Wholesale and Early Morning Market at Epping was designed specifically to meet the particular needs of Cape Town, the main hall is believed to be the biggest structure of its kind in Southern Africa. Ancillary buildings consisting of a three-platform railway terminal, administrative block, special auction block for graded and standardised products, loading platforms for 348 lorries, and minor facilities such as restaurant, rest rooms, etc., have also been built, and each one of these sections has been designed for extension when the need arises. A fulltime health inspector from the City Health Department is responsible for the checking and control of all foodstuffs passing through this market. The following foodstuffs were condemned as unfit for human consumption by the market health inspector during the year:

FRUIT (KG)	WEIGHT (KG)	VEGETABLES	WEIGHT
Pome	6 656	Bulbs	67 718
Drupe	32 619	Flowers	42 588

Citrus	176 658	Leaves and stems	343 969
Vine	7 299	Roots	64 657
Miscellaneous	13 799	Seed Fruits	310 648
		Tubers	105 011
		Other Foodstuffs	11 239

Sixty-two random samples of fruit and vegetables were submitted to the State Chemical Laboratory for examination re possible contamination, by pesticides and fungicides in excess of the amount permitted. 8 samples were found to have pesticides residue in excess of permissible amounts and the consignments concerned were rejected from the market. 4 samples were detained pending further examination when they marginally exceeded the permissible amount of pesticidal residue, but on re-examination were cleared. The remaining samples were found to be free from contamination.

(c) FOOD HYGIENE SECTION (established 1979)

The Food Hygiene Section which was established in September 1979 continued to prove a worthwhile innovation and is responsible for four main areas of food control:

The staff consists of the Assistant Chief Health Inspector (Food) and 4 Senior Health Inspectors, one of whom is seconded to the Senior Veterinary Officer for the purposes of inspecting meat manufacturing premises. The other three inspectors cover food manufacturing premises which spans the food spectrum from baby food to yeast and includes bakeries, confectioneries and soft drink factories, but excludes those inspected by Milk Control, i.e. pasteurisation plants and ice cream factories.

Other duties include:-

(i) The sampling of foodstuffs and other commodities in terms of the Foodstuffs, Cosmetics and Disinfectants Act 1972;

(ii) The visiting of food factories and retail outlets for the purpose of sampling foodstuffs and taking swabs for bacteriological examinations;

(iii) The processing of court cases concerned with the various duties of the health inspectors;

(iv) Inspection of food delivery vehicles;

(v) Regular sampling of reticulated municipal water supply.

The year has seen the closure of some food firms and the removal of others to different premises. In some cases this was necessitated by the premises being inadequate or unsuitable to cope with the expanding trade and therefore unable to meet the health standards required. In general there has been a marked improvement in the hygienic conditions prevailing at food factories and food establishments.

Government Notice R2121 dated 21 September 1979 authorised this local authority to enforce all the provisions of the Foodstuffs, Cosmetics and Disinfectants Act 1972.

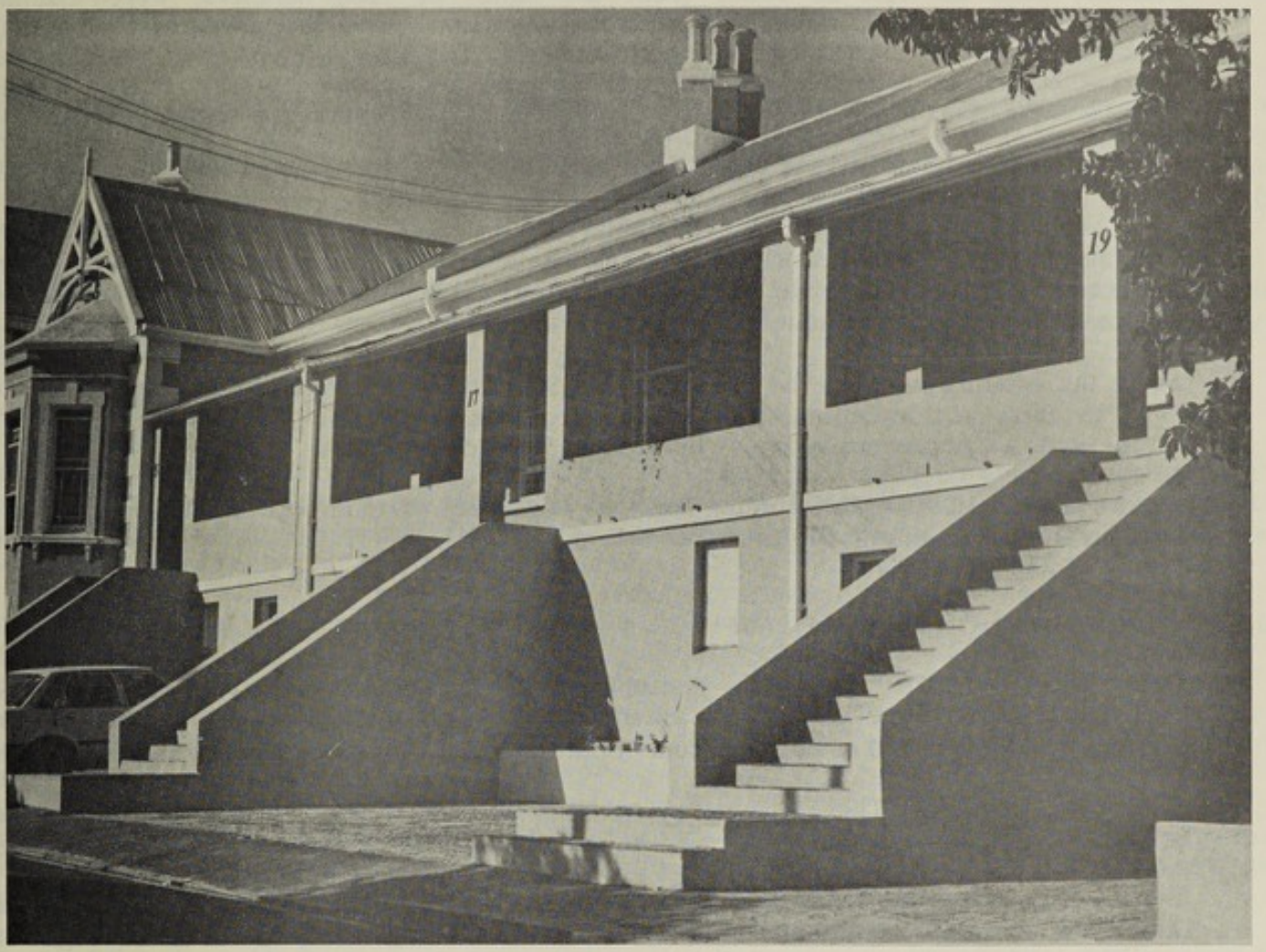
This has involved the section to a greater extent and now not only is sampling done of foods, perishable and other, but the section also deals with the regulations regarding labelling and advertising, pesticidal residues, colourants, etc.

FOOD SAMPLING

In terms of Section 23 of the Foodstuffs, Cosmetics and Disinfectants Act 1972, this municipality is authorised to submit samples of Foodstuffs, Cosmetics and Disinfectants to the State Chemical Laboratories for examination. Due to a change in the State's financial year end from December to March and at their request the sampling was reduced proportionately to 664 for the year ending December 1981 (which was in effect 9 months period). 5,7% of the samples analysed did not comply with the regulations and fines totalling R1 245 were imposed. (Table IV.22 Page 145).


P

AFTER DEPARTMENTAL ACTION



BACTERIOLOGICAL EXAMINATION (commenced 1978)

A close co-operation is enjoyed with State Health Laboratories. During the year 240 specimens of food and a similar number of swabs were submitted for bacteriological examination to the State Health Laboratory. The food specimens included such items as biltong, used cooking oil, mince meat products, rabbit carcasses, samoosas and viennas. Swabs taken from various surfaces in the food handling areas such as cutters, blades, utensils, etc., as well as swabs from the hands of food handlers, were examined bacteriologically for the major food poisoning organisms. Five specimens of food and five swabs are examined each week. The district health inspector is involved in selecting food shops where sampling is required and depending on results, in-shop education in hygienic food handling techniques is given. Bacteriological examination helps to pin point areas of high risk.

(d) FOOD RETAIL OUTLETS

The inspection of food retail outlets has remained the responsibility of the District Inspector covering his specific area. The main reason for the inspections are amendments re licence applications, complaints and routine visits.

Since the establishment of the Food Hygiene Section the District Inspector has had more time to carry out in-depth inspections of food retail outlets. To obtain uniformity of inspections, a comprehensive check list is used for each premises.

Some 5 136 applications for trading licences in respect of food outlets were dealt with by District Inspectors during the course of the year.
(Table IV.23 Page 146).

(e) CONDEMNATION OF FOODSTUFFS

Food which is unfit for human consumption is condemned in terms of government regulations (R963 of 1966-06-24 as amended by R2127 of 1974-11-22). It is sometimes possible to use this food as poisoned rodent bait or in the by-products plant at the abattoir.

Langa and Guguletu: There are many problems relating to the retailing of food in these areas (see Control of Trading below). While Milk and Meat are of assured quality upon leaving the pasteurising plants and the abattoir respectively, there are many Hawkers of these goods whose standards of hygiene are inadequate. Outbreaks of infectious disease which are related to contamination of foodstuffs are always likely to occur as long as the retailing situation remains unsatisfactory.

(f) FOOD POISONING

During the year seven cases of food poisoning involving 20 people were investigated by this section. These were all mild cases. The services of both the State Health Laboratory at Orange Street and the Chemical Laboratory at Portswood Road are used when necessary for the investigation of food poisoning incidents.

The section was involved during the year with the district health inspector in in-depth investigations involving the following:-

(i) Spanish food products containing olive oil (suspected contaminated rape seed oil). None of the products was found in the municipal area;

(ii) sale of Laotrile (B17)(none found in the municipal area);

(iii) sale of rabbits illegally slaughtered and sold in city shops;

(iv) microwave oven usage.

CONTROL OF TRADING

Reports on the suitability from a public health point of view of a wide range of commercial undertakings are submitted by the Medical Officer of Health before these are registered, licensed

or issued with certificates. Various Municipal Bylaws, Provincial Ordinances and Government Regulations govern these matters and control over these trades extends beyond the initial registration through routine visits particularly to trades such as accommodation establishments, barbers and hairdressers, dealers in used goods, hiring services, laundries and dry cleaners, livery stables, offensive trades, health centres, creches and nursery schools, places of entertainment, recreation areas and the food retail outlets previously mentioned. The various applications dealt with during 1981 are detailed in Table IV.23 Page 146.

MUNICIPAL BY-LAWS

Annual licensing of traders transporting milk by tanker, slaughtering poultry and contracting to do electrical wiring is required under these By-laws. The Medical Officer of Health reports on these applications to the Amenities and Health Committee. These are reflected in Table IV.23 (Page 146).

PROVINCIAL ORDINANCE OF 1953 (AS AMENDED BY ORDINANCE 19 OF 1972)

This Ordinance controls the Registration and Licensing of Businesses in respect of 54 scheduled undertakings. Reports on these applications are submitted to the Town Clerk by the Medical Officer of Health.

GOVERNMENT REGULATIONS

Control over various establishments which do not require a trading licence in terms of the Provincial Ordinance of 1953 (as amended) is maintained through their being subject to the submission of suitability reports in terms of several Government Regulations. The following such establishments are registered with the Department.

Mattress Makers and Upholsterers:	54
Offensive Trades:	1
Old Age Homes:	22
Creches and other places of Child Care (including premises licensed in terms of the Provincial Ordinance):	109

In addition suitability reports are submitted to statutory bodies on premises which are also licensed in terms of the Provincial Ordinance of 1953 (as amended) such as the Wheat Control Board, the Livestock and Meat Industries Control Board and the State Tender Board.

Langa and Guguletu: Much greater control over trading in these areas is required. Applications for trade in these areas are detailed in Table IV.24 Page 146. Despite the dumping of illegally brewed beer and confiscation of the drums by the authorities, this illegal practice continues as it has for many years past.

STABLE PREMISES

The Municipal By-laws, empower the Council to prohibit the use for the keeping of animals, of any stable, cowshed, pigsty, kraal, etc., which in its opinion is 'unfit', undesirable or objectionable by reason of its locality, construction or manner of use. The City Council may also restrict number or manner of use of those structures. The City Council may also restrict the number or kind of animal to be kept at any such premises. Thirty-two cases of unsuitable and unauthorised structures which were being used to stable animals, were ordered to be demolished and the animals removed. In twenty-five cases the animals were removed and the structures demolished. In seven instances permission was granted by Council for the keeping of animals.

HOUSING

The greater part of the Cape Town Municipality consists of houses built of masonry according to the standards of the time of their erection, served by the municipal water supply and water-borne sewerage, and with well-constructed streets. Most of the dwellings are separate houses built for one family each, detached, semi-detached or in terraces. Private enterprise is today making little or no provision for the housing of the lower income groups (owing to high building costs) and have concentrated on the erection of large blocks of flats. Such flat development is taking place all over the municipality, but far and away the most popular suburbs for such development are the Sea Point, Three Anchor Bay, Green Point and the Kenilworth areas. There is a decided danger in the

overcrowding of any one area with large flat blocks owing to the danger of ultimate deterioration of the buildings and the possibility of slum conditions eventually developing.

If the houses were occupied in the manner originally intended, housing conditions would be fairly satisfactory. The chief factor responsible for slum conditions is the overcrowding caused by the fact that there are not enough houses for the population, which is itself the result of economic conditions. Houses suitable for one family and in many cases small even for one large family, are occupied by several families, sometimes to the extent of one family per room. The over-crowded families are naturally mostly from the poorest strata of society, usually (though not invariably) non-White, and often of low social standard. The resulting squalor is increased by decay of the fabric of the houses which such occupation induces.

The same shortage of houses and economic stringency is largely responsible for the other side of the local problem, viz, the occupation of unauthorised and insanitary structures (pondoks, shacks) on the Cape Flats fringing Cape Town, often without made roads, water supply or sanitary services and sometimes subject to winter flooding. The Council has had ample powers to prohibit such building and occupation, but has not found itself prepared to eject the occupants from the only shelter available to them. Indeed, an organised squatters camp at Vrygrond has been developed by the Council with roads, an orderly layout, refuse removal, water supply and pail closet sewage removals. Crime in such areas remains a problem but the most basic sheltering aspects of housing are present.

It is recommended that urgent priority be given to site and service schemes, despite the argument that organised shanty towns become permanent shanty towns. This need not be so as has been previously stressed in the Report (page 13). It is intolerable that human-beings should be expected to live without shelter in the precincts of what is ostensibly an advanced and civilised City.

There remains also the lowest sub-economic group of the population who are a social welfare problem and cannot be provided for through municipal housing. These housing conditions are of long standing, and have been the subject of repeated consideration by the Council, its committees and officers. The building units function with artisans recruited from the building industry and working under conditions of service applicable to that industry. Coloured housing is based on standard plans evolved by the National Housing Commission. With the enforcement of the Group Areas Act and the displacement of racial groups from one area to another even more housing for the Coloured Community must be constructed each year. It is difficult to formulate any figure but it is estimated that at least 20 000 units must be erected so as to make any impression on the present overcrowding that exists.

Cape Town's topography has been the reason for siting the major municipal housing scheme around Athlone, about 13 km from the City centre.

The dwellings completed by the City Council in the year under review are detailed in Table IV.25 Page 147. After taking into account conversion, sale or demolition of dwellings 1 897 dwellings completed in 1981 bring the total of dwellings completed and under the control of the Housing Branch within the Cape Town Municipal area (excluding the Administration Board Peninsula Areas, dwellings used to accommodate caretakers or to house clinics etc.) to 39 037 (599 White and 38 479 Coloured). No new dwellings were built in the Board's townships during 1981. However, some single-quarter units in the Langa Zones were converted into 400 family dwellings during the relevant year as part of a three-year project.

The Director of Housing has furnished the information (see Table IV.25 Page 147) that, during 1981 196 houses (Assisted Housing) were built for Coloureds at Valhalla Park 213 at Heideveld and 1 488 at Mitchells Plain. No White home-ownership houses were built but 1 893 such dwellings for Coloureds were completed at Mitchells Plain in 1981 (12,5% of these houses were allocated to the Department of Community Development for resettlement of displaced families under the Group Areas Act).

The application list for Coloured housing decreased by 1 621 to 18 750 Coloured families, and includes 790 applications in respect of shack dwellings in the Municipal area. White applications increased by 22 to 362. Approximately 62% of all applicants qualify for economic housing. A total of 2 573 families from the waiting list were housed during the year - 1 356 in new dwellings and 1 577 in vacancies. In addition to this 360 families were resettled by the Department of Community Development. Of existing occupants, 518 families were transferred to new dwellings and 877 to vacancies.

THE HOUSING ACT (ACT NO. 4 OF 1966) as amended

Before the demolition, or conversion to uses other than residential, of residential accommodation, permission must be obtained from either the Department of Community Development (in the case of "dwellings", which have not more than five living rooms) or the local authority (in the case of other premises). The Cape Town City Council has delegated its powers under the Act to the Medical Officer of Health who submits recommendations to the Department of Community Development in respect of dwellings and larger premises. Dwellings are covered by S.85(1) of the Act and recommendations concerning 113 such applications were submitted to the Department of Community Development in 1981 (see Table IV.26 Page 147). The conversion of other premises (with more than five living rooms) are covered by S.85(4) of the Act and 5 such applications were granted in 1981.

Vagrancy continues to be a problem resulting in trespassing on private property particularly vacant premises when extensive health nuisances arise. It is not unusual to find that after several attempts to achieve owners co-operation to barricade vacant premises, vagrants again re-enter the premises by force. Another major problem is vagrancy on open land using the vegetal overgrowth as a shelter. To combat this, notices are served on owners to have the bush cleared in an attempt to discourage vagrancy. This is a costly affair, which is of a temporary nature as instances have occurred where land has had to be cleared as often as twice a year.

THE SLUMS ACT (ACT NO. 76 OF 1979)

During the year six properties were reported to the Town Clerk to be considered slums because of conditions existing as the result of overcrowding, dilapidated and unsightly premises. Slums Court Orders were issued for the demolition of four of these properties.

Langa and Guguletu: All housing in both townships is owned and under the full control of the Administration Board, Western Cape. Overcrowded conditions exist and additional housing is essential. It has already been found in both Langa and Guguletu that, where tenants can afford to do so, they have been permitted to alter their homes so as to improve their living conditions and standards. The Board is busy with a scheme to phase out bachelor quarters in Langa and encouraging married families who are legal residents of the Townships, to alter the former bachelor quarters into family housing units. This scheme is progressing well.

SEWERAGE

The City is sewered on the separate system method i.e. special separate collection systems for sewage and stormwater are used. However, in many areas illegal discharge of rainwater from yards and roofs into the sewerage system occur causing overload conditions at pumping stations and treatment installations.

The North Western area between Woodstock and Bakoven is fully sewered and discharges to sea via two marine outfalls (Camps Bay and Green Point) after maceration. At Camps Bay heavy chlorination is also applied. This new installation commissioned in April 1978 is operating well. Sea water quality monitoring has indicated no pollution aspects.

With the exception of outlying sparsely developed areas the greater part of the municipality is provided with water borne sewerage facilities.

Council on 1973-07-31 adopted the proposals by the Sewerage Branch of the City Engineer's Department for modernisation of the Council's Sewerage Treatment facilities. These proposals included a basic policy to separate, where economically viable, industrial and domestic sewage.

Expenditure of some R21 000 000 was planned and authorised to construct an entirely new 200 Ml/d treatment plant at the Cape Flats site south of Zeekoevlei, modernise and improve the Athlone works and divert various flows. Sewerage agreements with other local authorities allow sewage from Tygerhof, Sanddrift and Rugby to be treated at the Milnerton works and sewage from Pinelands, Goodwood, Parow, Epping Garden Village and Constantia to be treated at the Council's works.

Both the new Cape Flats Works and the second stage at Mitchells Plain were brought into commission. The latter works were urgently required to handle sewage from the rapidly developed Mitchells Plain area.

The City Engineer's Department is further investigating and testing the technology regarding reclamation of sewage effluent having currently two reclamation plants installed at Athlone and Cape Flats.

Industrial effluent discharges from all Industrial sites are closely monitored and sites regularly inspected to ensure compliance with the by-laws.

SURFACE SANITATION

REFUSE REMOVAL

DOMESTIC REFUSE

The removal of domestic refuse is carried out by the Cleansing Branch of the City Engineer's Department as follows:-

EVERY WEEK DAY: Cape Town Central Business district: Hotels, Restaurants, Boarding Houses and certain flats and business premises in congested areas in all Districts.

TWICE WEEKLY: Oranjezicht, Tamboerskloof, Brooklyn, Maitland, Kensington, Observatory, Mowbray, Rosebank, Rondebosch, Upper Newlands, Lower Newlands, Bishopscourt, Upper Claremont, Lower Claremont, Kenilworth, Wynberg, Plumstead, Retreat, Lakeside, Bergvliet, Athlone, Lansdowne, Ottery, Bonteheuwel, Manenberg, Hanover Park, Parkwood Estate, Sanddrift, Thornton, Camps Bay, Sea Point, Green Point, Woodstock and Salt River.

SUNDAYS: On Sundays a special payments removal is effected at Hotels, Restaurants and Boarding Houses.

DISPOSAL OF REFUSE

Industrial refuse disposal continued at Vissershok and domestic waste was disposed of at Strandfontein and via the Athlone Pulverising Plant at the Swartkop Disposal Site. During the year the quantity of domestic and small trade refuse, removed was approximately 170 000 tons.

Langa and Guguletu: There has been improvement in the refuse removal service in both Langa and Guguletu. Many homes, however, particularly in Guguletu, are not in possession of refuse bins with resulting dumping and non-collection. Further improvement is necessary in the service of the areas around the single quarters and streets thereto. The dumping of unserviceable motor vehicles generally in the townships also hampers the cleansing work. In the case of stripped vehicles and those left abandoned, they should be removed. Difficulty in maintaining clean areas in the vicinity of Barracks is further hampered by the activities of illegal traders as mentioned above.

STORMWATER DRAINAGE

The greater part of the Municipality, being built on the slopes at the foot of the mountain, is well sited for drainage but in parts of the Cape Flats natural drainage scarcely exists and in the wet season the groundwater level over a considerable area rises to or very near the surface.

It is the policy of the City Council to concrete line the inverts and banks of the bigger natural watercourses in its area when required to provide increased hydraulic capacity or when warranted by cleaning and maintenance costs.

The stormwater is conducted in channels and pipes to the main canals and culverts or directly into the sea.

Continuous urban expansion and higher population densities require a more stringent approach to stormwater collection, especially on the Cape Flats.

PAIL CLOSETS

Regular removals of night soil were effected from all premises requiring such service in unsewered areas. Pail contents are disposed of by discharging into the sewerage system through the intake at the Strandfontein sewerage works 209 568 pail clearances were affected. Similarly 11 598 removals were made from O'Brien dry earth closets in the municipal and certain abutting areas.

PUBLIC SANITARY CONVENIENCES

This Department has under its control 53 public sanitary conveniences (chalets) sited at convenient points throughout the municipal area, and which are staffed by 141 permanent attendants.

PLANS SCRUTINY

The Department has two Senior Inspectors seconded to the Building Survey Branch of the City Engineer's Department for the purpose of examining building plans for compliance with Health Department requirements.

All building plans except those for residential premises are referred to the Health Department for scrutiny in terms of the provisions of the various Acts of Parliament. Regulations made thereunder and Municipal Bylaws, administered by the Department, which include lighting, ventilation, ceiling height, floor areas, sanitary accommodation, drainage and rodent proofing.

Other duties carried out by these inspectors include visits to sites or premises, inspection of completed work, investigating the suitability of building materials and methods of construction for conformity with health standards and advising the public generally of Health Department requirements so that these may be incorporated into proposed plans.

Statistics for the year 1981:

Number of examinations of building plans	3 848
Number of site inspections	1 315

PEST CONTROL

The two pest control officers primarily responsible for the rodent, mosquito and cockroach control measures in the city are assisted by 24 rodent operatives, whose duties involve routine blockbaiting with Warfarin and its derivatives for rodent control. In the year under review, 18 800 kg of bait was laid. The rodent control work conducted during 1981 is detailed in Table IV.27 Page 148 145,11 kg of mice poison was also used for the eradication of mice.

The rapid building expansion that has and is taking place on what used to be wide open spaces is rapidly reducing the Gerbille population and anti-gerbille work is carried out only when and where necessary.

MOSQUITOES

The pest control officers also specialise in anti-mosquito work. They investigate local prevalence of mosquitoes discovered through complaints or systematic inspection. They also institute regular anti-mosquito measures in the Black River, extending from the Bokmakierie Township to the Royal Observatory, as well as giving attention to seasonal collections of standing water and other known mosquito breeding foci within the municipal area. Two of the operators under their control devote the whole of their time to oil-spraying of waters where mosquitoes are likely to breed.

COCKROACHES

In addition to dealing with anti-rodent work and mosquito control, an increasingly important section of environmental sanitation has been the control of cockroaches in food establishments and foul and stormwater sewers. These tasks are shared by the district inspectors and the pest control officers. Where infestation is traced to the municipal sewers control measures are carried out by the City Engineer's Road and Drainage staff.

HYDROGEN CYANIDE FUMIGATION

Under the Hydrogen Cyanide Fumigation Regulations (Government Notice Nos 804 of 1943-04-30; and 605 of 1945-04-13), no person may undertake the fumigation of any 'building or premises' with hydrogen cyanide unless he has obtained a certificate of competence from the State Health Service or a "First Schedule" local authority. Certificates granted by local authorities are subject to confirmation and countersignature by the Secretary for Health. A certificate may not be issued unless the candidate has worked for six months under a certified fumigator.

In August 1943, the Medical Officer of Health, Cape Town, was requested and authorised by the Secretary for Health to undertake the examination and certification (subject to the prescribed confirmation), of candidates from areas outside Cape Town not under 'First Schedule' authorities. No certificates were issued during 1981.

Langa and Guguletu: During the year five works orders were received to exterminate rodents at properties in Langa and Guguletu. These orders were successfully executed.

V COMMUNITY HEALTH CARE

COMMUNITY HEALTH POLYCLINICS AND SATELLITES

FAMILY PLANNING

CANCER PREVENTION

MATERNITY SERVICES

CHILD HEALTH CARE

IMMUNISATION

SEXUALLY TRANSMITTED DISEASES

DOMICILIARY VISITING

GERIATRIC SERVICES

HEALTH EDUCATION

COMMUNITY LIAISON SECTION

COMMUNITY HEALTH POLYCLINICS AND SATELLITES

Because of the realisation that greater efficiency, improved work satisfaction and a higher level of community service would result from the amalgamation of the previously separate TB, STD and CW branches into a more comprehensive, single promotive health service, such a pilot project was launched in the Heideveld area in 1974 and was completed in 1978. In August 1977 the Municipal area was divided for administrative purposes into three geographic Health Zones (each composed of a number of smaller health districts) with clearly defined boundaries and controlled by three Principal Medical Officers as Branch Heads. Community Health Polyclinics provide a wide range of services to meet the needs of the residents of a defined surrounding area, and in many areas use is also made of satellite clinics. A planning committee under the chairmanship of the Medical Officer of Health, and including senior field staff, meets regularly to monitor the efficiency of the services being provided.

MITCHELLS PLAIN

A total of 21 209 dwelling units had been completed at Mitchells Plain by the end of 1981. This figure includes the construction schemes of the Divisional Council which comprised 369 home ownership and 1 346 letting units. With the population at 31 December 1981 being 106 000 persons, Mitchells Plain is now approximately twice the size of towns such as Grahamstown and Worcester. Further extensions comprising 11 000 letting/selling units are planned and are presently under construction. The anticipated population by the end of 1982 would be 170 000 which is equivalent to the present day Bloemfontein.

At Westridge, our first custom-built Community Health Polyclinic adjacent to the Civic Centre (opened in November 1977) continues to function tremendously well. The efforts, research and planning devoted to its design have proved most worthwhile since it enables all our health services to be provided under one roof and several clinic sessions to run concurrently. There is a full programme of morning and afternoon sessions throughout the week. One section of the polyclinic caters for Ante-natal Services, Child Welfare, Family Planning, Child Assessment, Immunising, Hearing and Eye testing and Dental Clinics (a State Health Service) and in the other section of the building the investigation and treatment of Tuberculosis, and Sexually Transmitted Diseases are carried out, and Psychiatric and Geriatric Services are provided. Because of the continuing expansion, satellite clinics have had to be established at Tafelsig, Rocklands and Strandfontein.

For the same reason, a second Community Health Polyclinic in Lentegeur has recently been completed. It is close by and accessible to the community it serves. Due to the great success of Westridge it has been built to the same specifications.

LANGA AND GUGULETU

By 1978 clinic services were fully amalgamated into the preventive and promotive Community Health Care Scheme and at Langa the foundations have recently been laid for a new modern Community Health Care Polyclinic.

FAMILY PLANNING

PROGRAMME AIMS

Family Planning Services are being accorded an ever higher priority rating as many health problems would be prevented or alleviated if family size was limited to that desired by (and capable of being provided for by) the parents. The Central Government attaches so much importance to this service that it is subject to a 100% refund from that body. It must be emphasized that the aim of the Family Planning Programme is to raise the standard of Family Health and not merely to control population or community growth.

PROGRAMME METHODS

Family Planning clinic services are provided by full-time family planning clinic sisters and also as part of their normal duties by comprehensive medical officers and nursing staff. Apart from sessions at fixed clinics, mobile teams attend factories where large numbers of individuals who would find it difficult to reach clinics can be assisted. The factories are also targets for a team of motivators who provide preliminary education and motivation as groundwork for the clinical team. Another team of field motivators, under the control of a liaison officer, is engaged in a sweep through the residential areas, identifying and motivating potential clients and simultaneously building up a picture of the fertility demography of the area.

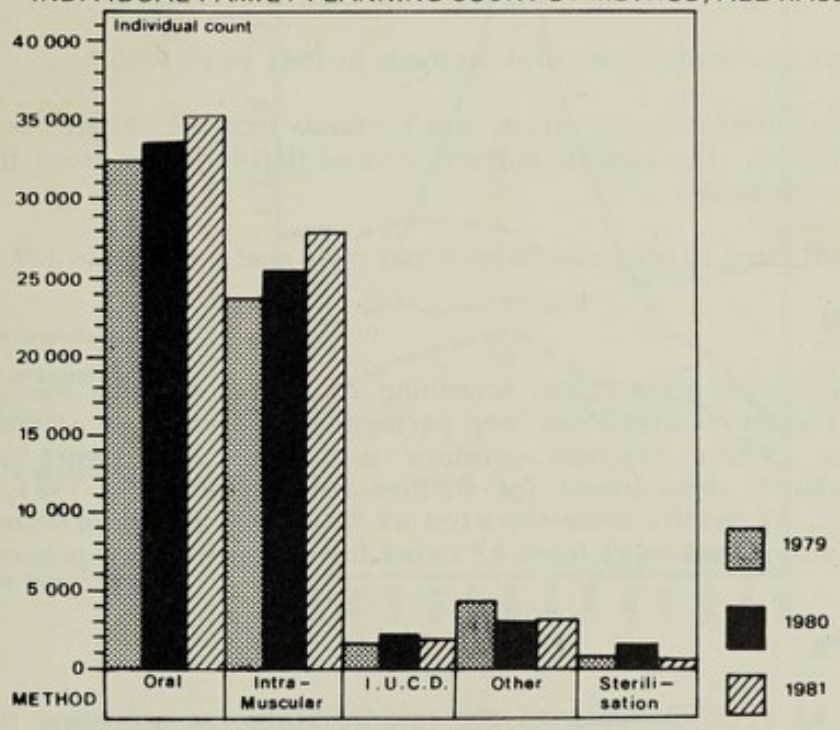
PROGRAMME RESULTS

Detailed statistical returns on all aspects of the programme are forwarded to the State Health Department (who provide financial support for the service). These returns are analysed in depth to assess the penetration and cost-effectiveness of the National Programme.

Growth In 1981

Assessment of the penetration of the service can be achieved on a yearly basis by means of an 'Individual Count' whereby the cards of all clients attending at least once during the year are counted once (Table V.1 Page 149). Such a total includes a number of clients who defaulted at some time during the year (although experience shows that many of these clients have actually attended elsewhere and are still protected) but may still be used to assess annual growth (See Figures 5.1 & 5.3).

Figure 5.1 INDIVIDUAL FAMILY PLANNING COUNT BY METHOD, ALL RACES : 1979 - 1981



In 1981 the individual count total of clients seen was 68 791; this is the highest number ever recorded (6 399 White, 50 864 Coloured, 194 Asian and 11 334 Black). It represents an 8,13% growth in the service over the previous year.

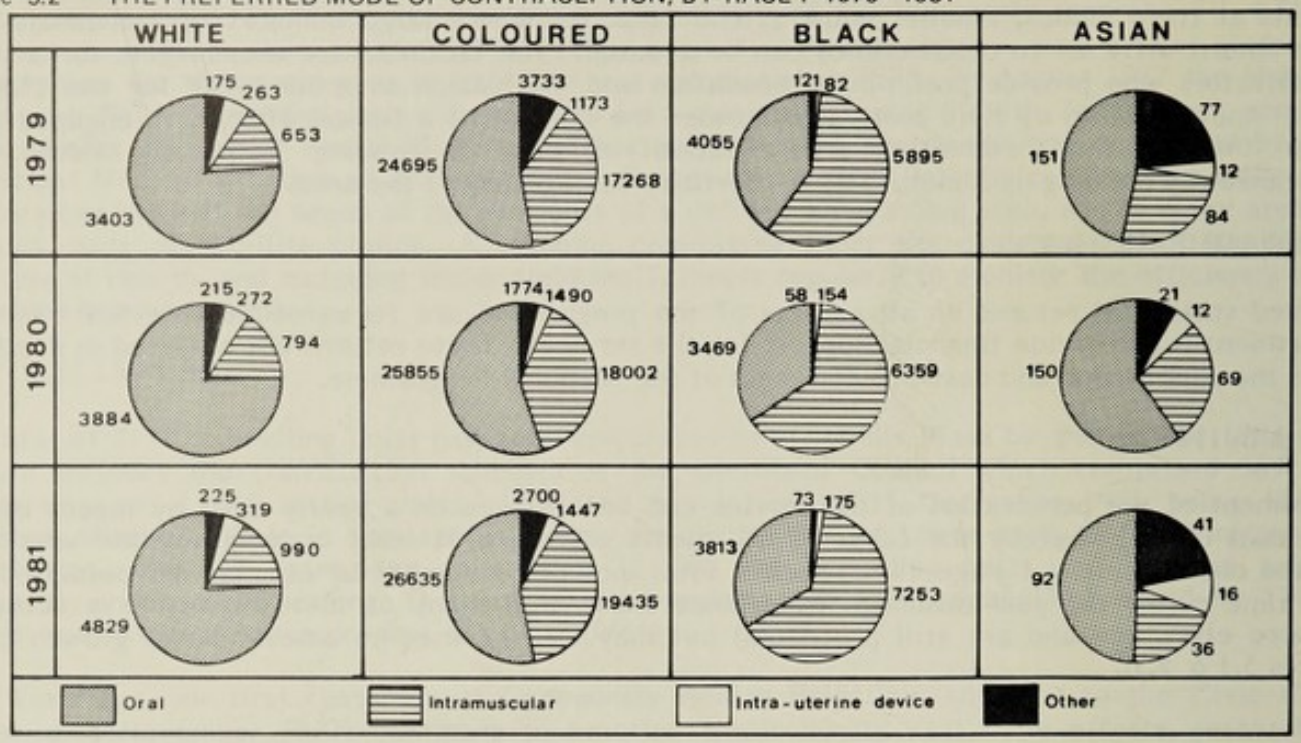
Attendances at various centres over the past five years are given in Table V.2 Page 150.

Coverage of Women 'at-risk' of conceiving.

As fresh census data will only be available some time after the 1980 census, the data in Table V.3 Page 151 must be treated with some reserve. However, no allowance has been made for sterilised women in the 'infertile' column so that the final figures may not be far from the true situation, at least for the Coloured group where nearly 50% of women at risk are thought to be protected at City Health clinics.

Preferred Mode of Contraception (Tables V.4 and V.5 Pages 151, 152; Figures 5.1 and 5.2)

Figure 5.2 THE PREFERRED MODE OF CONTRACEPTION, BY RACE : 1979 - 1981



Whites - Three quarters of clients chose oral methods in 1981 as in 1980.

Coloureds - Proportionately far fewer chose oral methods than did Whites (and many more opted for intramuscular methods). The overall pattern showed little change from the previous year and IUCD remained fairly unpopular.

Blacks - This group continued to prefer intramuscular over oral methods in 1981 as in 1980.

CANCER PREVENTION

Since February 1960, routine cytological screening to detect possible early malignancy of the cervix (carcinoma of the cervix uteri) has been performed on all women attending Family Planning or Post-Natal clinics. Where atypical cytology is found the patients are referred to the gynaecological out-patients department for further management. In 1981, 16 744 Papanicolau smears were examined, 89 results were reported as "atypical" and were investigated - of these, early carcinoma was discovered in at least 42 cases (investigations are proceeding in some of the remainder).

MATERNITY SERVICES

The Health Act, Act 63 of 1977, assigned the responsibility for providing these services to the Provincial Administration.

ANTE-NATAL CARE

The Health Department works closely with the Provincial and private maternity services operating in the Peninsula, referring many cases to the former and assisting with ante-natal care in some of the latter.

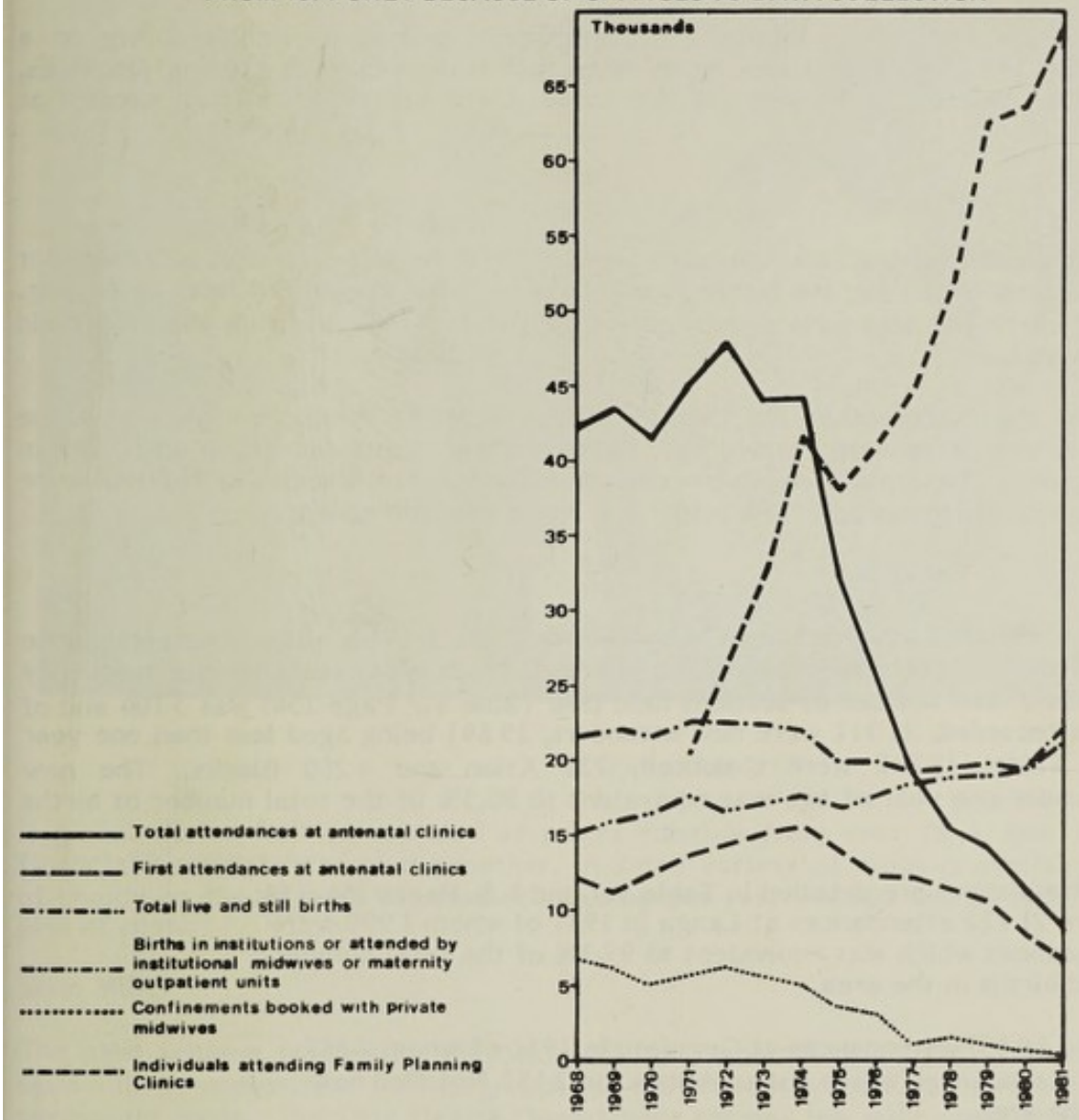
ATTENDANCES

During 1981 the fall in ante-natal attendances evident since 1974 continued. The fall in attendances is almost entirely due to the greater number of referrals to the Peninsula Maternity Services group of hospitals and Day Hospitals. See Figure 5.3. During 1981 there were 1 698 clinic sessions held at 23 different centres (see Tables V.6 and V.7 Page 153). Private midwives were booked to attend 489 domiciliary deliveries (64 less than in 1980) and the majority of these

expectant mothers attended Municipal ante-natal clinics - the midwives being encouraged to attend with their patients for consultation with the doctor. There were 6 687 first attendances of new ante-natal cases (compared with 8 928 in 1980), but the majority attended only once and were then managed by the Provincial Maternity Services.

Figure 5.3 RECENT FALL IN ANTENATAL CLINIC ATTENDANCE DISPLAYED IN RELATION TO THE NUMBER OF NOTIFIED BIRTHS, ATTENDANCE AT FAMILY PLANNING CLINICS*, THE NUMBER OF BIRTHS AT INSTITUTIONS AND THE NUMBER OF CONFINEMENTS BOOKED WITH PRIVATE MIDWIVES : 1968 - 1981

* FROM 1971 ONLY BECAUSE OF CHANGES TO DATA COLLECTION



Langa and Guguletu: Attendances at ante-natal clinics totalled 2 221 at Langa and 1 625 at Guguletu during 1981. The number of new attendances at Langa totalled 2 148, which outnumbered the Notified Births in the area and at Guguletu totalled 886 i.e. 40% of the Notified Births in the area. These figures are influenced by the availability of Provincial Services.

MIDWIFERY

While not offering facilities for delivery at Municipal clinics the Department does supervise all persons other than medical practitioners practising midwifery in the Municipal area (in terms of Section 18(b) of the Public Health Amendment Act, Act No. 15 of 1928). There are 37 private midwives (36 trained midwives and 1 untrained who are registered with the SA Nursing Council). Regular monthly meetings are held at various centres which afford the private midwives the opportunity of hearing lectures given by Obstetricians from the Medical School, University of Cape Town and at which the supervisor of midwives inspects the midwives records and equipment. Private midwifery fees are paid by the Department for approved indigent cases in areas not served by the Provincial District Midwives or midwives from the training school. An amount of R225,00

was so paid in 1981.

POST-NATAL CARE

While post-natal care is offered at Family Planning sessions usually combined with infant visits, (see above) there is a grave deficiency in coverage at the six week stage.

CHILD HEALTH CARE

SCOPE OF ACTIVITIES AT CLINIC SESSIONS

Child Welfare, Immunisation and Family Planning services were delivered simultaneously on a polyclinic principle during 1981. At the clinics mothers are advised on correct feeding practices, and all matters of hygiene relating to infants and pre-school children. Dried milk is supplied as discussed below.

DEVELOPMENTAL SCREENING

Neonates, babies of about 9 months, and children aged 4 1/2 to 6 years are screened for developmental abnormalities, which for the latter two groups includes vision and hearing testing. Problems are identified early and appropriate management instituted thus ensuring that the child develops to his full potential.

During the year neonates were screened by the Public Health Nurses at the birth visit, and in the other groups 14 878 screening tests were carried out, 8 989 in the 9 month old group and 5 889 in the 4 1/2 to 6 year old group. Abnormalities which required either re-examination or referral were found in 3,5% in the 9 month old group and 9,3% in the 4 1/2 to 6 year old group.

ATTENDANCES

In 1981, over 1/2 million children attended the Child Welfare Clinics. This very large attendance was undoubtedly due to the comprehensive polyclinic concept which gives considerable frequency and availability of services. The number of sessions held (see Table V.7 Page 154) was 5 104 and of the 503 171 attendances recorded, 21 311 were new attenders, 19 841 being aged less than one year of which 2 598 were White, 12 812 were Coloured, 231 Asian and 4 200 Blacks. The new attendances of infants under one year of age was equivalent to 90,5% of the total number of births notified during 1981.

Langa and Guguletu: Attendances are detailed in Table V.7 and V.8. Pages 154-158.

Langa: There were 21 222 attendances at Langa in 1981 of whom 1 990 were new attendances which was equivalent to 99,3% of the total number of notified births in the area.

Guguletu: There were 40 457 attendances at Guguletu in 1981 of whom 2 867 were new attendances which outnumbered the 2 183 Notified new births in the area.

NUTRITION OF INFANTS, TODDLERS AND PRE-SCHOOL CHILDREN

Information and advice on nutrition and correct feeding techniques is given to mothers at child welfare clinics. Breast feeding is strongly encouraged and instruction is combined with test feeds when necessary. An intensive health education programme has resulted in an increase in the incidence of breast feeding.

Breast Feeding Clinics

Mothers who have problems with breast feeding are seen at special Breast Feeding Clinics where more time can be devoted to solving the various types of individual problems. These clinics are conducted at the same time as ante-natal clinics so that the expectant mothers can learn by example the importance of breast feeding.

Artificial Feeding

For those who are unable or unwilling to breast feed, advice on artificial feeding and bottle hygiene

BREAST IS BEST

is given. Dried milk is supplied at prices ranging from cost to a free issue depending on the financial circumstances of the mother. A small variety of milks is available to allow for freedom of choice on the part of the mother. During the year 148 902 kgs of proprietary dried milk were sold at cost.

Skim Milk

The pilot scheme started by the State Health Department in 1961 for the distribution of dried skim milk to necessitous toddler groups for the prevention of Kwashiorkor has been continued on a permanent basis. The City Health Department obtains the milk and distributes it, and in 1981 an amount of 65 570 kgs was distributed with the patient contributing as much of the City Council's share of the cost as possible. 12 656 kgs of skim milk powder provided by the Council was supplied to children at Council Creches and Nursery Schools. Without these schemes the state of infant nutrition in many cases would be far from satisfactory.

SPECIAL MALNUTRITION CLINICS

A Malnutrition Clinic specifically designed to deal with malnutrition and its many causes was established as a pilot project in Heideveld in 1979. The success of this clinic led to the establishment of specialised Malnutrition Clinics in other centres and at the present time these clinics operate in Heideveld, Manenberg, Bokmakierie, Netreg, Hanover Park, Bonteheuwel, Guguletu, Langa, Lavender Hill, Parkwood, Retreat, Kensington, Factreton and in Mitchells Plain at Lentegeur and Tafelsig.

All children living in the Health Zone who are below the third percentile weight for age are referred to this clinic, the cause of their malnutrition established, and management of their problems instituted (patients who show signs of Kwashiorkor or Marasmus are referred to the

hospitals or day hospitals for curative treatment).

Before the child is referred to the Malnutrition Clinic the Health Visitor completes a Malnutrition Form when doing her home visit. A family, social, medical and nutritional history is taken.

At the clinic the child is medically examined and referred for a chest x-ray. The paramount importance of nutrition education is recognised and intensive health education on proper feeding techniques, budgeting, nutritious foods, simple home economics and the buying of the correct type of food is given to the mother. Nutrition experts give demonstrations on the cooking of nutritious recipe, the Hay Box method of cooking is demonstrated and the patients are taught how to make a Hay Box. Social problems are dealt with and the mother is referred to the appropriate agency for help and advice. Medical problems are treated and if indicated treatment for worms is given. Defaulters are followed up. Where possible the Shawco or Kupugani shops are present at these clinics so that the mothers can buy recommended foods at prices cheaper than in shops and supermarkets.

Mealie Meal, peanut butter and skim milk are supplied at the first 2 visits, thereafter only skim milk. It is evident that this action is having a positive effect with the number of cases attending increasing, particularly the number of old cases which indicates a decline in the defaulter rate. The mealie meal, peanut butter and skim milk act as a drawcard.

The service will be extended to other areas where the need exists.

CRECHES CUM PRE-PRIMARY SCHOOLS

Creches cum Pre-Primary schools run by this Department are provided for children of those families where either parent is suffering from Tuberculosis or some other illness which prevents the proper nutrition and upbringing of the child. Cases are admitted following investigation and referral by the Public Health Nurses in the field.

The activities of the 8 Nursery Schools are controlled by the Nursery School Supervisor and are detailed in Table V.14 Page 161. There is a routine annual medical examination of each child and the Nursery School teachers are trained in the developmental screening of the 4 1/2 - 6 year old child which includes screening for hearing, visual, speech and behavioural problems.

PRIVATE CRECHES/NURSERY SCHOOLS

Persons wishing to establish Creches or Creches cum Nursery Schools (or premises caring for more than 6 children of pre-school age even if only for part of the day or on a few days a week) must -

(a) apply for a trading licence in terms of the Licencing Ordinance No. 17 of 1981 from the Town Clerk;

(b) register with either the Department of Health and Welfare for Whites; Department of Internal Affairs for Coloureds and Asians and the Department of Co-operation and Development for Blacks.

The Standard Requirements of this Department are available on request and our Health Inspectorate working in close collaboration with the relevant State Department investigates the suitability of the premises from a public health point of view.

Although certain organisations, e.g. welfare and church organisations are exempted from obtaining a trade licence, all Places of Care must be registered in terms of the Children's Act No. 33 of 1960.

In terms of the regulations relating to Places of Care promulgated under Government Notice R243 of 1976 this Council is obliged to submit a report to the relative State Department regarding the suitability of the building from a structural and health point of view prior to their registration.

Regular inspections of existing premises are made routinely or following a complaint to ensure that health standards are maintained.

SCHOOL EYE CLINICS

An ophthalmologist, assisted by a Public Health Nurse and Clinic Nurse, was present at 260 ophthalmic sessions for school children held during 1981 and which resulted in 1 891 children receiving spectacles (attendances are detailed in Tables V.7 and V.15 Pages 154, 162). New cases decreased by 255 over 1980, and total attendances increased by 290.

PROTECTED INFANTS

Children under the age of seven years living with foster parents must be registered with the Commissioner of Child Welfare of the district. He is empowered to nominate infant protection visitors to visit the foster home and make reports thereon - the Public Health Nurses of this Department have been so nominated and in 1981 were responsible for visiting 50 protected infants in the Cape Town and 246 in the Wynberg Magisterial districts. Reports on these children must cover all psychological, social and physical aspects of the foster care being provided and, if they are adverse, these reports may result in the removal of the child to the care of a more suitable person.

IMMUNISATION

A continued effort to keep up the community level of immunity to poliomyelitis, diphtheria, whooping cough, tetanus, tuberculosis and measles is essential. Difficulty is still sometimes experienced in obtaining completion of the course of immunisation. There is a clear fall-off in attendances for 2nd and 3rd doses as compared with 1st doses administered and this necessitates much home visiting by the Public Health Nurses to persuade defaulting parents to bring their children to the clinic. The recommended schedule of the State Health Department (form Health 183) is followed in broad outline (see Table V.9 Page 159). Immunisation is offered by: (a) the child welfare staff at the vast majority of clinics as already indicated and, (b) an immunising team of nurses who visit clinics, institutions and schools. A sophisticated mailing system (whereby postcards are addressed to parents once the infant has attained the age of three months, and which detail the need for immunisation by private doctors or at a municipal clinic) is made possible by reference to the records of birth Notification (see page 19). Decentralisation of the records to Community Health Centres was introduced in 1978.

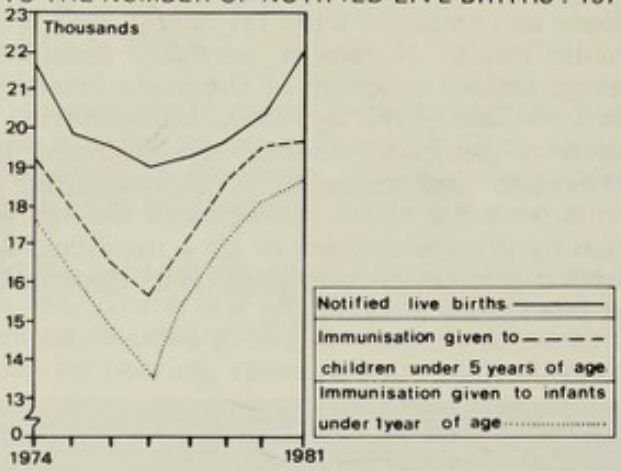
THE SCHOOL TEAM

POLIOMYELITIS

Government Notice R1989 of 1963-12-27 made it compulsory for immunisation against poliomyelitis to be commenced within the three months after a child had attained the age of three months and to be complete within a period of twelve months from the date of the first dose. Immigrants were also prescribed as requiring immunisation and the service was proclaimed to be available free of charge to South African citizens and immigrants alike. Such free immunisation is available at all clinics where triple vaccine (DWT) is routinely administered. Poliomyelitis immunisation was offered at 5 182 sessions during 1981 and a total of 100 598 doses were issued (broken down by whether 1st, 2nd, 3rd or booster dose; by age and race groups (see Table V.10 Page 160). Figure 5.4 illustrates the number of complete triple dose poliomyelitis immunisations administered in relation to the number of births Notified over a seven year period (1975 - 1981) and shows a slight decrease from 89% to 85% in the completion rate for 1981 compared with 1980.

Langa and Guguletu: (Table V.11 Page 160) At Langa 986 and at Guguletu 1 792 persons were fully immunised with a course of three doses of vaccine. The age at which the first dose was administered reflects the fact that in Langa some 20% and in Guguletu 6% of persons immunised were aged 1 year or older. This is most unsatisfactory as the first dose should be administered at three months, the second at 4 1/2 months, and the third at six months of age.

Figure 5.4 THE NUMBER OF COMPLETE TRIPLE DOSE POLIOMYELITIS IMMUNISATIONS ADMINISTERED IN RELATION TO THE NUMBER OF NOTIFIED LIVE BIRTHS : 1974 - 1981



DIPHTHERIA, WHOOPING COUGH (PERTUSSIS) AND TETANUS VACCINE (DWT, DPT OR "TRIPLE ANTIGEN")

Such immunisations are not compulsory but are vitally important to the health of the child. The triple antigen in use in 1981 was that of the SAIMR and its administration is recommended at 3 months, 4 1/2 months and six months of age with a further booster dose at 18 months. Use of DT alone is advised for school entrants. At 5 133 immunisation sessions in 1981 a total of 100 963 injections of various combinations of D+W+T were administered (see Table V.10 (b) Page 160). First attendances in the under 1 year age group were equivalent to 99,5% of Notified births for Coloured, 98,1% Whites and 84,7% Black births Notified during the year and outnumbered the Asian Notified Births (157,8%) comparable percentages in 1980 were 94% for Whites and 85% for Asian, 94% Black and 99% for Coloured.

In perusing these statistics it should be remembered that of the Notified Live Births a number were dead or ill before reaching the age of one year - in 1981 there were 454 such deaths alone (equivalent to 2,07% of the total Notified births) of which 151 were Black, 273 Coloured, 3 Asian and 27 were White. In turn, of the 427 Black, Coloured or Asian deaths 312 were aged less than three months so that the real penetration of the immunising service was even better than the crude percentages would indicate.

Langa and Guguletu: A similar pattern to that of poliomyelitis immunisation is apparent (see Table V.11 Page 160). The proportion of Notified births presenting for the first immunisation during the first year of life is poor. That is partly explained by infants being taken back to the Transkei etc. and by the high Infant Mortality.

SMALLPOX

Vaccination was no longer compulsory and was deleted from the schedule.

TUBERCULOSIS

BCG immunisation was made compulsory by Government No. 1754 of 1973-09-28; except where the parent or guardian objects in writing, this must be commenced (i.e. given for the first time) within 6 months of birth. Japanese Freeze dried BCG is supplied by the State Health Department; in previous years an unsatisfactory vaccine had been used and thus there has been need to re-immunise school entrants for the past few years.

46 834 BCG vaccinations were given during 1981 - 23 019 to infants under six months, 434 to infants 6 to 12 months of which 306 were repeats (3 088 White, 15 807 Coloured, 299 Asian and 4 259 Blacks) and 23 381 to school age children and others(19 591 Coloured, 2 146 Whites, 27 Asian and 1 617 Blacks). BCG is administered percutaneously via 27 punctures (using the new disposable needle implanted plastic cylinder) to infants aged three months as a routine and also to Tuberculosis contacts who were tuberculin negative (see page 77).

Attendances for 1980 and 1981 are detailed in Table V.12 (Page 161).

Langa and Guguletu: 1 588 BCG vaccinations were administered at Langa and 2 741 at Guguletu during 1981 (equivalent to 79% of Notified births at Langa and more than the total of Notified births at Guguletu).

MEASLES

A measles immunisation programme was begun in February 1974. Nearly 11 000 doses were administered to children in 1974, 10 100 in 1975, 11 469 in 1976, 7 364 in 1977 (vaccine available from June to December only), 29 948 in 1978, 34 475 in 1979, 36 059 in 1980 and 36 550 in 1981 (see Table V.13 Page 161). The objective laid down by the Department in 1978 was to administer a minimum of 30 000 doses annually for the following 3 years to protect all infants born in each of those years and to catch up on any backlog that might exist. Hopefully this backlog has now been taken up.

High risk children are given the vaccine at 7 to 14 months and low risk at 14 months only. Because the objective of the Department is to eliminate indigenous measles, major efforts are made to improve the proportion of children receiving the vaccine.

The number of cases of measles notified to this Department in 1981 was less than half of that notified in 1980 (604 in 1980 and 300 in 1981).

The entire measles programme is continuously under review.

Langa and Guguletu : 2 129 Langa and 3 192 Guguletu children were given measles vaccine in 1981.

ADVERSE REACTIONS TO IMMUNISATION

8 adverse reactions occurred (see Tables V.19 and 20 Pages 165, 166).

SEXUALLY TRANSMITTED DISEASES (VENEREAL DISEASES)

Accurate statistics of epidemiological trends are difficult to detect due to the fact that Sexually Transmitted Diseases are not compulsory notifiable diseases and patients attend either private doctors, hospitals or local authority clinics for their investigation and treatment. Attendances at municipal clinics provide the only epidemiological records of these diseases in Cape Town and these attendances are presented below in order that their priority rating can be seen in the total community health care.

On the 23 May 1981 a symposium on Sexually Transmitted Diseases in Southern Africa was held at the College of Medicine of South Africa, Parktown, Johannesburg and it was proposed that a society for the study of Sexually Transmitted Diseases should be established with the following aims.

(a) to provide a forum of discussion on all aspects of sexually transmitted diseases in Southern Africa;

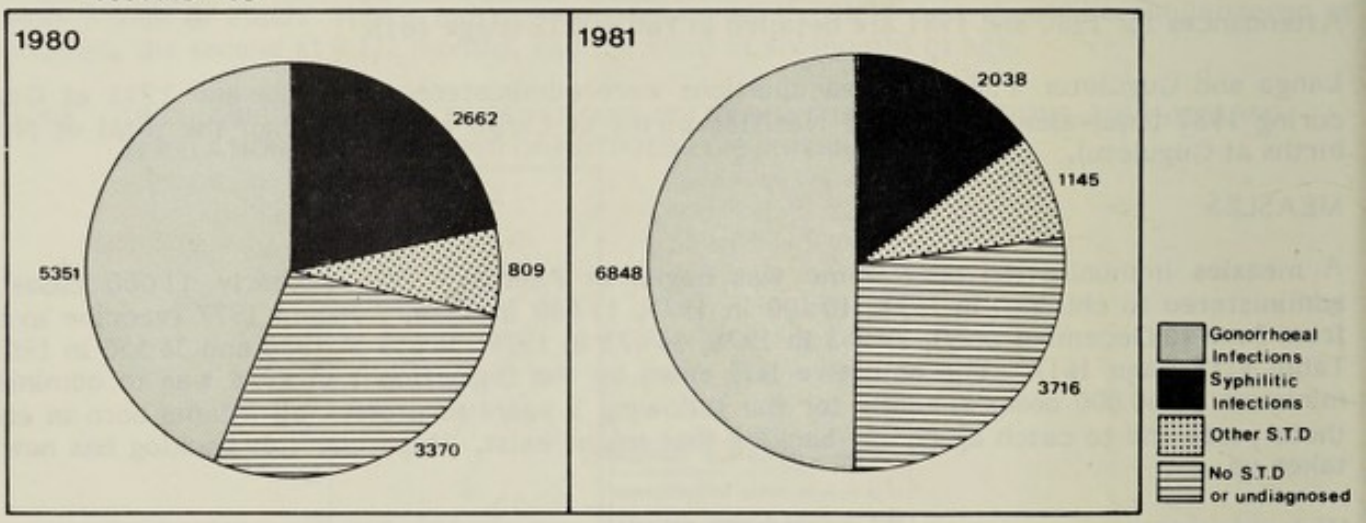
(b) regular publication of articles on sexually transmitted diseases in a journal of its own.

Membership would be drawn from all sections of the health care team dealing with sexually transmitted diseases and open to all medical and nursing personnel, paramedics as well as health educators. It is hoped that this society which has now been formed, and which all Departmental doctors have joined, will play a meaningful role in reviewing the whole position with regard to Sexually Transmitted Diseases in South Africa.

MORBIDITY

The numbers of new cases seen during 1981 and the preceding year are detailed by race group, sex and diagnosis in Table V.21 Page 167. Trends over a series of years are indicated in Table V.22 Page 168 and occurrence in teenagers in Table V.23 Page 169. Summary data is contained in Table V.24 Page 170.

Figure 5.5 NEW ATTENDANCES AT SEXUALLY TRANSMITTED DISEASES (S.T.D) CLINICS BY DIAGNOSIS: 1980 AND 1981



ALL FORMS OF SEXUALLY TRANSMITTED DISEASE

The number of new cases rose by 1 209 (13,7%) from 8 822 in 1980 to 10 031 in 1981 with a rise in the incidence rate per 1 000 population from 9,3 to 10,3. White female new attendances fell by 18,8% (from 32 to 26); and White male new attendances rose by 1,2% (from 331 to 335); Black/Coloured/Asian female new attendances fell 18,1% (from 1 849 to 1 514) and male rose by 23% (from 6 610 to 8 126). There were 529 new cases in teenagers in 1981, a fall of 16% over the 1980 figure of 630. The spectrum of pathology seen is illustrated in Figure 5.5.

SYPHILIS

There was a decrease of 23,4% (from 2 662 to 2 038) in the number of new cases of acquired syphilis in 1981 compared with 1980 (a decrease of 607 in other race groups and 17 for Whites). See Tables

Figure 5.6B NUMBER OF NEW CASES OF SYPHILIS (INCLUDING REINFECTIONS) SEEN AT TREATMENT CLINICS IN FEMALES : 1955 - 1981

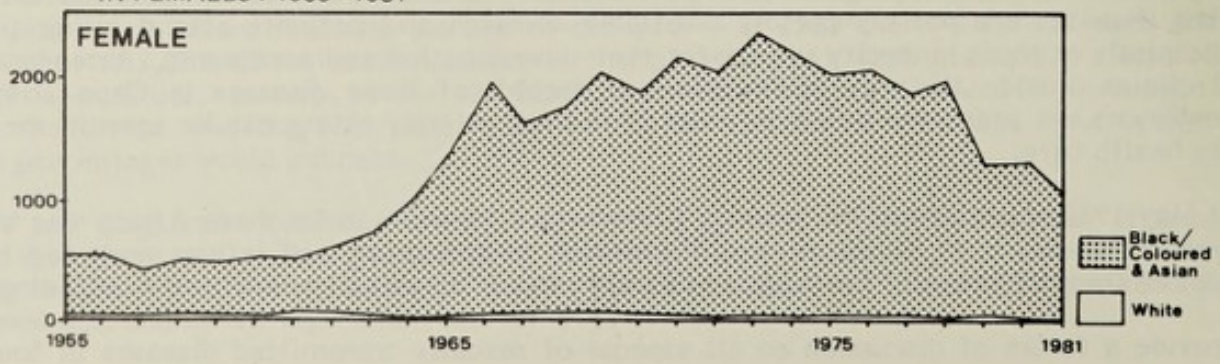
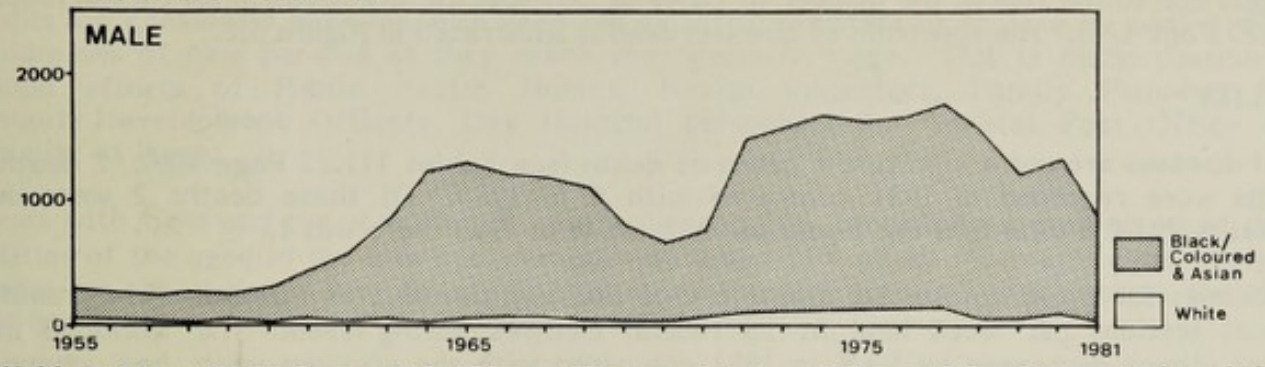


Figure 5.6A NUMBER OF NEW CASES OF SYPHILIS (INCLUDING REINFECTIONS) SEEN AT TREATMENT CLINICS IN MALES 1955 - 1981



V.21, V.22, V.23 and V.25 Pages 167-170 and Figures 5.6 A and B and 5.7. Congenital syphilis cases numbered 20 in 1981.

GONORRHOEA

There was an increase of 28% (from 5 351 to 6 848) in the number of new cases of gonorrhoea in 1981 compared with 1980 (an increase of 1 477 for other race groups, and an increase of 20 in the White group). See Tables V.21, 22, 23 and 24 Pages 167-170. Penicillin remained effective in therapy.

OTHER VENEREAL DISEASES

There was an increase of 41,5% (809 to 1 145) in the number of new cases of sexually transmitted diseases other than syphilis or gonorrhoea in 1981 compared with 1980 (an increase of 341 in other

Figure 5.7 NEW CASES OF SYPHILIS (INCLUDING REINFECTIONS) BY FORM OF THE DISEASE : 1980 AND 1981

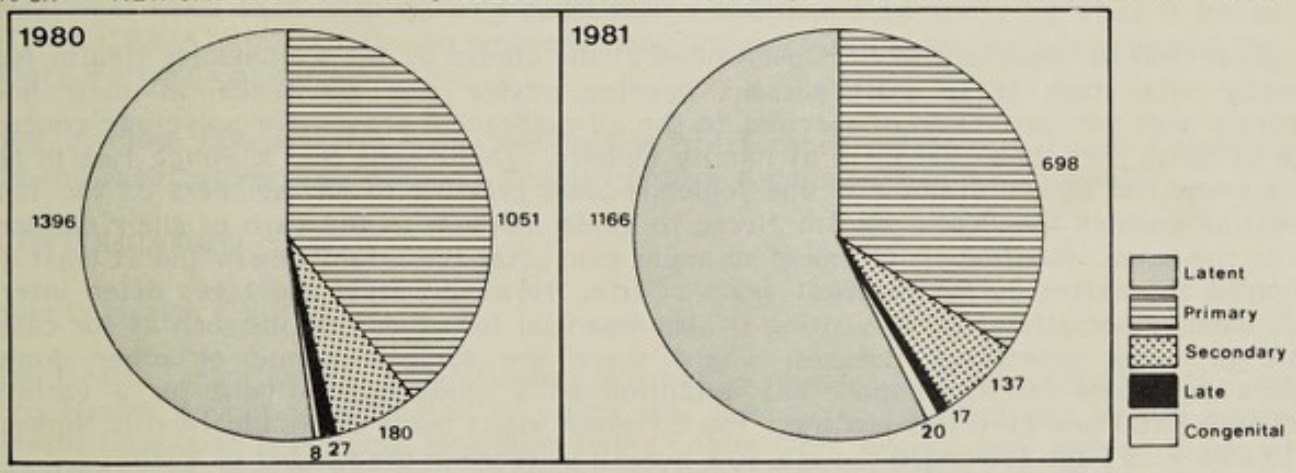
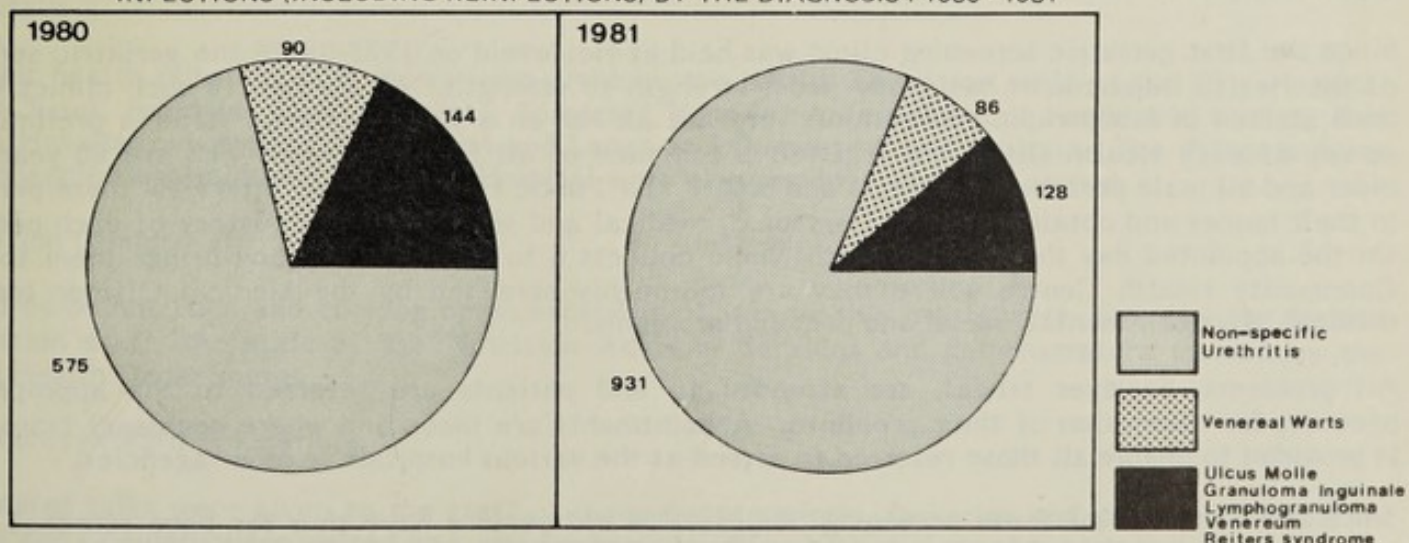


Figure 5.8 NEW CASES OF SEXUALLY TRANSMITTED DISEASES OTHER THAN SYPHILITIC OR GONORRHOEAL INFECTIONS (INCLUDING REINFECTIONS) BY THE DIAGNOSIS : 1980 - 1981



race groups and a decrease of 5 for Whites). See Table V.21, 22, 23 Pages 167-169. The increase was largely due to the rise in the number of cases of non-specific urethritis in all races groups (see Table V.25 Page 171). The spectrum of diseases seen is illustrated in Figure 5.8.

MORTALITY

Venereal diseases are not a significant cause of death (see Tables 111.22 Page 109). 7 deaths due to syphilis were recorded in 1981 compared with 6 in 1980. Of these deaths 2 were due to congenital syphilis in infants under 1 year in 1981, while in 1980 there was 1.

Free facilities for the diagnosis and treatment of sexually transmitted diseases were provided at 31 medical sessions per week held at 23 Health Centres during 1980. The workload at the treatment clinics decreased by 5,6% in 1981 compared with the previous year; new attendances increased by 12,7% from 12 192 to 13 747 (White new attendances fell by 0,4% from 502 to 500 and other races increased by 13,3% from 11 690 to 13 247) and total attendances decreased from 30 524 to 28 800 (White total attendances fell by 11,4% from 1 031 to 914 and for other races by 5,5% from 29 493 to 27 886).

The Investigation of high risk groups: (1) Contacts - Every effort is made to inform contacts of the need for investigation. In 1981 only 366 admitted contacts responded in contrast to the total of 10 031 new cases registered (comparable figures in the previous year were 386 and 8 822). The expansion of the comprehensive Community Health Care Service will progressively involve many more Health Visitors in the search for contacts.

Langa and Guguletu: Attendances at these clinics are detailed in Table V.26 Page 172. Many residents of these areas also attend at the Spencer Road clinic on Saturday mornings.

DOMICILIARY VISITING

While a great deal of important work is performed at the clinics by the Community Health Nurses their really vital task is to visit persons needing advice and assistance in their homes. Concurrently with the conversion of services to the all-embracing preventive polyclinic concept is a change in clinic records to the form of Family Folders. This means that a Public Health Nurse visiting a home has at her disposal in one folder records relating to all members of the family. Home visiting enables the Public Health Nurse to guide mothers in the care of their children in relation to the home. Routine visits should be made soon after the infant's birth and at least every three months thereafter during the first years of life. However, staff shortages often interfere with this ideal, especially as home visiting is also essential for other reasons such as for cases of notifiable or other infectious diseases; where there are socio-economic or other domestic problems; where some family member has defaulted on a clinic appointment for a variety of services; ante-natal and geriatric visiting. The different visits made by Public Health Nurses are given in Table V.18 Page 164 which shows a 10% overall increase in the number of visits.

GERIATRIC SERVICE

Since the first geriatric screening clinic was held at Heideveld on 1975-08-06 the geriatric service of the Health Department has grown from strength to strength. Altogether 18 such clinics have been started in fairly rapid succession. They are all run on a fixed pattern. After a preliminary survey of each Health District a register is compiled of all female persons who are 60 years or older and all male persons of 65 years and older. Our Public Health Nurses interview these persons in their homes and obtain a detailed personal, medical and socio-economic history of each person. On the appointed day the Public Health Nurse collects 6 to 8 old persons and brings them to the Community Health Centre where they are thoroughly screened by the Medical Officer for all medical, physical, mental, social and personal problems.

All problems, however trivial, are attended to and patients are referred to the appropriate agencies for correction of their problems. Appointments are made and where necessary transport is provided to enable all those referred to attend at the various hospitals or other agencies.

Since the initiation of these screening clinics 4 756 old persons have thus far been screened and many re-attended for follow-up. Considering that Child Health Care and the control of infectious diseases must of necessity be given priority and that therefore only 5% to 8% of the resources of the Health Department can be applied to geriatrics this is no mean achievement. (For details of

the types of visit and the nature of the referrals please refer to Table V.16 Page 162).

Attempts are constantly been made to keep the geriatric registers up to date by adding the names and addresses of new persons as they reach the "geriatric" age. This is made possible by the combined efforts of Public Health Nurses, Health Inspectors, Family Planning Advisers, Community Development Officers, Day Hospital personnel, the General Post Office and the Community at large.

Problems with sight and the obtaining of spectacles and foot problems have emerged as the major disabilities of the aged in the areas concerned, - 24% and 21% of all referrals respectively. While screening for spectacles is now being undertaken by the Day Hospital organisation the chiropody service has since the beginning of 1980 been funded by the City Council itself.

With the firm establishment of its Geriatric service the Health Department has gone the full circle of total comprehensive preventive and promotive services for all age groups of the population it serves.

Community Involvement

By getting the community involved in geriatrics it has been demonstrated that community involvement in health matters is not only possible but also highly effective and desirable. Churches, welfare organisations, old age clubs and concerned individuals have formed themselves into VOLUNTARY WORKERS COMMITTEES FOR THE ELDERLY. One such Committee is attached to each geriatric clinic. From 1975 until quite recently these Committees have paid for the services of a chiropodist, but since being freed from this responsibility by the City Council they now concentrate their efforts on other equally important services such as the provision of refreshments at clinic sessions, the provision of meals and nutritious food concentrates, home helps, hospital escorts and Christmas parties and hampers. They now also function on a sound organisational basis each with its own constitution and linked centrally by what is known as the CENTRAL GERIATRIC FUND - an umbrella body which co-ordinates the activities of the various Voluntary Workers Committees.

Working in close co-operation with the nursing staff these community based Committees are quietly and unobtrusively performing a yeoman service for the aged in the community.

HEALTH EDUCATION

Community Health Centres:

Because Health Education has a significant contribution to make to Community Health Care, daily talks on Health Education supported by visual aids were given to all clinics by the nursing staff and Health Education lecturers. Healthier living habits were encouraged, and emphasis given to the importance of breast feeding, adequate nutrition, immunization, accident prevention, the danger of smoking and all aspects of health care.

Hospitals:

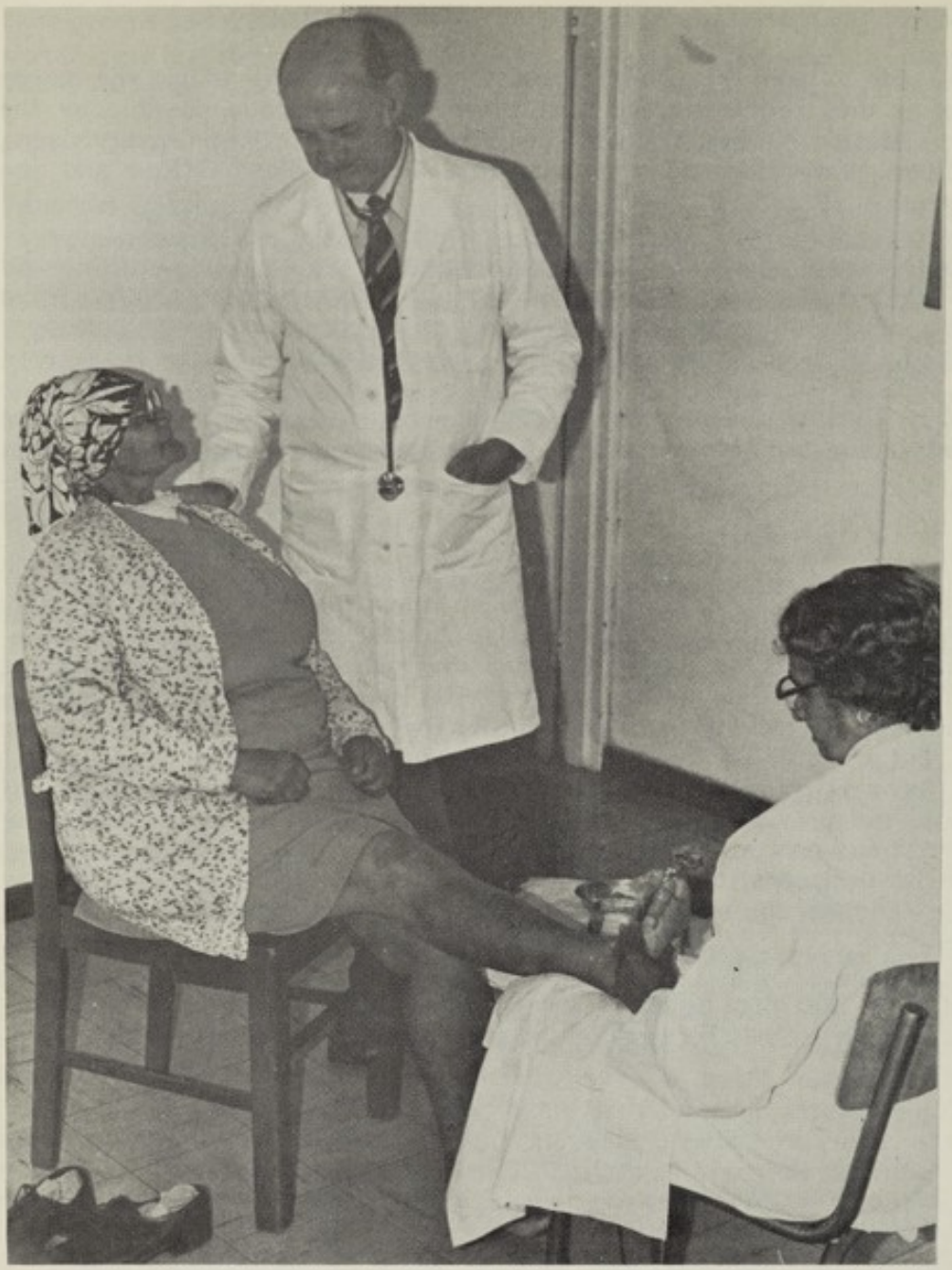
Regular health talks and film shows were given by the Health Education staff at the City Hospital (until June), Brooklyn Chest Hospital, Somerset Hospital Ante-natal and Paediatric clinics, Red Cross Hospital out-patient department and Langa and Guguletu Day Hospitals. The Princess Alice Orthopaedic Hospital and Valkenberg Hospital were also provided with film shows.

Nutrition Clinics:

Lectures on nutrition and cooking demonstrations of inexpensive meals were given by the Health Education staff, the staff of the Nutrition Advisory Services and demonstrators trained by the State Health Department.

Community Health Education:

Illustrated talks were given to the staff of many Supermarkets, factories and schools. Hostels in Langa and Guguletu were visited on a regular basis for films on a variety of health topics.



CHIROPODY

Stop Smoking Project:

All the doctor's reception rooms at Medipark and Medical Centre in the City were provided with stop smoking notices which were well accepted. These notices have proved very popular and have been in great demand for use in various shops and offices as well.

A lunch-hour stop smoking clinic was conducted for one week at the Civic Centre for the benefit of the staff. It was well attended, drew considerable interest to the problems of smoking, and proved to be very effective.

At all City Health Department meetings smoking is forbidden.

National Heart Week:

Video films on hypertension and demonstrations of low-cholesterol cooking were provided at the Golden Acre.

At the Civic Centre, a lecture on the value of exercise, and blood-pressure checks for the staff and public were given. A large model of the human heart was displayed on the concourse to draw attention to Heart Week, and brochures on hypertension were distributed.

The statistics in Table V.17 Page 163 reflect the lectures given by the Health Education Section.

COMMUNITY LIAISON SECTION

The Branch was established in July 1979 as an extension of the concept of Community Health Care.

"The basic function of a community liaison service is primarily to encourage community organisation and participation to promote social and cultural upliftment by the mobilisation of all community resources to meet the needs of urbanisation.

The duties of the Community Liaison Officers were set out to liaise with:

1. Public Health Nurses in connection with child care, family planning, care of the aged and mental health.

2. The Health Inspectors regarding environmental health.

3. Housing Managers regarding housing and community problems.

4. The Health Education Officers regarding appropriate health education.

5. The various community groups within the housing estates and assessing the resources and requirements of these groups to achieve the desired level of physical and mental well-being that is practical in each community.

6. Appropriate state and private organisations including churches, club organisations, sport bodies, cultural organisations, schools and the like to ascertain the services available, their conjoining actions and the possible elimination of overlapping.

7. Youth and women's groups and other clubs, arranging meetings and giving talks, holding discussions and the like and giving guidance to individuals and groups who wish to participate in service to their community".

PILOT SCHEME

Valhalla Park (1701 lettings) and Kalksteenfontein (213 special houses) are low cost rented schemes where the bulk of squatter families have been re-settled, have been the focus of a pilot scheme to establish community participation and a programme of self-help which has been self-funded. A new multipurpose community centre was completed and made available to staff in April 1981.

A varied programme has been developed to serve the needs of the community.

SHAWCO supervises a daily play centre group serving 75 pre-school children and an evening clinic run by medical students one night per week.

Staff have advised the residents Action Committee who have arranged an evening programme of judo, weight lifting, social clubs and teenage activities.

Staff have recruited volunteers to assist the Committee and utilised them in helping with the Senior's Club and the Youth Club. The Youth Club functions three afternoons per week and has approximately 250 members.

Staff plan and assist with fund-raising undertakings by the clubs. The funds are utilised to provide equipment and to pay for treats, lunches and outings for club members.

Staff have closely co-operated with principals and teachers to organise soup kitchens to provide midday meals for pupils at schools in Valhalla Park and Kalksteenfontein. An afternoon study programme was arranged at the Community Centre. They have conducted investigations into school absenteeism.

A highly successful Community Fair was held in Valhalla Park in October with all groups participating. The funds raised from the Fair were used to provide Christmas treats for the participating clubs.

As a result of the co-ordinated efforts made by staff and the community, it is evident that there has been a break through in the initial isolation experienced when the families first moved into this area and that the various groups are combining to forge links and promote a new cohesion to develop the community.

Research has been conducted and a survey was undertaken to identify attitudes and problems of established estates such as Bonteheuwel and Manenberg.

Another survey was undertaken to identify attitudes and needs of the newcomers who have moved into the new rented section of Tafelsig, a suburb of Mitchells Plain, and which will probably be the next target area for the Branch.

VI NOTIFIABLE CONDITIONS

For many years, 29 conditions were Notifiable in terms of the Health Act in the Cape Town Municipal area; these are listed, together with legislative references, in Table VI.1(a) Page 173. As from 24 August 1979, No. R1802 (Government Gazette No. 6628) amended the list of Notifiable conditions and is reproduced in Table VI.1(b) Page 174.

No cases of Anthrax, Agricultural or stock remedy poisoning, Cholera, Lead poisoning, Plague, Rabies, Sleeping sickness (Trypanosomiasis), Smallpox, Tetanus, Toxoplasmosis, Trachoma, Typhus or Yellow Fever were Notified as having occurred in Municipal residents during 1981.

Those cases of Notifiable disease which were Notified during the year are detailed according to race in Table VI.2 Page 175 and are ranked in order of the highest incidence thus:- Tuberculosis, Measles, Primary Malignancy of Bronchus, Lungs and Pleura, Viral Hepatitis, Cerebrospinal Fever, Whooping Cough, Typhoid Fever, Scarlet Fever, Malaria, Diphtheria, Acute Poliomyelitis, Brucellosis, Leptospirosis and Leprosy.

Notifications are analysed as regards the month Notification was received, and the age of cases in Tables VI.22 and VI.23 Pages 184, 185 respectively.

The 410 deaths due to Notifiable diseases which were registered during 1981 included 234 due to Primary Malignancy of Bronchus, Lungs and Pleura, 152 due to Tuberculosis (all forms), 14 due to Cerebrospinal Fever, 7 due to Measles, 2 due to Malaria and 1 due to Whooping Cough. In 1980, 496 such deaths were registered including 281 due to Primary Malignancy of Bronchus, Lungs and Pleura 158 due to Tuberculosis (all forms), 34 due to Cerebrospinal Fever, 19 due to Measles, 2 due to Viral Hepatitis, and 1 each due to Whooping Cough and Typhoid Fever.

It is difficult to gauge the amount of morbidity occasioned by conditions which are not Notifiable in terms of the Health Act. An indication of the importance of certain conditions can however be obtained by study of hospital admission statistics and Mortality data, (as in Section VII Page No. 89). Measles (ICD code 055); influenza, bronchitis and pneumonia (ICD codes 466, 480-486, 490 and 491); and diarrhoeal disease (ICD code 555, 558, 004, 006-009) cause a significant amount of illness in Cape Town. Discussion on measles immunisation (page 65) and hospitalisation (page 90), influenza and pneumonia mortality (page 26); and diarrhoeal disease mortality (page 26) supports the contention that these remain important conditions locally.

Langa and Guguletu: Cases of Notifiable disease are listed in Table VI.2 Page 175. Apart from 87 cases of Tuberculosis, 3 of Measles, 2 Malignancy, 2 Viral Hepatitis and 1 due to Whooping Cough all the other 1 850 Black cases of Notifiable disease resided in either Langa and Guguletu.

TUBERCULOSIS (TB)

Tuberculosis remains the greatest single communicable disease problem in Cape Town; it affects mainly the underprivileged and, despite major effort at control, will remain a problem so long as sections of the Cape Town population remain exposed to infection and to the effects of malnutrition, overcrowding, ignorance, cultural apathy and general socio-economic deprivation. As well as the cost to the patient and his family, both financially and in terms of personal suffering, the costs of the failure to prevent tuberculosis weigh heavily upon tax and ratepayers and justify continually growing expenditure on preventive measures. The amount of ill health due to tuberculosis in Cape Town is gauged by means of the Notification of cases of the disease under the Health Act and is discussed below in terms of Morbidity data. Other sub-sections dealing with Mortality due to Tuberculosis and with Prevention follow. Various definitions of the terms used in this Section are given in the box below.

DEFINITIONS

"Incidence of Tuberculosis"	the number of Notifications received per year per 1 000 of the population.
"Local cases"	persons resident in the Municipal area of Cape Town for at least six months prior to Notification as TB cases.

"Imported cases"	persons resident in the Municipal area of Cape Town for less than six months prior to Notification as TB cases.
"Out of City cases"	persons not resident in the Municipal area of Cape Town at all but whose tubercular illness was made known to the City Health Department because of local diagnosis of the condition or because of the entry of such patients to the Municipal area for purposes of treatment.
"Municipal area of Cape Town"	includes the Bantu Affairs Administration Board Western Cape, area of Langa and Guguletu.
	(a) "Pulmonary Tuberculosis" In previous years this has included only tuberculosis obviously affecting the lungs and pleura. (b) From 1976 the term has been used to describe tuberculosis of the lower respiratory tract, pleura and pulmonary lymphatic drainage system as well as recent tuberculin convertors such as tuberculin positive reactors under the age of five years who have not had BCG. The latter group was dropped from the schedule of Notifiable diseases in August 1979.
"Other forms of Tuberculosis"	means all forms other than pulmonary.

In discussing the problem of pulmonary tuberculosis as distinct from other forms of the disease it is necessary to refer to all cases infected via, and with the potential to spread the disease by, the pulmonary route. As is noted in the definitions this means that cases Notified on the basis of having 'Mediastinal glandular enlargement on x-ray' must be included as Pulmonary cases; this had not been so prior to 1976 when such cases were classified as 'other forms - glands'. In the local situation, where bovine tuberculosis is extremely rare, recent conversion to a state of tuberculin positivity is indicative of infection via the pulmonary route (unless the person in fact has been given BCG) and thus cognisance has been taken of tuberculin positive reactors under the age of five years who have not had BCG, when describing the problem of pulmonary tuberculosis; such cases have been included in the pulmonary tuberculosis group since 1976, but were not so included in previous years. As a result of these changes to what is classified as pulmonary tuberculosis it is clear that great care must be exercised in comparing figures relating thereto for 1977 to 1981 and previous years.

MORBIDITY DUE TO TUBERCULOSIS

The amount of ill health due to Tuberculosis is gauged by study of the Notifications thereof made under the Health Act. The sheer number of such Notifications indicates the sum total of individual suffering and the load placed on health resources; the incidence and prevalence rates usually reflect the similarities or differences in the occurrence of tuberculosis in different population groups or in the same group over different time periods (although it may reflect the case-finding ability of the health service and changed criteria may make comparisons difficult). The importance of Notification cannot be over-emphasised but the validity of data based thereon is nevertheless somewhat impaired by under-reporting and incidence rates based thereon do not indicate the number of new cases by time of onset of infection or disease but only by the time of diagnosis thereof.

A study of the pattern of occurrence of tuberculosis by age, race, sex and corrected diagnosis was published in the 1977 Annual report.

ALL FORMS OF TUBERCULOSIS

Notifications received during the year (Table VI.3 Page 175) showed an increase for Local cases from 2 487 in 1980 to 2 814 in 1981. Imported cases decreased from 351 to 305. There were also 19 cases hospitalised from out of City areas in 1981 compared with 180 in 1980.

Langa and Guguletu: It is to be noted that some Coloured patients gave a Langa or Guguletu address. These cases are not included when calculating incidence rates etc. which have been compiled for Black Langa and Guguletu inhabitants only. (See Table VI.4 Page 176). Of the total of 3 119 Cape Town Notifications, 21,8% were Langa and 27,7% Guguletu residents i.e. 49,6% of all the new cases Notified in this City came from Langa or Guguletu. However, of this total of 3 119 cases some 305 were residents of less than six months standing, i.e. were presumed to have

been infected outside the Municipal area. 50,5% of these 'imported' cases were found in Langa, 29,8% in Guguletu and 19,7% in the rest of the City (50% in Blacks; 5% in Whites; and 45% in Coloureds).

AGE DISTRIBUTION OF NOTIFIED CASES is shown for 1981 (Local and Imported cases) in Figure 6.1. While 97,5% White, 76,6% Coloured, 73,9% Black, and 100% Asian cases were adults (15 years or more), the age distribution under 15 years showed the classical preponderance of cases in the under five years age group. Black and Coloured Notifications are illustrated by year of age of the patient in Figure 6.2 which shows peaks for Blacks and Coloureds at 2 years of age. As demographic data is incomplete, age-specific incidence rates cannot be estimated for Blacks but using the data in Tables VI.5 and VI.6 Page 176 such rates for Whites and Coloureds can be gauged. The lowest incidence rates of Tuberculosis (all forms) per 10 000 population were in the 10 to 14 years age group for Coloureds (8,11) and in the 5 to 14 years age groups for Whites (Nil). The highest such rates were in the over 15 years age group for Coloureds (33,29) and for Whites (1,88).

RACE DISTRIBUTION OF NOTIFIED CASES is shown for 1981 (Local and Imported cases) in Table VI.3 Page 175. There were 1 633 Black (52,4%), 1 440 Coloured (46,2%), 40 White (1,3%) and 6 Asian (0,2%) cases.

SEX DISTRIBUTION is shown in Table VI.4 Page 176.

INCIDENCE RATES PER 1 000 POPULATION are given for 1977 to 1981 (Local cases only) in Table VI.5 Page 176 by race. In Whites the incidence of 0,14/1 000 population was lower than the average of 0,18, for the past five years. In Coloureds the rate of 2,46 was higher than the five year average of 2,18. The Asian rate of 0,47 was higher than the average 0,59 and the Black rate of 11,91 was higher than the average of 10,5 over five years.

PULMONARY TUBERCULOSIS (PTB)

The number of Pulmonary forms notified rose from 2 420 in 1980 to 2 723 in 1981. (See Table VI.7 Page 177). The differences between race groups remained striking i.e. there were for Asians 0,47; Whites 0,11; Coloured 2,39 and for Blacks 11,51 Notifications of Pulmonary Tuberculosis per 1 000 population in 1981.

Langa and Guguletu: Pulmonary Tuberculosis is of particular importance as it is infectious. Table VI.7 Page 177 reveals that the inhabitants of Langa were the most severely affected, with 20,04 Notifications per 1 000 population in 1981.

OTHER FORMS

Details of the forms involved are given in Table VI.8 Page 178 and notification rates are detailed for 1981 and the previous four years in Table VI.5 Page 176.

TUBERCULOUS MENINGITIS (TBM) : A decreased incidence of this condition is said to be one of the major benefits of BCG immunisation and to reflect adequate control measures against Tuberculosis. As will be seen from Figure 6.3 the incidence rates per 100 000 population since 1964 for Whites have been very low. In Coloureds much progress has been made. In Blacks the disease has not been well controlled but the main reasons (high exposure to infection, very poor socio-economic circumstances and logistic difficulties in tracking down new births when the mothers are often 'illegally' present) are not easy to tackle.

Langa and Guguletu: Table VI.12 Page 179 indicates the Notifications and deaths and the respective rates per 100 000 population for the various race groups over the past ten years as regards Tuberculous Meningitis. The incidence in Blacks remains unacceptably high. For 1981, the 13 cases Notified in Blacks came from Langa (6) and Guguletu (7).

MORTALITY DUE TO TUBERCULOSIS

In general Mortality due to tuberculosis remained low but it remains a major cause of death in Blacks and to a lesser extent in Coloureds. (See Figures 3.8 and 3.9). The death rates quoted below are the number of deaths due to tuberculosis registered during 1981 per 1 000 of the population indicated. The Mortality of Tuberculosis does not reflect the fate of new cases in any year but rather the terminal stage of infections which could have occurred at any time in the

past. It thus reflects past, as well as current, failure to prevent, treat and cure.

ALL FORMS

The death rates due to all forms of tuberculosis combined are summarised in Table VI.9 Page 178 which shows a slow downward trend in the death rate for the population as a whole.

Langa and Guguletu: In Langa the 42 deaths represent a death rate of 164,43 per 100 000 population per year. In Guguletu the 36 deaths represent a death rate of 55,00 per 100 000 population per year. There was 1 Black death due to Tuberculous meningitis in 1981.

Figure 6.1 LOCAL AND IMPORTED NOTIFICATIONS OF TUBERCULOSIS (ALL FORMS) BY RACE AND AGE-GROUP : 1981

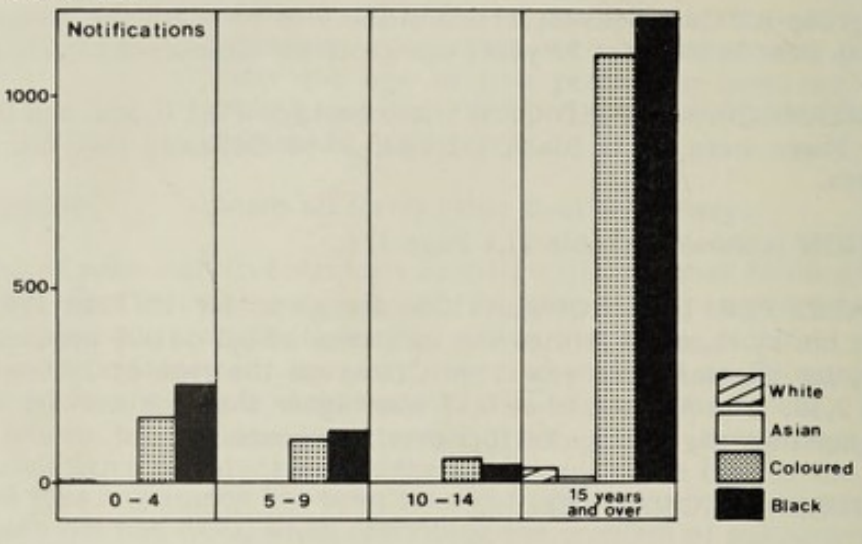
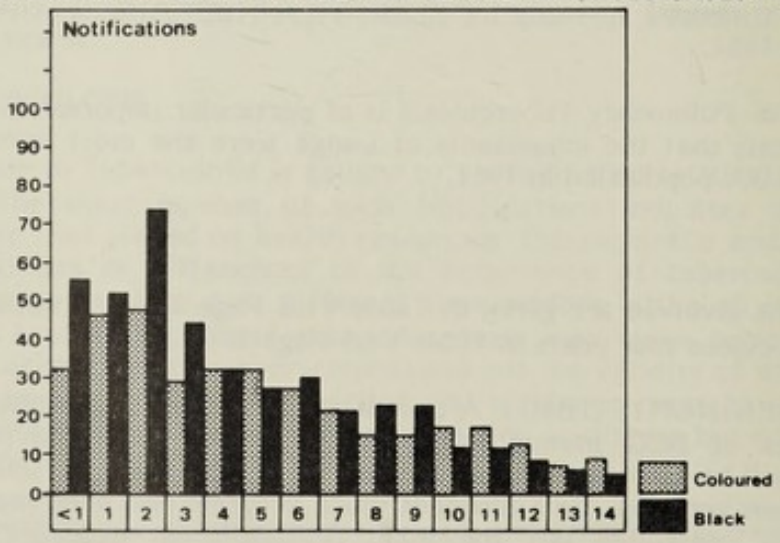


Figure 6.2 AGE AT NOTIFICATION OF ALL FORMS OF TUBERCULOSIS IN COLOURED AND BLACK CHILDREN UNDER 15 YEARS OF AGE : LOCAL AND IMPORTED CASES : 1981



PULMONARY TUBERCULOSIS

The numbers of deaths and death rates are detailed in Table VI.10 Page 178 for 1981 and the preceding year. Coloured deaths remains the same 66; Blacks increased from 74 to 79; and Whites decreased from 7 to 4.

The death rates due to Pulmonary Tuberculosis are shown in Table VI.11 Page 179.

OTHER FORMS OF TUBERCULOSIS

The number of deaths due to various forms of tuberculosis other than PTB are detailed in Table

VI.8 Page 178 for 1981 - it will be seen that tuberculous meningitis is the only other significant cause of death and the number of deaths and death rates due to these deaths are detailed in Table VI.12 Page 179 for 1961 to 1981. In Blacks the deaths for 1981 figure of 0,88 was lower than the ten year average of 4,92 (1972 to 1981), for Coloureds the figure of 0,17 was lower than the ten year average of 0,74, in Whites there was 1 death. Deaths due to TB other than PTB but including TBM are given for 1977 to 1981 in Table VI.11 Page 179.

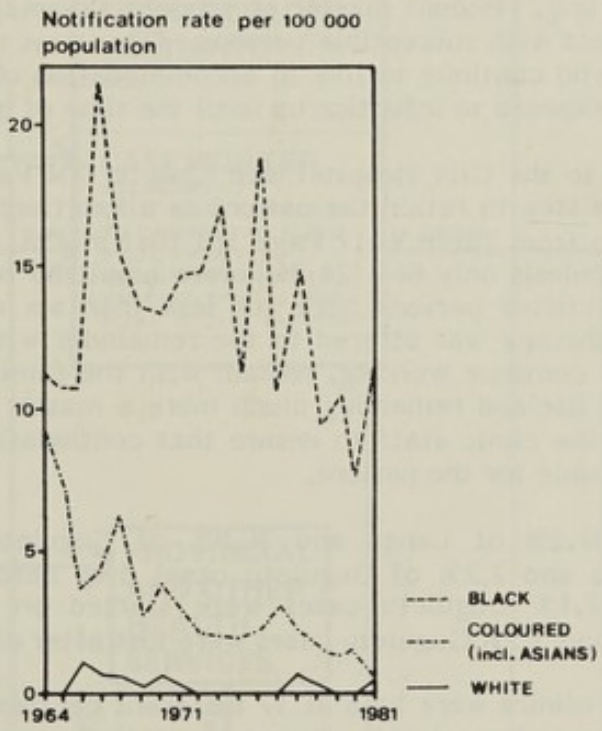
PREVENTION OF TUBERCULOSIS IN CAPE TOWN

PRIMARY PREVENTION

Nutrition education and general health education regarding the disease are important general measures taken. The infectious pool is continually being renewed by the migrant labour force entering Cape Town from the Homelands and without the abolition of the migrant labour system it is difficult to envisage how this situation can be improved. Until the socio-economic status of the depressed classes of Cape Town society is improved, particularly in respect of housing and nutrition, concerned health officials must continue to strive to secure such relief. Specific protection of up to 80% of previously unexposed persons can be obtained by means of immunisation with BCG vaccine (Bacille Calmette - Guérain) and this is offered free in terms of the compulsory regulations mentioned on page 65. In 1981, 20 780 school children, 23 453 pre-school children, and 2 601 others were given such protection as part of the mass immunisation programme.

Langa and Guguletu: In 1981, 4 329 BCG vaccinations were carried out in Langa and Guguletu.

Figure 6.3 NOTIFICATION RATES PER 100 000 POPULATION OF TUBERCULOSIS, MENINGITIS BY RACE: 1964 - 1981



SECONDARY PREVENTION

DIAGNOSIS: Efforts to diagnose cases of tuberculosis as early as possible are directed mainly at those groups in the community most likely to be affected, namely those who have been in contact with known cases and those who have suspicious symptoms. In addition mass screening for tuberculosis is performed. Suspects are referred to the City Health Department by many different health services, private and public. The fate of persons attending City Council clinics as suspects is detailed in Table VI.13 Page 180, 17% of all such suspects were Notified after investigation. Contacts comprise the most important high risk group to be investigated and in 1981 there were 9 348 such contacts investigated at City Council clinics of whom 1,8% were later Notified as cases of Tuberculosis. No White contacts were later Notified, compared with

1,85% of contacts of other races. Staff in contact with cases of active tuberculosis are subject to regular routine screening. Mass x-ray screening facilities continued to be offered at the Chapel Street Clinic as a free service to Municipal residents and at Langa as a free pre-employment screening service operated on behalf of the Administration Board. The work done at Chapel Street is summarised in Table VI.14 and VI.15 Page 180 and at Langa in Table VI.16 Page 181. Although the case-finding yield per hundred thousand x-rays is relatively small, 11,9% of all notified cases were discovered in 1981 by this means. Out of a total of 60 264 examinations at Chapel Street, 131 cases of active pulmonary Tuberculosis were discovered, however 14 were previously known which leaves a 'new case' discovery rate of 117/60 264 examinations or 0,19%. These Notifications however accounted for 3,75% of all (local and imported) notifications received during the year.

Langa and Guguletu: Of all 21 858 persons screened only 0,89% were discovered to be new cases of Pulmonary Tuberculosis in 1981 (contributing 6,22% of the total Local and Imported Notifications). A further 0,02% were previously known cases. 960 persons where recalled because of the need for further examination.

TREATMENT: Repeated cuts in funds and supplies of anti-tuberculosis drugs by the Central Government made the task of the clinic staff doubly difficult and was very much regretted. Hospitalisation has many theoretical advantages but in practice many of these are not in the best interest of either the patient or the community. Admission is usually restricted to cases where the patient:- (a) Has moderately sevère symptomatology (high fever, severe weight loss and weakness, haemoptysis) which require a period of bed rest, provided that the patient himself agrees that he feels the need for rest. (b) Has an associated condition which would be better treated in a hospital, especially if this constitutes an adverse aetiological factor in the causation of Tuberculosis. (c) Has no source of income, no family or friends to care for him and/or no roof to sleep under. Steps to correct such a state of affairs must be set in motion at once (see TERTIARY PREVENTION and social aid below). (d) Is sputum positive and by virtue of occupation or domicile (e.g. resident master at school, nursemaid living-in etc.) would otherwise be placed in close contact with susceptible persons. (This does not apply to persons diagnosed as being sputum positive who continue to live in accommodation occupied by friends or family who have in any event been exposed to infection up until the time of diagnosis).

Patients were admitted to the City Hospital (see Chapter VII Page No. 89) or the Brooklyn Chest Hospital. Every possible step to retain the patient as a functioning member of society needs to be taken and it will be seen from Table VI.17 Page 181 that in 1981 of the 2723 residents notified as having pulmonary tuberculosis only 661 (24,3%) were admitted to hospitals for commencement of therapy. Of the 300 Notified persons here for less than six months, only 59 (19,7%) were so admitted. Out-patient therapy was offered to the remainder with the advantages to an individual patient of being able to continue working, remain with the family, not having to put up with the boredom of institutional life and remaining much more a master of his own destiny. Considerable support is needed from the clinic staff to ensure that continuation of therapy is made as simple, easy and pleasant as possible for the patient.

Langa and Guguletu: 37,2% of Langa and 30,9% of Guguletu local cases were admitted to hospital. 3,1% of Langa and 2,2% of Guguletu cases died before treatment could be initiated. 55,8% of Langa and 62,1% Guguletu cases were started on out-patient treatment from the beginning. 6,8% Langa and 5,5% Guguletu cases were lost after diagnosis and not treated.

During 1981 out-patient clinics were held at 17 different centres (see Table VI.18 Page 182 which details new consultations and total attendances thereat) the number of new consultations at the clinics was, at 17 652, 2 643 (17,6%) higher than the previous year, while the total attendances were some 12,5% lower at 69 360 compared with 79 231. The total number of sessions held (see Table VI.18) Page 182 increased from 1 202 in 1980 to 1 287 in 1981. (The average number of persons attending per session was 68,9 in 1977, 69,7 in 1978, 70,1 in 1979, 65,9 in 1980 and 53,9 in 1981). The spectrum of cases attending for the first time is detailed in Table VI.13 Page 180 and the x-ray workload at the clinics in Table VI.19 Page 182. The place of care of all the new notifications made in 1981 and the reasons why any did not attend the clinics, are detailed in Table VI.20. Page 183.

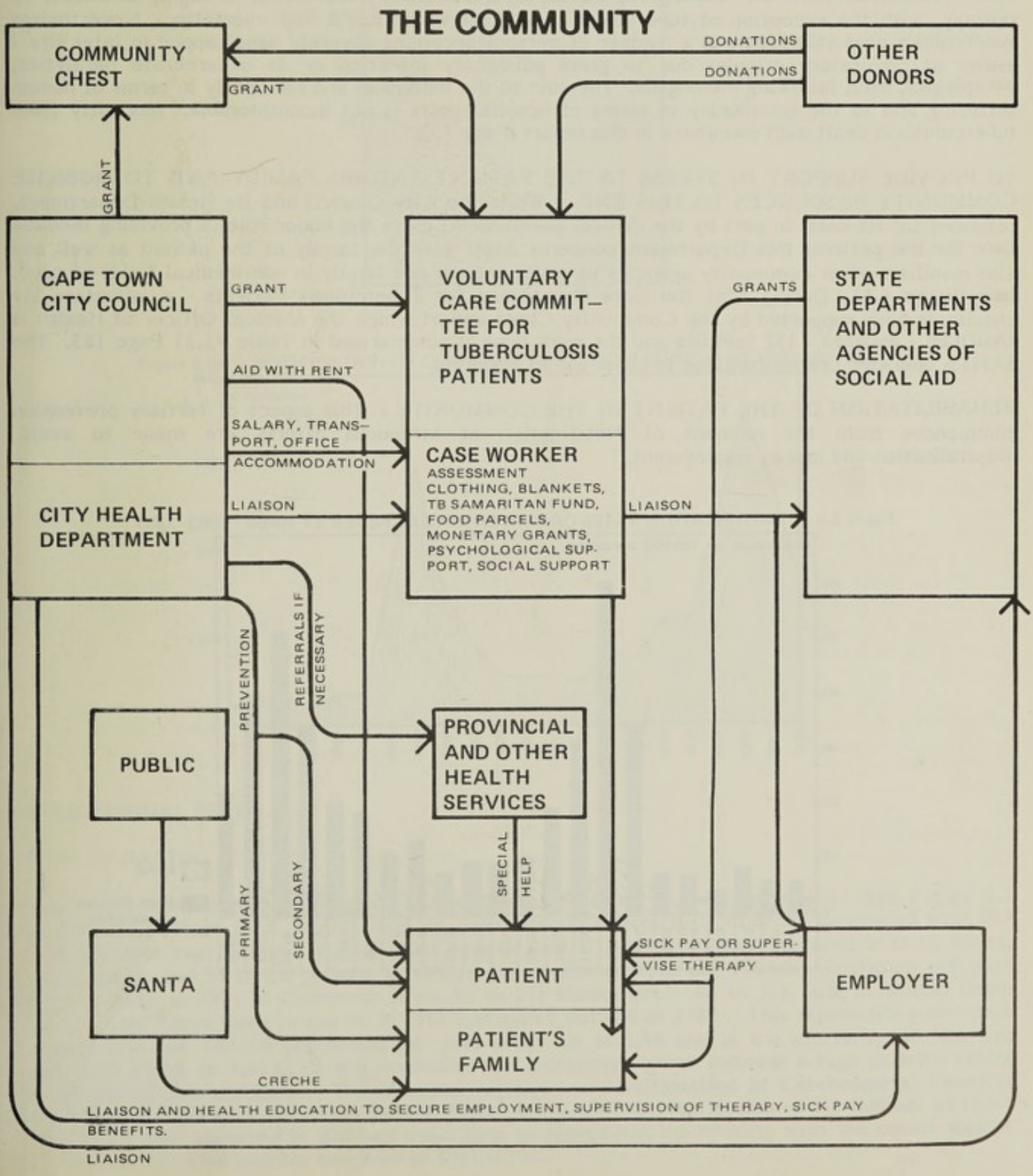
In respect of local cases:-

It was disturbing to note the large number of persons who were dead on notification - 51 as compared with 32 in 1980, 45 in 1979, 24 in 1978, 68 in 1977, 71 in 1976, 52 in 1975, 15 in 1974, 43

in 1973 and 12 in 1972. Also disturbing was the refusal of 2 persons to attend the clinic for treatment - compulsion in such cases is hardly likely to be successful when the success of treatment depends so much on patient co-operation. The most disturbing feature of all was the fate of 128 persons notified but who were untraceable or who decamped upon being notified. This problem applied to 6,6% of the notifications of persons giving a Guguletu address, 5,5% giving a Langa address and 3,6% of persons giving another Cape Town address.

The problem at Langa is that most of the missing notified cases were persons whose disease was

Figure 6.4 MOBILISATION OF COMMUNITY RESOURCES IN THE TERTIARY PREVENTION OF TUBERCULOSIS



discovered by mass x-rays of a 'pre-employment' nature. These persons very often have no accurate address.

No drugs which had not previously been used were introduced. The State Health guide to Chemotherapy was followed and in general the preferred regime for the initial intensive (I.I.T) period of some 4-6 months in most cases was Streptomycin, INH and either ethambutol or ethionamide for children or pyrazinamide for adults. However, shortages of drugs caused some inconvenience during the year. Rifampicin was introduced as part of short course therapy in consultation with the State Health Department the previous year but as already mentioned was severely curtailed by the State during 1981.

TERTIARY PREVENTION

THE PROLONGATION OF MEANINGFUL LIFE: Fortunately tuberculosis is highly amenable to therapy, with the exception of tuberculous meningitis which has a high mortality. Nevertheless tuberculosis does still result in a number of persons becoming severely handicapped in later life - either as respiratory cripples due to gross pulmonary infection or as decerebrate paralytics, paraplegics, etc., following meningitis. The cost to the individual and his family in terms of human suffering and to the community in terms of hospital costs is not inconsiderable. Mortality from tuberculosis is dealt with elsewhere in this report (Page 75).

TO PROVIDE SUPPORT IN STRESS TO THE PATIENT AND HIS FAMILY AND TO MOBILISE COMMUNITY RESOURCES TO THIS END : While the City Council and its Health Department, refunded for its costs in part by the central government, plays the major role in providing medical care for the patient, this Department concerns itself with the family of the patient as well and also mobilises other community agencies to assist patient and family in non-medical fields of need. (see Figure 6.4). During 1981 the Care Committee for Tuberculosis Patients - a voluntary lay charitable body supported by the Community Chest and of which the Medical Officer of Health is chairman - assisted 1 132 families and the work done is summarised in Table V1.21 Page 183. The SANTA operated creche continue to cater for 55 children.

REHABILITATION OF THE PATIENT IN THE COMMUNITY : This aspect of tertiary prevention commences from the moment of Notification as strenuous efforts are made to avoid hospitalisation and loss of employment.

Figure 6.5 NOTIFICATION RATES OF CEREBROSPINAL FEVER BY RACE : 1960 - 1981

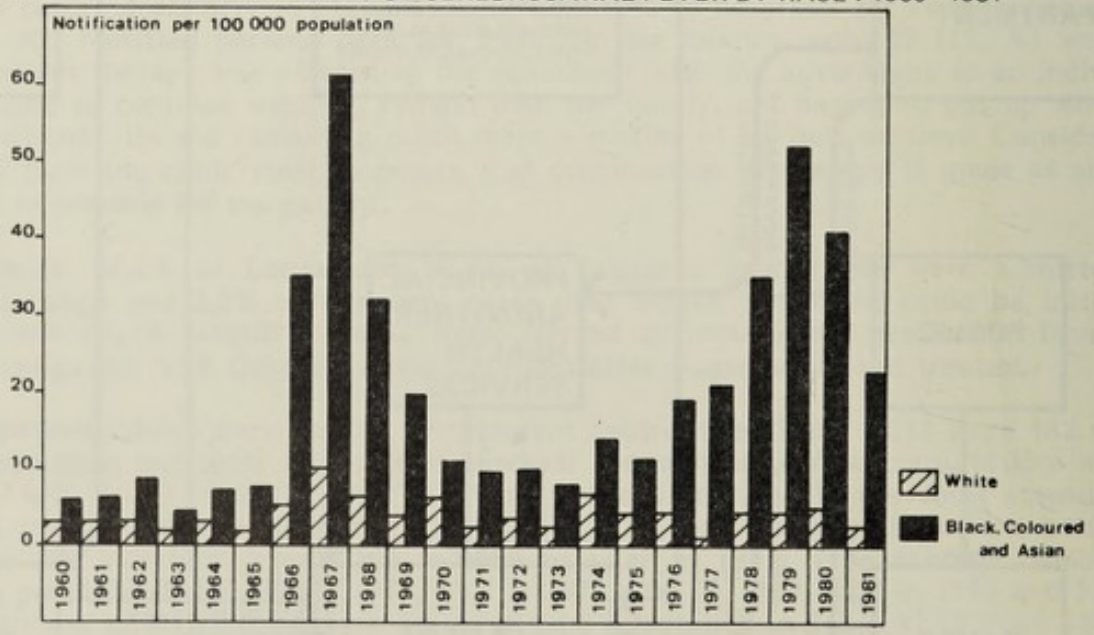


Figure 6.6A CEREBROSPINAL FEVER CASES BY MONTH OF RECEIPT OF NOTIFICATION: MONTHLY TOTALS : 1977 - 1981

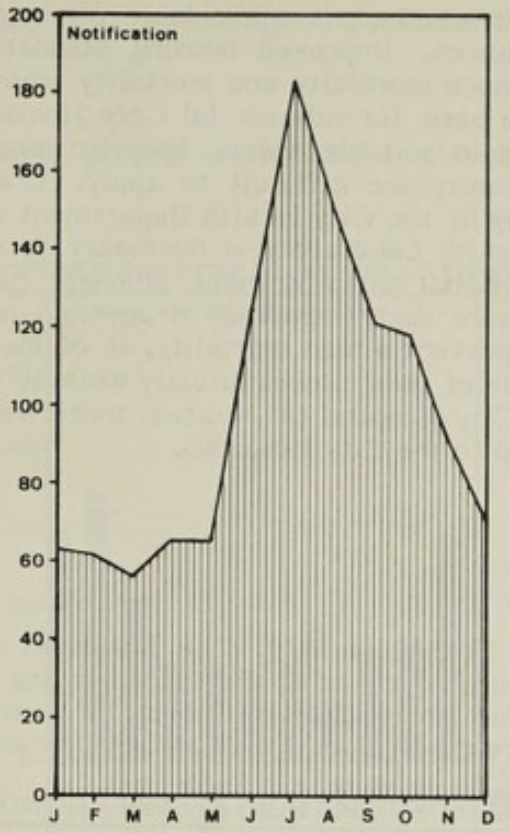
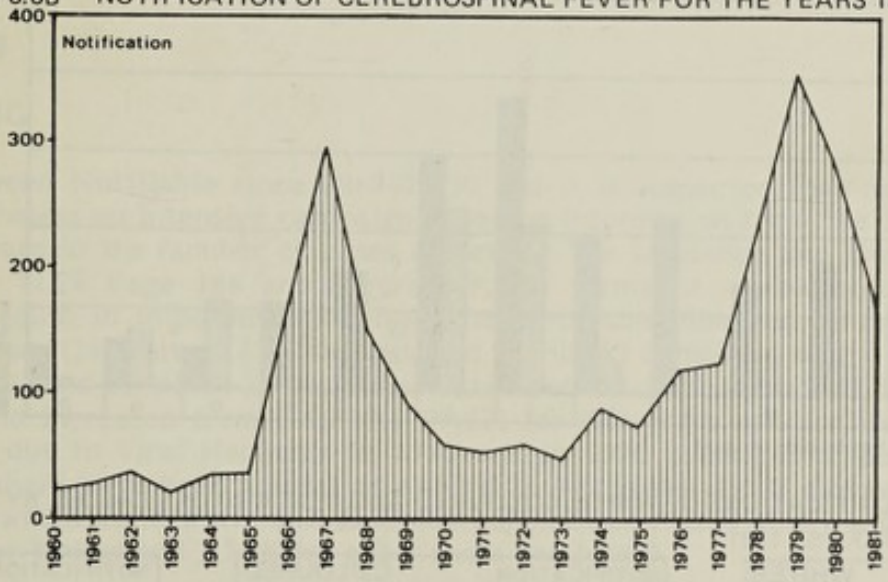


Figure 6.6B NOTIFICATION OF CEREBROSPINAL FEVER FOR THE YEARS 1960 - 1981



CEREBROSPINAL FEVER

PRIORITY RATING

There was a marked drop (by 44%) in the number of cases of this disease in 1981 (see Figure 6,5 and Table VI.25 Page 187). There were 166 cases amongst municipal residents (compared with 295 in the previous year) being 7 White, 122 Coloured and 37 Black persons (compared with 12 White, 230 Coloured, and 53 Black persons in 1980). The incidence rate per 100 000 population per year fell from 1980 to 1981 in Coloureds (from 42 to 21) Blacks (from 48 to 32); and in Whites (from 4,46 to 2,56). There were 14 deaths in 1981 (compared with 34 in 1980). This represents a decrease in death rate per 100 000 population per year from 3,6 to 1,44 and in the mortality of Notified cases from 11,5% to 3,61%. These morbidity and mortality figures indicate a high priority rating for control of this condition. The seasonal variation in Notifications of Cerebrospinal Fever is demonstrated in Table VI.22 Page 184 and Figure 6.6 A and B. Nearly 68% of the number of cases from 1977 - 1981 occurred in the half year June to November, co-inciding with the cooler wetter months, and the same pattern was seen in 1981 (67%).

PREVENTION

Overcrowding, especially in colder weather, is unavoidable for large sections of the Community under present housing circumstances. Improved housing standards, unattainably high in the present crisis, are essential to reduce morbidity and mortality from this disease. An urgent plea is made for the acceptance of the basic formula of: (a) Core Housing; (b) Security of tenure and (c) Provision of essential services in suitable areas. Specific measures to prevent the disease developing in the general Community are difficult to apply. Chemotherapeutic prophylaxis is employed promptly and intensively by the City Health Department to protect contacts of notified cases. Liaison with the State Health Laboratory is necessary to detect sulphonamide resistant strains. Careful search for additional cases is made amongst contacts of Notified cases and health education employed to ensure early reporting of any malaise. The institution of prompt and effective therapy is vital to prevent a high mortality, 16 of the Municipal cases were treated at General Hospitals for the whole of their illness (usually because they were too ill to be moved) while 150 were admitted to the City Hospital (in addition there were 210 cases from outside the Municipal area who were admitted to the City Hospital).

MEASLES

PRIORITY RATING

Measles was made Notifiable on 24 August 1979. The 300 cases reported include City Hospital admissions during 1981. This condition ranked as the second most common Notifiable condition in 1981. Unlike Cerebrospinal Fever where Coloured cases far outnumbered Blacks, Measles was reported more often in Blacks (194 cases) than in Coloureds (105 cases) or Whites (1 case).

Figure 6.7 MEASLES NOTIFICATIONS BY RACE AND MONTH : 1981

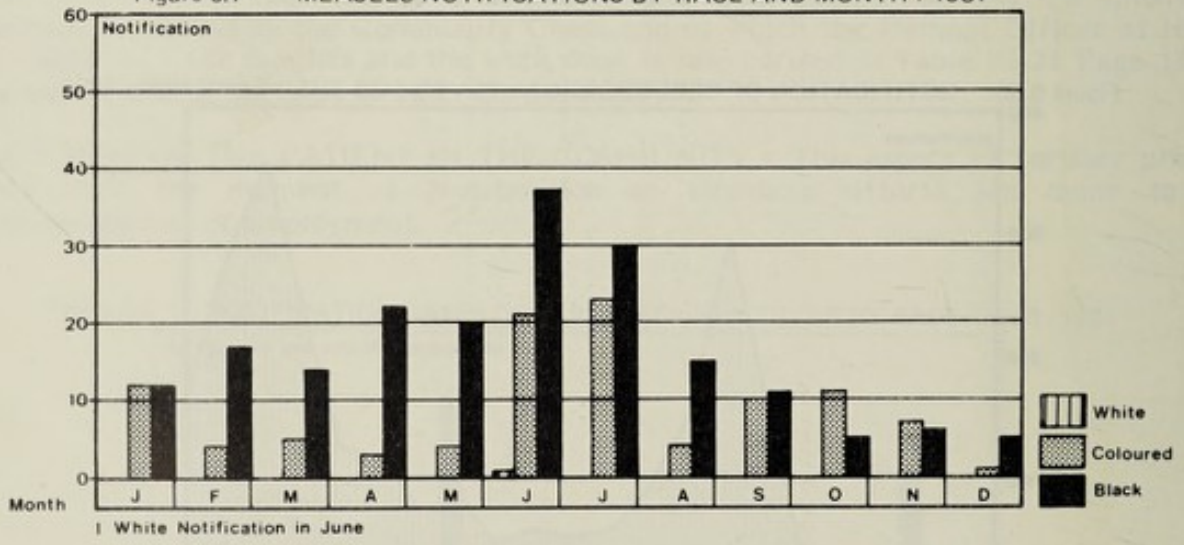
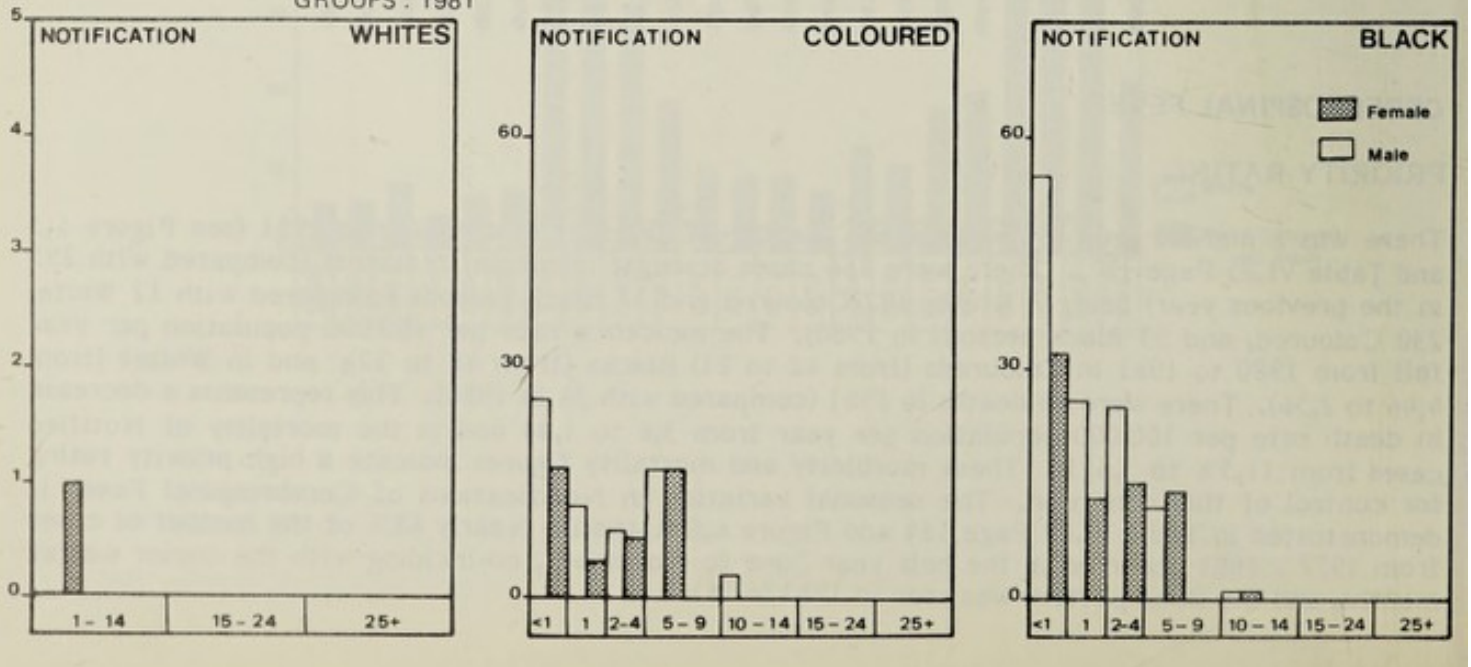


Figure 6.8 NOTIFICATIONS OF WHITE, COLOURED AND BLACK WITH MEASLES, BY SEX AND AGE GROUPS : 1981

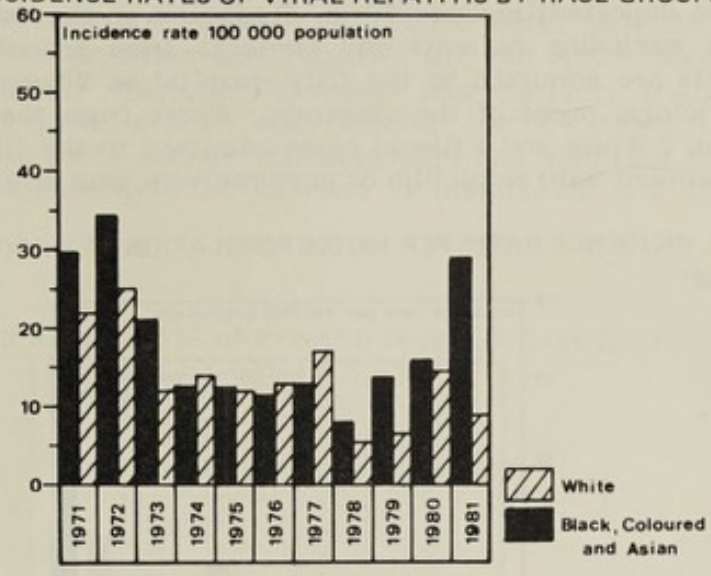


There was a decrease (by 53%) in the number of admissions amongst municipal residents to City Hospital (99 cases) compared with 211 in 1980. The seasonal and age variation in Notification of Measles is demonstrated in Tables VI.22, VI.23 Pages 184,185 and Figures 6.7 and 6.8.

PREVENTION

A continuous intensive immunisation programme is being employed (see page 63).

Figure 6.9 ANNUAL INCIDENCE RATES OF VIRAL HEPATITIS BY RACE GROUP: 1971 - 1981



VIRAL HEPATITIS

PRIORITY RATING

This disease has been Notifiable since 1969-05-30 and it is suspected that many cases are never Notified. Nevertheless an intensive campaign based on information from the laboratories resulted in a marked increase in the number of cases reported. The Incidence and Mortality since 1970 is detailed in Table VI.24 Page 186 and Figure 6.9. In terms of morbidity and mortality, Viral Hepatitis ranked fouth in importance amongst the Notifiable diseases in Cape Town in 1981. There were 221 cases (24 White, 171 Coloured, and 26 Black) compared with 146 cases in 1980 (40 White, 93 Coloured, and 26 Black). Incidence rates per 100 000 population decreased for Whites (from 15 to 9), and increased from (16,82 to 29,82) for Coloureds and for Blacks (from 11,68 to 22,8). No deaths due to Viral Hepatitis in 1981 and in 1980 numbered 2 (see Table VI.24 Page 186). Since 1971 there have been a total of 1 443 (421 White and 1 022 Coloured, Black or Asian) cases Notified of whom 42 (8 White and 34 Coloured/Black or Asian) died - a significant mortality of 2,91% (1,90% for Whites and 3,33% for other races combined).

PREVENTION

Infective Hepatitis (Hepatitis A) is usually spread by the faecal-oral route and general measures to prevent it include health education, attention to personal hygiene and control of food handling and water supplies. No vaccine is available yet although experimental vaccines against Hepatitis B (which is spread parenterally) appear to be successful. Early diagnosis and treatment is usually a function of other medical services. In 1981 no cases were admitted to City Hospital and 9 cases to General Hospitals and the remainder were treated at home. Admission to hospital is usually of reasons for severity of illness or because the patient lives in an institution with no facilities for isolation.

WHOOPING COUGH

Whooping Cough is a clinical syndrome classically associated with Bordetella pertussis, B. parapertussis and viruses such as adeno-virus. It remains Notifiable locally.

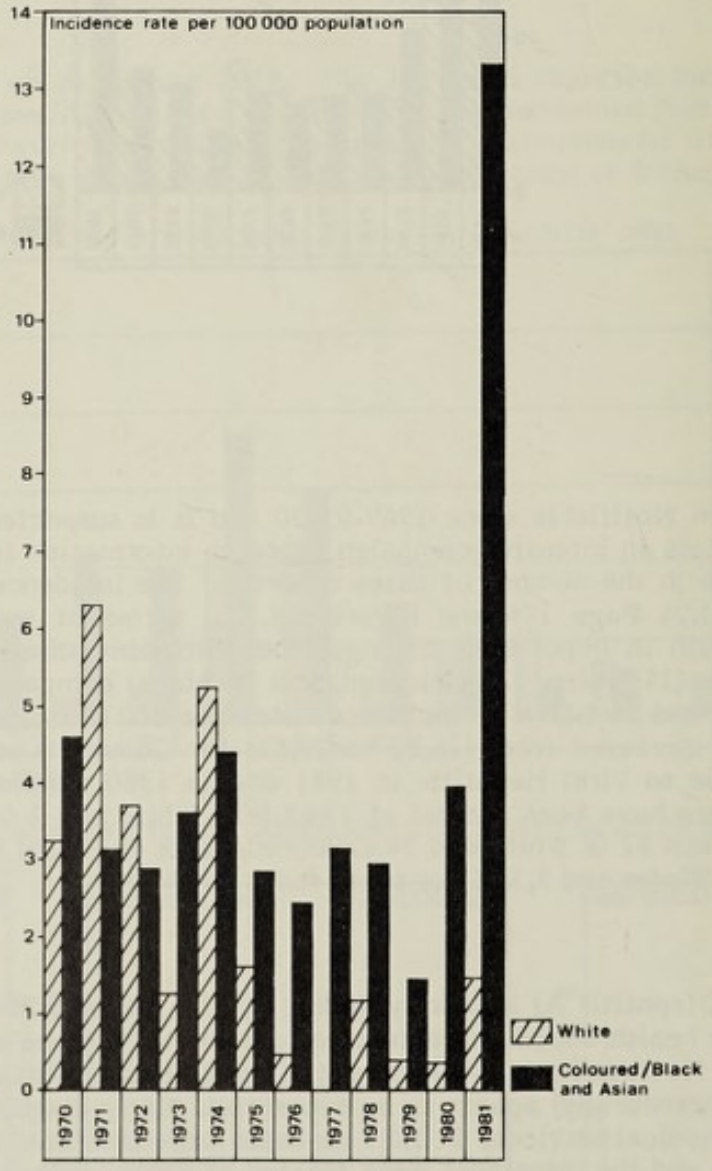
PRIORITY RATING

The pattern of the previous few years (see Figure 6.10 and Table VI.24 Page 186) changed in 1981, with many more cases being Notified (70 Coloured, 23 Black and 4 White) giving Incidence rates per 100 000 population per year of 12,21 for Coloureds, 20,17 for Blacks and 1,47 for Whites. There was 1 death due to this disease during 1981 and there have been 13 deaths from 1971 - 1981, (4,45% of the total of 292 Notified cases over the preceding decade).

PREVENTION

Immunisation remains important in Cape Town. Reduction in the risk of infection of other pupils is made possible by excluding patients and contacts from schools. Early diagnosis is made clinically and patients are admitted to the City Hospital as Whooping Cough cases without the necessity for bacteriologic proof of the diagnosis. Apart from the local cases admitted, there were 20 (13 Coloured, 2 White and 5 Black) cases admitted to the City Hospital from outside the Municipal area. Treatment with ampicillin or erythromycin, and skilled nursing care, is essential.

Figure 6.10 ANNUAL INCIDENCE RATES PER 100 000 POPULATION OF WHOOPING COUGH BY RACE GROUP : 1970 - 1981



TYPHOID FEVER

PRIORITY RATING

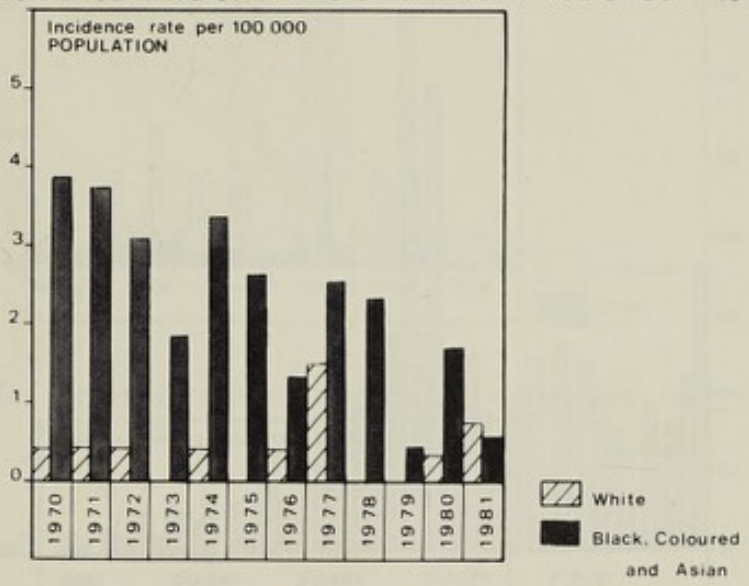
There were 8 local cases of which 2 were an imported infection.

Apart from these municipal residents, 20 non-resident cases were admitted to the City Hospital compared with 24 the previous year. The mean local incidence rate per year per 100 000 for the decade 1972 - 1981 was 0,39 for Whites and 2,02 for all other race groups combined. (See Table VI.24 Page 186 and Figure 6.11). There was no death in 1981 and of the 127 cases notified in the previous decade only 2 died (1,57%).

PREVENTION

The pillars of Typhoid prevention are proper sewage disposal, a pure water supply and strict control over milk and dairy products. The housing shortage in Cape Town leaves some areas e.g. Squatter camps, in danger and constant vigilance is needed here. Specific protection can be obtained to some extent by immunisation but vaccines are not 100% successful and are not recommended in epidemic control. Exclusion of cases and contacts from food-handling and institutions reduces the risk of spread and an active search for new cases and carriers is made amongst contacts of Notified cases (1 carrier was diagnosed and admitted for treatment to the City Hospital in 1981). A full record of all carriers is maintained and they are kept under observation.

Figure 6.11 ANNUAL INCIDENCE RATE OF TYPHOID FEVER BY RACE GROUP : 1970 - 1981



DIPHTHERIA

PRIORITY RATING

This disease has been so tamed by immunisation that Notifications have fallen from 770 cases in 1940/1941 to 3 cases (1 Coloured and 2 Blacks) in 1981 (there was 1 carrier Notified). The fall in Notifications over the past twenty years is dramatic enough (Figure 6.12).

The incidence rates were 0 for Whites and 0,43 per 100 000 for all other race groups combined, only 1 was fully immunised.

There were no deaths in 1981 and of all the 46 cases Notified from 1972 - 1981 only 5 died (10,87%). Deaths since 1916 are illustrated in Figure 6.13. Notifications and Deaths for 1981 and the preceding decade are detailed in Table VI.24 Page 186.

PREVENTION

The big danger of a resurgence of this disease lies in parent complacency. The Child Welfare staff constantly seek to ensure that every child is fully immunised - nothing less is satisfactory. Details of immunisation are to be found on page 63 and in Table V.10 Page 178. Cases, contacts and carriers are excluded from institutions to prevent spread. Early diagnosis is essential. Antitoxin is given when any doubt exists because of the serious consequences of delayed therapy.

Figure 6.12 ANNUAL NOTIFICATIONS OF DIPHTHERIA, ALL RACES: 1960 - 1981

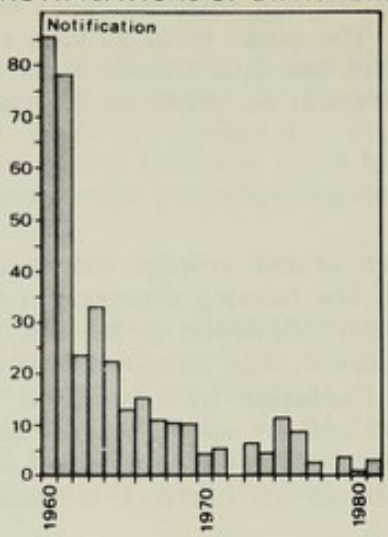
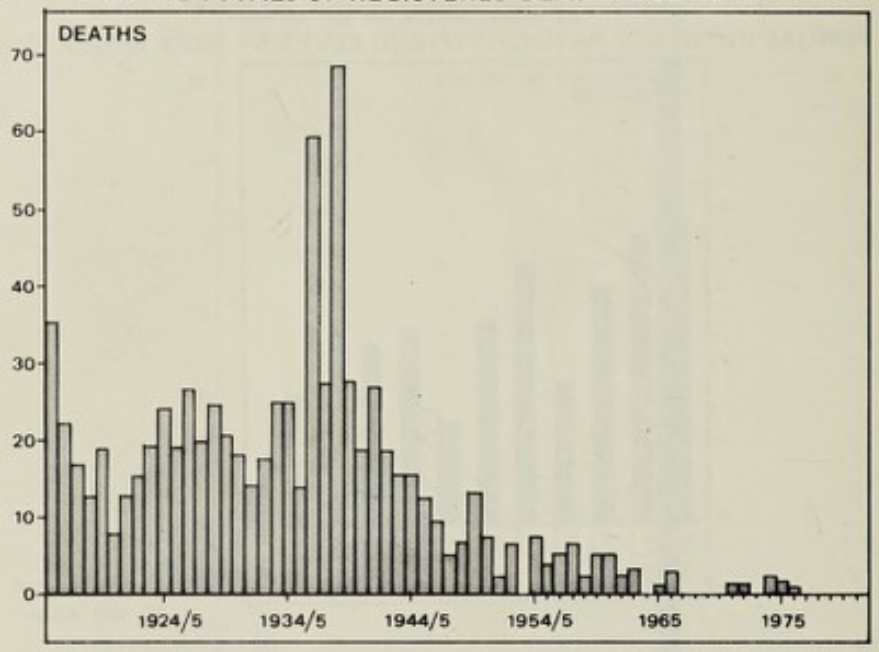


Figure 6.13 ANNUAL TOTALS OF REGISTERED DEATHS DUE TO DIPHTHERIA: 1915/16 - 1981



POLIOMYELITIS

(Acute anterior poliomyelitis)

PRIORITY RATING

There were 2 cases Notified in 1981, compared with no cases in 1980.

The occurrence of poliomyelitis in Cape Town since 1918 is illustrated in Figure 6.14 and the incidence rates per 100 000 population 1969 - 1980 in Figure 6.15 Table VI.24 Page 186 details Notifications, incidence rates and deaths for 1981 and the preceding decade. There were no deaths in 1981 and of the 53 cases Notified over the decade 1972 - 1981 only 1 died (1,9%).

PREVENTION

Specific protection by means of the live attenuated oral polio-vaccine has been the mainstay of preventive measures since 1961. Details are contained in Table V.10 and see page 64. The practice of giving four doses of oral vaccine in the primary programme was resumed in 1978 at the request of the State Health Department and three initial doses with a booster dose at 18 months and again in Sub-A were given as a routine during the year under review. Poliovirus is ubiquitous in the Community and isolation of cases does little to prevent spread. Contact follow-up and immunisation are important. There were 3 cases admitted to the City Hospital from outside the Municipal area (compared to 7 in the previous year).

Figure 6.14 NOTIFICATIONS AND DEATHS FROM ACUTE POLIOMYELITIS : 1918 - 1981

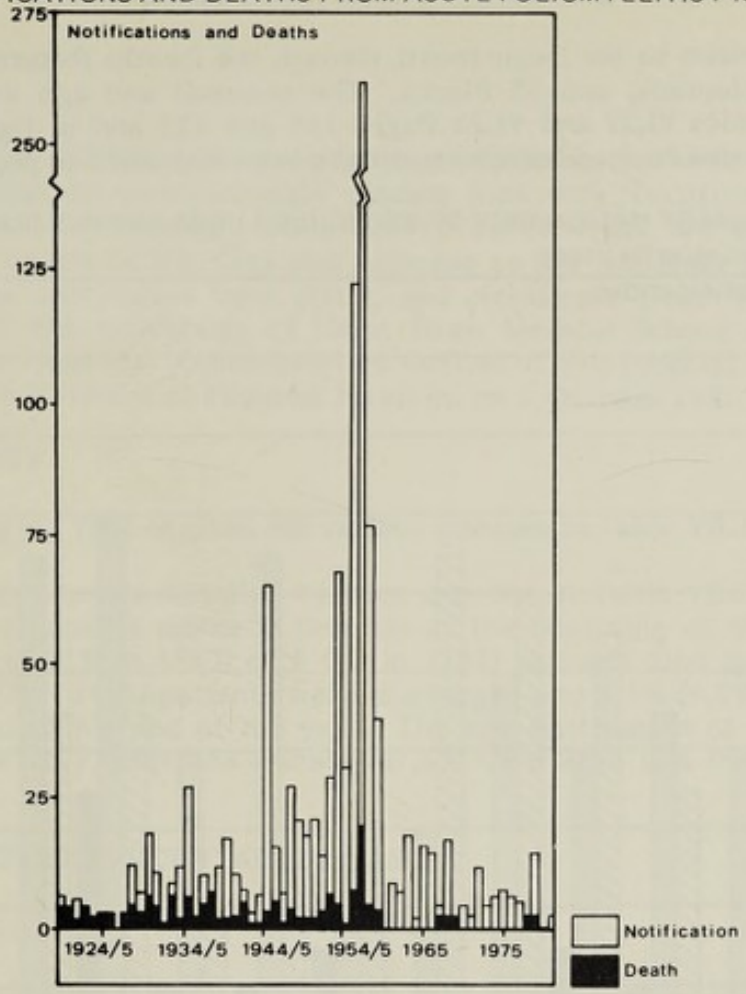
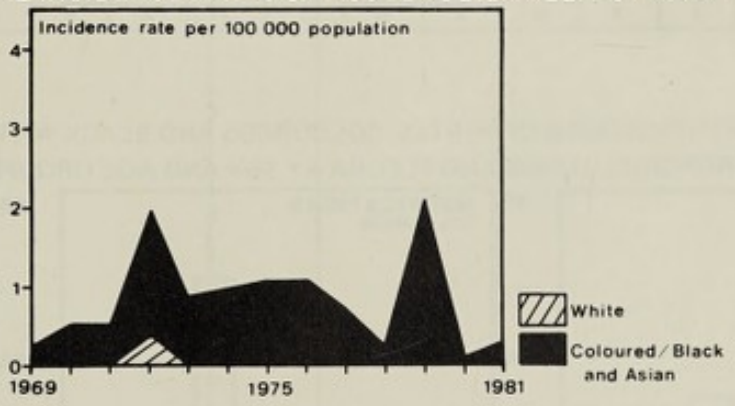


Figure 6.15 ANNUAL INCIDENCE RATES OF ACUTE POLIOMYELITIS : 1969 - 1981



BRUCELLOSIS

There was 1 case (Black) Notified in 1981 (compared to 2 in the previous year). There were no deaths.

MALARIA

There were 2 cases (1 White and 1 Coloured) Notified in 1981. There were 2 deaths.

LEPROSY

One Black Female was admitted in October, none of whom definitely contracted their disease locally.

LEPTOSPIROSIS

One Black Male was Notified in October. There were no deaths.

PRIMARY MALIGNANCY OF BRONCHUS LUNGS AND PLEURA

All cases become known to the Department through the Deaths Returns, 234 cases were reported - 102 Whites, 107 Coloureds, and 25 Blacks. The seasonal and age variation in Notifications are demonstrated in Tables VI.22 and VI.23 Pages 184 and 185 and in figures 6.16 and 6.17. Further details on mortality due to these carcinomas have been discussed on page 22.

Figure 6.16 PRIMARY MALIGNANCY OF BRONCHUS, LUNGS AND PLEURA NOTIFICATIONS BY RACE AND MONTH : 1981

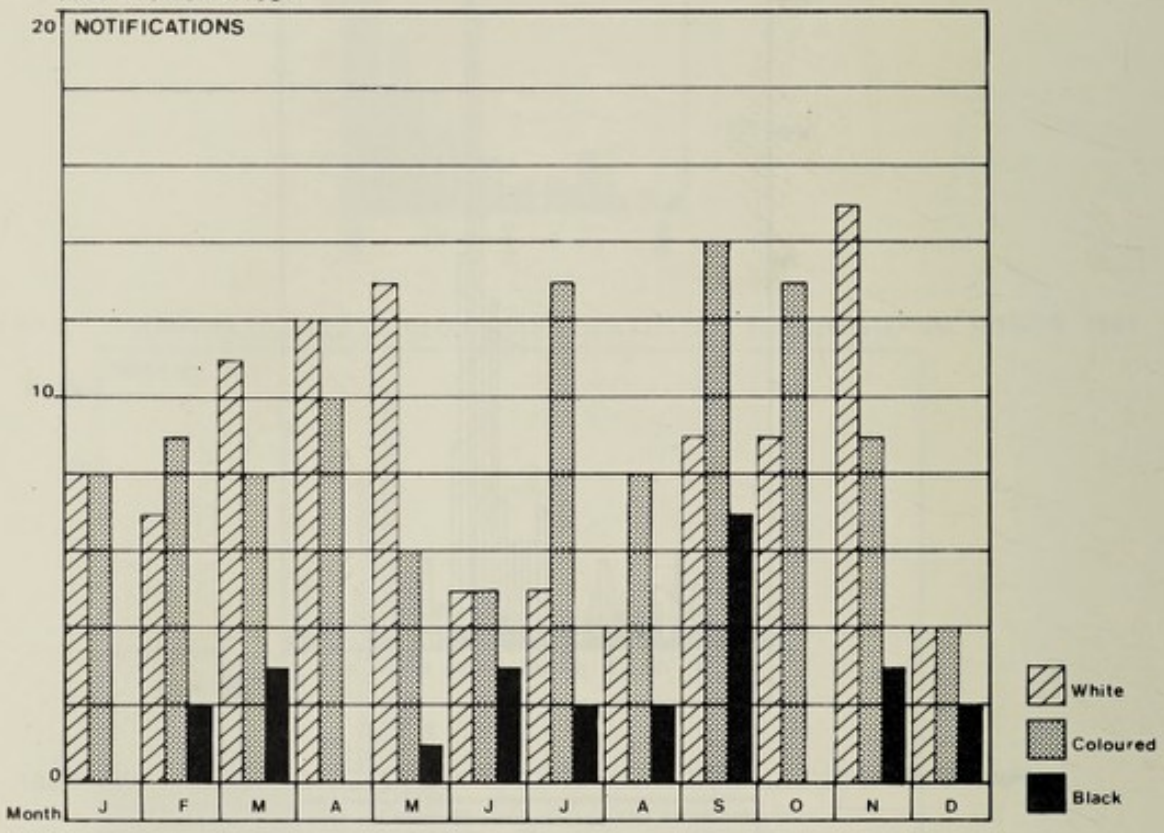
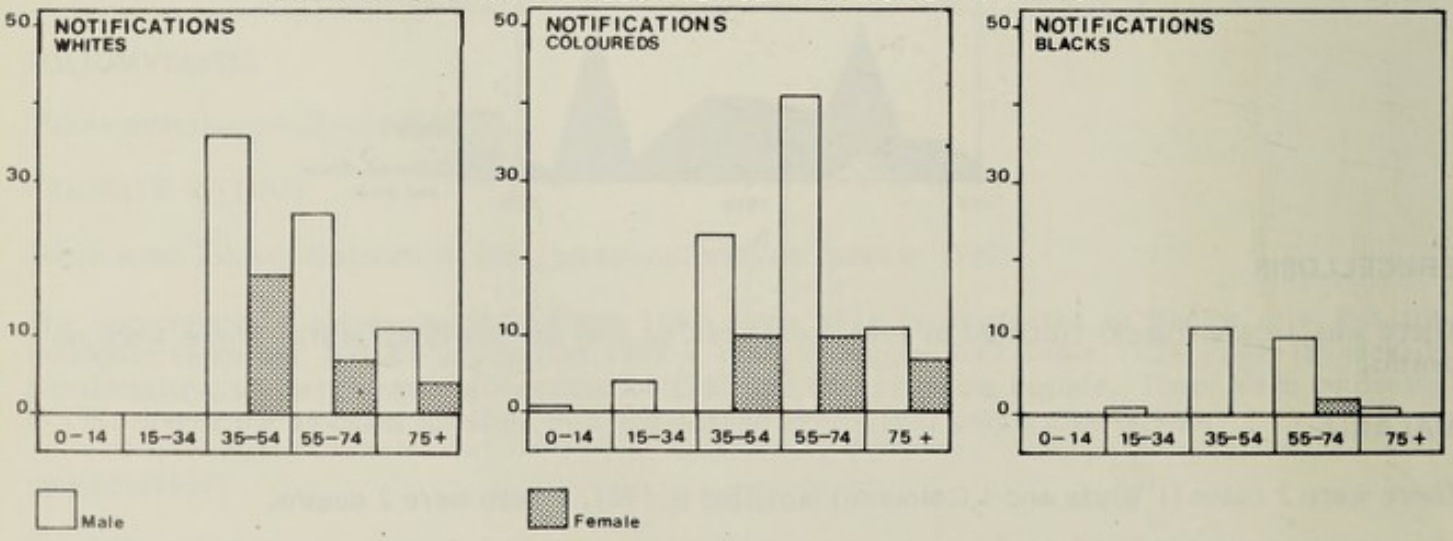


Figure 6.17 NOTIFICATIONS OF WHITES, COLOUREDS AND BLACK WITH PRIMARY MALIGNANCY OF BRONCHUS, LUNGS AND PLEURA BY SEX AND AGE GROUPS : 1981



OTHER NOTIFIABLE DISEASES

There were no cases of anthrax, asiatic cholera, Lead Poisoning, plague, sleeping sickness (human trypanosomiasis), smallpox, rabies trachoma, typhus, or yellow fever Notified in municipal residents over the decade 1971 - 1980 or in 1981. Although there were no cases of the following diseases in 1981 there have been, in the decade 1971 - 1980, 26 cases of Tetanus, 5 cases of Insecticidal poisoning, and, 1 case of Toxoplasmosis. (See Table VI.26 Page 187).

VII CITY HOSPITAL FOR INFECTIOUS DISEASES

This hospital was established in 1899 and can provide accommodation for 449 patients. Admission and isolation of certain cases of communicable disease (not only Notifiable diseases) is by arrangement with the hospital authorities. These are 15 wards which are situated in pleasant lawned grounds close to the centre of the City and adjacent to the Somerset Hospital. Practical training of medical students and nurses take place, and Registrars from the Departments of Medicine and Paediatrics of the University of Cape Town Medical School serve three month periods of attachment at the Hospital. Administrative control of this hospital passed to the Cape Provincial Administration, Department of Hospital Services, on 1 October 1981.

ADMISSIONS AND OCCUPANCY

The number of admissions during 1981 is given for various diseases in Table VII.1, page 188.

Admissions, discharges and deaths are detailed by race and sex in Table VII.2, page 188. Of the total of 1 120 (2 016 in 1980) patients either in hospital at the beginning of the year or admitted during the year, some 0,7% (2,08% in 1980) or 8 (42 in 1981) patients died during the year; 97% (88,1% in 1980) or 1 086 (1 777 in 1980) patients were discharged and 2,3% (9,8% in 1980) or 26 (197 in 1980) remained in hospital at the end of the year. The age distribution of these 1 120 patients are detailed by race in Table VII.3, page 188 - nearly 67,6% were aged less than 5 years compared with (60,3% in 1980).

EPIDEMIOLOGICAL DESCRIPTION OF CERTAIN DISEASES

TUBERCULOSIS

Figure 7.1 ADMISSION TO THE CITY HOSPITAL OF WHITE AND BLACK PATIENTS WITH PULMONARY TUBERCULOSIS, BY SEX AND AGE GROUPS : 1981

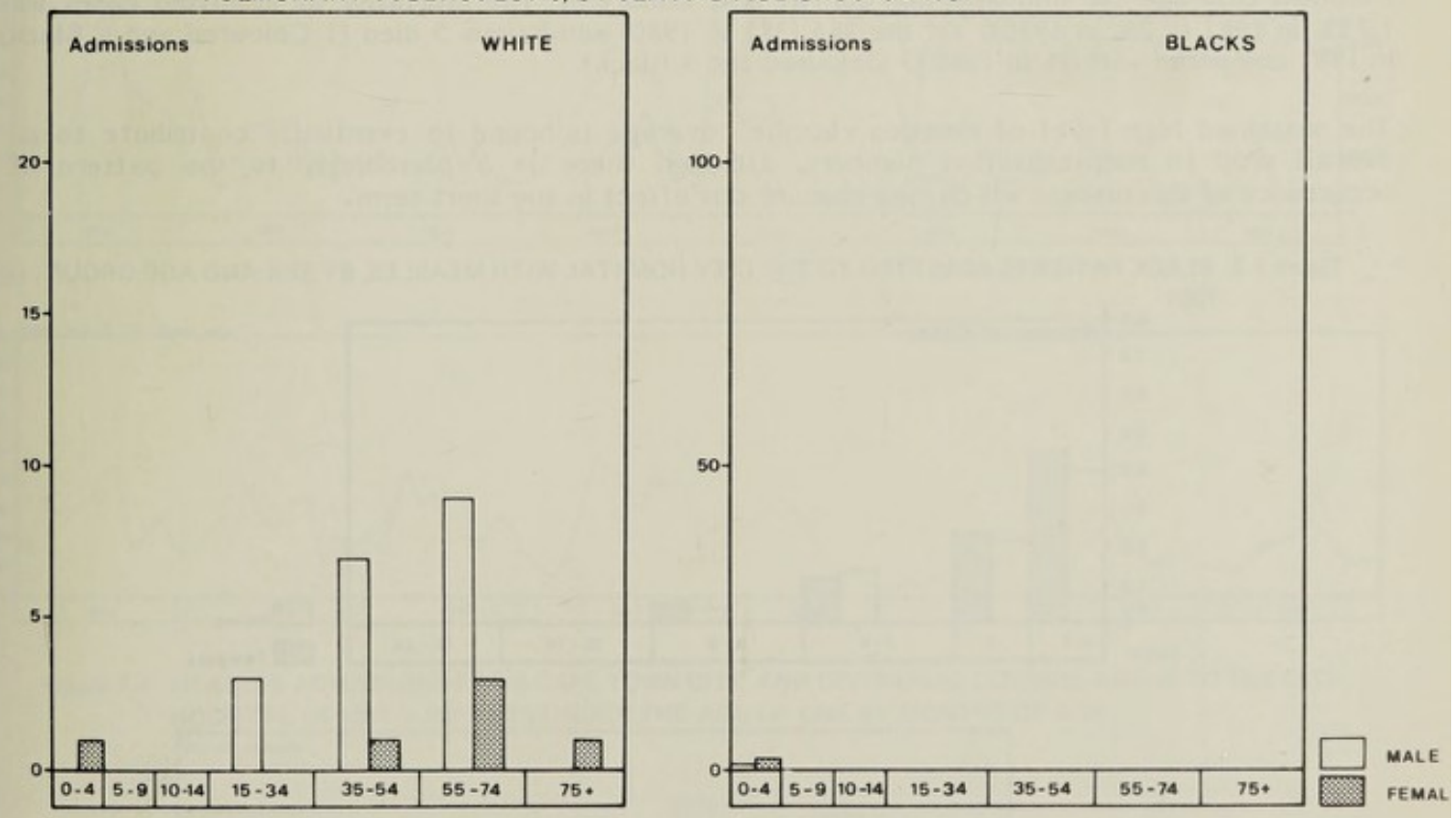
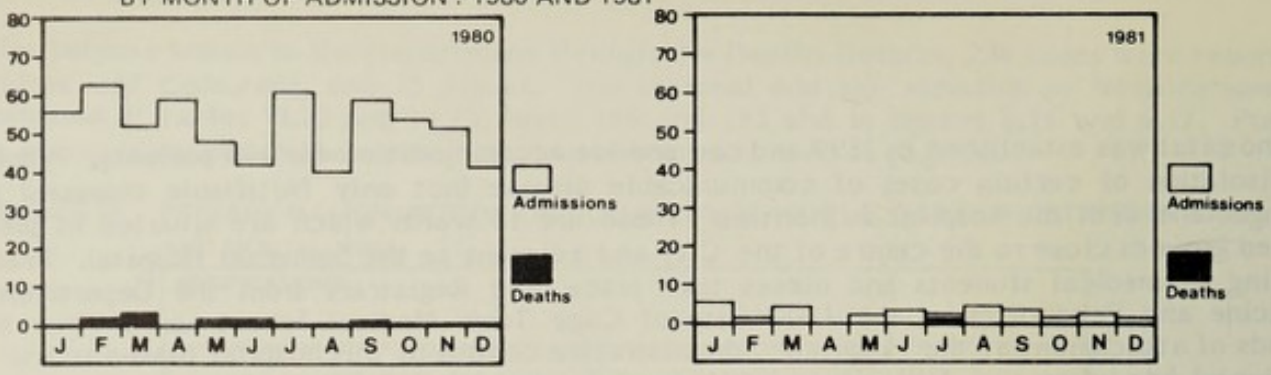


Figure 7.2 PULMONARY TUBERCULOSIS PATIENTS DYING AT, OR ADMITTED TO, THE CITY HOSPITAL BY MONTH OF ADMISSION : 1980 AND 1981



PULMONARY TUBERCULOSIS

In accordance with Department of Health and Welfare directives, tuberculosis patients were no longer admitted to the hospital but were referred to the Brooklyn Chest Hospital.

TUBERCULOUS MENINGITIS

There was 1 Black (24 Coloured and 13 Black in 1980) admission (see Table VII.5 page 190).

MEASLES

The number of admissions fell markedly over the previous year. Most cases were aged less than two years (see Table VII.7, page 192 Figures 7.3 and 7.4). The seasonal pattern of admissions is illustrated in Figure 7.5 and 7.6, 66,7% (65% in 1980) being admitted in the 6 months April to September. The figures include out of City cases and so cannot be converted to incidence rates as the population served is not defined in this report. Measles admissions aged less than 1 year are illustrated in Figure 7.7 which shows that 32% of Municipal cases were admitted before the age of 7 months (the age for immunisation for 'at risk' children). The mortality of admitted cases was 1,75% in 1981 (4,2% in 1980). Of the 285 (381 in 1980) admissions 5 died (1 Coloured and 4 Black) in 1981 compared with 16 in 1980 (7 Coloured and 9 Black).

The sustained high level of measles vaccine coverage is hoped to eventually contribute to an overall drop in hospitalisation numbers, although there is a periodicity to the pattern of occurrence of this disease which may obscure this effect in the short term.

Figure 7.3 BLACK PATIENTS ADMITTED TO THE CITY HOSPITAL WITH MEASLES, BY SEX AND AGE GROUP : 1981

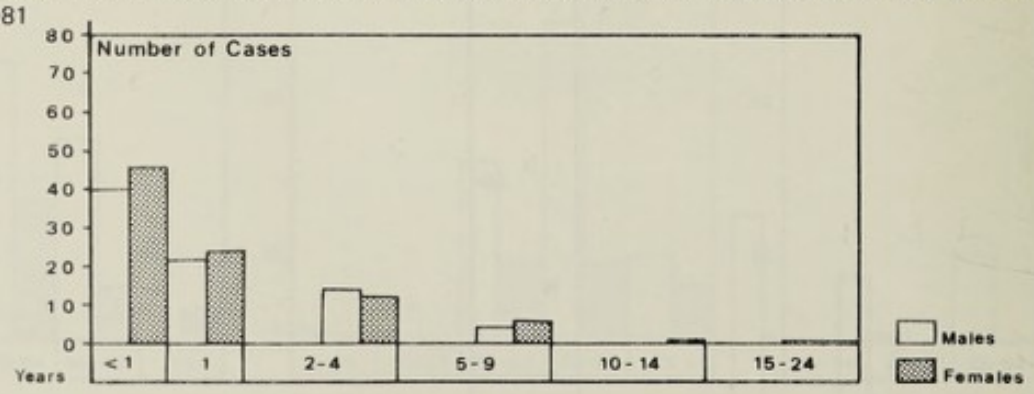


Figure 7.4 COLOURED PATIENTS ADMITTED TO THE CITY HOSPITAL WITH MEASLES, BY SEX AND AGE GROUP : 1981

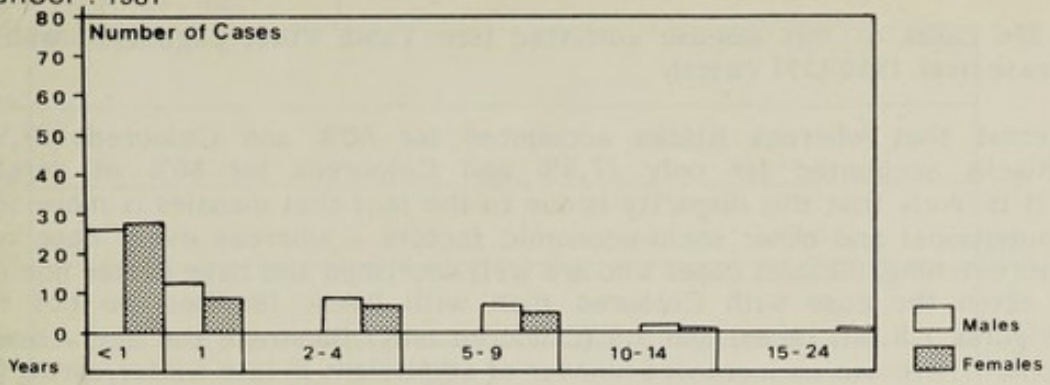
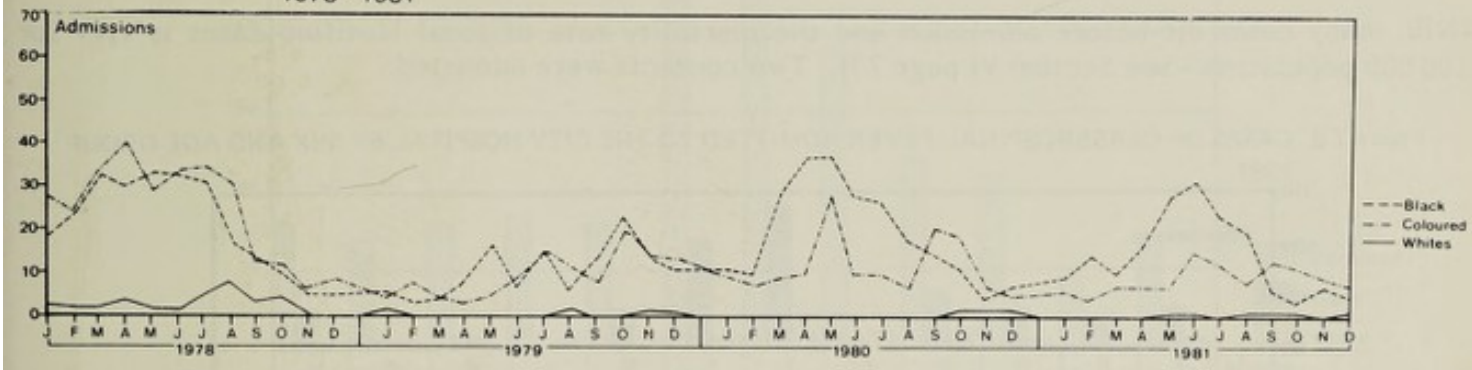
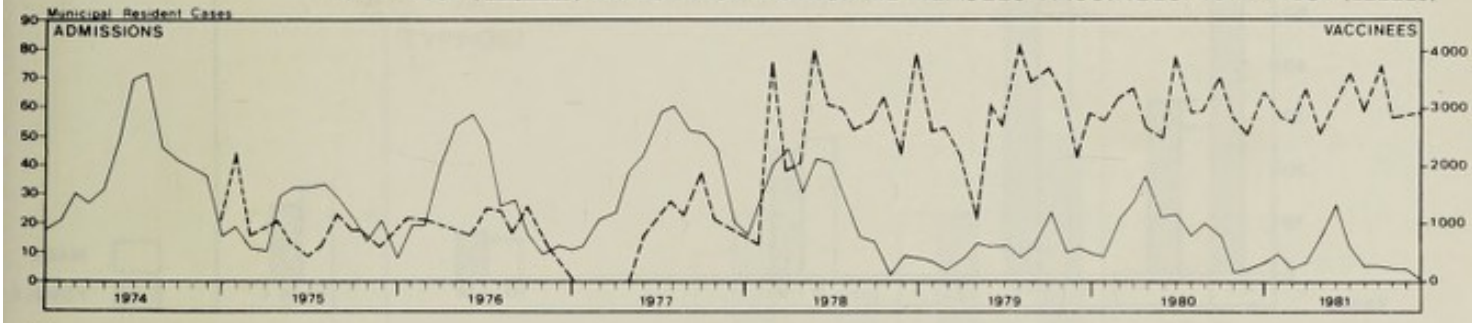


Figure 7.5 MEASLES ADMISSIONS TO THE CITY HOSPITAL BY RACE AND MONTH OF ADMISSION: 1978 - 1981



(A) Figure 7.6 MEASLES CASES ADMITTED TO CITY HOSPITAL BY MONTH OF ADMISSION: 1974 - 1981 (_____) NUMBER OF MUNICIPAL MEASLES VACCINEES: 1974 - 1981 (_ _ _ _ _)



(B)

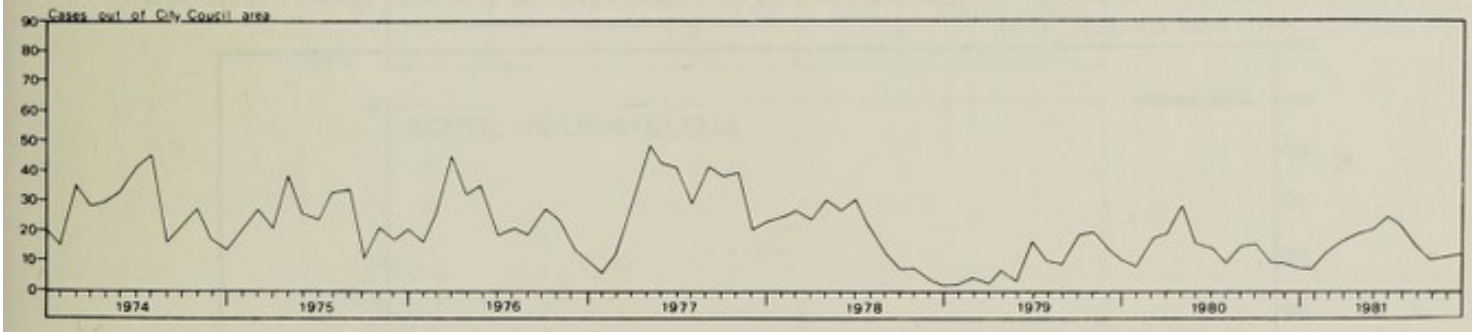
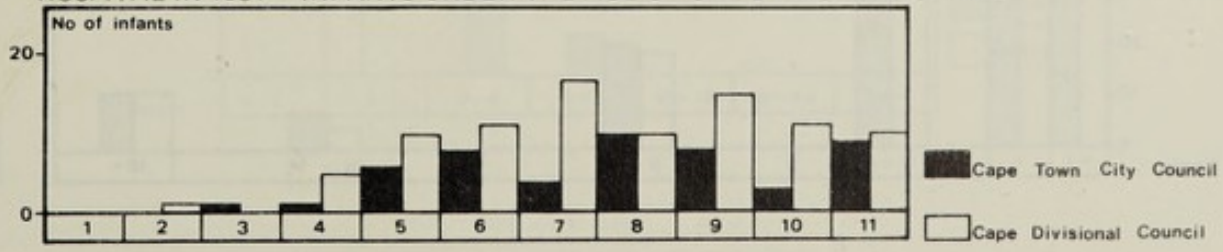


Figure 7.7 MEASLES ADMISSIONS FROM CAPE TOWN CITY AND DIVISIONAL COUNCIL AREAS TO THE CITY HOSPITAL IN 1981 – INFANTS UNDER THE AGE OF ONE BY MONTHS OF AGE



CEREBROSPINAL FEVER

There were 376 cases of this disease admitted (see Table VII.8, page 193) which represents a marked decrease over 1980 (551 cases).

It is of interest that whereas Blacks accounted for 60% and Coloureds 37,9% of measles admissions, Blacks accounted for only 17,8% and Coloureds for 80% of cerebrospinal fever admissions. It is likely that this disparity is due to the fact that measles is more serious in Blacks because of nutritional and other socio-economic factors - whereas every case of cerebrospinal fever is life threatening, measles cases who are well nourished and have better home circumstances (as is more often the case with Coloured than with Black families) do not usually warrant admission. Figures 7.8 (all races) and 7.9 (Coloured only) illustrate the age - sex distribution of CSF admissions. There was an increased number of admissions in late winter/spring (Figure 7.10).

The mortality of admitted cases (376) was nil.

(NB: many cases die before admission and the mortality rate of local Notified cases is 1,44 for 100 000 population - see Section VI page 73). Two contacts were admitted.

Figure 7.8 CASES OF CEREBROSPINAL FEVER ADMITTED TO THE CITY HOSPITAL BY SEX AND AGE GROUP : 1981

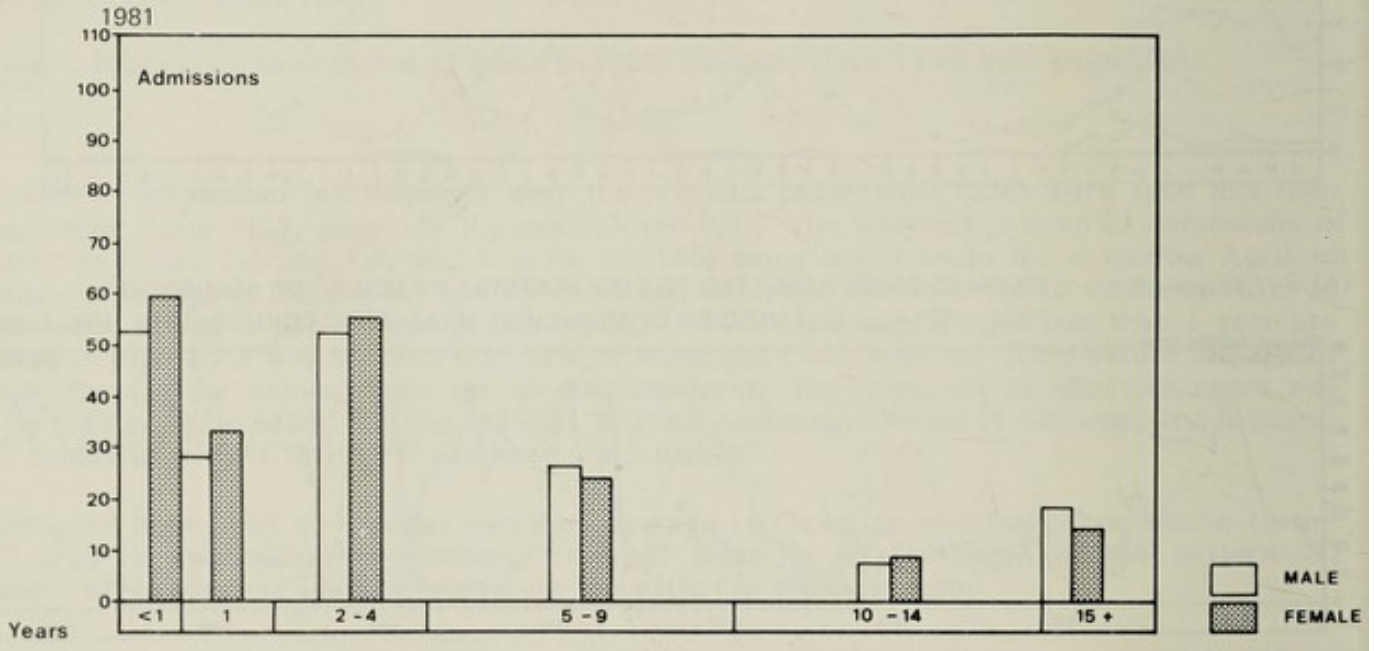


Figure 7.9 COLOURED CASES OF CEREBROSPINAL FEVER ADMITTED TO THE CITY HOSPITAL BY SEX AND AGE GROUP : 1981

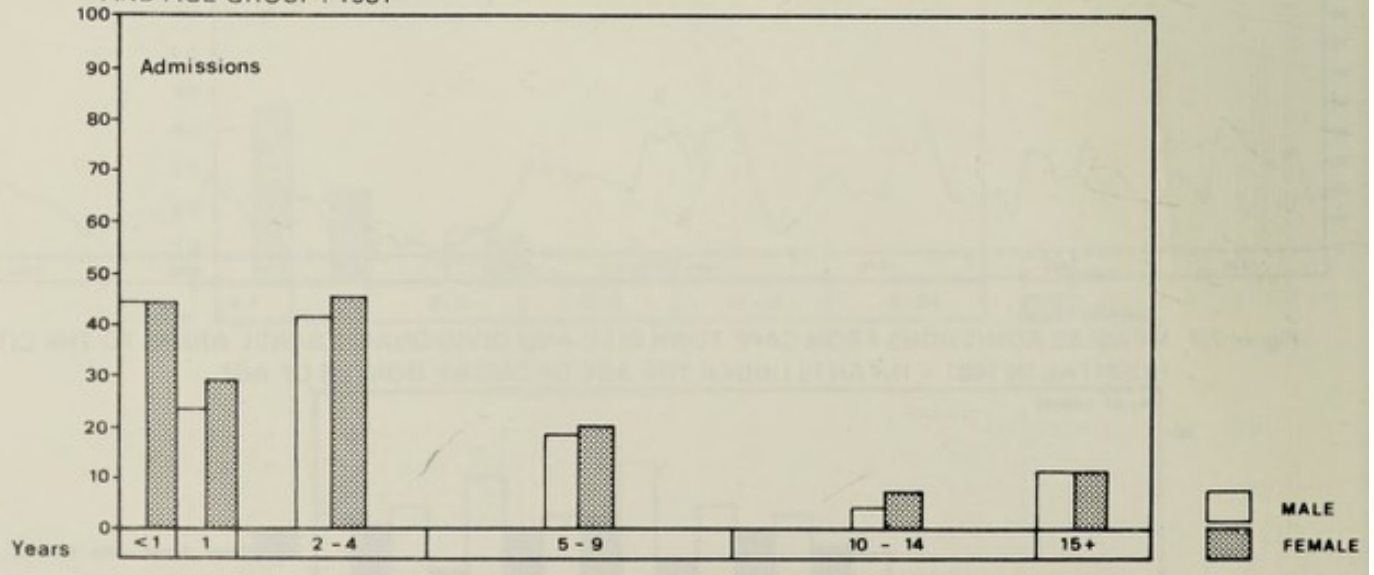


Figure 7.10 CASES OF CEREBROSPINAL FEVER ADMITTED TO THE CITY HOSPITAL BY RACE AND MONTH OF ADMISSION : 1981

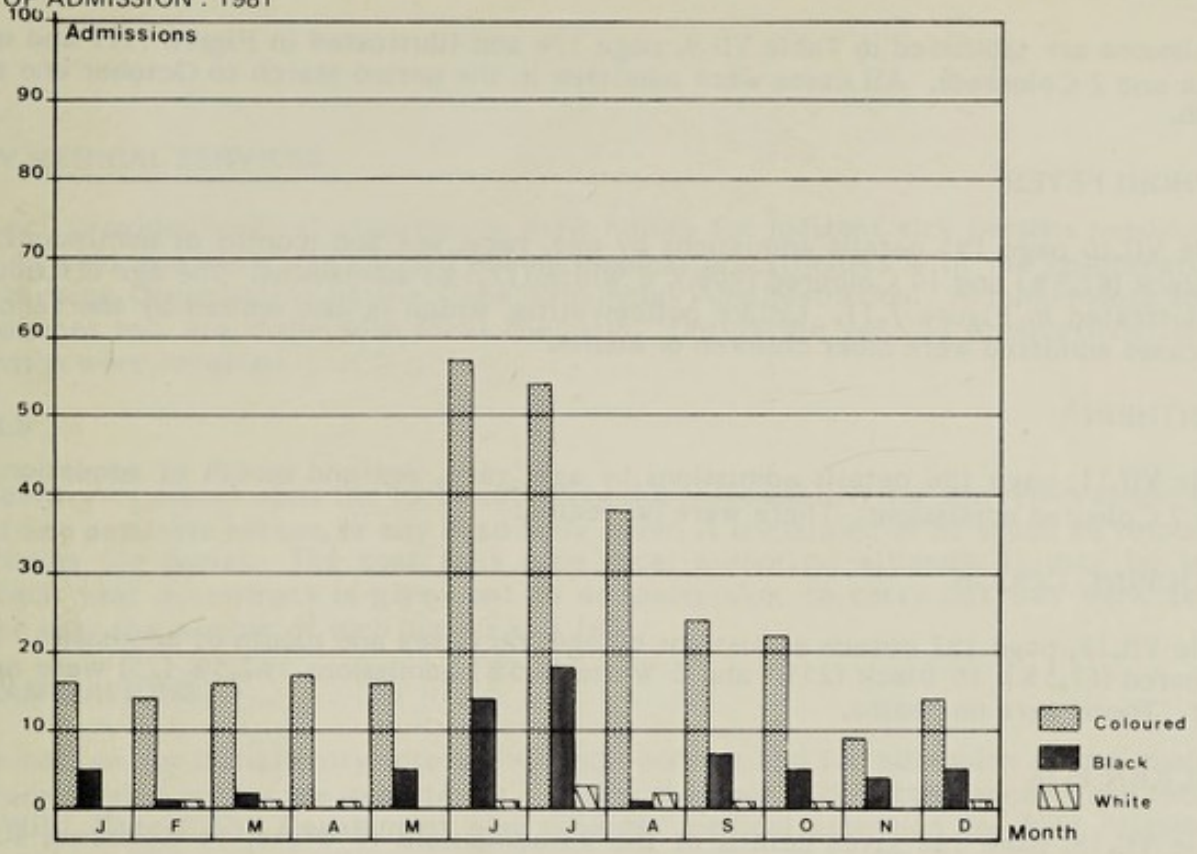
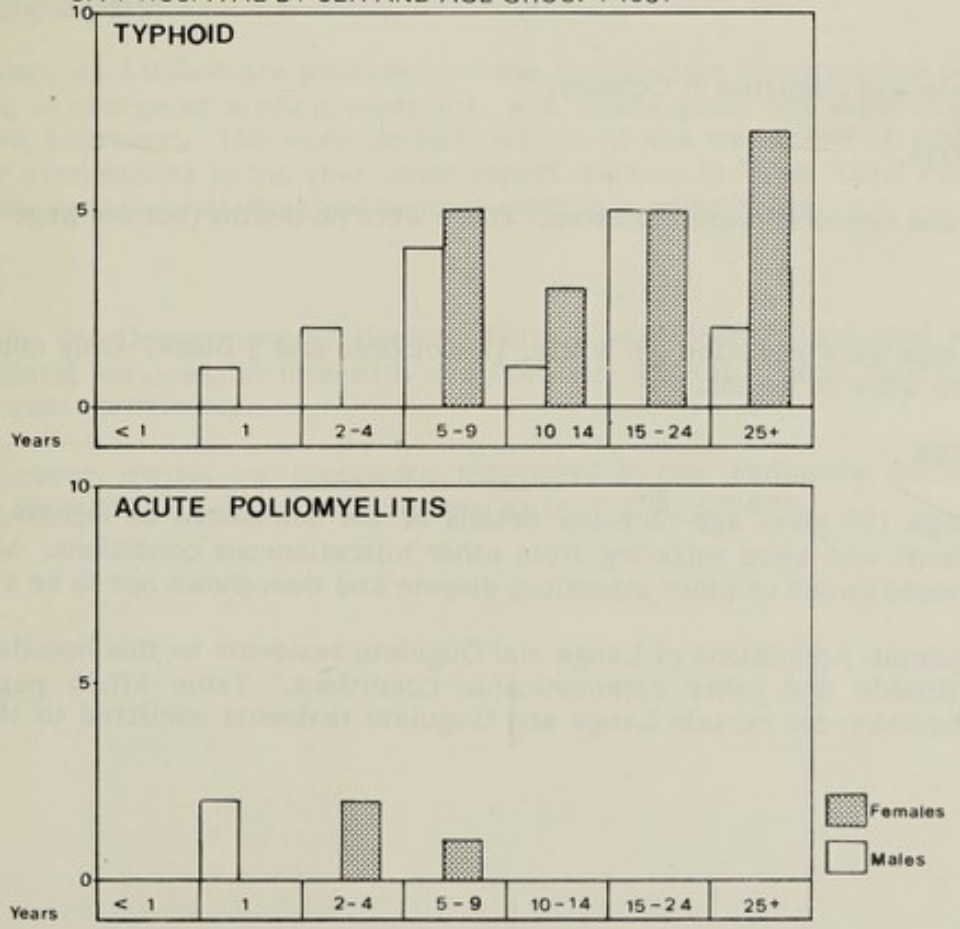


Figure 7.11 ADMISSIONS OF CASES OF TYPHOID AND ACUTE POLIOMYELITUS TO THE CITY HOSPITAL BY SEX AND AGE GROUP : 1981



POLIOMYELITIS

Admissions are tabulated in Table VII.9, page 194 and illustrated in Figure 7.11 and numbered 5 (3 Black and 2 Coloured). All cases were admitted in the period March to October and there was one death.

TYPHOID FEVER

Table VII.10 page 195 details admissions by age, race, sex and months of admissions. There were 15 Black (42,9%) and 14 Coloured (40%), 6 White (17,1%) admissions. The age distribution of cases is illustrated in Figure 7.11. Unlike poliomyelitis, which is also spread by the faecal-oral route, the cases admitted were older children or adults.

DIPHTHERIA

Table VII.11, page 196 details admissions by age, race, sex and month of admission. There were only 2 Coloured admissions. There were no deaths.

WHOOPING COUGH

Table VII.12, page 197 details admissions by age, race, sex and month of admission. There were 27 Coloured (67,5%), 10 Black (25%) and 3 White (7,5%) admissions. 62,5% (25) were aged under one year. There were no deaths.

CHICKEN POX

Table VII.13, page 198 gives details of the 93 admissions (9 White, 54 Coloured, 1 Asian and 29 Black). Only complicated cases are admitted or those where chicken pox has complicated an underlying disease such as leukaemia. There was one death.

LEPROSY

One Black female was admitted in October.

VIRAL HEPATITIS

One White and one Coloured were admitted. There were no deaths (but see page 83).

MUMPS

26 cases of mumps were admitted - 6 White, 17 Coloured and 3 Black. Only complicated cases are admitted. There were no deaths.

OTHER DISEASES

Table VII.14, page 199 gives age-race-sex details of the admissions of leprosy, viral hepatitis, as well as 16 patients who were suffering from other miscellaneous conditions. Many of these were originally diagnosed as one or other infectious disease and then shown not to be suffering from it.

Langa and Guguletu: Admissions of Langa and Guguletu residents to this hospital is arranged for a number of notifiable and other communicable conditions. Table VII.15 page 200 details the diagnosis on admission for certain Langa and Guguletu residents admitted to the City Hospital in 1981.

VIII OTHER SERVICES

DOMICILIARY MEDICAL SERVICES

The City Council provides medical attention in their homes for indigent sick persons needing such service. During 1981 the work was carried out by medical practitioners with the co-operation of the District Nursing Organisation of the Cape Provincial Administration. Arrangements for the supply of medicines etc. are made with local chemists. During the year 12 applications for free medical attention were received.

FREE BURIALS

The Public Health Act places upon the local authority the responsibility for the removal and burial of the body of any destitute person, or any dead body which is unclaimed or of which no responsible person undertakes the burial. The cost falls upon local authority, although it may be legally recovered. Each year a contract is given out to an undertaker to carry out this work for the council. In the year the number of such burials was 163.

MEDICAL EXAMINATIONS

Medical examinations for initial entry into the Council service and for admission to the municipal pension fund are carried out by the department. During the year 6 247 attendances were recorded as on Table VIII.1 Page 201. The Department also provides medical attention for Fire Brigade and Traffic personnel.

CLEANSING STATION (SCABIES AND PEDICULOSIS)

The cleansing stations at Athlone are provided for the disinfection of verminous persons and their clothing. They are in charge of a clinic assistant, who works under the supervision of a medical officer and has two assistants. The work consists mainly of the treatment of scabies, pediculosis and impetigo. The attendances in the year under report were as in Table VIII.2 Page 201. Scabies is also treated where necessary at the child welfare centres in other areas.

DENTAL

As from 1980-04-01 the Department of Health, Welfare and Pensions assumed responsibility for the provision of dental services, in line with the National Dental Health policy approval by the cabinet some five years previously.

Following this takeover, dental services were suspended in the Peninsula Administration Board areas (in Langa as from 1980-08-06 and in Guguletu as from 1980-08-08).

TABLES INDEX

TABLES

TABLE A

SUMMARY OF VITAL STATISTICS : 1981

Area: 30327 hectares.

RACES	WHITE		COLOURED		ASIAN		BLACK		ALL RACES	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Total population	272980		573520		12650		114030		973180	
Notified Live Births	2871	10,52	14537	25,35	147	11,62	4365	38,28	21920	22.52
Registered Deaths	2377	8,71	3413	5,95	48	3,79	1182	10,37	7020	7,21
Natural Increase	494	1,81	11124	19,4	99	7,83	3183	27,91	14900	15,31
Infant Mortality (Death under one year)	27	9,4	273	18,8	3	20,4	151	34,6	454	20,7
Maternal mortality			1	0,07			1	0,23	2	0,09

II – SOCIAL GEOGRAPHY

TABLE II.1 METEOROLOGICAL DATA 1972 TO 1981: D F MALAN AIRPORT WEATHER OFFICE

	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981
Total rainfall	424,1 mm	321,0 mm	682,6 mm	558,4 mm	565,4 mm	751,1 mm	402,1 mm	408,1 mm	479,1 mm	585,2 mm
No. of rainy days	125	95	96	117	130	140	125	123	130	133
Ave. Max. Temp.	22,5	21,1	22,2	21,1	21,4	21,8C	22,0C	28,4C	22,3°C	22,2°C
Maximum Temp.	39,9	35,5	37,4	38,1	35,2	35,5C	35,5C	39,3C	33,9°C	35,2°C
Ave. Min. Temp.	11,6	11,7	11,6	11,9	12,0	12,4C	10,0C	5,5C	11,8°C	11,1°C
Minimum Temp.	0,7	0,3	0,9	0,5	0,2	1,8C	1,4C	0,4C	1,9°C	0,3°C

III – VITAL STATISTICS

TABLE III.1 ESTIMATED POPULATION OF THE CITY OF CAPE TOWN BY RACE 1961 TO 1981

	WHITE	COLOURED	ASIATIC	BLACK	TOTAL
1961	195650	275040	7380	66390	544460
1962	197910	285280	7570	68030	558790
1963	200210	295890	7780	73480	577360
1964	202530	306910	7980	73540	590960
1965	204880	318330	8200	78600	610010
1966	207250	330180	8420	88930	634780
1967	209650	342470	8640	90000	650760
1968	212080	355210	8870	80840	657000
1969	214540	368430	9110	84460	676540
1970	217030	382150	9350	85700	694230
1971	235550	397500	9660	93050	735760
1972	239050	412340	9920	91150	752460
1973	242600	427740	10190	90250	770780
1974	246200	443710	10470	95000	795380
1975	249860	460280	10760	97730	818630
1976	253570	477470	11050	100530	842620
1977	257340	495300	11350	103000	866990
1978	261160	513790	11660	107580	894190
1979	265040	532980	11980	108500	918500
1980	268980	552880	12310	111230	945400
1981	272980	573520	12650	114030	973180

TABLE III.2

ESTIMATED POPULATION, BIRTH RATES, DEATH RATES, NATURAL INCREASE RATES AND INFANT MORTALITY RATES : 1950 TO 1981

YEAR	Estimated Populations			Birth rates			Death rates corrected for outward transfers			Natural increase rates			Infant mortality rates		
	White	Coloured Asiatic Blacks	Total	White	Coloured Asiatic Blacks	Total	White	Coloured Asiatic Blacks	Total	White	Coloured Asiatic Blacks	Total	White	Coloured Asiatic Blacks	Total
1950-1951	186790	255510	442300	18,02	41,40	30,16	9,55	14,97	12,00	8,47	26,43	18,56	23,91	104,20	84,07
1951-1952	187540	261280	448820	18,27	40,94	31,26	9,88	14,99	12,82	8,39	25,95	18,43	28,78	106,26	87,26
1952-1953	188300	267220	455520	18,37	39,42	30,62	9,33	13,12	11,54	9,04	25,30	19,08	21,29	101,35	81,32
1953-1954	189070	273310	462380	18,23	37,86	29,85	9,03	12,25	11,09	8,86	25,61	18,77	30,43	100,55	83,71
1954-1955	189830	279580	469410	17,62	36,95	29,26	9,15	11,52	10,60	8,47	25,43	18,66	21,45	100,80	82,52
1956	190600	286010	476610	18,6	34,3	28,3	9,0	10,3	10,2	8,6	23,9	18,0	24,5	103,0	83,4
1957	191380	292620	484000	18,4	36,5	29,8	10,0	10,6	10,4	8,5	25,9	19,4	23,5	95,5	79,3
1958	192150	299420	491570	18,8	34,4	28,7	9,7	9,9	9,8	9,2	24,4	18,8	23,1	97,6	80,2
1959	192930	306390	499320	19,2	34,3	28,9	10,0	8,6	9,1	9,2	25,7	19,8	17,5	80,2	65,5
1960	193710	338020	531730	18,4	38,3	31,1	10,9	10,5	10,7	7,3	24,7	18,7	25	81	69
1961	195650	348810	544460	18,9	36,4	30,1	10,2	9,5	9,8	8,7	26,8	20,3	20	76	64
1962	197910	360880	558790	18,9	35,2	29,4	10,4	8,7	9,3	8,5	26,5	20,1	22	70	59
1963	200210	377150	577360	18,1	36,2	29,9	10,1	10,3	10,2	7,9	25,9	19,6	23	86	73
1964	202530	388430	590960	18,3	37,3	30,8	10,6	10,3	10,4	7,7	27,0	20,4	19	78	66
1965	204880	405130	610010	16,8	38,4	31,2	10,2	10,6	10,5	6,6	27,8	20,7	19	78	68
1966	207230	427530	634780	18,0	35,1	29,5	10,5	9,8	10,0	7,5	25,4	19,5	17	78	66
1967	209650	441110	650760	18,0	31,6	27,2	10,0	9,9	10,0	8,0	21,7	17,3	15	79	66
1968	212080	444920	657000	18,1	38,4	31,8	10,2	9,3	9,6	7,9	29,1	22,2	15	58	50
1969	214540	462000	676540	18,4	37,4	31,4	10,3	9,3	9,7	8,1	28,0	21,7	18	58	51
1970	217030	477200	694230	19,2	35,2	30,2	10,6	9,6	9,9	8,6	25,6	20,3	16	59	50
1971	235550	500210	735760	18,3	35,5	30,0	9,0	7,8	8,2	9,2	27,6	21,7	13	46	39
1972	239050	513410	752460	17,1	35,1	29,4	9,0	7,4	7,9	8,1	27,7	21,5	13	38	34
1973	242600	528180	770780	15,6	34,6	28,6	9,4	8,3	8,6	6,2	26,3	20,0	13	46	40
1974	246200	549180	795380	14,6	32,8	27,2	9,1	8,0	8,3	5,5	24,8	18,9	12	46	40
1975	249860	568770	818630	13,2	29,2	24,3	8,4	7,2	7,6	4,7	22,0	16,7	12	38	34
1976	253570	589050	842620	12,6	27,9	23,3	8,8	7,7	8,0	3,8	20,2	15,3	10	43	38
1977	257340	609650	866990	11,2	26,3	21,8	8,4	6,9	7,4	2,8	19,4	14,5	8	36	31
1978	261160	631030	892190	10,6	26,1	21,5	8,4	6,0	6,7	2,2	20,1	14,9	13	28	26
1979	265040	653460	918500	10,2	26,0	21,4	7,9	5,8	6,4	2,3	20,2	15,0	10	23	21
1980	268980	676420	945400	10,1	26,1	21,6	8,6	6,0	6,7	1,5	20,1	14,9	13	24	22
1981	272980	700200	973180	10,52	27,21	22,52	8,7	6,6	7,2	1,8	20,6	15,3	9	24	21

The population and rates for the years 1961 onward have been corrected according to the final figures of the 1970 census.
Birth rates based on notification from 1968.

TABLE III.3 POPULATION BY RACE AND SEX : 1980 TO 1981

RACE	1980			1981		
	MALES	FEMALES	PERSONS	MALES	FEMALES	PERSONS
White	128030	140950	268980	129938	143042	272980
Coloured	259850	293030	552880	269554	303966	573520
Asiatic	6400	5910	12310	6578	6072	12650
Blacks -						
City	5950	16680	22630	6058	16976	23034
Langa	16762	6770	23532	18391	7152	25543
Guguletu	34018	31050	65068	34886	30567	65453
Total	56730	54500	111230	59335	54695	114030
Total	451010	494390	945400	465405	507775	973180

TABLE III.4 NOTIFIED LIVE BIRTHS AND BIRTH RATES BY RACE AND SEX OF INFANT: 1980 TO 1981

RACE	MALES		FEMALES		TOTAL		BIRTH RATE	
	1980	1981	1980	1981	1980	1981	1980	1981
White	1416	1529	1311	1342	2727	2871	10,1	10,52
Coloured	6860	7338	6588	7199	13448	14537	24,3	25,35
Asiatic	103	76	122	71	255	147	18,3	11,62
Blacks	2023	2180	1961	2185	3984	4365	35,8	38,28
TOTAL	10402	11123	9982	10797	20384	21920	21,6	22,52

TABLE III.5 NOTIFIED BIRTHS AND BIRTH RATES BY RACE: 1977 TO 1981

RACE	1977		1978		1979		1980		1981	
	LIVE BIRTHS	BIRTH RATE	LIVE BIRTHS	BIRTH RATE	LIVE BIRTHS	BIRTH RATE	LIVE BIRTHS	BIRTH RATE	LIVE BIRTHS	BIRTH RATE
White	2875	11,2	2768	10,6	2695	10,2	2727	10,1	2871	10,52
Coloured	11926	24,1	12155	23,7	12746	23,9	13448	24,3	14537	25,35
Asiatic	217	19,1	259	22,2	260	21,7	225	18,3	147	11,62
Blacks	3915	38,0	4082	37,9	3999	36,9	3984	35,8	4365	38,28
TOTAL	18933	21,8	19264	21,5	19700	21,4	20384	21,6	21920	22,52

TABLE III.6 BIRTH RATES FOR 1981

RACE	POPULATION			LIVE BIRTHS	BIRTH RATE PER 1 000
	MALE	FEMALE	TOTAL		
White	129938	143042	272980	2871	10,52
Coloured	269554	303966	573520	14537	25,35
Asian	6578	6072	12650	147	11,62
Black:					
Langa	18391	7152	25543	2004	78,46
Guguletu	34886	30567	65453	2183	33,35
Rest of City	6058	16976	23034	178	7,73
Total	59335	54695	114030	4365	38,28
Total	465405	507775	973180	21920	22,52

TABLE III.7

FERTILITY RATES : 1981

RACE	Female Population	Percentage of females aged 15-49 years	Number of females aged 15-49 years	Notified births	Fertility (Births rates per 1 000 females aged 15-49 years)
White	143042	48,53	69420	2892	41,66
Coloured	303966	48,68	147970	14728	99,53
Asian	6072	?50	3036	148	48,75
Black:					
Total	59014	?50	29507	4444	150,61
Langa	7152	?50	3576	2039	570,19
Guguletu	30567	?50	15283	2216	127,04
Rest of city	16976	?50	8488	189	22,27

* Calculated from 1970 Census for Whites and Coloureds and Asians and estimated for Blacks

TABLE III.8

NOTIFIED STILL BIRTHS AND STILL BIRTH RATES BY RACE : 1980 TO 1981

	NOTIFICATIONS			
RACE	NUMBER		STILL BIRTH RATE	
	1980	1981	1980	1981
White	15	21	5,5	7,26
Coloured	168	191	12,3	12,97
Asiatic		1		6,76
Blacks	68	79	16,8	17,78
TOTAL	251	292	12,2	13,15

TABLE III.9

STILL BIRTHS (SB) AND STILL BIRTH RATES (SBR) FOR 1981

RACE	LIVE BIRTHS	NUMBER STILL BIRTHS	LIVE AND STILL BIRTHS	STILL BIRTH RATE PER 1 000 LIVE AND STILL BIRTHS
White	2871	21	2892	7,26
Coloured	14537	191	14728	12,97
Asians	147	1	148	6,76
Black:				
Total	4365	79	4444	17,78
Langa	2004	35	2039	17,17
Guguletu	2183	33	2216	14,89
Rest of City	178	11	189	58,20

TABLE III.10

NOTIFIED TWIN BIRTHS CLASSIFIED ACCORDING TO RACE AND AS TO WHETHER OF THE SAME OR MIXED SEXES : 1981

CHILDREN				
RACE	NO OF PAIRS	BOTH MALES	BOTH FEMALES	MIXED
White	20	9	3	8
Coloured	120	43	34	43
Asiatic	2	1	1	-
Blacks	86	25	26	35
TOTAL	228	78	64	86

TABLE III.11

NOTIFIED LIVE AND STILL BIRTHS IN INSTITUTIONS (WHETHER OCCURRING IN OR OUT OF THE MUNICIPAL AREA) TO CAPE TOWN MUNICIPAL RESIDENTS : 1980 TO 1981

	NOTIFICATIONS			
	NUMBER		PERCENTAGE OF TOTAL DELIVERIES	
	1980	1981	1980	1981
White	2734	2861	99,7	98,9
Coloured	9428	9942	69	67,5
Asiatic	189	123	84	83,1
Blacks	3044	3301	75	74,3
TOTAL	15395	16227	75	73,1

TABLE III.12

NOTIFIED LIVE AND STILL BIRTHS BY PLACE OF OCCURRENCE AND ATTENDANT, OCCURRING WITHIN THE MUNICIPAL AREA OF CAPE TOWN : 1981

	RESIDENTS		NON-RESIDENTS		
ATTENDED	BIRTHS	PERCENTAGE	BIRTHS	PERCENTAGE	TOTAL BIRTHS
(a) In private houses:					
By private doctors	10	0,04			10
By private midwives					
Certificated	488	2,2	10	0,15	498
Uncertificated	1	0,0			1
Maternity outpatient units	5131	23,1	1795	27,3	6926
Midwives on district					
No doctor or midwives	352	1,6			352
TOTAL	5982	26,9	1805	27,5	7787
(b) In institutions:					
Public institutions	15404	69,3	4539	69,0	19943
Private Nursing homes	826	3,7	229	3,48	1055
TOTAL	16230	73,1	4768	72,5	20998

TABLE III.13

ILLEGITIMATE LIVE BIRTHS NOTIFIED BY RACE : 1980 TO 1981

NOTIFICATIONS				
RACE	NUMBER		PERCENTAGE OF TOTAL LIVE BIRTHS	
	1980	1981	1980	1981
White	286	271	10,5	9,4
Coloured	5117	5487	38,1	37,7
Asiatic	6	2	2,7	1,4
Blacks	2438	2565	61,2	58,8
TOTAL	7847	8325	38,5	38,0

TABLE III.14

NOTIFIED BIRTHS TO TEENAGE MOTHERS BY RACE, LEGITMACY AND AGE OF THE MOTHER 1981

AGE OF MOTHER																
RACE	13 years		14 years		15 years		16 years		17 years		18 years		19 years		Total	
	Leg	Ileg	Leg	Ileg	Leg	Ileg	Leg	Ileg	Leg	Ileg	Leg	Ileg	Leg	Ileg	Leg	Ileg
White				2	1	4	5	21	23	18	38	32	88	32	155	109
Coloured		5	1	22	5	57	34	183	92	363	152	548	279	584	563	1762
Asiatic											1		2		3	
Blacks		2		5		31	5	113	11	141	28	166	47	173	91	631
TOTAL		7	1	29	6	92	44	317	126	522	219	746	416	789	812	2502

Leg: Legitimate
Ileg: Illegitimate

TABLE III.15

ILLEGITIMATE BIRTHS AS A PERCENTAGE OF TOTAL LIVE BIRTHS : 1956 TO 1981

ILLEGITIMATE BIRTHS PERCENTAGE OF TOTAL BIRTHS			
PERIODS	WHITE	COLOURED, ASIATIC AND BLACKS	TOTAL
1956	3,0	24,2	18,9
1957	3,6	24,7	19,8
1958	4,0	23,7	19,0
1959	4,1	23,8	19,2
1960	4,0	23,2	19,0
1961	3,8	23,3	19,0
1962	3,9	23,4	19,0
1963	4,7	24,2	20,1
1964	4,8	25,4	21,2
1965	4,6	27,0	22,9
1966	5,9	28,1	23,7
1967	8,3	29,9	25,3
1968	9,4	27,5	24,1
1969	7,8	28,6	24,7
1970	8,0	31,2	26,6
1971	7,5	33,4	28,3
1972	9,2	37,3	32,1
1973	10,1	39,1	34,2
1974	9,8	40,4	35,3
1975	9,6	42,2	36,8
1976	10,3	43,6	38,2
1977	9,8	44,1	38,9
1978	8,2	44,5	39,3
1979	9,9	44,4	39,7
1980	10,5	42,3	38,5
1981	9,4	42,3	38,0

TABLE III.16

UNCORRECTED AND CORRECTED DEATHS AND CORRECTED DEATH RATES BY RACE AND SEX: 1980 TO 1981

	UNCORRECTED DEATHS						CORRECTED DEATHS						RATE					
	1980			1981			1980			1981			1980			1981		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
White	1476	1319	2795	1372	1408	2780	1212	1094	2306	1154	1223	2377	9,47	7,76	8,57	8,88	8,55	8,71
Coloured	2067	1573	3640	2385	1662	4047	1684	1313	2997	2004	1409	3413	6,48	4,48	5,42	7,43	4,62	5,95
Asiatic	54	25	79	36	17	53	48	21	69	34	14	48	7,50	3,55	5,61	5,17	2,31	3,79
Blacks:																		
Langa							280	104	384	332	97	429	16,70	15,36	16,31	18,05	13,56	16,80
Guguletu							307	216	523	450	237	687	9,02	6,96	8,04	14,72	6,79	10,50
Rest of City							43	11	54	49	17	66	7,23	0,66	2,39	8,09	1,00	2,87
Total	760	396	1156	955	448	1403	630	331	961	831	351	1182	11,11	6,07	8,64	15,10	5,95	10,37
TOTAL	4357	3313	7670	4748	3535	8283	3574	2759	6333	4023	2997	7020	7,92	5,58	6,70	8,73	5,85	7,21

TABLE III.17

CORRECTED DEATHS AND DEATH RATES BY RACE: 1977 TO 1981

RACE	1977		1978		1979		1980		1981	
	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate
White	2151	8,36	2194	8,40	2095	7,90	2306	8,57	2377	8,71
Coloured	3082	6,22	2856	5,56	2846	5,34	2997	5,42	3413	5,95
Asiatic	44	3,88	31	2,66	62	5,18	69	5,61	48	3,79
Blacks	1098	10,66	926	8,61	856	7,89	961	8,64	1182	10,37
All races	6375	7,35	6007	6,72	5859	6,38	6333	6,70	7020	7,21

TABLE III.18

CORRECTED DEATHS BY AGE, SEX AND RACE: 1981

RACE	AGE GROUPS																	
	UNDER 1 YEAR		1 YEAR		2 to 4 YEARS		TOTAL UNDER 5 YRS		5 to 9 YEARS		10 to 14 YEARS		15 to 24 YEARS		25 to 34 YEARS		35 to 44 YEARS	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Whites	12	15	3		1	1	16	16	2	5	4	1	29	15	28	15	52	20
Coloured	158	115	16	12	19	11	193	138	28	14	19	14	182	54	167	75	178	101
Asiatic	3		1		1		5						2		2	1	4	2
Blacks:																		
Langa	35	20	9	2	1	4					2	1	20	4	31	13	55	16
Guguletu	53	37	7	9	5	2			1	4	8	6	67	17	55	20	41	24
Rest of City	5	1		1		1									9	3	9	5
Total	93	58	16	12	6	7	115	77	1	4	10	7	87	21	95	36	105	45
TOTAL	266	188	36	24	27	19	329	231	31	23	33	22	300	90	292	127	339	168

RACE	45 to 54 YEARS		55 to 64 YEARS		65 to 74 YEARS		75 to 84 YEARS		85 YEARS AND UP-WARDS		AGE UNKNOWN		TOTAL		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Persons
Whites	98	60	201	147	361	308	267	385	96	251			1154	1223	2377
Coloured	310	181	338	236	370	255	176	239	43	102			2004	1409	3413
Asians	3	4	8	1	8	2	1	3	1	1			34	14	48
Black:															
Langa	78	11	63	15	29	6	6	1	3	4			332	97	429
Guguletu	67	26	73	40	48	29	24	18	1	5			450	237	687
Rest of City	11		6	3	8	2	1	1					49	17	66
Total	156	37	142	58	85	37	31	20	4	9			831	351	1182
TOTAL	567	282	689	442	824	602	475	647	144	363			4023	2997	7020

TABLE III.19

DEATHS FROM 'CANCER' (MALIGNANT NEOPLASMS INCLUDING THOSE OF LYMPHATIC AND HAEMOPOIETIC TISSUE) AND DEATH RATES PER 100 000 POPULATION: 1981

Int. Code No.	Parts affected	White		Coloured		Asiatic		Blacks		Total	
		Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
140-9	Malignant neoplasm of buccal cavity and pharynx	13	5	23	4			7	6	43	4
150	Malignant neoplasm of oesophagus	18	6	32	5			45	39	95	10
151	Malignant neoplasm of stomach	29	11	68	11	1	8	9	8	107	11
152-3	Malignant neoplasm of intestine	45	16	18	3					63	6
154	Malignant neoplasm of rectum	10	4	5	1			3	2	18	2
155	Malignant neoplasm of liver	9	3	17	3			11	10	37	4
157	Malignant neoplasm of pancreas	32	12	22	4			4	3	58	6
162-3	Malignant neoplasm of trachea and bronchus of lung	102	37	107	19			25	22	234	24
174	Malignant neoplasm of breast	45	16	29	5			11	9	85	9
180	Malignant neoplasm of cervix uteri	6	2	21	4			9	8	36	4
183	Malignant neoplasm of ovary	14	5	10	2			3	2	27	2
185	Malignant neoplasm of prostate	22	8	16	3	1	8	3	2	42	4
188	Malignant neoplasm of bladder	20	7	12	2					32	3
191	Malignant neoplasm of brain	29	11	22	4			9	8	60	6
200-8	Neoplasm of lymphatic and haemopoietic tissues	29	11	27	5			9	8	65	7
	Malignant neoplasm of other and unspecified sites	58	21	47	8	2	16	19	16	126	13
	TOTAL	481	176	476	83	4	32	167	146	1128	116

TABLE III.20

LUNG CANCER MORTALITY OVER A SERIES OF YEARS

YEAR	Whites				Coloured				Asiatic				Blacks				Coloureds, Asiatic & Blacks			
	Deaths		Rates per 100 000 population		Deaths		Rates per 100 000 population		Deaths		Rates per 100 00 population		Deaths Asiatic		Rates per 100 000 population		Deaths		Rates per 100 00 population	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1947	21	3	23,5	3,1													4	2	4,1	2,0
1957	46	6	49,8	5,9													27	5	17,0	3,0
1967	57	7	57,1	6,4													51	8	22,9	3,7
1971	53	17	47,3	13,8													54	10	21,3	4,1
1976	61	23	50,3	17,3													88	24	29,8	8,2
1977	76	33	62,0	24,5													115	26	37,7	8,5
1978	80	28	64,4	20,5													94	19	31,1	5,7
1979	75	44	59,4	31,7													119	18	38,1	5,3
1980	82	32	64,0	22,7	97	31	37,3	10,6		1		16,9	33	5	58,2	9,2	130	37	40,3	10,5
1981	73	29	56,2	20,3	81	26	30,0	8,6					23	2	41,8	3,4	104	28	31,4	7,6

TABLE III.21

PERCENTAGE OF MALE PERSONS DYING OF LUNG CANCER UNDER THE AGE OF 55 YEARS AND AT OR OVER THE AGE OF 55 YEARS: 1976 TO 1981

	WHITE		COLOURED		ASIATIC		BLACK		TOTAL COLOUREDS ASIATIC AND BLACKS	
	Under 55 yrs %	Over 55 yrs %	Under 55 yrs %	Over 55 yrs %	Under 55 yrs %	Over 55 yrs %	Under 55 yrs %	Over 55 yrs %	Under 55 yrs %	Over 55 yrs %
1976	13	87							31	69
1977	12	88							41	59
1978	12	88							30	70
1979	8	92							39	61
1980	11	89	29	71			36	64	31	69
1981	11	89	28	72			52	48	34	66

TABLE III.22

SELECTED CAUSES OF DEATH BY RACE: 1981

International Code No.	Cause of death	White	Coloured	Asiatic	Blacks	Total
002	Typhoid					
004,5,8,9, 555,6,8	Dysentery and Gastro Enteritis	6	17		40	63
011	Tuberculosis Pulmonary	4	65		77	146
010,012-018	Tuberculosis, Other Forms	1	2		3	6
032	Diphtheria					
033	Whooping Cough	1				1
036	Meningococcal Infections	2	9		3	14
037	Tetanus					
038	Septicaemia	24	43	1	13	81
045	Acute Poliomyelitis					
055	Measles		3		4	7
070	Viral Hepatitis					
090-099	Syphilis	1	5		1	7
	Other Infective and Parasitic Diseases	3	3	1	3	10
140-208	Malignant Neoplasms	479	472	4	167	1122
210-239	Benign Neoplasms	2	4			6
250	Diabetes Mellitus	13	44	1	10	68
260-269	Nutritional Deficiencies		4		10	14
280-289	Anemias	2	2		1	5
320-359	Diseases of Nervous System	18	55	1	20	94
390-392	Rheumatic Fever					
393-398	Heart Disease - Rheumatic	3	8		3	14
410-414	Heart Disease - Degenerative	453	363	15	16	847
420-429	Heart Disease - Other	150	205	3	57	415
401-405	Hypertensive Disease	31	103	1	22	157
415-417	Diseases of Pulmonary Circulation	17	34		9	60
430-438	Cerebrovascular Diseases	209	302	5	70	586
440-448	Diseases of Arteries	37	21		3	61
487	Influenza	3	3			6
480-486	Pneumonia	89	179	2	90	360
466, 490-491	Bronchitis	6	19		2	27
492	Emphysema	13	4		2	19
493	Asthma	17	43	2	22	84
496	Chronic Airways Obstruction	50	42		9	101
460-465 470-478	Other Diseases of Respiratory System	32	58		14	104
531-535	Ulcer of Stomach and Duodenum	8	13		2	23
540-543	Acute Appendicitis				1	1
550-553,560	Intestinal Obstruction and Hernia	2	2		1	5
562-570 572-579,557	Other Diseases of Digestive System	35	41		19	95
571,609	Cirrhosis of Liver	9	13		8	30
580-589	Nephritis	38	56		24	118
590-629	Other Diseases of Genito-Urinary System	3	8		3	14
630-648	Complications of Pregnancy		1		1	2
660-669	Complications of Normal Labour and Delivery					
670-676	Complications of Puerperium					
680-709	Diseases of the Skin and Subcutaneous Tissue		3			3
740-759	Congenital Anomalies	8	41	1	15	65
760-779	Perinatal Mortality	17	124	2	65	208
780-796	Symptoms and Ill Defined Conditons	8	7		3	18

CONTINUED

TABLE III.22 (CONTINUED)

International Code No.	Cause of death	White	Coloured	Asiatic	Blacks	Total
797	Senility	340	148	2	15	505
798-799	Sudden Death, Cause Unknown	60	168		56	284
800-807	Railway Accidents	2	38		22	62
810-829	Motor Vehicle Accidents	64	226	2	73	365
	All Other Accidents	60	110	2	37	209
950-959	Suicide	25	17		1	43
960-969	Homicide	9	250	3	154	416
970-978	Legal Intervention		5		3	8
980-987	Injury Undetermined Whether Accidentally or Purposely Inflicted	4	10		5	19
	Other Causes	19	20		3	42
	TOTAL	2377	3413	48	1182	7020

TABLE III.23

DEATHS AND DEATH RATES PER 1 000 POPULATION DUE TO CORONARY THROMBOSIS (ICD CODE NO. 410): 1977 TO 1981

RACE		1977		1978		1979		1980		1981	
		M	F	M	F	M	F	M	F	M	F
White	Deaths	264	181	276	192	259	147	237	148	205	169
	Rate	2,16	1,34	2,22	1,40	2,05	1,06	1,85	1,05	1,58	1,18
Coloured	Deaths	163	131	163	111	132	103	131	103	170	96
	Rate	0,70	0,50	0,68	0,41	0,53	0,36	0,50	0,35	0,63	0,31
Asiatic	Deaths							10	3	10	3
	Rate							1,56	0,51	1,52	0,49
Black	Deaths							10	1	5	2
	Rate							0,18	0,02	0,09	0,03

TABLE III.24

DEATHS AND DEATH RATES DUE TO MEASLES BY RACE GROUP: 1972 TO 1981

MEASLES										
YEAR	Deaths					Rate per 100 000 population				
	White	Coloured	Asiatic	Black	Total Coloured, Asiatic and Black	White	Coloured	Asiatic	Black	Total Coloured, Asiatic and Black
1972	1(2)				19(33)	0,84				6,43
1973	1				49	0,41				9,23
1974	0				69	0				12,56
1975	1				26	0,40				4,57
1976	0				34	0				5,77
1977	0				41	0				6,73
1978	0				37	0				5,84
1979	0				13	0				1,99
1980	0	6	0	13	19	0	1,09	0	11,69	2,80
1981		3		4	7		0,52		3,51	1,00

TABLE III.25

DEATHS AND DEATH RATES DUE TO INFLUENZA (ICD CODE 487) BRONCHITIS (ICD CODE NO. 466,490-491) AND PNEUMONIA (ICD CODE NOS 480-486) BY RACE GROUP: 1972 - 1981

YEAR	INFLUENZA				BRONCHITIS				PNEUMONIA (all forms)			
	White		Coloured, Asiatic and Black		White		Coloured, Asiatic and Black		White		Coloured, Asiatic and Black	
	No.	Rate per 100 000	No.	Rate per 100 000	No.	Rate per 100 000	No.	Rate per 100 000	No.	Rate per 100 000	No.	Rate per 100 000
1972	0	0	1 (2)	0,39	34 (58)	24,26	50 (86)	16,75	29 (50)	20,92	207 (354)	68,95
1973	0	0	6	1,14	21	8,66	53	10,03	83	34,21	419	79,33
1974	4	1,62	13	2,37	6	2,44	33	6,01	84	34,12	429	78,12
1975	0	0	2	0,35	3	1,20	25	4,40	116	46,43	404	71,03
1976	1	0,39	3	0,51	7	2,76	23	3,90	126	49,69	550	93,37
1977	2	0,78	2	0,33	12	4,66	26	4,26	98	38,08	405	66,43
1978	0	0	2	0,32	5	1,91	27	4,27	85	32,55	301	47,55
1979	0	0	2	0,31	4	1,51	20	3,06	81	30,56	293	44,84
1980	2	0,74	5	0,74	4	1,49	29	4,29	86	31,97	251	37,11
1981	3	1,10	3	0,43	6	2,20	21	3,00	89	32,60	271	38,70

TABLE III.26

DEATHS DUE TO BRONCHITIS (ICD CODE 466, 490, 491) AND PNEUMONIA (ICD CODE 480-486) BY RACE AND AGE: 1980 TO 1981

	1980					1981				
	White	Coloured	Asiatic	Black	Total	White	Coloured	Asiatic	Black	Total
Under 1 year	2	42		39	83	1	25		15	41
1-2 years		5		5	10		2		2	4
2-4 years				2	2	1			4	5
Total under 5 years	2	47		46	95	2	27		21	50
All other ages	88	137	2	48	275	93	171	2	71	337
TOTAL	90	184	2	94	370	95	198	2	92	387

TABLE III.27

DEATHS OF INFANTS UNDER THE AGE OF ONE YEAR DUE TO DIARRHOEA AND GASTRO-ENTERITIS BY RACE GROUP: 1972 TO 1981

YEAR	DIARRHOEA AND ENTERITIS											
	White		Coloured		Asiatic		Black		Total Coloured Asiatic and Black		All Races	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1972	0	0							58(99)	47(81)	58(99)	47(81)
1973	0	1							113	102	113	103
1974	0	0							102	99	102	99
1975	1	0							97	97	98	97
1976	1	0							105	129	106	129
1977	0	0							68	54	68	54
1978	0	0							44	23	44	23
1979	0	0							26	20	26	20
1980	0	0	10	10	0	0	12	7	22	17	22	17
1981			3	6			13	10	16	16	16	16

TABLE III.28

GENERAL MORTALITY IN LANGA AND GUGULETU 1981: ILLUSTRATING THE TEN PRINCIPAL CAUSES OF DEATH (ALL AGES)

LANGA				GUGULETU			
Rank	Cause	No.	%	Rank	Cause	No.	%
1	Malignancy	61	14,2	1	Malignancy	101	14,7
2	Homicide	50	11,7	1	Homicide	101	14,7
3	Accidental deaths	45	10,5	3	Accidental deaths	65	9,5
4	Pulmonary Tuberculosis	39	9,1	4	Pneumonia	50	7,3
5	Pneumonia	36	8,4	4	Cerebrovascular Disease		
6	Perinatal Mortality	27	6,3	6	Senility/Ill Defined	50	7,3
7	Senility/Ill Defined	22	5,1			48	7,0
8	"Other" Heart Disease *	19	4,4	7	"Other" Heart Disease *	36	5,2
9	Cerebrovascular Disease	18	4,2	7	Pulmonary Tuberculosis	36	5,2
10	Hypertension	11	2,6	9	Perinatal deaths	35	5,1
				10	Gastro Enteritis/ Dysentery	29	4,2
	Other	101	23,5	11	Other	136	19,8
	TOTAL	429	100		TOTAL	687	100

* (i.e. "Other than Myocardial infarction)

TABLE III.29

ACCIDENTAL DEATHS BY CAUSE: 1977 TO 1981

	1977	1978	1979	1980					1981				
	T	T	T	W	C	A	B	T	W	C	A	B	T
Railway	22	14	11	3	29		14	46	2	38		22	62
Road Traffic	162	159	146	35	75	1	29	140	64	226	2	73	365
Poisoning	11	10	17	3	1		2	6	2	3		5	10
Falls	33	30	28	10	8		2	20	32	33		9	74
Drowning	32	40	29	6	34	1	17	58	11	21	1	5	38
Asphyxia	1		1	3	1			4	1	1			2
Burns	13	22	20	2	10		7	19	1	23		8	32
Trauma Firearms	1	1	2										
Electrocution	3	2	1	1	2		1	4	2				2
Miscellaneous	21	21	21	4	11		11	26	11	29	1	10	51
TOTAL	299	299	276	67	171	2	83	323	126	374	4	132	636

TABLE III.30

SUICIDAL DEATHS BY RACE AND SEX: 1977 TO 1981

YEAR	White		Coloured		Asiatic		Black		Total Coloured Asiatic and Black		Total			Rate per 1 000
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Persons	
1977	24	9							22	2	46	11	57	0,07
1978	26	9							18		44	9	53	0,06
1979	29	13							19	1	48	14	62	0,07
1980	25	5	10	3			6		16	3	41	8	49	0,05
1981	17	8	14	3			1		15	3	32	11	43	0,05

TABLE III.31

SUICIDAL DEATHS BY AGE GROUP AND RACE: 1977 TO 1981

	10-14					15-24					25-44					45-64					65+					
YEAR	W	C	A	B	Total CA&B	W	C	A	B	Total CA&B	W	C	A	B	Total CA&B	W	C	A	B	Total CA&B	W	C	A	B	Total CA&B	TOTAL
1977						1				6	16				14	4				3	12				1	57
1978						3				6	15				8	10				3	7				1	53
1979						10				4	14				11	13				4	5				1	62
1980						3	1		2	3	14	7		2	9	7	5		2	7	6					49
1981						1	2			2	8	12			12	5	3		1	4	11					43

TABLE III.32

SUICIDAL DEATHS BY METHOD ADOPTED: 1977 TO 1981

	1977	1978	1979	1980					1981				
	T	T	T	W	C	A	B	T	W	C	A	B	T
Drug Poisoning	7	6	8	5	2			7	6	7			13
Hanging	16	12	15	3	5		2	10	4	8		1	13
Firearms	18	16	12	14	2			16	11	2			13
Carbon monoxide Poisoning	3	7	9	3	2			5	1				1
Falls	1	2	8	5				5	2				2
Railway	6	4	2				3	3					
Drowning	3	2	1		1		1	2					
Wounds	1	2	3										
Electrocution			1						1				1
Burns			1		1			1					
Inanition													
Suffocation	2		2										
TOTAL	57	51	62	30	13		6	49	25	17		1	43

TABLE III.33

DEATHS OF INFANTS UNDER ONE YEAR AND INFANT MORTALITY RATES BY RACE AND SEX: 1980 TO 1981

	INFANT DEATHS						RATE PER 1 000 LIVE BIRTHS					
	1980			1981			1980			1981		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
White	20	15	35	12	15	27	14,1	11,4	12,8	7,8	11,2	9,4
Coloured	160	106	266	158	115	273	23,3	16,1	19,8	21,5	16,0	18,8
Asiatic	1	3	4	3		3	9,7	24,6	17,8	39,5		20,4
Blacks:												
Langa	34	34	68	35	20	55	34,0	34,8	34,4	33,8	20,7	27,4
Guguletu	41	38	79	53	37	90	43,3	42,3	42,8	49,9	33,0	41,2
Rest of City	2	3	5	5	1	6	26,0	34,9	30,7	61,7	10,3	33,7
Total	77	75	152	93	58	151	38,1	38,2	38,2	42,7	26,5	34,6
TOTAL	238	199	457	266	188	454	24,8	19,9	22,4	23,9	17,4	20,7

TABLE III.34

INFANT DEATHS AND INFANT MORTALITY RATES BY RACE: 1977 TO 1981

RACE	1977		1978		1979		1980		1981	
	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate
White	24	8,3	36	13,0	28	10,4	35	12,8	27	9,4
Coloured	309	25,9	265	21,8	246	19,3	266	19,8	273	18,8
Asiatic	2	9,2	2	7,7	3	11,5	4	17,8	3	20,4
Blacks	260	66,4	193	47,3	136	34,0	152	38,2	151	34,6
All Races	595	31,4	496	25,7	413	21,0	457	22,4	454	20,7

TABLE III.35

DEATHS OF INFANTS UNDER ONE YEAR OF AGE BY SELECTED CAUSES AND AGES: 1981

			DAYS								WEEKS			
International Code No.	DISEASE	RACE	< 1	1	2	3	4	5	6	Total under 1 week	1	2	3	Total under 4 weeks
004,5,6,7,8,9 555,556,558	Diarrhoea and enteritis	W												
		C												
		A												
		B												
010-012 014-018	Tuberculosis, Pulmonary and other forms	W												
		C												
		A												
		B												
013	Tuberculosis, meningeal	W												
		C												
		A												
		B												
032	Diphtheria	W												
		C												
		A												
		B												
033	Whooping cough	W												
		C												
		A												
		B												
036	Meningococcal infections	W												
		C												
		A												
		B												
038	Septicaemia	W			2					2		1		3
		C												
		A												
		B												
055	Measles	W												
		C												
		A												
		B												
090	Syphilis, congenital	W												
		C	1	1						2				2
		A												
		B									1			1
264-268	Avitaminosis	W												
		C												
		A												
		B												
260-263,269	Nutritional Maladjustment	W												
		C												
		A												
		B												
320-323	Simple meningitis	W							1	1				1
		C		1						1	2	1		4
		A												
		B	1							1				1
466,490-1	Bronchitis	W												
		C												
		A												
		B												
480-6	Pneumonia (all forms)	W			1					1	4			5
		C												
		A										1	1	2
		B												
740-759	Congenital Anomalies	W	2	1						3	2	1		6
		C	6	3	2	1	2		1	15	3	1	2	21
		A									1			1
		B	1		1			1	1	4	1		2	7
767	Injury at birth	W												
		C	1	1	1					3				3
		A												
		B		2	1					3				3
772-775	Haemolytic Diseases of new born	W												
		C			1		1			2			1	2
		A												1
		B												
760-764,766, 768-771,776-779	Other Diseases peculiar to early infancy	W		2						2	1			3
		C	7	5	5	4	2	2		25	4	1		30
		A	1							1				1
		B	5	3	2		1			11	2	1		14
765	Prematurity	W	3	2	2			1		8	1			9
		C	28	13	13	8	4	4	3	73	8	5		86
		A												
		B	18	8	7	2	3	1	1	40	3	1		44
913	Accidental mechanical suffocation	W												
		C												
		A												
		B												
	Other and ill-defined or unknown causes	W												
		C	1		1					2	3	1		6
		A												
		B	2	1		1		1		5			1	6
	TOTALS	W	5	5	3		1	1	1	16	4	1		21
		C	44	24	25	13	8	6	4	124	24	10	3	161
		A	1							1	1			2
		B	27	14	11	3	4	3	2	64	7	3	4	78
		T	77	43	39	16	13	10	7	205	36	14	7	262

TABLE III.35 (CONTINUED)

International Code No.	DISEASE	RACE	MONTHS 1	2	3	4	5	6	7	8	9	10	11	TOTAL under one year M	F	Persons	Bantu Townships Included in foregoing columns: Langa M	F	Persons	Guguletu M	F	Persons
004,5,6,7,8,9 555,556,558	Diarrhoea and enteritis	W																				
		C	1		1		1	2	1	2	1			3	6	9						
		A																				
		B	2	3	7	3	1	2	1	2	2			13	10	23	2	2	4	11	8	19
010-012 014-018	Tuberculosis, Pulmonary and other forms	W																				
		C						1						1		1						
		A																				
		B			1	1		1						2	1	3	2	1	3			
013	Tuberculosis, meningeal	W																				
		C																				
		A																				
		B																				
032	Diptheria	W																				
		C																				
		A																				
		B																				
033	Whooping Cough	W																				
		C			1									1		1						
		A																				
		B																				
036	Meningococcal infections	W																				
		C		1			1						2	2	2	4						
		A																				
		B				1			1					1	1	2		1	1	1		1
038	Septicaemia	W		1											1	1						
		C	1			1	2			1		1		5	4	9						
		A																				
		B	1				1								2	2		1	1		1	1
055	Measles	W																				
		C			1	1		1						1	2	3						
		A																				
		B								1		1		1	1	2				1	1	2
090	Syphilis, congenital	W																				
		C												1	1	2						
		A																				
		B												1		1				1		1
264-268	Avitaminosis	W																				
		C																				
		A																				
		B																				
260-263,269	Nutritional Maladjustment	W																				
		C			1										1	1						
		A																				
		B					1							1		1	1		1			
320-323	Simple meningitis	W												1		1						
		C	1			1								5	1	6						
		A																				
		B				1		2						3	1	4	2		2	1	1	2
466, 490-1	Bronchitis	W																				
		C	1				1			1				2	1	3						
		A																				
		B					1							1		1				1		1
480-6	Pneumonia (all forms)	W																				
		C	6	2	2	2	2		1	1			1	15	7	22						
		A																				
		B	2	1	2		1	1	3			2		9	5	14	3	2	5	6	3	9
740-759	Congenital Anomalies	W												1	5	6						
		C	5	2	1	2	1				1	3		18	18	36						
		A												1		1						
		B	2	2					1	1			1	11	3	14	5	1	6	5	2	7
767	Injury at birth	W																				
		C												3		3						
		A																				
		B													3	3		1	1		2	2
772-775	Haemolytic disease of new born	W													2	2						
		C	1											1	1	2						
		A																				
		B																				
760-764,767, 768-771,776-779	Other diseases peculiar to early infancy	W												3		3						
		C	1											19	12	31						
		A												1		1						
		B	2										1	12	5	17	7		7	5	5	10
765	Prematurity	W	2											4	7	11						
		C	1	1										56	32	88						
		A				1								1		1						
		B	1											26	19	45	9	10	19	15	8	23
913	Accidental mechanical suffocation	W																				
		C	1											1		1						
		A																				
		B																				
	Other and ill-defined or unknown causes	W		1				1						2		2						
		C	12	10	5	5	4	3	1	2		2	2	25	27	52						
		A				1																
		B	4	4	1			1	1	1			1	12	7	19	4	1	5	6	6	12
	TOTAL	W	2	2	1			1						12	15	27						
		C	31	16	11	12	12	7	3	7	2	6	5	158	115	273						
		A				1								3		3						
		B	14	10	11	6	5	7	7	5	2	3	3	93	58	151	35	20	55	53	37	90
		T	47	28	23	19	17	15	10	12	4	9	8	266	188	454	35	20	55	53	37	90

W = White; C = Coloured; A = Asiatic; B = Blacks

TABLE III.36

NEO-NATAL, POST NEO-NATAL AND INFANT MORTALITY DEATHS BY SELECTED CAUSES OF DEATH: 1981

CAUSE OF DEATH	Neo-natal mortality				Post neo-natal mortality				Infant mortality				
	W	C	A	B	W	C	A	B	W	C	A	B	T
Whooping cough					1				1				1
Tuberculosis (all forms)						1		3		1		3	4
Scarlet fever													
Measles						3		2		3		2	5
Diphtheria													
Syphilis		2		1						2		1	3
Bronchitis and pneumonia		5		2	1	20		13	1	25		15	41
Gastro enteritis						9		23		9		23	32
Prematurity	9	86		44	2	2	1	1	11	88	1	45	145
Injury at birth		3		3						3		3	6
Congenital malformations	6	21	1	7		15		7	6	36	1	14	57
Other diseases of early infancy	5	31	1	14		3		4	5	34	1	18	58
Other and ill-defined or unknown causes		6		6	1	47		13	1	53		19	73
Septicaemia		3			1	6		2	1	9		2	12
Simple Meningitis	1	4		1		2		3	1	6		4	11
Meningococcal infections						4		2		4		2	6
TOTAL	21	161	2	78	6	112	1	73	27	273	3	151	454

TABLE III.37

INFANT MORTALITY RATES FOR SELECTED CAUSES OF DEATH : 1972 TO 1981

WHITE										
Cause of death	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981
Whooping cough										0,4
Tuberculosis										
Measles										
Diphtheria										
Syphilis										
Bronchitis and pneumonia	0,7		0,8	2,1	1,3	1,7	1,5	1,5	0,7	0,4
Gastro enteritis		0,3			0,3					
Prematurity	2,4	3,4	3,9	3,6	3,1	1,0	5,8	2,6	5,1	3,8
Injury at birth	0,5	0,5	0,3				0,7	0,4		
Congenital malformations	2,4	2,6	3,3	3,6	2,2	2,4	2,5	3,3	1,8	2,0
Other diseases of early infancy	4,6		1,4	1,2	0,6	1,4	1,1	0,7	2,6	1,7
Other causes	2,2	5,8	2,2	1,5	2,5	1,4	1,5	1,9	2,6	1,0
ALL CAUSES	13	13	12	12	10	8	13	10	13	9

										1981			
	TOTAL COLOURED, ASIATIC AND BLACKS									COLOURED	ASIATIC	BLACKS	TOTAL COLOURED ASIATIC AND BLACK
	1972	1973	1974	1975	1976	1977	1978	1979	1980				
Whooping cough	0,1	0,1	0,2			0,1	0,1		0,1				
Tuberculosis	0,3	0,3	0,3	0,1	0,4	0,4	0,3		0,3	0,1		0,7	0,2
Measles	0,2	1,3	1,6	0,7	1,0	0,9	1,1	0,6	0,5	0,2		0,5	0,3
Diphtheria		0,2	0,6										
Syphilis		0,4	0,1	0,2	0,1	0,1	0,1	0,3	0,1	0,1		0,2	0,2
Bronchitis and pneumonia	7,9	9,1	8,7	7,5	8,9	7,0	6,1	4,5	4,6	1,7		3,4	2,1
Gastro enteritis	10,0	11,7	11,3	9,8	11,5	7,6	4,1	2,7	2,2	0,6		5,3	1,7
Prematurity	6,1	8,2	8,0	8,1	8,2	8,5	6,9	6,6	7,6	6,1	6,8	10,3	7,0
Injury at birth	0,9	1,0	0,8	0,3	0,1	0,1			0,1	0,2		0,7	0,3
Congenital malformations	2,1	2,1	2,6	1,6	1,7	1,7	2,1	1,8	2,2	2,4	6,8	3,2	2,7
Other diseases of early infancy	6,3	0,3	3,3	3,4	2,9	2,4	1,8	2,5	2,2	2,3	6,8	4,1	2,8
Other causes	3,7	11,1	8,9	6,7	8,0	5,7	5,3	3,7	4,0	5,0		6,2	5,2
ALL CAUSES	38	46	46	38	43	36	28	23	24	19	20	35	22

TABLE III.38

INFANT MORTALITY AVERAGE RATES BY SELECTED CAUSES IN QUINQUENNIA 1972 TO 1981 AND ANNUALLY 1972 TO 1981

Period	Common infectious diseases		Tuber-culous diseases		Syphilis		Bronchitis and pneumonia		Diarrhoea and enteritis		Develop-mental diseases		Miscel-laneous diseases (remainder)		Total mortality (all causes)	
	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B
Quinquennium																
1972-1976	0,1	1,2		0,3		0,2	1,0	8,4	0,1	10.9	8,4	13,9	2,4	7,4	12,1	42,2
1973-1977	0,1	1,2		0,3		0,2	1,3	9,8	0,1	12,4	9,4	16,4	2,8	8,8	13,7	49,3
1974-1978	0,1	1,1		0,3		0,1	1,5	7,6	0,1	8,9	7,5	12,6	2,1	7,5	11,2	38,1
1975-1979	0,1	0,9		0,2		0,2	1,6	6,8	0,1	7,1	7,1	12,0	2,0	6,3	10,9	33,5
1976-1980	0,1	0,9		0,3		0,1	1,3	6,2	0,1	5,6	7,3	11,8	2,2	5,7	11,0	30,6
1977-1981	0,1	0,8		0,2		0,2	1,2	4,9		3,7	7,6	12,0	1,9	5,1	10,8	26,8
Year																
1972		0,8		0,3			0,7	7,9		10,0	9,5	14,5	2,4	4,7	13,0	38,1
1973		1,6		0,3		0,4		9,1	0,3	11,7	9,3	15,4	3,2	7,3	12,7	45,8
1974		1,8		0,3		0,1	0,8	8,7		11,3	8,6	13,9	2,5	9,7	12,0	45,8
						0,2	2,1	7,5		9,8	8,5	12,9	1,5	7,2	12,2	38,3
							3	8,9	0,3	11,5	6,0	12,8	2,5	8,1	10,4	43,0
1977		1,0		0,4		0,1	1,7	7,0		7,6	4,9	12,6	1,7	6,9	8,3	35,6
1978		1,2		0,3		0,1	1,5	6,1		4,1	9,4	10,8	2,2	5,4	13,0	27,9
1979		0,6				0,3	1,5	4,5		2,7	6,7	10,7	2,2	3,9	10,4	22,6
1980		0,6		0,3		0,1	0,7	4,6		2,2	9,5	12,1	2,6	4,0	12,8	23,9
1981	0,4	0,6		0,2		0,2	0,4	2,2		1,7	7,7	13,7	1,0	5,4	9,4	23,8

W = White; C = Coloured; A = Asiatic; B = Blacks

TABLE III.38 Continued

INFANTS FROM 1 TO 2 YEARS OF AGE *

Period	Common infectious diseases		Tuber-culous diseases		Syphilis		Bronchitis and pneumonia		Diarrhoea and enteritis		Develop-mental diseases		Miscel-laneous diseases (remainder)		Total mortality (all causes)	
	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B
Quinquennium																
1972-1976		1,1		0,2			0,4	1,7		1,9	0,1	0,2	0,8	2,4	1,2	7,5
1973-1977		1,2		0,2			0,4	1,8		2,0		0,3	0,8	2,2	1,2	7,6
1974-1978		1,1		0,2			0,2	1,5	0,1	1,4		0,3	0,8	2,0	1,2	6,8
1975-1979		0,8		0,1			0,2	1,2	0,2	1,0	0,1	0,3	0,7	1,8	1,2	5,4
1976-1980		0,9		0,1			0,2	1,2	0,2	0,8	0,3	0,4	0,4	1,6	1,1	5,2
1977-1981		0,8		0,1			0,1	0,7	0,2	0,7	0,3	0,5	0,5	1,5	1,0	4,3
Year																
1971		1,4		0,4			0,2	1,7		3,1	0,5	0,3		2,2	0,7	9,0
1972		0,8		0,3			0,5	0,9		1,1	0,5	0,1	0,5	2,3	1,2	5,6
1973		1,2		0,2			0,7	2,0		3,1		0,1	0,5	2,6	1,2	9,2
1974		2,0		0,3				2,2		2,4		0,2	0,5	3,3	0,5	10,3
1975		0,6		0,2			0,3	0,9		1,1			1,5	1,9	1,8	4,8
1976		0,9		0,1			0,6	2,6		1,9		0,4	0,9	1,9	1,5	7,8
1977		1,3		0,1			0,3	1,1		1,5		0,6	0,6	1,3	1,0	5,8
1978		0,9		0,1				0,9	0,4			0,3	0,7	1,8	1,1	5,1
1979		0,4		0,1				0,6	0,4	0,4	0,4	0,1		1,9	0,7	3,6
1980		1,1		o,2				0,6		0,1	1,1	0,8		1,1	1,1	3,6
1981		0,3						0,3		0,8		0,7	1,1	1,2	1,1	3,3

W = White; C = Coloured; A = Asiatic; B = Blacks

Rates based on notified births from 1968

* The rate for the year is calculated on the births (less the deaths under one year) in the previous year.

TABLE III.39

INFANT DEATHS UNDER THE AGE OF ONE YEAR BY RACE, SEX, PLACE OF DEATH, LEGITIMACY AND WHETHER NEO-NATAL OR POST NEONATAL : 1981

		LEGITIMATE						ILLEGITIMATE						UNKNOWN						ALL INFANTS					
	Place of Death	Neo-natal			Post neo-natal			Neo-natal			Post noe-natal			Neo-natal			Post neo-natal			Neo-natal			Post neo-natal		
		M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
White	Hospital	8	11	19	1	1	2				1		1		2	2				8	13	21	2	1	3
	Domiciliary				1	1	2				1		1										2	1	3
Coloured	Hospital	34	26	60	10	9	19	26	10	36	12	8	20	22	13	35	3	8	11	82	49	131	25	25	50
	Domiciliary	7	4	11	10	17	27	4		4	6	10	16	9	6	15	15	4	19	20	10	30	31	31	62
Blacks	Hospital	13	7	20	10	6	16	21	16	37	6	7	13	9	4	13	5	3	8	43	27	70	21	16	37
	Domiciliary	1	1	2	9	4	13	4		4	10	7	17	1	1	2	4	2	6	6	2	8	23	13	36
Asiatic	Hospital	1		1																1		1			
	Domiciliary	1		1	1		1													1		1	1		1
Total	Hospital	56	44	100	21	16	37	47	26	73	19	15	34	31	19	50	8	11	19	134	89	223	48	42	90
	Domiciliary	9	5	14	21	22	43	8		8	17	17	34	10	7	17	19	6	25	27	12	39	57	45	102
	TOTAL	65	49	114	42	38	80	55	26	81	36	32	68	41	26	67	27	17	44	161	101	262	105	87	192

TABLE III.40

INFANT MORTALITY RATES BY RACE AND LEGITIMACY (EXCLUDING 111 DEATHS WHERE LEGITIMACY NOT KNOWN): 1980 TO 1981

	RATE PER 1 000 LIVE BIRTHS - BASED ON NOTIFICATIONS			
RACE		LEGITIMATE		ILLEGITIMATE
	1980	1981	1980	1981
White	9,1	8,0	1,1	,07
Coloured	9,3	8,0	6,2	5,2
Asiatic	17,8	20,4		
Blacks	12,1	11,7	15,1	16,3
TOTAL	9,9	8,9	7,2	6,8

TABLE III.41

DEATHS AND DEATH RATES BY RACE DURING THE PERI-NATAL, NEO-NATAL AND POST-NATAL PERIODS OF LIFE : 1980 TO 1981

PERI NATAL PERIOD				
	Still births & deaths under 1 week		Rate per 1 000 deliveries based on births and still births	
	1980	1981	1980	1981
White	36	37	13,1	12,8
Coloured	284	315	20,9	21,4
Asiatic	1	2	4,4	13,5
Blacks: Langa	50	59	25,0	28,9
Guguletu	56	69	29,8	31,3
Rest of City	11	15	65,1	79,4
TOTAL	117	143	28,9	32,2
ALL RACES	438	497	21,2	22,4

NEO NATAL PERIOD				
	Deaths		Rate per 1 000 live births	
	1980	1981	1980	1981
White	26	21	9,5	7,3
Coloured	143	161	10,6	11,1
Asiatic	3	2	13,3	13,6
Blacks: Langa	26	32	13,2	16,0
Guguletu	34	42	18,4	19,2
Rest of City	5	4	30,7	22,5
TOTAL	65	78	16,3	17,9
ALL RACES	237	262	11,6	12,0

POST NEO NATAL PERIOD				
	Deaths		Rate per 1 000 live births	
	1980	1981	1980	1981
White	9	6	3,3	2,1
Coloured123	112	9,1	7,7	
Asiatic	1	1		6,8
Blacks: Langa	42	23	21,3	11,5
Guguletu	45	48	24,4	22,0
Rest of City		2		11,2
TOTAL	87	73	21,8	16,7
ALL RACES	220	192	10,8	8,8

TABLE III.42

PERI-NATAL, NEO-NATAL AND POST NEO-NATAL MORTALITY RATES : 1977 TO 1981

	WHITE			COLOURED			ASIATIC			BLACK			TOTAL COLOURED, ASIATIC AND BLACK		
	Peri-natal	Neo-natal	Post neo-natal	Peri-natal	Neo-natal	Post neo-natal	Peri-natal	Neo-natal	Post neo-natal	Peri-natal	Neo-natal	Post neo-natal	Peri-natal	Neo-natal	Post-neo-natal
1977	9	5	3										29	14	22
1978	12	10	3										23	12	16
1979	10	7	3										22	12	11
1980	13	10	3	21	11	9	4	13	4	29	16	22	23	12	12
1981	13	7	2	21	11	8	14	14	7	32	18	17	24	13	10
Average 1977-1981	11	8	3										24	13	14

TABLE III.43

CAUSE SPECIFIC BLACKS INFANT MORTALITY (Number of deaths and rate per 1 000 Live Births for Blacks) : 1981

CAUSES	TOTAL		LANGA		GUGULETU		REST OF CITY	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Diarrhoea and Gastro-enteritis	23	5,3	4	2,0	19	8,7		
Pneumonia (all forms)	14	3,2	5	2,5	9	4,1		
Premature birth	45	10,3	19	9,5	23	10,5	3	16,9
Measles	2	0,5			2	0,9		
Congenital Malformation	14	3,2	6	3,0	7	3,2	1	5,6
Other Newborn diseases	20	4,6	8	4,0	12	5,5		
Bronchitis	1	0,2			1	0,5		
Nutritional Maladjustment	1	0,2	1	0,5				
Septicaemia	2	0,5	1	0,5	1	0,5		
Tuberculosis (all forms)	3	0,7	3	1,5				
Meningitis	4	0,9	2	1,0	2	0,9		
Syphilis	1	0,2			1	0,5		
Other Causes	5	1,1	1	0,5	2	0,9	2	11,2
Meningococcal infection	2	0,5	1	0,5	1	0,5		
Cause unknown	11	2,5	3	1,5	8	3,7		
Accidents	3	0,7	1	0,5	2	0,9		
TOTAL	151	34,6	55	27,4	90	41,2	6	33,7

TABLE III.44

MATERNAL MORTALITY : DEATHS FROM CAUSES ASCRIBED TO PREGNANCY AND CHILDBIRTH (INCLUDING ABORTION) AND THE CORRESPONDING DEATH RATE PER 1 000 LIVE AND STILL BIRTHS : 1981

Int. Code No.	CAUSE OF DEATH	DEATHS					Maternal mortality rates
		White	Coloured	Asiatic	Blacks	Total	Total
630-639 640-648 650-659 660-669 670-676	Abortion Complications of Pregnancy Normal Labour and Delivery Complication in Delivery Complications of the Puerperium		1		1	2	0,09
	TOTAL		1		1	2	0,09

TABLE III.45

MATERNAL MORTALITY RATES (DEATHS PER 1 000 LIVE AND STILL BIRTHS) : 1977 TO 1981

	Puerperal septicaemia			Other causes			All causes		
	White	C,A&B	Total	White	C,A&B	Total	White	C,A&B	Total
1977		0,06	0,05		0,24	0,21		0,31	0,26
1978		0,00	0,05		0,18	0,15		0,24	0,21
1979		0,17	0,15		0,06	0,05		0,23	0,20
1980		0,17	0,15		0,17	0,15		0,34	0,29
1981					0,10	0,09		0,10	0,09

TABLE III.46

VITAL STATISTICS COMPARED WITH OTHER CENTRES

(Latest Available Figures)

CENTRE	YEAR	Birth Rate					Death Rate					Infant Mortality Rate					All forms of Tuberculosis Death Rate				
		W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
Cape Town	1981	10,5	25,4	11,6	38,3	22,5	8,7	6,0	3,8	10,4	7,2	9	19	20	35	21	0,02	0,12		0,70	0,16
King William's Town	1980	12,4	30,5	5,3	9,1	14,8	7,3	5,5		3,7	5,4	19	42		115	34					
Port Elizabeth	1980	15,1	31,3	18,1	39,7	30,1	7,8	9,7	6,0	12,9	10,5	9	45	47	75	37					0,69
Springs	1980	16,9	35,9	16,4	24,9	22,4	8,7	14,4	7,0	8,2	8,4	15	44	48	79	63					
Benoni	1978	17,8		21,8	23,1	21,4						6		22	69	30					
Durban	1978	10,8	26,6	23,8	24,7	20,3	9,3	5,5	5,5	6,1	6,7	15	18	23	53	26					
Bloemfontein	1977	17,4	29,1		20,3		6,5	11,8		11,2		22	74		104						
Vereeniging	1980	14,5	25,2	12,2	16,9	15,7						12		17	88	49					
Pretoria	1979	16,8	18,7	16,9	35,0	23,7	6,3	5,6	1,6	6,3	6,1	20	9	40	192	58	0,00	0,00	0,00	0,04	0,02
Johannesburg	1979	12,4	24,0	23,4	20,0	18,2	9,2	9,0	4,9	9,3	7,8	17	41	18	35	35					
East London	1971	25,8	40,2		35,9		12,4	12,9		16,5		17	63		76		0,15	1,30	0,49	1,84	
Germiston	1980	16,3	32,0		31,1	29,1	5,5	8,5		7,5	7,1	10	7		61	56					
South Africa	1979	16,4	28,5	24,3			8,1	9,4	6,0			18	31	28							
England and Wales	1980					13,3					11,8					12					
Kansas City	1978											16,7		38,9*							
St Louis	1978											13,0		28,8*							
Chicago	1978											15,3		26,6*							
Cleveland	1978											14,5		25,7*							

* All Other Races

IV – ENVIRONMENTAL HEALTH

TABLE IV.1

INSPECTION MADE BY DISTRICT HEALTH INSPECTORS: 1981

		Housing		Pests			Surface Sanitation				Water Sewerage		Public Areas			
		Accomodation Establishments	Other Living Accomodation	Mosquitoes	Rodents	Other Pests	Streets/Canals etc.	Vacant Land	Refuse/Intract	Animals	Water/Supplies	Drainage and Sewerage	Chalets	Public Assembly	Schools, Creches etc.	Offensive Trades
ROUTINE	Inspection	863	6298	16	114	270	3324	3722	888	533	98	1740	4363	766	869	42
	Sampling Specimens etc.		1				2	1				3			4	
LICENSING	Initial visits	105	22	9			1	1	1	4			1	141	59	1
	Repeat visits	164	28					2				8		117	170	3
SPECIAL	Initial visits	21	971	2	17	11	42	80	22	14	5	102	80	64	146	
	Repeat visits	24	384	1	4	1	48	50	34	17	1	41	13	38	77	4
COMPLAINTS	Initial visits	137	1653	73	299	221	409	823	345	315	54	513	20	42	38	9
	Repeat visits	99	1282	40	102	131	343	1036	259	200	33	352	12	39	43	3
NOTICES INITIATED	Verbal	31	203	3	3	5	27	83	67	43		61	1	28	15	1
	Formal	61	392	2	1	6	29	426	34	38	3	45		28	9	
	Personal	62	279		3	2	9	180	24	32	3	36	1	15		
FOLLOW-UP VISITS AFTER NOTICES	Complied	101	658	8	3	8	73	499	99	86	4	106	5	30	30	3
	Not Complied	172	1402	9	2	12	44	1363	130	94	2	160	8	88	44	9
Court Appearances		2	16					5		1		5				
Condemning Foodstuffs			1			1	2	1								
Referred - Other Agencies		83	617	37	391	72	574	315	263	72	77	313	36	32	26	
INTERVIEWS	Telephone	328	2487	43	583	251	583	1318	655	380	121	747	502	232	388	10
	Own Office	56	418	4	256	51	123	121	71	45	16	69	167	23	46	1
	Other	134	1026	7	65	59	180	411	212	77	29	194	55	66	81	2
PLANS	Scrutiny		4					8		6		1		2	8	
	Site Inspection	2	10							31		1		6	6	
OTHER		22	86		5	2	5	57	7	10	2	12	39	112	58	
TOTAL ITEMS		2465	18390	256	1842	1100	5772	10487	3109	1987	448	4507	5303	1868	2138	88

TABLE IV.I CONTINUED

		Non Food Commerce/Industry								Food Commerce/Industry						
		Factories/Warehouses	Beauty Salons/Barbers	Dry Cleaners/Laundries	Matress Maker Upholsterers	Shops/Offices	Workshops/Garages	Hawkers	Petshops and Petboarding	Factories/Warehouses and Markets	Restaurants etc.	Baker Shop	Butcher Shop	Fish Shop	Other Food Shops	Food Vehicles
ROUTINE	Inspection	160	276	139	14	1161	429	555	234	327	3369	637	1740	616	3369	711
	Sampling Specimens etc.	1	1							32	35	1	314	6	101	1
LICENSING	Initial visits	142	108	70	24	1631	289	894	5	69	380	59	116	35	339	200
	Repeat visits	132	130	173	23	1094	312	259	21	76	865	132	275	129	563	81
SPECIAL	Initial visits	11	4	2	2	35	15	10		10	148	12	40	12	267	1
	Repeat visits	7	1	2		4	16	6		8	11		10	1	51	4
COMPLAINTS	Initial visits	45	10	2	2	124	34	42	4	11	158	22	35	29	115	6
	Repeat visits	33	9	2		61	31	26		25	84	14	21	19	63	5
NOTICES INITIATED	Verbal	5	15	3	2	43	11	36	3	14	402	58	254	97	519	54
	Formal	9	11	2		28	5			10	261	46	128	51	312	6
	Personal	6	2	1	1	23	5	6		12	123	27	84	35	279	7
FOLLOW-UP VISITS AFTER NOTICES	Complied	11	19	10	9	77	29	11	1	18	490	54	340	87	578	18
	Not Complied	25	29	16	2	108	50	4		29	586	195	523	211	1275	51
Court Appearances							1			1	2	6	12	5	29	
Condemning Foodstuffs						4	5			152	19	4	16	9	1150	16
Referred - Other Agencies		8	5		2	21	17	13	1	7	35	10	8	3	168	
INTERVIEWS	Telephone	161	73	110	17	1186	229	294	7	128	896	206	326	132	1153	70
	Own Office	3	6	6	8	92	18	762	12	7	147	13	46	27	100	17
	Other	64	17	25	15	418	46	116	1	22	318	60	130	50	365	14
PLANS	Scrutiny	3	1			2	2				12	8	10	1	15	1
	Site Inspection	25	1	2		29	6		1	3	82	12	21	2	30	1
OTHER		3	4		1	30	1	3		5	80	4	59	3	135	4
TOTAL ITEMS		861	719	561	123	6162	1538	3037	290	972	8492	1580	4521	1560	10992	1213

TABLE IV.1 CONTINUED

		Infectious Diseases						
		C S F	Typhoid	Diphtheria	Viral Hepatitis	Other	Other	Totals
ROUTINE	Inspection	44	52	1	39	128	81	37988
	Sampling Specimens etc.		211	7	22	197	36	976
LICENSING	Initial visits	3			3	1	7	4720
	Repeat visits				1	2	2	4762
SPECIAL	Initial visits	413	100	11	240	183	181	3274
	Repeat visits	624	277	18	131	114	31	2053
COMPLAINTS	Initial visits	10			1	10	36	5647
	Repeat visits					3	22	4392
NOTICES INITIATED	Verbal					8	2	2097
	Formal	1				11	1	1956
	Personal	1				2	1	1261
FOLLOW-UP VISITS AFTER NOTICES	Complied					2		3467
	Not Complied						6	6649
Court Appearances							1	86
Condemning Foodstuffs							1	1381
Referred - Other Agencies		3	9			7	20	3245
INTERVIEWS	Telephone	175	134	15	56	69	507	14572
	Own Office	10	6	6	3	28	69	2853
	Other	36	26	3	16	48	97	4485
PLANS	Scrutiny						2	86
	Site Inspection						1	272
OTHER		11	7	5	2	29	778	1581
TOTAL ITEMS		1311	818	65	491	873	1875	107814

TABLE IV.2

MAGISTRATES COURT CASES HEARD AT THE INSTANCE OF THE CITY HEALTH DEPARTMENT: 1981

Nature of Offence	Total	NUMBER OF CASES				Total With-drawn	Total Fines R
		Suspended sentences	Fined	Pending	Not Guilty		
Dwelling-house premises in insanitary conditions	18	2	11	2	1	2	630
Insanitary conditions or other offences at food premises	14	Nil	13	Nil	Nil	1	575
Selling foodstuffs in contravention of the Foodstuffs, Cosmetics and Disinfectants Act	21	2	20	Nil	Nil	Nil	1360

(In most of the cases there were two or more separate counts; the counts are not enumerated in the table. In some cases more than one person was summonsed for the same offence; if any one accused was fined or reprimanded, the case is recorded in the table accordingly notwithstanding that the other accused may have been discharged).

TABLE IV.3

APPROVAL FOR INSTALLATION OF FUEL BURNING APPLIANCES: 1981

Appliances	Coal	Coke	Anthracite	Paraffin	C.T.F.	H.F.O.	Interfuel	Diesel	Wood	Woodwaste	Gas	Approvals granted as: Electricity Total No. of Certificates Issued	Retentions	Installations	Resiting	Conversion	Replacement of Burner	Replacement of Chimney	Total No. of Appliances Installed
Hot Water Boilers			1					6			2	8	2	3		2		1	25
Steam Boilers	8					7	3	17				35	2	27	2	3	1		36
Air Heaters								1				1		1					1
Replacement of chimneys to appliances				1		5	1	12	1			20						20	20
Ovens and Stoves									2			2	2						2
Pizza Ovens									3			3	2	1					4
Stand-by Generators								2				2		2					2
Forges																			
Furnaces							1					1		1		1			1
Dryers					1							1				1			1
Incinerators								1				1		1					1
Coffee and Chicory roasters								1			1	2		2					2
Cremators																			
Smoke boxes										4		4	2	2					7
Liquid Phase Heaters						3						3		3					3
Other appliances, dip tank etc. Dutch oven			1					2				3		3					3
TOTAL	8		2	1	1	15	5	42	6	4	3	86	10	46	2	7	1	21	108

* In addition, one conversion approved of a steam boiler from diesel to contaminated diesel oil firing.

TABLE IV.4

APPROVAL FOR CONVERSIONS OF FUEL BURNING APPLIANCES: 1981

	Steam Boilers	H/W Boilers	Furnaces	Dryers & Air Heaters	Total
Diesel to Anthracite		1			1
Diesel to Interfuel	1		1		2
Diesel to C.T.F.				1	1
Diesel to Waste Oil	1				1
Diesel to H.F.O.	1				1
Anthracite to Diesel		1			1
Gas to Diesel	1				1
TOTAL	4	2	1	1	8

TABLE IV.5

AIR POLLUTION CONTROL: VISITS, COMPLAINTS, NOTICES SERVED, CASES REFERRED TO PUBLIC PROSECUTOR, PLANS AND LICENCES DEALT WITH: 1981

VISITS MADE IN CONNECTION WITH			
Routine Inspection			686
Other visits			217
Burning of waste			52
Proposed installations			102
Unofficial installations			43
Inspection where approvals have been granted			112
Excessive smoke emission			68
Complaints:	Burning of Waste		71
	Smoke		197
	Other emissions into atmosphere		152
Licences			106
Plans			31
Diesel vehicle testing			29
Demonstration of lighting-up fires	7		
Court Cases			16
Zone inspections			
Office interviews			560
TOTAL			2449
Complaints received of:	Smoke		90
	Burning of Waste material		49
	Other emissions into atmosphere		67
TOTAL			206
Notices served re:	Defective appliances		17
	Unofficial installations		34
	Nuisances:	Smoke	5
		Other emissions	
		Burning of Waste material	30
		Excessive smoke emissions	3
		On installers	4
Cases referred to Public Prosecutor			0
Plans dealt with			44
Licences dealt with			69

TABLE IV.6

AIR POLLUTION MONITOR RESULTS

SUMMARY FOR 1981

TYPE: OXIDES OF NITROGEN (AS NITROGEN DIOXIDE)
LOCATION: CITY HALL, DARLING STREET

VALUES ARE MICROGRAM/CUBIC METRE

	ANNUAL MEAN	NUMBER OF VALUES AVERAGED
SUNDAY	103.2	166.
MONDAY	173.5	229.
TUESDAY	153.9	270.
WEDNESDAY	161.0	274.
THURSDAY	162.3	252.
FRIDAY	166.5	257.
SATURDAY	137.8	251.
0H00- 1H00	75.5	69.
1H00- 2H00	63.8	69.
2H00- 3H00	53.1	69.
3H00- 4H00	51.2	69.
4H00- 5H00	53.6	66.
5H00- 6H00	77.2	66.
6H00- 7H00	158.9	66.
7H00- 8H00	271.7	66.
8H00- 9H00	284.0	66.
9H00-10H00	210.7	67.
10H00-11H00	187.5	71.
11H00-12H00	182.3	72.
12H00-13H00	193.5	72.
13H00-14H00	181.6	73.
14H00-15H00	177.8	74.
15H00-16H00	184.7	74.
16H00-17H00	214.3	75.
17H00-18H00	254.4	75.
18H00-19H00	171.8	73.
19H00-20H00	140.9	73.
20H00-21H00	125.0	74.
21H00-22H00	121.4	74.
22H00-23H00	121.0	73.
23H00-24H00	118.2	73.

THE HIGHEST MEAN VALUES REACHED DURING THE YEAR WERE:

FOR ANY 1-HOUR PERIOD 958.8, STARTING AT 7H00 ON 1981-10-20
FOR ANY 3-HOUR PERIOD 676.8, STARTING AT 6H00 ON 1981-10-20
FOR ANY 8-HOUR PERIOD 380.7, STARTING AT 6H00 ON 1981-10-20
FOR ANY 24-HOUR PERIOD 253.0, STARTING AT 20H00 ON 1981-10-14

TABLE IV.7

AIR POLLUTION MONITOR RESULTS : SUMMARY FOR 1981

TYPE: OXIDES OF NITROGEN (AS NITROGEN DIOXIDE)
LOCATION: CITY HALL, DARLING STREET

FREQUENCY TABLE OF 1-HOURLY MEANS

RANGE	NUMBER OCCASIONS WHEN MEAN FALLS WITHIN RANGE	CUMULATIVE TOTAL (NUMBER OCCASIONS WHEN MEAN IS LESS THAN MAX OF RANGE)
MICROGRAM/CU.METRE		
0.00 - 99.99	599	599
100.00 - 199.99	612	1211
200.00 - 299.99	315	1526
300.00 - 399.99	136	1662
400.00 - 499.99	27	1689
500.00 - 599.99	4	1693
600.00 - 699.99	4	1697
700.00 - 799.99	1	1698
800.00 - 899.99	0	1698
900.00 - 999.99	1	1699
1000.00 - 1099.99	0	1699
1100.00 - 1199.00	0	1699
1200.00 - 1299.99	0	1699
1300.00 - 1399.99	0	1699
1400.00 - 1499.99	0	1699

TABLE IV.8

AIR POLLUTION MONITOR RESULTS : SUMMARY FOR 1981

TYPE: TOTAL OXIDANTS (AS OZONE)
LOCATION: CITY HALL, DARLING STREET

VALUES ARE MICROGRAM/CUBIC METRE

	ANNUAL MEAN	NUMBER OF VALUES AVERAGED
SUNDAY	31.5	1008.
MONDAY	49.7	1013.
TUESDAY	55.6	1037.
WEDNESDAY	62.8	1054.
THURSDAY	60.7	1012.
FRIDAY	58.7	1028.
SATURDAY	54.2	1017.
0H00 - 1H00	28.1	300.
1H00 - 2H00	24.2	300.
2H00 - 3H00	21.1	299.
3H00 - 4H00	18.7	299.
4H00 - 5H00	19.2	299.
5H00 - 6H00	25.3	299.
6H00 - 7H00	55.4	299.
7H00 - 8H00	100.3	298.
8H00 - 9H00	120.8	298.
9H00 - 10H00	93.0	297.
10H00 - 11H00	71.6	295.
11H00 - 12H00	63.3	294.
12H00 - 13H00	60.2	296.
13H00 - 14H00	54.8	296.
14H00 - 15H00	52.9	298.
15H00 - 16H00	54.1	298.
16H00 - 17H00	62.9	298.
17H00 - 18H00	71.6	302.
18H00 - 19H00	57.8	301.
19H00 - 20H00	51.0	301.
20H00 - 21H00	48.5	301.
21H00 - 22H00	44.6	301.
22H00 - 23H00	43.4	300.
23H00 - 24H00	40.1	300.

THE HIGHEST MEAN VALUES REACHED DURING THE YEAR WERE:

FOR ANY 1-HOUR PERIOD 610.5, STARTING AT 8H00 ON 1981- 3-30
FOR ANY 3-HOUR PERIOD 604.3, STARTING AT 7H00 ON 1981- 3-30
FOR ANY 8-HOUR PERIOD 352.0, STARTING AT 5H00 ON 1981- 7- 4
FOR ANY 24-HOUR PERIOD 218.5, STARTING AT 14H00 ON 1981- 7- 3

TABLE IV.9

AIR POLLUTION MONITOR RESULTS : SUMMARY FOR 1981

TYPE: TOTAL OXIDANTS (AS OZONE)
LOCATION: CITY HALL, DARLING STREET

FREQUENCY TABLE OF 1-HOURLY MEANS

RANGE (NUMBER OCCASIONS WHEN MEAN FALLS WITHIN RANGE)	NUMBER OCCASIONS	CUMULATIVE TOTAL (NUMBER OCCASIONS WHEN MEAN IS LESS THAN MAX OF RANGE)
MICROGRAM/CU.METRE		
0.00 - 99.99	6305	6305
100.00 - 199.99	699	7004
200.00 - 299.99	112	7116
300.00 - 399.99	29	7145
400.00 - 499.99	15	7160
500.00 - 599.99	5	7165
600.00 - 699.99	4	7169
700.00 - 799.99	0	7169
800.00 - 899.99	0	7169
900.00 - 999.99	0	7169
1000.00 - 1099.99	0	7169
1100.00 - 1199.99	0	7169
1200.00 - 1299.99	0	7169
1300.00 - 1399.99	0	7169
1400.00 - 1499.99	0	7169

TABLE IV.10

AIR POLLUTION MONITOR RESULTS : SUMMARY FOR 1981

TYPE: SULPHUR DIOXIDE
LOCATION: CITY HALL, DARLING STREET

VALUES ARE MICROGRAM/CUBIC METRE

	ANNUAL MEAN	NUMBER OF VALUES AVERAGED
SUNDAY	34.5	928.
MONDAY	43.9	905.
TUESDAY	47.9	871.
WEDNESDAY	55.6	902.
THURSDAY	49.8	909.
FRIDAY	50.4	932.
SATURDAY	46.2	933.
0H00 - 1H00	31.4	266.
1H00 - 2H00	30.2	267.
2H00 - 3H00	29.0	266.
3H00 - 4H00	27.3	266.
4H00 - 5H00	26.9	266.
5H00 - 6H00	29.2	266.
6H00 - 7H00	36.3	270.
7H00 - 8H00	54.2	266.
8H00 - 9H00	72.4	264.
9H00 - 10H00	83.6	262.
10H00 - 11H00	79.4	263.
11H00 - 12H00	74.9	264.
12H00 - 13H00	63.8	266.
13H00 - 14H00	52.6	267.
14H00 - 15H00	50.2	267.
15H00 - 16H00	48.5	266.
16H00 - 17H00	50.1	266.
17H00 - 18H00	50.7	266.
18H00 - 19H00	46.3	266.
19H00 - 20H00	42.4	266.
20H00 - 21H00	39.6	266.
21H00 - 22H00	36.3	266.
22H00 - 23H00	35.3	266.
23H00 - 24H00	35.1	266.

THE HIGHEST MEAN VALUES REACHED DURING THE YEAR WERE:

FOR ANY 1-HOUR PERIOD 364.0, STARTING AT 9H00 ON 1981- 7-30
FOR ANY 3-HOUR PERIOD 314.2, STARTING AT 11H00 ON 1981- 6- 8
FOR ANY 8-HOUR PERIOD 251.9, STARTING AT 7H00 ON 1981- 6- 8
FOR ANY 24-HOUR PERIOD 159.8, STARTING AT 8H00 ON 1981- 3- 6

TABLE IV.11

AIR POLLUTION MONITOR RESULTS : SUMMARY FOR 1981

TYPE: SULPHUR DIOXIDE
LOCATION: CITY HALL, DARLING STREET

FREQUENCY TABLE OF 1-HOURLY MEANS

RANGE	NUMBER OCCASIONS WHEN MEAN FALLS WITHIN RANGE	CUMULATIVE TOTAL (NUMBER OCCASIONS WHEN MEAN IS LESS THAN MAX OF RANGE)
MICROGRAM/CU.METRE		
0.00 - 99.99	5820	5820
100.00 - 199.99	486	6306
200.00 - 299.99	66	6372
300.00 - 399.99	8	6380
400.00 - 499.99	0	6380
500.00 - 599.99	0	6380
600.00 - 699.99	0	6380
700.00 - 799.99	0	6380
800.00 - 899.99	0	6380
900.00 - 999.99	0	6380
1000.00 - 1099.99	0	6380
1100.00 - 1199.99	0	6380
1200.00 - 1299.99	0	6380
1300.00 - 1399.99	0	6380
1400.00 - 1499.99	0	6380

TABLE IV.12

AIR POLLUTION MONITOR RESULTS : SUMMARY FOR 1981

TYPE: SULPHUR DIOXIDE
LOCATION: NATIONAL ROAD, PAARDEN EILAND

VALUES ARE MICROGRAM/CUBIC METRE

	ANNUAL MEAN	NUMBER OF VALUES AVERAGED
SUNDAY	27.3	240.
MONDAY	34.6	276.
TUESDAY	35.7	301.
WEDNESDAY	36.2	275.
THURSDAY	34.4	245.
FRIDAY	30.5	251.
SATURDAY	26.3	271.
0H00 - 1H00	28.4	77.
1H00 - 2H00	25.2	77.
2H00 - 3H00	24.5	77.
3H00 - 4H00	26.3	76.
4H00 - 5H00	27.1	76.
5H00 - 6H00	31.7	75.
6H00 - 7H00	33.4	75.
7H00 - 8H00	37.7	75.
8H00 - 9H00	42.2	73.
9H00 - 10H00	40.6	74.
10H00 - 11H00	38.4	78.
11H00 - 12H00	30.2	80.
12H00 - 13H00	28.0	80.
13H00 - 14H00	30.0	80.
14H00 - 15H00	26.6	80.
15H00 - 16H00	29.4	80.
16H00 - 17H00	30.7	78.
17H00 - 18H00	37.1	78.
18H00 - 19H00	39.6	78.
19H00 - 20H00	34.4	78.
20H00 - 21H00	38.1	79.
21H00 - 22H00	34.1	79.
22H00 - 23H00	31.2	79.
23H00 - 24H00	31.3	77.

THE HIGHEST MEAN VALUES REACHED DURING THE YEAR WERE:

FOR ANY 1-HOUR PERIOD 195.0, STARTING AT 17H00 ON 1981- 6- 8
FOR ANY 3-HOUR PERIOD 160.3, STARTING AT 16H00 ON 1981- 6- 8
FOR ANY 8-HOUR PERIOD 125.9, STARTING AT 3H00 ON 1981- 6-22
FOR ANY 24-HOUR PERIOD 103.2, STARTING AT 20H00 ON 1981- 5-19

TABLE IV.13

AIR POLLUTION MONITOR RESULTS : SUMMARY FOR 1981

TYPE: SULPHUR DIOXIDE
LOCATION: CAMDEN STREET, SUB-STATION, TAMBOERS KLOOF

FREQUENCY TABLE OF 1-HOURLY MEANS

RANGE	NUMBER OCCASIONS WHEN MEAN FALLS WITHIN RANGE	CUMULATIVE TOTAL (NUMBER OCCASIONS WHEN MEAN IS LESS THAN MAX OF RANGE)
MICROGRAM/CU.METRE		
0.00 - 99.99	1800	1800
100.00 - 199.99	59	1859
200.00 - 299.99	0	1859
300.00 - 399.99	0	1859
400.00 - 499.99	0	1859
500.00 - 599.99	0	1859
600.00 - 699.99	0	1859
700.00 - 799.99	0	1859
800.00 - 899.99	0	1859
900.00 - 999.99	0	1859
1000.00 - 1099.99	0	1859
1100.00 - 1199.99	0	1859
1200.00 - 1299.99	0	1859
1300.00 - 1399.99	0	1859
1400.00 - 1499.99	0	1859

TABLE IV.14

AIR POLLUTION MONITOR RESULTS : SUMMARY FOR 1981

TYPE: SULPHUR DIOXIDE
LOCATION: CAMDEN STREET, SUB-STATION, TAMBOERS KLOOF

VALUES ARE MICROGRAM/CUBIC METRE

	ANNUAL MEAN	NUMBER OF VALUES AVERAGED
SUNDAY	18.8	360.
MONDAY	20.2	361.
TUESDAY	22.2	348.
WEDNESDAY	19.8	314.
THURSDAY	19.8	286.
FRIDAY	20.6	332.
SATURDAY	20.8	384.
0H00 - 1H00	18.9	99.
1H00 - 2H00	18.1	99.
2H00 - 3H00	18.4	98.
3H00 - 4H00	18.2	97.
4H00 - 5H00	18.7	97.
5H00 - 6H00	18.4	97.
6H00 - 7H00	19.0	97.
7H00 - 8H00	20.7	97.
8H00 - 9H00	25.2	97.
9H00 - 10H00	25.4	97.
10H00 - 11H00	25.5	101.
11H00 - 12H00	24.0	102.
12H00 - 13H00	21.6	101.
13H00 - 14H00	21.3	101.
14H00 - 15H00	20.6	101.
15H00 - 16H00	19.8	101.
16H00 - 17H00	19.5	101.
17H00 - 18H00	19.8	101.
18H00 - 19H00	19.0	101.
19H00 - 20H00	19.8	100.
20H00 - 21H00	19.2	100.
21H00 - 22H00	19.1	100.
22H00 - 23H00	18.7	100.
23H00 - 24H00	18.4	100.

THE HIGHEST MEAN VALUES REACHED DURING THE YEAR WERE:

FOR ANY 1-HOUR PERIOD 85.0, STARTING AT 19H00 ON 1981- 4-30
FOR ANY 3-HOUR PERIOD 71.5, STARTING AT 8H00 ON 1981- 3-28
FOR ANY 8-HOUR PERIOD 60.4, STARTING AT 9H00 ON 1981- 4-18
FOR ANY 24-HOUR PERIOD 41.3, STARTING AT 11H00 ON 1981- 3-27

TABLE IV.15

AIR POLLUTION MONITOR RESULTS : SUMMARY FOR 1981

TYPE: SULPHUR DIOXIDE
LOCATION: CAMDEN STREET, SUB-STATION, TAMBOERS KLOOF

FREQUENCY TABLE OF 1-HOURLY MEANS

RANGE	NUMBER OCCASIONS WHEN MEAN FALLS WITHIN RANGE	CUMULATIVE TOTAL (NUMBER OCCASIONS WHEN MEAN IS LESS THAN MAX OF RANGE)
MICROGRAM/CU.METRE		
0.00 - 99.99	2385	2385
100.00 - 199.99	0	2385
200.00 - 299.99	0	2385
300.00 - 399.99	0	2385
400.00 - 499.99	0	2385
500.00 - 599.99	0	2385
600.00 - 699.99	0	2385
700.00 - 799.99	0	2385
800.00 - 899.99	0	2385
900.00 - 999.99	0	2385
1000.00 - 1099.99	0	2385
1100.00 - 1199.99	0	2385
1200.00 - 1299.99	0	2385
1300.00 - 1399.99	0	2385
1400.00 - 1499.99	0	2385

TABLE IV.16

AIR POLLUTION MONITOR RESULTS : SUMMARY FOR 1981

TYPE: SOILING INDEX
LOCATION: CITY HOSPITAL, GREEN POINT

	ANNUAL MEAN	NUMBER OF VALUES AVERAGED
SUNDAY	2.5	200.
MONDAY	3.5	206.
TUESDAY	4.1	216.
WEDNESDAY	4.2	217.
THURSDAY	5.9	196.
FRIDAY	4.9	190.
SATURDAY	3.7	192.
0H00 - 2H00	3.4	118.
2H00 - 4H00	3.2	118.
4H00 - 6H00	3.4	118.
6H00 - 8H00	6.8	118.
8H00 - 10H00	7.6	117.
10H00 - 12H00	5.9	119.
12H00 - 14H00	3.2	118.
14H00 - 16H00	3.1	119.
16H00 - 18H00	2.7	118.
18H00 - 20H00	3.2	118.
20H00 - 22H00	3.4	118.
22H00 - 24H00	3.4	118.

THE HIGHEST MEAN VALUES REACHED DURING THE YEAR WERE:

FOR ANY 2-HOUR PERIOD 79.9, STARTING AT 10H00 ON 1981- 7-30
FOR ANY 8-HOUR PERIOD 46.6, STARTING AT 4H00 ON 1981- 9- 3
FOR ANY 24-HOUR PERIOD 24.2, STARTING AT 12H00 ON 1981- 9- 2

TABLE IV.17

AIR POLLUTION MONITOR RESULTS : SUMMARY FOR 1981

TYPE: SOILING INDEX
LOCATION: CITY HOSPITAL, GREEN POINT

FREQUENCY TABLE OF 2-HOURLY MEANS

RANGE	NUMBER OCCASIONS WHEN MEAN FALLS WITHIN RANGE	CUMULATIVE TOTAL (NUMBER OCCASIONS WHEN MEAN IS LESS THAN MAX OF RANGE)
0.00 - 9.99	1285	1285
10.00 - 19.99	103	1388
20.00 - 29.99	12	1400
30.00 - 39.99	3	1403
40.00 - 49.99	4	1407
50.00 - 59.99	6	1413
60.00 - 69.99	0	1413
70.00 - 79.99	4	1417
80.00 - 89.99	0	1417
90.00 - 99.99	0	1417
100.00 - 109.99	0	1417
110.00 - 119.99	0	1417
120.00 - 129.99	0	1417
130.00 - 139.99	0	1417
140.00 - 149.99	0	1417

TABLE IV.18

AIR POLLUTION MONITOR RESULTS : SUMMARY FOR 1981

TYPE: SOILING INDEX
LOCATION: CITY HALL, DARLING STREET

	ANNUAL MEAN	NUMBER OF VALUES AVERAGED
SUNDAY	6.0	499.
MONDAY	10.5	504.
TUESDAY	13.2	504.
WEDNESDAY	13.9	490.
THURSDAY	12.8	484.
FRIDAY	11.8	499.
SATURDAY	10.3	504.
0H00 - 2H00	5.0	291.
2H00 - 4H00	5.1	290.
4H00 - 6H00	6.1	291.
6H00 - 8H00	16.5	291.
8H00 - 10H00	24.2	291.
10H00 - 12H00	16.1	291.
12H00 - 14H00	11.3	290.
14H00 - 16H00	10.9	289.
16H00 - 18H00	12.9	290.
18H00 - 20H00	9.3	290.
20H00 - 22H00	8.6	290.
22H00 - 24H00	8.1	290.

THE HIGHEST MEAN VALUES REACHED DURING THE YEAR WERE:

FOR ANY 2-HOUR PERIOD 194.0, STARTING AT 8H00 ON 1981- 7-30
FOR ANY 8-HOUR PERIOD 107.1, STARTING AT 6H00 ON 1981- 7-30
FOR ANY 24-HOUR PERIOD 52.7, STARTING AT 4H00 ON 1981- 7-30

TABLE IV.19

AIR POLLUTION MONITOR RESULTS: SUMMARY FOR 1981

TYPE: SOILING INDEX
LOCATION: CITY HALL, DARLING STREET

FREQUENCY TABLE OF 2-HOURLY MEANS

RANGE	NUMBER OCCASIONS WHEN MEAN FALLS WITHIN RANGE	CUMULATIVE TOTAL (NUMBER OCCASIONS WHEN MEAN IS LESS THAN MAX OF RANGE)
0.00 - 9.99	2169	2169
10.00 - 19.99	849	3018
20.00 - 29.99	251	3269
30.00 - 39.99	85	3354
40.00 - 49.99	56	3410
50.00 - 59.99	23	3433
60.00 - 69.99	19	3452
70.00 - 79.99	9	3461
80.00 - 89.99	4	3465
90.00 - 99.99	2	3467
100.00 - 109.99	5	3472
110.00 - 119.99	0	3472
120.00 - 129.99	6	3478
130.00 - 139.99	2	3480
140.00 - 149.99	1	3481

TABLE IV.20

AIR POLLUTION MONITOR RESULTS: SUMMARY FOR 1981

TYPE: LEAD
LOCATION: CITY HALL, DARLING STREET

VALUES ARE MICROGRAM/CUBIC METRE

	ANNUAL MEAN	NUMBER OF VALUES AVERAGED
SUNDAY	2.2	462.
MONDAY	3.3	468.
TUESDAY	3.6	468.
WEDNESDAY	4.0	455.
THURSDAY	4.0	448.
FRIDAY	4.1	455.
SATURDAY	3.7	456.
0H00 - 2H00	2.0	269.
2H00 - 4H00	1.3	269.
4H00 - 6H00	1.2	269.
6H00 - 8H00	3.6	269.
8H00 - 10H00	6.7	269.
10H00 - 12H00	5.1	268.
12H00 - 14H00	3.9	267.
14H00 - 16H00	3.8	265.
16H00 - 18H00	4.6	267.
18H00 - 20H00	3.9	266.
20H00 - 22H00	3.6	267.
22H00 - 24H00	3.1	267.

THE HIGHEST MEAN VALUES REACHED DURING THE YEAR WERE:

FOR ANY 2-HOUR PERIOD 38.0, STARTING AT 8H00 ON 1981- 6- 8
FOR ANY 8-HOUR PERIOD 18.4, STARTING AT 6H00 ON 1981- 7-30
FOR ANY 24-HOUR PERIOD 13.1, STARTING AT 22H00 ON 1981- 5-19

TABLE IV.21

AIR POLLUTION MONITOR RESULTS : SUMMARY FOR 1981

TYPE: LEAD
LOCATION: CITY HALL, DARLING STREET

FREQUENCY TABLE OF 2-HOURLY MEANS

RANGE	NUMBER OCCASIONS WHEN MEAN FALLS WITHIN RANGE	CUMULATIVE TOTAL (NUMBER OCCASIONS WHEN MEAN IS LESS THAN MAX OF RANGE)
MICROGRAM/CU.METRE		
0.00 - 0.19	42	42
0.20 - 0.39	79	121
0.40 - 0.59	127	248
0.60 - 0.79	165	413
0.80 - 0.99	150	563
1.00 - 1.19	124	687
1.20 - 1.39	126	813
1.40 - 1.59	137	950
1.60 - 1.79	124	1074
1.80 - 1.99	121	1195
2.00 - 2.19	124	1319
2.20 - 2.39	131	1450
2.40 - 2.59	120	1570
2.60 - 2.79	114	1684
2.80 - 2.99	108	1792

TABLE IV.22

SAMPLE UNDER ACT NO. 54 OF 1972: 1981

	NO. OF SAMPLES	PROSECUTED	WARNING LETTERS	FINES
Meat & Meat Products	571	22	10	R1150
Milk & Milk Products	24			
Vinegar	5		1	
Fruit Juices	19	1		R 20
Soft Drinks	2	1	1	R 75
Margarine	2			
Shortening Product	2			
Sauces	8			
Tea	1			
Cocoa	1			
Salt	2			
Mayonnaise	1			
Coffee	1			
Curry Powder	1			
Fish & Fish Products	3			
Custard Powder	1			
Gelatin	1			
Leavening Substances	1			
Sugar	4			
Cooking Oil	1			
Fruit, Vegetable & Related Products	11		1	
TOTAL	662	24	13	R1245

TABLE IV.23

APPLICATIONS TO TRADE REPORTED ON BY THE MEDICAL OFFICER OF HEALTH: 1981

A Application received
B Granting of licences recommended (without conditions)
C Granting of licences recommended (subject to conditions)
D Number under item 3 later reported as having complied with conditions
E Refusal of licences recommended
F Application withdrawn

			A	B	C	D	E	F
Under Municipal Regulations		Purveyors of Milk	4	4				
		Milk in Cartons						
		Milk in Tankers						
		Electrical Wiring Contractor	30	18	12	12		
		SUB TOTAL	34	22	12	12		
Under Provincial Ordinance No. 15 of 1953 as amended by Ordinance 19 of 1972 (The Registration of Businesses Ordinance)	Food Premises	Accommodation Establishments	51	30	19	19	2	1
		Bakers	55	52	2	2	1	2
		Butchers	87	52	35	35		1
		Cafe Keepers	285	153	126	126	6	14
		Dairy Farms	202	190	12	12		
		Dairy Shops	16	10	6	6		
		Eating Houses	2	1	1	1		
		Fish Mongers and Fish Friers	24	14	10	10		1
		Food Manufacturers	30	18	12	12		
		General Dealers	1560	1171	375	375	14	36
		Hawkers	1757	1294	180	180	283	
		Restaurants	33	20	11	11	2	1
		Other Food Premises	22	19	3	3		
		SUB TOTAL	4124	3024	792	792	308	56
	Non-Food Premises	Laundries and Dry Cleaners	40	24	16	16		
		Creches or Nursery Schools	20	14	4	4	2	3
		Dealers in Motor vehicles and garages	148	95	50	50	3	1
		Kennels or pet boarding establishments						
		Offensive trades	1		1	1		
		Places of entertainment	130	84	42	42	4	3
		Workshops	40	28	9	9	3	1
		Other Non Food premises	562	152	410	410		
		SUB TOTAL	941	397	532	532	12	8
Under Government Regulations		Mattress Makers and Upholsters	37	36	1	1		
		TOTAL	5136	3479	1337	1337	320	64

TABLE IV.24

APPLICATIONS TO TRADE IN ADMINISTRATION BOARD AREAS DEALT WITH IN 1981

	LANGA	GUGULETU
General Dealer in Foodstuffs	2	3
General Dealer Non-foods		1
Purveyor of Milk	1	2
Hawkers	27	39
Butcher		2
Storage of Inflammable Substances		2
Patent Medicine	1	2
Passenger Undertaking		1
Street Photographer		1

TABLE IV.25

DWELLINGS COMPLETED BY THE CITY COUNCIL : 1981

	No. of Houses	
	Economic	Letting Units
Whites (Home ownership)		
Non-Whites (Home ownership)	1893	
Heideveld		213
Valhalla Park		196
Mitchells Plain		1488
TOTAL	1893	1897

TABLE IV.26

APPLICATIONS TO DEMOLISH OR CONVERT DWELLINGS (NOT MORE THAN FIVE ROOMS) AND OTHER RESIDENTIAL PREMISES RECOMMENDED FOR APPROVAL OR APPROVED : 1981

No. of rooms per unit	1981
1	13
2	40
3	32
4	17
5	11
SUB-TOTAL (Dwellings)	113
6	4
7	
8	
9	
10	
11	
12	
13	1
Multi-roomed boarding houses and hotels	
SUB-TOTAL (Other Premises)	5

TABLE IV.27

RODENT CONTROL OPERATIONS : 1977-1981

	1977	1978	1979	1980	1981
Inspections by pest control officers	3116	3342	2189	2634	5099
Inspections re rodents by other inspectors	106	199	65	142	401
Inspections re mosquitoes by other inspectors	730	569	526	483	113
SUB TOTAL				3259	5613
Visits made to lands and premises by rat-catchers:					
Re rodents	44170	45365	44834	45519	38209
Re mosquitoes	18371	15304	7279	11066	9260
Numbers of notices served by pest control officers:					
Verbal	24	11	9	3	3
Written	38	32	12	13	12
SUB TOTAL				16	15
Number of rodents caught and destroyed:					
Brown rats	6524	5887	6542	6659	5854
Black rats	147	142	110	131	130
Gerbilles			151	1	17
SUB TOTAL	6671	6029	6803	6791	6001

(The figures given above as to rodents destroyed include only the number of animals whose dead bodies were actually recovered. There is no reason to doubt that many more were destroyed by the methods employed).

V–COMMUNITY HEALTH CARE

TABLE V.1

FAMILY PLANNING CLINIC ATTENDANCES : 1972-1981

Year	Individuals attending the clinics	Persons attending for the first time	Total Attendances all clinics during the year	Race
1972	26 841	12 069	89 809	All
1973	32 240	14 703	87 445	All
1974	42 094	18 701	97 189	All
1975	38 130	9 660	119 136	All
1976	40 755	7 805	127 717	All
1977	45 539	4 454	143 349	All
1978	52 795	3 083	128 587	All
1979	62 632	3 100	174 647	All
1980	5 241	799	16 296	White
	48 038	2 059	152 739	Coloured
	263	24	986	Asiatic
	10 077	963	26 861	Blacks
	63 619	3 845	196 882	All
1981	6 399	680	18 559	White
	50 864	1 761	160 326	Coloured
	194	22	996	Asiatic
	11 334	1 548	28 923	Blacks
	68 791	4 011	208 804	All

TABLE V.2

THE NUMBER OF INDIVIDUALS ATTENDING AT VARIOUS DIFFERENT FAMILY PLANNING CLINICS : 1977-1981

CLINIC	1977	1978	1979	1980			1981		
				Total	W	C	A	B	Total
Northern Zone									
Aspeling Street	1154								
Bloemhof			126	150					
Brooklyn		205	216	339	339	33		6	378
Camps Bay		4	29	46	10	44		39	93
Chapel Street		1176	1142	897	12	596	3	28	639
City Hospital	17	43	42						
Civic Centre				1207	1175	814	4	56	2049
Devil's Peak		10	32	48	45	4		4	53
Factories (Misc.)	10939	12385	14817	15221	607	19899		290	20796
Factreton			527	554		676			676
Kensington	1121	1720	958	847		801		18	819
Kloof Street		20	59	121	88	41		25	154
Langa		1589	4706	3417				3768	3768
Maitland	660	509	551	588	207	289		27	523
Sanddrift		44	33	46	33	3		1	37
Sea Point (2 clinics)		17	262	722	115	357	2	312	786
Shortmarket Street	844	819	605	679	3	522	4	46	575
St James	1636	1416	1538	616	387	245	6	25	663
Spencer Rd				1025	5	689	3	56	753
Thornton		15	22	46	38	13		5	56
Sub Total	16371	19972	25665	26569	3064	25026	22	4706	32818
Southern Zone									
Blue Route Centre				52	99	7		9	115
Claremont	1247	1464	3141	4070	2046	1054		1495	4595
Elfindale		106	216	380	4	247		15	266
Ferness Estate		12	117	134	95			1	96
Guguletu	2640	3121	3105	3680				4002	4002
Kalk Bay		58	56	69	3	41		22	66
Lansdowne	1560	1456	1644	1167	190	982		107	1279
Lavender Hill	1372	1461	1599	1221		977		12	989
Meadowridge			76	104	116	8		8	132
Muizenberg	82	160	179	251	138	45		33	216
Parkwood	988	901	818	856		681		2	683
Southfield	168	185	280	296	252	7		4	263
Retreat	3561	3097	3234	3804		2124		25	2149
Wetton					15	1			16
Wynberg	2867	2950	2579	1881	377	1290		758	2425
Sub Total	14485	14971	17044	17965	3335	7464		6493	17292
Eastern Zone									
Bokmakierie		742	887	740		783	1	3	787
Bonteheuwel	2447	3671	3049	3199		2050		10	2060
Heideveld	2291	1924	2004	2325		2220		22	2242
Hanover Park	2498	3280	2614	2076		1628		2	1630
Honeyside		566	823	697		548	7	1	556
Lentegeur						2210		41	2251
Manenberg	2469	2424	3795	2219		1239		6	1245
Netreg	553	731	1019	964		747			747
Newfields		267	345	392		353	37	16	406
Rocklands						1069			1069
Silvertown	4300	2688	2229	1592		1409	127	12	1548
Strandfontein						148			148
Tafelsig						124			124
Westridge	125	1559	3158	4881		3386		22	3408
Valhalla Park						460			460
Sub Total	14683	17852	19923	19085		18374	172	135	18681
TOTAL	45539	52795	62632	63619	6399	50864	194	11334	68791

TABLE V.3

THE ESTIMATED PERCENTAGE OF WOMEN AT RISK OF CONCEIVING WHO ATTENDED FAMILY PLANNING CLINICS AT LEAST ONCE IN 1980 AND 1981, BY RACE

RACE	FEMALE POPULATION	% 15-49	No 15-49	No Pregnant	No infertile (10%)	Inactive (10%)	Balance	Attended	% Cover
				1980					
White	140950	48,53	68403	2742	6840	6840	51981	5241	10,08
Coloured	293030	48,68	142647	13616	14265	14265	100501	48038	47,80
Asian	5910	? 50	2955	225	295	295	2140	263	12,29
Black	54500	? 50	27250	4052	2725	2725	17748	10077	56,78
TOTAL	494390	-	241255	20635	24125	24125	172370	63619	36,91
				1981					
White	143042	48,53	69418	2892	6942	6942	52642	6399	12,16
Coloured	303966	48,68	147971	14728	14797	14797	103649	50864	49,07
Asian	6072	? 50	3036	148	303	303	2282	194	8,50
Black	59014	? 50	29507	4444	2951	2951	19161	11334	59,15
TOTAL	512094		249932	22212	24993	24993	177734	68791	38,70

TABLE V.4

MODE OF CONTRACEPTION CURRENTLY BEING USED BY INDIVIDUALS ATTENDING CITY HEALTH DEPARTMENT FAMILY PLANNING CLINICS : 1981

RACE	PILL		INTRA-MUSCULAR		IUD		STERI-LIZATION *		OTHER		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
White	4829	75,5	990	15,5	319	5,0	36	0,6	225	3,5	6399	100
Asiatic	92	47,4	36	18,6	16	8,2	9	4,6	41	21,1	194	100
Coloured	26635	52,4	19435	38,2	1447	2,8	647	1,3	2700	5,3	50864	100
Black:												
Guguletu	1247	31,2	2738	68,4	7	0,2	5	0,1	5	0,1	4002	100
Langa	1051	27,9	2663	70,7	37	1,0	7	0,2	10	0,3	3768	100
Other centres	1515	42,5	1852	52,0	131	3,7	8	0,2	58	1,6	3564	100
Total Black	3813	33,6	7253	64,0	175	1,5	20	0,2	73	0,6	11334	100
All races TOTAL	35369	51,4	27714	40,3	1957	2,8	712	1,0	3039	4,4	68791	100

* OPERATIONS PERFORMED DURING THE YEAR.

TABLE V.5

ANALYSIS OF MODE OF CONTRACEPTION (EXCLUDING STERILISATION) INITIALLY ADOPTED BY MEMBERS OF DIFFERENT RACE GROUPS : 1972-1981 (Figures reflect the percentage of New Acceptors in that group for each year)

Race and Year	Oral Contraception	Intra-muscular Contraception	Intra-uterine Contraceptive Devices	Other
WHITES				
1972	76	13	7	4
1973	76	15	7	2
1974	77	17	5	2
1975	81	16	1	1
1976	74	14	10	2
1977	87	8	1	2
1978	82	11	2	5
1979	89	9	1	2
1980	92	7	0	1
1981	89	6	1	4
COLOURED AND ASIATIC				
1972	66	28	3	3
1973	59	34	4	3
1974	52	43	2	3
1975	46	51	1	2
1976	52	43	3	2
1977	61	33	3	4
1978	58	33	2	7
1979	63	32	1	4
1980	61	33	1	6
1981	76	19	0	5
BLACK				
1972	45	50	4	1
1973	44	52	4	0
1974	37	61	2	0
1975	33	65	2	0
1976	43	55	1	1
1977	37	61	1	1
1978	39	58	2	1
1979	47	51	1	2
1980	45	52	0	2
1981	34	62	1	3

TABLE V.6

TOTAL ATTENDANCES AT ANTE-NATAL CLINICS : 1972-1981

CENTRE	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981
Northern Zone										
Aspeling Street	1617	1490	1504	1201	1157	853	92			
Bloemhof							4			
Chapel Street							471	440	252	105
Factreton									29	31
Kensington	1608	1014	711	779	660	824	662	449	447	304
Langa	1949	2178	2782	2758	2073	1631	1745	2016	2255	2221
Maitland	334	283	202	149	26		67	78	59	48
Salt River	452	488	583	419	308	289	37	33	68	30
Spencer Road							147	141	101	63
Sub Total	5960	5453	5782	5306	4224	3597	3225	3157	3211	2802
Southern Zone										
Claremont	1601	1094								
Elfindale		3								
Guguletu I	6266	6673	6362	5876	3606	2131	2521	2243	1844	1625
Guguletu III	3179	2935	2895	2906	1526					
Kalk Bay	75	66	80	6						
Lansdowne	2305	2270	1763	1505	1098	987	721	434	298	283
Lavender Hill			2388	2057	1628	1337	709	346	199	121
Parkwood	1759	1846	1638	834	497	245	187	167	115	135
Retreat	5483	6029	5386	3263	2747	2534	1019	472	172	67
Wynberg	1699	1114	1843	1168	1314	1046	917	689	651	612
Sub Total	22367	22030	22355	17615	12416	8280	6074	4351	3279	2843
Eastern Zone										
Athlone	2540	2207	2430	1350						
Bokmakierie	1537	1747	1621	624			193	260	146	156
Bonteheuwel	4891	4143	3956	2513	2209	1829	1422	952	848	755
Heideveld	1925	1448	1589	1237	1022	890	1003	688	630	486
Hanover Park	3709	5461	2621	1929	1391	1134	945	860	672	
Honeyside							112	102	95	52
Lentegeur										37
Manenberg	1801	1671	1460	1588	2096	1264	1205	1059	404	7
Netreg								341	383	363
Newfields						4	78	101	64	39
Silvertown	3253	3169	2333	1665	2630	2065	1272	840	764	636
Westridge						12	566	1818	1318	393
Valhalla Park										48
Sub Total	19656	19846	16010	10906	9348	7198	6796	7021	5324	2972
TOTALS	47983	47329	44147	33827	25988	19075	16095	14529	11814	8617

TABLE V.7

NUMBER OF SESSIONS, FIRST AND TOTAL ATTENDANCES AT INFANT WELFARE, ANTE-NATAL AND SCHOOL EYE CLINICS : 1981

CENTRE		INFANT CONSULTATIONS				ANTE-NATAL CLINICS			OPHTHALMIC CLINICS		
			1st Attendance				Attendance			Attendance	
	Race	Sessions	Under 1 year	Over 1 year	Total attendance	Sessions	1st	Total	Sessions	1st	Total
Northern Zone											
Bloemhof	C	8	7		269						
Brooklyn	W		113		2180						
	C		4		73						
	B				16						
	T	48	117		2269						
Camps Bay	W		51		455						
	C		2		39						
	B		6		84						
	T	24	59		578						
Chapel Street	W				14						
	C		281		5281		31	95			
	A		1		33						
	B		9		58		2	10			
	T	137	291		5386	48	33	105			
Devil's Peak	W		92		1003						
	C		1		26						
	B		2		11						
	T	48	95		1040						
Factreton	C	105	412		17472	19	31	31			
Kensington	C	107	337		12860	96	215	304			
Kloof Street	W		180	2	1815						
	C		12		134						
	B		7		83						
	T	48	199	2	2032						
Langa	B	110	1505	485	21222	51	2148	2221			
Maitland	W		63		768		2	2			
	C		70		1852		33	37			
	B		4		86		9	9			
	T	99	137		2706	39	44	48			
Sanddrift	W	16	11		170						
Sea Point	W		242	2	3068						
	C		37		391						
	B		18		351						
	T	101	297	2	3810						
Shortmarket Street	W			1	11						
	C		213		3382						
	A				27						
	B		5		75						
	T	95	218	1	3495						
Salt River	W		140		2092		5	7			
	C		116		1905		8	16		538	2130
	A		1		3		1	1			
	B		4		38		1	6			
	T	149	261		4038	21	15	30	130	538	2130

CONTINUED

TABLE V.7 CONTINUED

CENTRE		INFANT CONSULTATIONS				ANTE-NATAL CLINICS			OPHTHALMIC CLINICS		
			1st Attendance				Attendance			Attendance	
	Race	Sessions	Under 1 year	Over 1 year	Total attendance	Sessions	1st	Total	Sessions	1st	Total
Spencer Road	W		3		12		2	2			
	C		165	4	5296		54	59			
	A		1		4						
	B				25		2	2			
	T	101	169	4	5337	39	58	63			
Thornton	W	47	33		606						
Sub Total	W		928	5	12194		9	11			
	C		1657	4	48980		372	542		538	2130
	A		3		67		1	1			
	B		1560	485	22049		2162	2248			
	T	1243	4148	494	83290	313	2544	2802	130	538	2130
Southern Zone											
Blue Route	W		92		1496						
	C		1		61						
	B		2		17						
	T	51	95		1574						
Claremont	W		697	6	7478						
	C		39		823						
	B		58		739						
	T	191	794	6	9040						
Elfindale	W		25		282						
	C		150		2929						
	B		4		44						
	T	51	179		3255						
Ferness Estate	W		76		1377						
	C		3		37						
	T	49	79		1414						
Free Ground	C	22	20	5	447						
Guguletu I	B		2006	265	30934		885	1624			
	C						1	1			
	T	149	2006	265	30934	49	886	1625			
Guguletu III	B	99	512	84	9523						
Kalk Bay	W		5		16						
	C		16	1	839						
	B				25						
	T	49	21	1	880						
Lansdowne	W		92		1649		1	9			
	C		310		9298		122	270			
	A						1	1			
	B		4		80		3	3			
	T	186	406		11027	49	127	283			
Lavender Hill	C		546	11	20688		110	121			
	B		4	2	91						
	T	201	550	13	20779	48	110	121			
Meadowridge	W		235	2	3364						
	C		2		10						
	A				5						
	B		4		46						
	T	47	241	2	3425						

CONTINUED

TABLE V.7 CONTINUED

CENTRE		INFANT CONSULTATIONS				ANTE-NATAL CLINICS			OPHTHALMIC CLINICS		
			1st Attendance			Attendance			Attendance		
	Race	Sessions	Under 1 year	Over 1 year	Total attendance	Sessions	1st	Total	Sessions	1st	Total
Montcreef Farm	C	20		4	243						
Muizenberg	W		93	2	1186						
	C		6		84						
	B		2		72						
	T	45	101	2	1342						
Parkwood	C	100	324	7	11267	67	111	135			
Southfield	W		193		3299						
	C		1		24						
	B		1		12						
	T	51	195		3335						
Retreat	C		820	14	26420		30	67			
	A		2		4						
	B				11						
	T	195	822	14	26435	36	30	67			
Wetton	W	17	9		206						
Wynberg	W		150		1654		3	3			
	C		232		4285		174	426			
	B		28		511		130	183			
	T	146	410		6450	52	307	612			
Sub Total	W		1667	10	22007		4	12			
	C		2470	42	77455		548	1020			
	A		2		9		1	1			
	B		2625	351	42105		1018	1810			
	T	162	6764	403	141576	301	1571	2843			
Eastern Zone											
Bokmakierie	C		338	4	11291		139	156			
	A		1		4						
	B				3						
	T	147	339	4	11298	96	139	156			
Bonteheuwel	C		792	1	49499		739	755			
	B		1		38						
	T	214	793	1	49537	226	739	755			
Heideveld	C		669	7	28385		479	486			
	B		1		2						
	T	206	670	7	28387	199	479	486			
Hanover Park	C		802		31088						
	A			1	1						
	T	249	802	1	31089						
Honeyside	C		345	7	8316		31	52			
	A		37		572						
	B		2		24						
	T	152	384	7	8912	42	31	52			
Lentegeur	C	158	979	340	23428	19	16	37			
Manenberg	C	215	916	9	28660	7	2	7			
Netreg	C	195	413		17077	159	359	363			
Newfields	C		181		6472		34	37			
	A		33	1	455		2	2			
	B		5	3	103						
	T	107	219	4	7030	32	36	39			

CONTINUED

TABLE V.7 CONTINUED

CENTRE		INFANT CONSULTATIONS				ANTE-NATAL CLINICS			OPHTHALMIC CLINICS		
			1st Attendance				Attendance			Attendance	
	Race	Sessions	Under 1 year	Over 1 year	Total attendance	Sessions	1st	Total	Sessions	1st	Total
Rocklands	C		490	66	7962						
	B		2	1	17						
	T	53	492	67	7979						
Silvertown	C		586	2	18372		529	609		514	2371
	A		155	3	2760		23	27			
	B		1		1						
	T	215	742	5	21133	194	552	636	130	514	2371
Strandfontein	C	49	103	4	3320						
Tafelsig	C	12	25	11	830						
Westridge	C		1831	112	31742		169	393			
	A				8						
	B		3		35						
	T	161	1834	112	31785	76	169	393			
Valhalla Park	C	59	215		7840	34	48	48			
Sub Total	W										
	C		8685	563	274282		2545	2943		514	2371
	A		226	5	3800		25	29			
	B		15	4	223						
	T	2192	8926	572	278305	1084	2570	2972	130	514	2371
Totals	W		2598	15	31201		13	23			
	C		12812	609	400717		3465	4505		1052	4501
	A		231	6	3876		27	31			
	B		4200	840	64377		3180	4058			
	T	5104	19841	1470	503171	1698	6685	8617	260	1052	4501

TABLE V.8

TOTAL ATTENDANCES AT INFANT WELFARE CLINICS : 1972-1981

CENTRE	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981
Northern Zone										
Aspeling Street	12804	11656	8979	7390	6350	5607	752			
Bloemhof	4924	3303	2631	2237	2076	2537	4068	5359	4419	269
Green Point	1174									
Brooklyn	1962	1748	1940	1684	1978	2338	1869	2214	2333	2269
Camps Bay	676	660	459	324	322	303	574	476	502	578
Chapel Street							9697	11758	9095	5386
Devil's Peak	1455	962	463	409	525	508	429	405	911	1040
Factreton	6974	6238	5308	5902	5645	8736	10340	11460	16905	17472
Kensington	16030	13485	11690	11846	11858	20770	23209	17478	16289	12860
Kloof Street	2672	2093	1863	1819	2112	2260	2297	2209	1784	2032
Langa	3387	3392	3694	4058	4272	9152	18651	18206	23431	21222
Maitland	3257	3135	2959	2423	2160	2877	3585	3601	3126	2706
Sanddrift						229	470	572	241	170
Sea Point	1250	1486	1547	1927	2436	2756	3318	3472	3939	3810
Shortmarket Street	4589	4084	3451	3483	3269	3766	4287	4281	4855	3495
Salt River	10137	9819	8559	7118	6729	6222	2972	2415	3833	4038
Spencer Road							6446	7137	5787	5337
Thornton	594	543	612	448	473	417	539	433	688	606
Sub Total	71885	62604	54155	51068	50205	68478	93503	91476	98138	83290
Southern Zone										
Lady Buxton						613	2239	81		
Heathfield	4129	2002								
Blue Route									492	1574
Claremont (Wesley Street)	4022	3267	2971	2296	1290					
Claremont (Station Road)	5358	4383	3886	3636	5326	6843	8420	9318	9114	9040
Elfindale		1249	2067	2049	1903	2371	3498	3125	3084	3255
Ferness Estate	323	179	416	566	584	859	1158	1540	1329	1414
Free Ground (Vrygrond)								956	787	447
Guguletu I	12218	14592	15070	13383	11445	21425	26942	31616	36365	30934
Guguletu III	8006	6696	6100	6353	3950					9523
Kalk Bay	420	353	337	444	356	363	727	1070	917	880
Lansdowne	13750	13611	12053	10537	11471	15836	17671	16275	13465	11027
Lavender Hill		3088	17838	20264	20231	24508	30485	30068	25222	20779
Meadowridge		350	588	703	1038	1685	2221	2501	2318	3425
Montcreef Farm								193	658	243
Muizenberg	3458	5494	261	345	748	1468	1522	1281	1234	1342
Parkwood	12081	12252	12252	11247	9135	9226	14321	15686	13657	11267
Southfield	1043	1182	2215	2510	2909	3616	3585	3040	3291	3335
Retreat	25066	35436	31617	22845	25250	27835	34723	38327	38744	26435
Wetton										206
Wynberg	6401	6364	5603	4307	4624	7126	10498	8243	6694	6450
Sub Total	96275	110498	113274	101485	100260	123774	158010	163320	157371	141576
Eastern Zone										
Athlone	16194	14846	15054	13329						
Bokmakierie	11234	9640	8756	6872			7613	16794	15218	11298
Bonteheuwel	27586	25855	23971	26856	26735	33811	37261	46765	54586	49537
Heideveld	19477	19117	23689	23377	17860	24937	27193	27780	30609	28387
Hanover Park	43453	47125	35960	24399	21637	27508	29485	36553	35086	31089
Honeyside							5589	8168	8993	8912
Lentegeur										23428
Manenberg	47544	48853	40557	29343	28873	30549	27238	34224	38418	28660
Netreg	12606	14578	16843	14260	13102	13929	18138	18918	24009	17077
Newfields		186	809	549	1303	762	4789	7342	7657	7030
Rocklands										7979
Silvertown	16893	15973	13454	15676	32817	21397	26552	27536	28273	21133
Strandfontein									935	3320
Tafelsig										830
Westridge						393	13385	24620	40758	31785
Valhalla Park										7840
Sub Total	194987	196173	179093	154661	142327	153286	197243	248700	284542	278305
TOTAL	363147	369275	346522	307214	292792	345538	448756	503496	540050	503171

TABLE V.9

AGE AT WHICH IMMUNISATIONS ARE ROUTINELY ADMINISTERED PRE-SCHOOL

AGE	IMMUNISATION
1 month	BCG
3 months	BCG if no scar seen Polio Diphtheria Whooping cough Tetanus
4 1/2 months	Polio Diphtheria Whooping cough Tetanus
6 months	BCG if no scar seen Polio Diphtheria Whooping cough Tetanus
7 months (at risk)	Measles
14 months (not at risk)	Measles*
18 months	Polio Diphtheria Whooping cough Tetanus
4 1/2-6 years	Diphtheria Tetanus

(*Booster is also given at 14 months if primary vaccination given before 1st birthday)

TABLE V.10

IMMUNISATIONS AGAINST POLIOMYELITIS; DIPTHERIA (D): WHOOPING COUGH (PERTUSSIS) (WORP); AND TETANUS (T) : 1981

(a) POLIOMYELITIS

	Less than 1 year					1 - 4 years					Other ages					Total				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
First dose	2865	14512	229	3674	21280	4	185	1	520	710	3	9		18	30	2872	14706	230	4212	22020
Second dose	2786	13847	201	3040	19874	20	238		476	734	1	8		12	21	2807	14093	201	3528	20629
Completed course (three doses)	2730	13205	190	2549	18674	16	397	1	580	994	9	61		5	75	2755	13663	191	3134	19743
Booster after 3 doses						1539	8886	183	831	11439	2596	21676	94	2401	26767	4135	30562	277	3232	38206

(b) DIPHTHERIA, WHOOPING COUGH AND TETANUS AGE GROUP

	Under 1 Year			1 Year			2 - 6 Years			School Age			Total
	1st	2nd	3rd	1st	2nd	3rd Booster	1st	2nd	3rd Booster	1st	2nd	3rd Booster	
W	2817	2759	2655	7	7	17 1943	38	43	51 791	50	3	3 1745	12929
C	14470	13801	13167	64	47	124 9477	285	301	442 8723	142	1	1 11850	72895
A	232	203	194	2		1 145	4	1	2 74			23	881
B	3698	3100	2541	143	166	239 1117	376	316	350 896	14	13	14 1275	14258
T	21217	19863	18557	216	220	381 12682	703	661	845 10484	206	17	18 14893	100963

TABLE V.11

IMMUNISATIONS AGAINST POLIOMYELITIS; DIPTHERIA (D): WHOOPING COUGH AND TETANUS AT LANGA AND GUGULETU : 1981

POLIOMYELITIS

	Less than 1 Year		1 - 4 years		Other ages		Total		
	Langa	Guguletu	Langa	Guguletu	Langa	Guguletu	Langa	Guguletu	TOTAL
First dose	1215	2105	302	128	9		1526	2233	3759
Second dose	944	1787	228	194	8		1180	1981	3161
Completed Course (3rd dose)	748	1518	234	274	4		986	1792	2778
Booster After 3 doses			240	492	268	633	508	1125	1633

DIPHTHERIA, WHOOPING COUGH AND TETANUS

	Under 1 Year			1 Year				2 - 6 Years				School Age				
	1st	2nd	3rd	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	TOTAL
Langa	1205	958	724	79	72	100	267	226	165	125	185	5	6	11	16	4144
Guguletu	2143	1825	1536	34	77	113	671	87	114	181	492	3	6	2	3	7287
TOTAL	3348	2783	2260	113	149	213	938	313	279	306	677	8	12	13	19	11431

TABLE V.12

BCG VACCINATION BY RACE AND AGE : 1980-1981

	1980					1981				
	Under 6 Months	6 - 12 Months	Others	School	Total	Under 6 Months	6 - 12 Months	Others	School	Total
Whites	2241	52	151	2665	5109	3067	21	174	1972	5234
Coloureds	10900	492	1831	22327	35550	15556	251	1915	17676	35398
Asiatic	148	4	23	80	255	297	2	17	10	326
Blacks	3127	264	1137	50	4578	4099	160	495	1122	5876
TOTAL	16416	812	3142	25122	45492	23019	434	2601	20780	46834

TABLE V.13

IMMUNISATION AGAINST MEASLES : 1977-1981

	1977*	1978	1979	1980				1981			
			Total	Under 1 Yr	1 Yr	2 Yrs & Over	Total	Under 1 Yr	1 Yr	2 Yrs & Over	Total
Whites			3257	1840	1384	131	3355	1971	1284	55	3310
Coloureds			26500	11867	11989	2693	26549	13138	12322	1104	26564
Asiatic			283	158	185	19	362	222	184	8	414
Blacks			4435	2699	2055	1039	5793	2913	2402	947	6262
TOTAL	7364	29948	34475	16564	15613	3882	36059	18244	16192	2114	36550

* vacine available from June to December only.

TABLE V.14

ATTENDANCES AT THE CAPE TOWN CITY COUNCIL CRECHES AND NURSERY SCHOOLS : 1981

Nursery School	Creche attached	Sessions	New entrants	Ave. total on register	Ave. Attendances per session	Total Attendances
Shelley Street		208	35	50	42	8625
Langa	Yes	245	27	80	65	15953
Bokmakierie	Yes	208	29	80	68	14172
Bonteheuwel	Yes	208	49	80	67	13832
Heideveld	Yes	208	38	80	70	14610
Manenberg	Yes	208	36	80	69	14256
Guguletu NY6	Yes	245	37	80	65	15987
Retreat	Yes	208	29	80	67	13996

Note: All those nursery schools registered for 80 children, cater for 60 children aged 2 - 6 years and 20 children from 3 months to 2 years.

TABLE V.15

OPTHALMIC SCHOOL CLINICS HELD, ATTENDANCES THEREAT AND THE NUMBER OF SPECTACLES FITTED : 1981

	Coloured	Total
Number of new cases	1035	1035
Total attendances	4482	4482
Number of sessions held	253	253
Children fitted with spectacles	1731	1731
Part Paying	1551	1551
Free	180	180

TABLE V.16

ATTENDANCES AT GERIATRIC CLINICS : 1981

CLINIC AS FROM	Heideveld	Silvertown	Retreat	Lavender Hill	Kensington	Westridge	Brooklyn	Gugu-letu	Newfields	Honeyside
Number of Sessions held	20	20	8	10	8	23	9	17	4	1
Number of New Attendances	89	93	32	36	46	102	34	60	9	4
Number of Total Attendances	107	131	36	52	47	139	41	83	26	5
Denture referrals	10	23	2	2		14		2		1
Spectacle referrals	20	44	14	7	2	17	3	30	6	1
Hearing aid referrals	1	5	1			1		4		
Chiropody referrals	39	41	8	12	22	54	10	16	24	4
Social Worker referrals		9	1	1		1			7	
Physiotheraphy			1			1				
Day Hospital referrals	41	49	21	26	10	53	11	42	8	3
General Hospital referrals	16	27	6	9		17		19	4	
Other	5	14		1	1	17	2	38	2	

CLINIC AS FROM	Wynberg	Bonteheuwel	Parkwood	Lansdowne	Manenberg	Hanover Park	Lentegeur	Netreg	Total
Number of sessions held	12	21	8	11	21	18	18	1	230
Number of New attendances	22	118	27	38	93	82	74	6	965
Number of Total attendances	31	124	33	45	127	122	112	6	1267
Denture referrals		6	2	6	35	9	13		125
Spectacle referrals	1	21	11	9	14	20	8	1	229
Hearing aid referrals		2	1	1	5	1		1	23
Chiropody referrals	107	66	10	43	51	62	83	2	654
Social Worker referrals		4			4	7	1		35
Physiotheraphy referrals		1	1	3	1				8
Day Hospital referrals	5	29	25	17	34	39	27	1	441
General Hospital referrals	6	29	11	5	19	11	9		188
Other		13	5		11	25	15		149

TABLE V.17

HEALTH EDUCATION LECTURES GIVEN DURING 1981 BY VENUE, SUBJECT, NUMBER OF LECTURES AND ATTENDANCES

VENUES	SUBJECTS	NO. OF LECTURES	ATTENDANCES
Child Welfare Clinics and Community Centres	Nutrition, family planning, cervical cytology, tuberculosis food-borne disease, infant care and feeding, immunisation, general and personal hygiene accident prevention, care of feeding bottles and teats, physiology of labour	1348	48113
Hospitals	Nutrition, Family planning, tuberculosis mouth to mouth resuscitation	138	4931
Voluntary Organisations	Family planning nutrition, venereal disease, mouth to mouth resuscitation	4	132
Food Premises	Food hygiene, personal hygiene, elementary bacteriology Venereal Disease	11	185
Technical Colleges	Principles and techniques of health education	4	80
Schools	Pollution, drugs smoking and health, mouth to mouth resuscitation, dental hygiene and public health	9	1055
Factories	Family planning, sex education, venereal disease, tuberculosis nutrition mouth to mouth resuscitation	4	210
Hostels	Tuberculosis Venereal Disease Public Health	41	4266

TABLE V.18

ANALYSIS OF HOME VISITING BY REASON FOR, OR NATURE OF, THE VISITS : 1980-1981

	1980	1981	% CHANGE
Routine House to House	26699	30059	+13%
Family Planning Defaulters	3001	2893	-4%
Ante-Natal Cases	1800	2325	+29%
New Births	18335	20292	+11%
Immunisation Defaulters	8720	8944	+3%
Protected Infants	1023	1246	+22%
Infectious Diseases:			
Tuberculosis:			
- New cases	2170	1587	-27%
- Follow up	19458	15410	-21%
Gastro-Enteritis	83	65	-22%
Venereal Disease	2488	2795	+12%
Other	335	196	-42%
Total	24534	20053	-18%
Geriatrics	8464	7889	-7%
Other *	90285	106792	+18%
TOTAL	182861	200493	+10%

* Deaths, Still births, heaf test readings, sub-visits from three months to school age, hearing tests, school children, psychiatric patients, hospital follow-up visits.

TABLE V.19

ADVERSE REACTION TO IMMUNISATION OR RELATED PROCEDURES IN AGE GROUPS: 1981

PROCEDURE	WHITES								
	AGE GROUPS								
	< 1	1	2	3	4	5-9	10-14	15+	TOTAL
DWT and Polio	3								3
DT and Polio									
Measles	1								1
Tetanus									
Total	4								4

PROCEDURE	COLOUREDS AND ASIANS								
	AGE GROUPS								
	< 1	1	2	3	4	5-9	10-14	15+	TOTAL
DT and Polio									
Measles		1							1
BCG									
DWT and Polio	2								2
DT						1			1
Tetanus									
Total	2	1				1			4

PROCEDURE	BLACKS								
	AGE GROUPS								
	< 1	1	2	3	4	5-9	10-14	15+	TOTAL
BCG									
DWT									
DT									
Measles									
Tetanus									
Total									NIL

TABLE V.20

ADVERSE REACTIONS TO IMMUNIZATION OR RELATED PROCEDURES : 1981

IMMUNIZED FOR	COMPLICATIONS	NUMBER OF PATIENTS	TOTAL	OVERALL INCIDENCE PER 1 000 INJECTIONS
BCG		Nil	Nil	
DT	Vomiting	1	1	
DT and Polio	Pyrexia	1	1	0,01
DWT and Polio	Fever, rash and diarrhoea	1		
	Dyspnoea and cyanosis	1		
	Dyspnoea and tachycardia	1		
	Tachycardia and generalised jerky movements	1	4	0,04
Measles	Fever, morbilliform, rash and vomiting	1		
	Bronchospasm and cyanosis	1	2	0,05

TABLE V.21

NEW CASES AND TOTAL ATTENDANCE BY RACE, SEX AND DIAGNOSIS OF SEXUALLY TRANSMITTED DISEASES : 1980-1981

1980														
	NEW CASES							TOTAL ATTENDANCES						
	White			C, A & B				White			C, A & B			
	M	F	T	M	F	T	Total	M	F	T	M	F	T	Total
01 Seronegative primary Syphilis	20		20	285	48	333	353	62	1	63	738	170	908	971
02 Seropositive primary Syphilis	24	2	26	637	35	672	698	73	8	81	1749	161	1910	1991
03 Secondary Syphilis	9	4	13	73	94	167	180	29	22	51	242	454	696	747
04 Tertiary Syphilis				5	10	15	15				39	50	89	89
05 Latent Syphilis	6	3	9	306	1081	1387	1396	52	28	80	1479	5255	6734	6814
06 Neurosyphilis				10	2	12	12	1		1	33	21	54	55
07 Congenital Syphilis (under 1 Year)				3	4	7	7				19	24	43	43
08 Congenital Syphilis (over 1 Year)					1	1	1					6	6	6
Sub Total (Syphilitic infections)	59	9	68	1319	1275	2594	2662	217	59	276	4299	6141	10440	10716
09 Gonorrhoea	210	21	231	4588	522	5110	5341	354	47	401	9684	1208	10892	11293
10 Gonococcal vulvovaginitis				1	5	6	6				3	7	10	10
11 Gonococcal ophthalmia				1	3	4	4				2	4	6	6
Sub Total (Gonorrhoeal infections)	210	21	231	4590	530	5120	5351	354	47	401	9689	1219	10908	11309
12 Ulcus molle	1		1	107	6	113	114	3		3	248	18	266	269
13 Lymphogranuloma Venereum	2		2	20		20	22	3		3	58	1	59	62
14 Granuloma Inguinale											2	4	6	6
15 Venereal warts	5		5	62	23	85	90	5		5	152	60	212	217
16 Non-specific Urethritis	54	2	56	506	13	519	575	103	3	106	1444	36	1480	1586
16 (a) Reiters syndrome				6	2	8	8	1		1	23	4	27	28
Sub Total (other venereal diseases)	62	2	64	701	44	745	809	115	3	118	1927	123	2050	2168
TOTAL V.D. Cases	331	32	363	6610	1849	8459	8822	686	109	795	15915	7483	23398	24193
17 Non-venereal	115	24	139	1987	1244	3231	3370	200	36	236	3981	2114	6095	6331
18 Undiagnosed														
GRAND TOTAL	446	56	502	8597	3093	11690	12192	886	145	1031	19896	9597	29493	30524

TABLE V.21 CONTINUED

	1981													
				NEW CASES				TOTAL ATTENDANCES						
	White			C, A & B				White			C, A & B			
	M	F	T	M	F	T	Total	M	F	T	M	F	T	Total
01 Seronegative primary Syphilis	15	1	16	144	33	177	193	39	2	41	365	116	481	522
02 Seropositive primary Syphilis	16		16	451	38	489	505	48		48	1204	170	1374	1422
03 Secondary Syphilis	4	1	5	54	78	132	137	18	2	20	171	407	578	598
04 Tertiary Syphilis	1		1	5	6	11	12	2		2	42	28	70	72
05 Latent Syphilis	7	5	12	246	908	1154	1166	25	19	44	1442	5758	7200	7244
06 Neurosyphilis	1		1	2	2	4	5	1		1	23	13	36	37
07 Congenital Syphilis (under 1 year)				7	12	19	19				36	22	58	58
08 Congenital Syphilis (over 1 year)					1	1	1		1	1	1	1	2	3
Sub Total (Syphilitic infections)	44	7	51	909	1078	1987	2038	133	24	157	3284	6515	9799	9956
09 Gonorrhoea	232	19	251	6156	431	6587	6838	357	30	387	8368	932	9300	9687
10 Gonococcal Vulvovaginitis				2	7	9	9	1		1	2	25	27	28
11 Gonococcal Opnthalmia				1		1	1				3	4	7	7
Sub Total (Gonorrhoeal Infections)	232	19	251	6159	438	6597	6848	358	30	388	8373	961	9334	9722
12 Ulcus Molle	1		1	102	5	107	108	3		3	244	17	261	264
13 Lymphogranuloma Venereum				13	2	15	15				34	2	36	36
14 Granuloma Inguinale											1	2	3	3
15 Venereal Warts	2		2	70	14	84	86	4		4	130	38	168	172
16 Non-specific Urethritis	56		56	869	6	875	931	101		101	1877	25	1902	2003
16 (a) Reiters Syndrome				4	1	5	5				11	1	12	12
Sub Total (other venereal diseases)	59		59	1058	28	1086	1145	108		108	2297	85	2382	2490
TOTAL V.D. Cases	335	26	361	8126	1544	9670	10031	599	54	653	13954	7561	21515	22168
17 Non-venereal	106	33	139	2176	1401	3577	3716	198	63	261	3834	2537	6371	6632
18 Undiagnosed														
GRAND TOTAL	441	59	500	10302	2945	13247	13747	797	117	914	17788	10098	27886	28800

TABLE V.22

NEW CASES OF S.T.D BY DIAGNOSIS, RACE GROUP AND SEX; AND INCIDENCE RATES FOR ALL FORMS OF S.T.D. TOGETHER : 1972-1981

YEAR	Syphilis Congenital				Syphilis Other				Gonorrhoeal Infections				Other Venereal Diseases				Total	Incidence rate per 1 000 Population
	W		C, A&B		W		C, A&B		W		C, A&B		W		C, A&B			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
1972	1		15	13	81	18	1466	1956	180	27	7378	513	67	3	124	40	11882	15,8
1973			8	13	57	15	1604	2287	193	17	7905	456	65	7	157	35	12819	16,6
1974			14	20	95	15	1657	2143	242	30	8107	406	59	6	230	38	13062	16,4
1975			20	16	115	14	1584	1947	207	31	8142	390	65	5	446	35	13017	15,9
1976			41	34	113	13	1613	1949	226	19	7737	405	50	3	734	48	12985	14,4
1977	2		29	27	102	8	1743	1797	187	11	8322	445	37		431	39	13180	15,20
1978	1	1	22	46	94	23	1573	1882	215	22	8170	498	34	3	369	31	12984	14,52
1979			19	20	54	13	1185	1185	196	23	8086	579	39	2	339	43	11783	12,83
1980			3	5	59	9	1316	1270	210	21	4590	530	62	2	701	44	8822	9,33
1981			7	13	44	7	902	1065	232	19	6159	438	59		1058	28	10031	10,31

TABLE V.23

NEW CASES OF S.T.D. IN TEENAGERS BY RACE GROUP, SEX AND DIAGNOSIS : 1981

		WHITE			C,A&B			TOTAL		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Age in Years	13				3		3	3		3
	14				3	3	6	3	3	6
	15				10	5	15	10	5	15
	16	1	1	2	40	19	59	41	20	61
	17				50	30	80	50	30	80
	18	2	1	3	113	62	175	115	63	178
	19	3		3	113	70	183	116	70	186
	TOTAL	6	2	8	332	189	521	338	191	529
Diagnosis	Syphilis 1-8	1		1	87	131	218	88	131	219
	Gonorrhoea 9-11	5	2	7	194	52	246	199	54	253
	Other venereal Diseases 12-16				51	6	57	51	6	57
	TOTAL	6	2	8	332	189	521	338	191	529

TABLE V.24

NEW CASES AND INCIDENCE RATES BY RACE GROUP, SEX AND DIAGNOSIS (SEPARATELY): 1980-1981

	1980		1981	
	New Cases	Incidence Rate	New Cases	Incidence Rate
RACE:				
White	363	1,35	361	1,32
Coloured, Asiatic and Black	8 459	12,51	9670	13,81
SEX:				
Male	6 941	15,39	8461	18,35
Female	1 881	3,8	1570	3,07
DISEASES:				
Syphilis	2 654	2,81	2018	2,07
Syphilis, congenital	8	0,01	20	0,02
Gonorrhoea	5 351	5,66	6848	7,04
Other Venereal diseases	809	0,86	1145	1,18
TOTAL VD CASES	8 822	9,33	10031	10,31
Non-venereal diseases	3 370		3716	
Undiagnosed				

TABLE V.25

NEW CASES OF, AND THE PERCENTAGE OF ALL CASES OF S.T.D. REPRESENTED BY VENEREAL WARTS, NON SPECIFIC URETHRITIS AND TOTAL S.T.D. OTHER THAN SYPHILIS OR GONORRHOEA BY RACE GROUP AND SEX : 1977 TO 1981

	1977			1978			1979			1980			1981		
	No	% of total Other	% of total VD	No	% of total Other	% of total VD	No	% of total Other	% of total VD	No	% of total Other	% of total VD	No	% of total Other	% of total VD
WHITE MALE:															
15 Venereal Warts	1	3	0,30							5	8,0	1,5	2	3,4	0,6
16 Non-Specific Urethritis	36	97	10,98	32	94	9,30	32	82	11,1	54	87,1	16,3	56	95,0	16,7
Total 'other' venereal disease	37	100	11,28	34	100	9,88	39	100	13,5	62	100	18,7	59	100	17,61
TOTAL S.T.D. Cases	328	-	100	344	-	100	289	-	100	331		100	335		100
WHITE FEMALE:															
15 Venereal Warts				1	33	2,04									
16 Non-Specific Urethritis				2	67	4,08	2	100	5,3	2	100	6,3			
Total 'other' venereal disease				3	100	6,12	2	100	5,3	2	100	6,3			
TOTAL S.T.D. Cases	19	-	-	49	-	100	38	-	100	32		100	26		100
COLOURED, ASIATIC AND BLACK MALE															
15 Venereal Warts	105	24	1,00	78	21	0,77	55	16,2	0,57	62	8,8	0,9	70	6,62	0,86
16 Non-Specific Urethritis	308	71	2,93	257	70	2,54	117	34,5	1,22	506	72,2	7,7	869	82,14	10,7
Total 'other' venereal disease	431	100	4,10	369	100	3,64	339	100	3,52	701	100	10,6	1058	100	13,02
TOTAL S.T.D. Cases	10525	-	100	10134	-	100	9629	-	100	6 610		100	8126		100
COLOURED, ASIATIC AND BLACK FEMALE															
15 Venereal Warts	24	62	1,04	19	61	0,77	23	53,5	1,26	23	52,3	1,2	14	50	0,9
16 Non-Specific Urethriti	5	13	0,22	2	6	0,08	3	7,0	0,16	13	29,5	0,7	6	21,4	0,4
Total'other' venereal disease	39	100	1,69	31	100	1,26	43	100	2,35	44	100	2,4	28	100	1,8
TOTAL S.T.D. Cases	2308	-	100	2457	-	100	1827	-	100	1 849		100	1544		100

TABLE V.26

SESSIONS HELD, NEW CASES SEEN AND TOTAL ATTENDANCES AT CLINICS : 1981

CENTRE	SESSIONS	NEW CASES		ATTENDANCES	
		White	C A & B	White	C A & B
Northern Zone					
Chapel Street	101	28	138	73	353
Honeyside	28		16		53
City Hospital, Portswood Road	142	296	1095	539	2002
Kensington	50	3	135	3	429
Langa	51		414		1012
Spencer Road	200	110	7590	207	12727
Sub Total	572	437	9388	822	16576
Southern Zone					
Guguletu	45		562		1624
Lansdowne	35	1	32	1	111
Lavender Hill	49		101		425
Parkwood	40		24		118
Retreat	51		207		1001
Wynberg	143	62	1165	91	2189
Sub Total	363	63	2091	92	5468
Eastern Zone					
Bokmakierie	48		53		258
Bonteheuwel	51		274		697
Heideveld	49		196		750
Hanover Park	49		277		811
Lentegeur	44		248		604
Manenberg	49		158		709
Netreg	51		123		346
Newfields	15		7		32
Silvertown	52		180		778
Westridge	49		203		766
Valhalla Park	24		49		91
Sub Total	481		1768		5842
TOTAL	1416	500	13247	914	27886

TABLE V.27

SPECIAL EXAMINATIONS : 1981

9301 blood specimens and 265 smears were sent to the Government laboratory for examination.

VI – NOTIFIABLE CONDITIONS

TABLE VI.1(a)

ALPHABETICAL LIST OF DISEASES MADE NOTIFIABLE BY OR UNDER THE PUBLIC HEALTH ACT 36 OF 1919

	DISEASE	LEGISLATIVE REFERENCES
	1 Anthrax	Sec.18(1), Act 36 of 1919
	2 Brucellosis	Sec.18(1), Act 36 of 1919
	3 Cholera, Asiatic (F.E.D.)	Sec.18(1), Act 36 of 1919 Sec.37, Act 36 of 1919 and No. R.2093 of 15 November 1974
	4 Diphtheria or Membranous Group	Sec.18(1), Act 36 of 1919
*	5 Encephalitis, Infective	G.N.1526 of 24 August 1920
**	6 Enteric of Typhoid Fever	Sec.18(1), Act 36 of 1919
	7 Epidemic Cerebro-spinal Meningitis or Cerebro-spinal Fever	Sec.18(1), Act 36 of 1919
	8 Erysipelas	Sec.18(1), Act 36 of 1919
	9 Glanders	Sec.18(1), Act 36 of 1919
	10 Hepatitis, Viral	R.869 of 30 May 1969
	11 Insecticides and Other Pesticides, Poisoning due to	R.253 of 20 February 1970
	12 Lead Poisoning	G.N.1752 of 25 September 1929
	13 Leprosy	Sec.18(1), Act 36 of 1919
	14 Malaria	G.A.2081 of 9 November 1956
	15 Ophthalmia, Gonorrhoeal	G.N.1629 of 3 December 1919
	15 Ophthalmia, Neonatorum	G.N.1629 of 3 December 1919
	16 Plague (F.E.D.)	Sec.18(1), Act 36 of 1919 Sec.37, Act 36 of 1919 and No R1827 of 22 November 1963
	17 Poliomyelitis, Acute	Sec.18(1), Act 36 of 1919
***	18 Puerperal Fever	Sec.18(1), Act 36 of 1919
	19 Rabies	Sec.18(1), Act 36 of 1919
	20 Relapsing Fever	G.N.1117 of July 1944
	21 Scarlatina or Scarlet Fever	Sec.18(1), Act 36 of 1919
	22 Sleeping Sickness or Human Trypanosomiasis (F.E.D)	Sec.18(1), Act 36 of 1919 Sec.37, Act 36 of 1919 and No.R.94 of 24 January 1964
o	23 Smallpox (F.E.D)	Sec.18(1), Act 36 of 1919 Sec.37, Act 36 of 1919 and No.1826 of 22 November 1963
	24 Tetanus	G.N.1969 of 4 December 1964
	25 Trachoma	G.N.1577 of 14 September 1925
oo	26 Tuberculosis	Sec.18(1), Act 36 of 1919
ooo	27 Typhus Fever (F.E.D)	Proc.170 of 1919 and No.R.1828 of 22 November 1963
	28 Whooping Cough	R4368 of 28 April 1950(locally)
	29 Yellow Fever (F.E.D)	G.N. 1629 of 3 December 1919

* (which term shall be deemed to mean and include Acute Encephalitis Lethargica, Acute Polioencephalitis and all other forms of Acute Encephalitis of similar causation).

** (including Paratyphoid Fever).

*** (including septicaemia, pyaemia, septic pelvic cellulitis or other serious septic conditions occuring during the puerperal state).

o (which term shall be deemed to include the form known as "amaas" or kaffir-pox and any diseases resembling small-pox, except chicken-pox).

TABLE VI.1(a) (CONTINUED)

oo (all forms of tuberculosis, except pulmonary or meningeal tuberculosis diagnosed otherwise than on the result of radiological or laboratory examination, but including tuberculosis evidenced by positive reaction to the tuberculin test in a child under the age of five years to whom B.C.G. vaccine has not been administered).

ooo (Typhus Fever was made a Formidable Epidemic Disease for the purpose of Act 36 of 1919 by this Proclamation).
(F.E.D. = Formidable Epidemic Disease, vide Secs. 37 - 46. Act 36 of 1919).

TABLE VI.1(b)

NEW LIST OF NOTIFIABLE DISEASES UNDER HEALTH ACT 63 OF 1977

No.R1802
The Minister of Health has declared the following medical conditions to be notifiable in terms of section 45 of the Health Act, Act 63 of 1977.

Anthrax
Brucellosis
Cholera
Diphtheria
Haemorrhagic Fevers of Africa (Congo Fever, Dengue Fever, Ebola Fever, Lassa Fever, Marburg Fever, Rift Valley Fever).
Lead Poisoning
Leprosy
Leptospirosis
Malaria
Measles
Meningococcal meningitis (including meningococcaemia)
Paratyphoid Fever
Plague
Poisoning from any agricultural or stock remedy registered in terms of the Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act, 1947 (Act 36 of 1947), as amended.
Poliomyelitis
Primary malignancy of the bronchus, lung and pleura
Psittacosis (including Ornithosis)
Rabies
Smallpox (all forms)
Tetanus
Toxoplasmosis
Trachoma
Trypanosomiasis
Tuberculosis (all forms of tuberculosis are notifiable, except cases diagnosed solely on the basis of clinical signs and symptons and/or a positive tuberculin test)
Typhoid Fever
Typhus Fever (epidemic lice typhus fever, endemic ratflea typhus fever)
Viral Hepatitis A and B and undifferentiated
Yellow Fever

TABLE VI.2

NUMBER OF CASES OF NOTIFIABLE DISEASES BY RACE : 1981

	NOTIFICATIONS								DEATHS				
				Blacks									
	White	Coloured	Asiatic	Langa	Guguletu	City	Total Blacks	Total	White	Coloured	Asiatic	Blacks	Total
Tuberculosis (All Forms)*	40	1440	6	681	865	87	1633	3119	5	67		80	152
Measles	1	105		61	130	3	194	300		3		4	7
Primary Malignancy of Bronchus, lungs and Pleura	102	107		12	11	2	25	234	102	107		25	234
Viral Hepatitis	24	171		8	16	2	26	221					
Cerebrospinal Fever	7	122		12	25		37	166	2	9		3	14
Whooping Cough	4	70		6	16	1	23	97	1				1
Typhoid or Enteric Fever**	2	4		2			2	8					
Scarlet Fever	1	1						2					
Malaria	1	1						2	1	1			2
Diphtheria		1			1		1	2					
Acute Poliomyelitis		1			1		1	2					
Leptospirosis					1		1	1					
Brucellosis					1		1	1					
Leprosy***					1		1	1					
TOTAL	182	2023	6	782	1068	95	1945	4156	111	187		112	410

*Including 305 cases of imported infection in residents of less than six months standing (3 White, 27 Coloureds, and 275 Blacks)

**Including 2 cases of imported infection in residents (2 Black)

***Imported infection

TABLE VI.3

NOTIFICATIONS OF TUBERCULOSIS (ALL FORMS) BY THE FORM OF DISEASE AND RESIDENTIAL STATUS OF THE PATIENT : 1981

	PULMONARY					OTHER FORMS					ALL FORMS					
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	
City	31	1351	6	53	1441	6	38		4	48	37	1389	6	57	1489	
Langa		4		512	516				15	15		4		527	531	
Guguletu		18		748	766		2		26	28		20		774	794	
TOTAL LOCAL	31	1373	6	1313	2723	6	40		45	91	37	1413	6	1358	2814	
Imported	3	26		271	300		1		4	5	3	27		275	305	
Out of City	12	31		20	63				1	1	12	31		21	64	
TOTAL	46	1430	6	1604	3086	6	41		50	97	52	1471	6	1654	3183	

PULMONARY

	LUNGS					PLEURAL EFFUSION					PRIMARY COMPLEX OR MEDIASTINAL GLANDS					TOTAL 'PULMONARY FORMS'				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
City	28	1012	5	42	1087	2	52	1	4	59	1	287		7	295	31	1351	6	53	1441
Langa		4		445	449				24	24				43	43		4		512	516
Guguletu		15		531	546				28	28		3		189	192		18		748	766
TOTAL LOCAL	28	1031	5	1018	2082	2	52	1	56	111	1	290		239	530	31	1373	6	1313	2723
Imported	3	22		218	243		3		10	13		1		43	44	3	26		271	300
Out of City	12	30		8	50				5	5		1		7	8	12	31		20	63
TOTAL	43	1083	5	1244	2375	2	55	1	71	129	1	292		289	582	46	1430	6	1604	3086

FORMS OF TUBERCULOSIS OTHER THAN PULMONARY

	MENINGES					ABDOMINAL					ORTHOPAEDIC					GLANDS OTHER THAN MEDIASTINAL					GENITO-URINARY SYSTEM					OTHER ORGANS FORMS'					TOTAL 'OTHER				
	W	C	A	B	I	W	C	A	B	I	W	C	A	B	T	W	C	A	B	I	W	C	A	B	I	W	C	A	B	I	W	C	A	B	T
City	1	2			3		3			3	1	8		1	10	2	16		2	20		3			3	2	6		1	9	6	38		4	48
Langa				6	6									2	2				4	4									3	3				15	15
Guguletu		1		7	8				1	1				4	4				7	7							1		7	8		2		26	28
TOTAL LOCAL	1	3		13	17		3		1	4	1	8		7	16	2	16		13	31		3			3	2	7		11	20	6	40		45	91
Imported																	1		3	4									1	1		1		4	5
Out of City																													1	1				1	1
TOTAL	1	3		13	17		3		1	4	1	8		7	16	2	17		16	35		3			3	2	7		13	22	6	41		50	97

W White; C Coloured; A Asiatic; B Blacks; T Total

TABLE VI.4

NOTIFICATIONS OF TUBERCULOSIS (ALL FORMS) : 1981

	PULMONARY TUBERCULOSIS						OTHER FORMS						TOTAL								
RACE	Local			Imported			Local			Imported			Local			Imported			TOTAL		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
WHITES	23	8	31	2	1	3	5	1	6				28	9	37	2	1	3	30	10	40
COLOUREDS:																					
Langa	1	3	4										1	3	4				1	3	4
Guguletu	10	8	18				2		2				12	8	20				12	8	20
Rest of City	758	593	1351				18	20	38				776	613	1389				776	613	1389
Total	769	604	1373	14	12	26	20	20	40	1		1	789	624	1413	15	12	27	804	636	1440
ASIANS	4	2	6										4	2	6				4	2	6
BLACKS:																					
Langa	374	138	512	94	59	153	9	6	15	1	1		383	144	527	94	60	154	477	204	681
Guguletu	461	287	748	52	38	90	13	13	26	1	1		474	300	774	52	39	91	526	339	865
Rest of City	35	18	53	24	4	28	1	3	4	2	2		36	21	57	24	6	30	60	27	87
Total	870	443	1313	170	101	271	23	22	45	4	4		893	465	1358	170	105	275	1063	570	1633
TOTAL	1666	1057	2723	186	114	300	48	43	91	1	4	5	1714	1100	2814	187	118	305	1901	1218	3119

TABLE VI.5

NOTIFICATION RATES PER 1 000 OF THE POPULATION OF PULMONARY AND OTHER FORMS OF TUBERCULOSIS SEPARATELY AND TOGETHER FOR LOCAL CASES, BY RACE : 1977 - 1981

	1977	1978	1979	1980	1981
PULMONARY					
White	0,24	0,2	0,2	0,14	0,11
Coloured	2,18	1,99	1,93	2,06	2,39
Asiatic	0,53	0,6	0,6	0,57	0,47
Black	8,91	8,54	10,69	11,13	11,51
TOTAL	2,38	2,24	2,44	2,56	2,80
OTHER					
White	0,01	0	0,01	0,01	0,02
Coloured	0,08	0,05	0,06	0,07	0,07
Asiatic	0,09	0,09			
Black	0,38	0,25	0,21	0,24	0,39
TOTAL	0,09	0,06	0,06	0,07	0,09
ALL FORMS					
White	0,26	0,2	0,16	0,15	0,14
Coloured	2,26	2,05	1,99	2,12	2,46
Asiatic	0,62	0,69	0,58	0,57	0,47
Black	9,29	8,79	10,9	11,37	11,91
TOTAL	2,48	2,3	2,5	2,63	2,89

TABLE VI.6

SOME ESTIMATIONS OF AGE - RACE SPECIFIC INCIDENCE RATES PER 10 000 POPULATION OF NOTIFIED CASES OF TUBERCULOSIS (ALL FORMS, LOCAL AND IMPORTED CASES): 1981

	1970 ESTIMATED PERCENTAGE OF CAPE TOWN POPULATION BY ETHNIC COMMUNITY	1981 POPULATION ESTIMATE	TB ALL FORMS LOCAL AND IMPORTED	RATE PER 10 000 POPULATION
WHITE				
0 - 4 years	8,23	22 466	1	0,45
5 - 9 years	7,78	21 238		
10 - 14 years	7,98	21 784		
15 years - over	76,01	207 492	39	1,88
All ages	100	272 980	40	1,47
COLOURED				
0 - 4 years	15,1	86 602	169	19,51
5 - 9 years	14,6	83 734	109	13,02
10 - 14 years	12,47	71 518	58	8,11
15 years - over	57,83	331 666	1104	33,29
All ages	100	573 520	1440	25,11
ASIAN				
All ages	100	12 650	6	4,74
BLACK				
All ages	100	114 030	1633	143,21

TABLE VI.7

PULMONARY TUBERCULOSIS (AFFECTING PLEURA, LUNGS, AND PULMONARY LYMPHATIC DRAINAGE SYSTEM); NOTIFICATIONS AND INCIDENCE RATES PER 1 000 POPULATION FOR LOCAL CASES AND NOTIFICATIONS OF IMPORTED CASES, BY RACE : 1980 - 1981

	LOCAL CASES ONLY				IMPORTED CASES	
	NOTIFICATIONS		RATE PER 1 000 POPULATION		NOTIFICATIONS	
	1980	1981	1980	1981	1980	1981
White	38	31	0,14	0,11	1	3
Coloured	1137	1373	2,06	2,39	87	26
Asiatic	7	6	0,57	0,47	1	
Blacks:						
Langa	520	512	22,10	20,04	133	153
Guguletu	637	748	9,79	11,43	109	90
Rest of City	81	53			9	28
Black Total	1238	1313	11,13	11,51	251	271
TOTAL	2420	2723	2,56	2,80	340	300

TABLE VI.8

NOTIFICATIONS OF AND DEATHS FROM FORMS OF TUBERCULOSIS OTHER THAN PULMONARY FOR LOCAL CASES; AND NOTIFICATIONS OF SUCH CASES OF IMPORTED INFECTION, BY RACE : 1981

	LOCAL CASES					IMPORTED CASES					NOTIFIED DEATHS				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
Meninges	1	3		13	17						1	1		1	3
Abdominal		3		1	4										
Orthopaedic	1	8		7	16										
Glands	2	16		13	31		1		3	4					
Genito-urinary		3			3										
Other	2	7		11	20				1	1					
TOTAL	6	40		45	91		1		4	5	1	1		1	3

W White; C Coloured; A Asiatic; B Blacks

TABLE VI.9

DEATH RATES PER 1 000 POPULATION OF ALL FORMS OF TUBERCULOSIS BY QUINQUENNIA : 1972/1976 TO 1977/1981 AND ANNUALLY 1977 - 1981

	DEATH RATE PER 1 000 POPULATION		
	WHITE	COLOURED, ASIATIC AND BLACKS	ALL RACES
5 Years Ended December 1976	0,03	0,34	0,24
5 Years Ended December 1978	0,02	0,27	0,20
5 Years Ended December 1979	0,02	0,25	0,18
5 Years Ended December 1980	0,02	0,23	0,17
5 Years Ended December 1981	0,02	0,22	0,17
Calender Year 1977	0,03	0,26	0,19
Calender Year 1978	0,01	0,19	0,14
Calender Year 1979	0,02	0,22	0,17
Calender Year 1980	0,03	0,22	0,17
Calender Year 1981	0,02	0,21	0,16

TABLE VI.10

NUMBERS OF DEATHS FROM, AND DEATH RATES PER 1 000 POPULATION DUE TO, PULMONARY TUBERCULOSIS : 1980 - 1981

	DEATHS		RATE PER 1 000 POPULATION	
	1980	1981	1980	1981
White	7	4	0,03	0,01
Coloured	66	66	0,12	0,12
Asiatic	1		0,08	
Black	74	79	0,67	0,69
TOTAL	148	149	0,16	0,15

TABLE VI.11

DEATH RATES PER 1 000 POPULATION FOR PULMONARY AND OTHER FORMS OF TUBERCULOSIS, BY RACE : 1977 - 1981

RACE	PULMONARY TUBERCULOSIS					TUBERCULOSIS, OTHER FORMS				
	1977	1978	1979	1980	1981	1977	1978	1979	1980	1981
White	0,03	0,01	0,02	0,03	0,01	-	-	-	-	0,00
Coloured	0,15	0,10	0,12	0,12	0,12	0,01	0,00	0,01	0,01	0,00
Asiatic	0,18	0,09	0,08	0,08		-	-	-		
Black	0,66	0,54	0,72	0,67	0,69	0,08	0,12	0,03	0,05	0,01
TOTAL	0,18	0,12	0,16	0,16	0,15	0,01	0,02	0,01	0,01	0,00

TABLE VI.12

TUBERCULOSIS MENINGITIS NOTIFICATIONS AND DEATHS FOR LOCAL CASES (NUMBERS AND RATES), BY RACE : 1961 - 1981

	NOTIFICATIONS								DEATHS							
	NUMBERS				RATE PER 100 000 POPULATION				NUMBERS				RATE PER 100 000 POPULATION			
	W	C&A	B	Total	W	C&A	B	Total	W	C&A	B	Total	W	C&A	B	Total
1961	2	33	12	47	1,02	11,68	18,08	8,63	x	x	x	26	x	x	x	4,78
1962	2	19	11	32	1,01	6,49	16,17	5,73	x	x	x	15	x	x	x	2,68
1963	0	25	5	30	0	8,23	6,80	5,20	x	x	x	14	x	x	x	2,42
1964	1	28	8	37	0,49	8,89	10,88	6,26	x	x	x	11	x	x	x	1,86
1965	0	24	8	32	0	7,35	10,18	5,25	x	x	x	12	x	x	x	1,97
1966	2	11	9	22	0,97	3,25	10,12	3,47	x	x	x	16	x	x	x	2,52
1967	1	14	19	34	0,48	3,99	21,11	5,22	0	6	7	13	0	1,71	7,78	1,20
1968	1	22	12	35	0,47	6,04	14,84	5,33	0	9	6	15	0	2,47	7,42	2,28
1969	0	9	11	20	0	2,38	13,02	2,96	0	5	6	11	0	1,32	7,10	1,63
1970	1	14	11	26	0,46	3,58	12,84	3,75	0	2	3	5	0	0,51	3,50	0,72
1971	0	11	13	24	0	2,70	13,97	3,26	0	6	3	9	0	1,47	3,22	1,22
1972	0	8	13	21	0	1,89	14,26	2,79	0	7	2	9	0	1,66	2,19	1,20
1973	0	8	15	23	0	1,83	16,62	2,98	0	2	9	11	0	0,46	9,97	1,43
1974	0	8	10	18	0	1,76	10,53	2,26	2	5	9	16	0,81	1,10	9,47	2,01
1975	0	10	18	28	0	2,12	18,42	3,42	0	6	2	8	0	1,27	2,05	0,98
1976	0	14	10	24	0	2,87	9,95	2,85	0	5	6	11	0	1,02	5,97	1,31
1977	1	9	15	25	0,39	1,78	14,56	2,88	0	4	6	10	0	0,79	5,83	1,15
1978	0	7	9	16	0	1,33	8,37	1,79	0	0	7	7	0	0	6,51	0,78
1979	0	8	11	19	0	1,47	10,14	2,07	0	2	3	5	0	0,37	2,76	0,54
1980	0	8	8	16	0	1,42	7,19	1,69	0	4	5	9	0	0,71	4,50	0,95
1981	1	3	13	17	0,37	0,51	11,40	1,75	1	1	1	3	0,37	0,17	0,88	0,31

W White; C Coloured; A Asiatic; B Blacks

x Not available

TABLE VI.13

CLASSIFICATION OF PERSONS ATTENDING CITY HEALTH DEPARTMENT CLINICS FOR THE FIRST TIME AS TO WHETHER THEY WERE NOTIFIED CASES, CONTACTS OR SUSPECTS; AND ANY CHANGE TO THIS DESCRIPTION : 1981

Persons attending for first time	WHITE					COLOURED					ASIATIC					BLACK					All Races
	Adults		Children			Adults		Children			Adults		Children			Adults		Children			
	M	F	M	F	Total	M	F	M	F	Total	M	F	M	F	Total	M	F	M	F	Total	
Notified:																					
Accepted	20	5	1		26	276	190	53	56	575	1				1	238	151	80	86	555	1157
Not accepted																					
TOTAL	20	5	1		26	276	190	53	56	575	1				1	238	151	80	86	555	1157
Contacts:																					
Notified						19	28	33	26	106						15	12	14	19	60	166
Non-Tuberculous	104	153	48	42	347	1045		1928	1370	1500	5843	10	4	11	1	26	694	1027	519	726	2966
9182																					
TOTAL	104	153	48	42	347	1064	1956	1403	1526	5949	10	4	11	1	26	709	1039	533	745	3026	9348
Suspects:																					
Notified	5	2			7	233	179	45	44	501	1				1	320	120	70	64	574	1083
Non-Tuberculous	91	103	9	15	218	1320	1473	314	292	3399	9	5	5	1	20	817	306	316	229	1668	5305
TOTAL	96	105	9	15	225	1553	1652	359	336	3900	10	5	5	1	21	1137	426	386	293	2242	6388
TOTAL	220	263	58	57	598	2893	3798	1815	1918	10424	21	9	16	2	48	2084	1616	999	1124	5823	16893

TABLE VI.14

MASS MINIATURE RADIOGRAPHY AT THE CHAPEL STREET CLINIC - NUMBERS OF EXAMINATIONS BY RACE AND SEX : 1977 - 1981

Period	White		Coloured, Asiatic and Blacks		Total
	Males	Females	Males	Females	
1977	7455	3865	28747	20091	60158
1978	6598	4071	26356	16025	53050
1979	6238	3709	25801	14825	50573
1980	6726	3432	26615	16836	53609
1981	5982	3002	31058	20222	60264

In addition to the 60264 miniature film examinations made during the year, 944 100 mm films were taken as compared with 807 in the previous year.

TABLE VI.15

RESULTS OF MASS MINIATURE RADIOGRAPHY AT THE CHAPEL STREET CLINIC : 1981

	1981
Persons screened	60264
Recalled for further investigation	944
Recalls who failed to attend	35
Recalls who were examined	909
Recalls found to have active T.B.	131
Active T.B. found but previously known	14
New cases of active T.B. found	117
Cases referred to the special intra-thoracic clinic at Chapel Street	18

TABLE VI.16

RESULTS OF MASS MINIATURE RADIOGRAPHY AT THE LANGA X-RAY CENTRE FOR BLACK MIGRANT WORKERS : 1981

	1981
Persons examined	21858
Recalled for further examination	960
New cases discovered	194
Old cases previously known	5
Particulars of those recalled for further examination	
New cases unfit for work	13
Cases found free of tubercle	540

TABLE VI.17

HOSPITALISATION OF NOTIFIED CASES OF PULMONARY TUBERCULOSIS : 1981

	LOCAL			Imported Cases	Outside Cape Town Cases
	City	Langa	Gugu-letu		
New pulmonary cases notified during the year	1441	516	766	300	63
Known to have had T.B. positive sputum	335	155	208	84	
New pulmonary cases admitted to institutions for treatment of tuberculosis	232	192	237	59	19
Proportion of new cases admitted	16,1%	37,2%	30,9%	19,7%	30,2%
Died before receipt of notification	24	16	17	1	
Died within 6 months of notification	27	18	4	5	
Pulmonary cases treated but not admitted to hospital					
Male	580	215	294	148	33
Female	474	73	182	91	11
TOTAL	1054	288	476	239	44

TABLE VI.18

ATTENDANCES AT CITY HEALTH DEPARTMENT CENTRES FOR THE CONTROL OF TUBERCULOSIS 1980 - 1981

	Number of sessions		New Consultations		Total Attendances	
	1980	1981	1980	1981	1980	1981
Northern Zone						
CHAPEL STREET:						
White			390	379	1166	1023
C,A&B			1427	1333	5454	4383
TOTAL	162	147	1817	1712	6620	5406
KENSINGTON	51	51	531	663	2652	2468
LANGA:						
Blacks	181	200	2631	3407	11364	11611
SPENCER ROAD:						
White			353	11	1545	19
C,A&B				399		1314
TOTAL	50	49	353	410	1545	1333
Sub-Total	444	447	5332	6192	22181	20818
Southern Zone						
GUGULETU:						
Blacks	145	158	2662	2653	16118	13684
LAVENDER HILL	50	51	408	474	3839	2914
PARKWOOD	45	50	205	251	1574	1628
RETREAT	97	100	765	809	5500	4209
WYNBERG:						
White			205	243	914	719
C,A&B			544	566	3346	2569
TOTAL	75	87	749	809	4260	3288
Sub-Total	412	446	4789	4996	31291	25723
Eastern Zone						
BONTEHEUWEL	49	43	727	695	3418	2682
HANOVER PARK	50	52	810	968	4248	3460
HEIDEVELD	50	50	599	743	3027	2526
LENTEGEUR		46		495		1284
MANENBERG	50	50	694	1043	4793	4078
NETREG	49	50	444	641	2774	2404
SILVERTOWN	50	52	1032	885	4551	3128
WESTRIDGE	48	51	582	994	2948	3257
Sub Total	346	394	4888	6464	25759	22819
TOTAL:						
WHITE			595	633	2080	1761
C,A&B			14414	17019	77151	67599
ALL RACES	1202	1287	15009	17652	79231	69360

TABLE VI.19

MOBILE X-RAY UNIT WORKLOAD AT THE VARIOUS CITY HEALTH DEPARTMENT CENTRES FOR THE CONTROL OF TUBERCULOSIS: 1977 - 1981

YEAR	RACE	X-RAYS	RACE	X-RAYS	TOTAL
1977	White	1659	C, A & B	28770	30429
1978	White	1425	C, A & B	31426	32851
1979	White	1135	C, A & B	25781	26916
1980	White	731	C, A & B	21895	22616
1981	White	837	C, A & B	24492	25329

TABLE VI.20

REASONS FOR FAILURE OF NOTIFIED CASES OF PULMONARY TUBERCULOSIS TO ATTEND CITY HEALTH DEPARTMENT CLINICS : 1981

	LOCAL			Imported cases	Total
	City	Langa	Guguletu		
Attended clinic	1325	447	684	296	2752
Failed to attend	116	69	82	4	271
Failure to attend clinics:					
In hospital	24	12	16	1	53
Hospital out-patients	5	1	2		8
Died in hospital	16	7	5	1	29
Died before notification		4			4
First advice through death registration	20	10	17		47
Refusals	1	1			2
Under private care					
Untraceable or decamped on notification	50	34	42	2	128
TOTAL	116	69	82	4	271

TABLE VI.21

RESUME OF WORK DONE BY THE CARE COMMITTEE FOR TUBERCULOSIS PATIENTS : 1977 - 1981

	1977	1978	1979	1980	1981
Families helped with rentals	38	39	64	20	50
Families helped with maintenance grants	381	363	354	281	968
Families helped with both of the above	57	53	68	26	50
Hospital grants	518	608	348	93	64
Articles of clothing distributed	221	205	319	255	920
Number of blankets distributed	150	4	12	60	20
Caseworker visits paid	300	207	395	325	451
Interviews given	1680	3154	3161	2426	3651
New cases seen	688	779	575	368	134

TABLE VI.22

NOTIFICATIONS OF INFECTIOUS DISEASES CLASSIFIED BY RACE GROUP AND MONTH OF NOTIFICATION : 1981 (LOCAL CASES ONLY)

PERIOD	Tuberculosis respiratory					Tuberculosis other forms					Enteric					Diphtheria					Scarlet Fever				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
January	3	90	1	101	195	1	2		3	6		3			3										
February	1	83		89	173		5		2	7							1			1					
March	2	105		112	219	1	3		7	11												1			1
April	4	86		95	185				5	5															
May	1	118		73	192	1	2		2	5															
June	3	120	1	106	230	1	2		2	5		1			1										
July	3	119		108	230		4		3	7	2				2										
August	1	147	1	111	260	1	2		3	6															
September	3	128		120	251		6		3	9											1				1
October	3	131		131	265		4		4	8							1			1					
November	3	132	2	133	270	1	8		10	19									1	1					
December	4	114	1	134	253		2		1	3															
YEAR	31	1373	6	1313	2723	6	40		45	91	2	4			6		2		1	3	1	1			2

	Measles					Malaria					Acute Poliomyelitis					Cerebrospinal Fever					Whooping Cough				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
January		12		12	24											1	6		4	11	1	10		2	13
February		4		17	21												6		1	7		12		3	15
March		5		14	19							1			1	1	4			5	1	12		3	16
April		3		22	25									1	1		9		1	10		5		2	7
May		4		20	24												9		3	12		4			4
June	1	21		37	59												19		7	26	1	4		3	8
July		23		30	53											1	22		9	32		3			3
August		4		15	19	1				1						3	19		1	23		5		8	13
September		10		11	21												11		4	15		3			3
October		11		5	16		1			1						1	8		2	11	1	4		2	7
November		7		6	13												1		3	4		4			4
December		1		5	6												8		2	10		4			4
Year	1	105		194	300	1	1			2		1		1	2	7	122		37	166	4	70		23	97

	Brucellosis					Primary malignancy of bronchus, lungs and leura					Viral Hepatitis					Leptospirosis				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
January						8	8			16	1	11		1	13					
February						7	9		2	18	2	12			14					
March				1	1	11	8		3	22	2	17		1	20					
April						12	10			22	2	20		3	25					
May						13	6		1	20	2	23		6	31					
June						5	5		3	13		9		3	12					
July						5	13		2	20	6	13		6	25					
August						4	8		2	14	4	8		2	14					
September						9	14		7	30	2	15		3	20					
October						9	13			22		17			17				1	1
November						15	9		3	27	1	11		1	13					
December						4	4		2	10	2	15			17					
Year				1	1	102	107		25	234	24	171		26	221				1	1

TABLE VI.23

NOTIFICATION OF INFECTIOUS DISEASES CLASSIFIED BY RACE GROUP AND AGE-GROUP : 1981 (LOCAL CASES ONLY)

	Tuberculosis Respiratory									Tuberculosis other forms										Enteric										Measles								
	W		C		A		B		T	W		C		A		B		T	W		C		A		B		T	W		C		A		B		T
	M	F	M	F	M	F	M	F		M	F	M	F	M	F	M	F		M	F	M	F	M	F	M	F		M	F	M	F	M	F	M	F	
Under 1 year	1		18	14			34	18	85							3	1	4												26	17			55	32	130
1-2 years			18	18			9	22	67			2	1			1	1	5										1		12	5			26	13	57
2-4 years			40	36			63	56	217			1				1	6	8												9	8			25	15	57
5-9 years			55	52			56	51	214				2			4	3	9			1	1					2			12	12			12	14	50
10-14 years			35	19			18	19	91			3	1			1		5												3				1	1	5
15-24 years	3	2	134	186	2	1	82	78	488	4		4	4			2	4	18			1	1					2									
25-34 years	1	2	152	119	1		165	87	527		1	6	10			5	3	25		2							2									
35-44 years	3		134	60	1	1	138	49	386	1		2	2			2	1	8																		
45-54 years	3	1	94	48			157	22	325			2				1	1	4																		
55-64 years	7		63	18			101	29	213							2		2																		
65-74 years	3	3	16	8			34	11	75							1	2	3																		
75-84 years	2		7	2			6	1	18																											
85 years and over				1			1	1	3																											
Unknown			3	3			4	4	14																					1						1
TOTAL	23	8	769	604	4	2	870	443	2723	5	1	20	20			23	22	91		2	2	2				6		1	62	43			119	75	300

	Primary malignancy of bronchus, lungs and pleura									Leptospirosis										Acute Poliomyelitis										
	W		C		A		B		T	W		C		A		B		T		W		C		A		B		T		
	M	F	M	F	M	F	M	F		M	F	M	F	M	F	M	F			M	F	M	F	M	F	M	F			
1																														
1-2																														
2-4																						1					1		2	
5-9			1						1																					
10-14																														
15-24																1		1												
25-34			4				1		5																					
35-44			10	4			2		16																					
45-54	15	4	13	6			9		47																					
55-64	21	14	23	3			9		70																					
65-74	26	7	18	7			1	2	61																					
75-84	10	4	11	7			1		33																					
85	1								1																					
Unknown																														
TOTAL	73	29	80	27			23	2	234							1		1				1					1		2	

	Scarlet Fever										Cerebrospinal Fever										Whooping Cough										Viral Hepatitis									
	W		C		A		B		T		W		C		A		B		T		W		C		A		B		T		W		C		A		B		T	
	M	F	M	F	M	F	M	F			M	F	M	F	M	F	M	F			M	F	M	F	M	F			M	F	M	F	M	F	M	F		
Under 1 year												1	21	15			5	9	51		1	2	11	20			4	7	45							1	1	
1-2 years											2		13	16			1		32				5	10			3	2	20				1	3			1	5	
2-4 years												1	11	17			4	6	39				6	12				5	23		1	2	32	14			6	5	60
5-9 years	1		1						2				8	4			5	3	20				2	3			1		6			2	37	29			4	3	75
10-14 years													3	5			2		10		1								1		1	2	6	5			1	2	17
15-24 years												2	2	3			1		8												1	3	10	13			1	1	29
25-34 years												1							1												2	4	6	5					17
35-44 years														2					2												2		1	2			1		6
45-54 years														1					1												1	1	1						3
55-64 years														1					1												1	1	1	1					4
65-74 years																	1		1																				
75-84 years																																							
85 years and over																																							
Unknown																							1				1	2					1	3					4
TOTAL	1		1						2		2	5	58	64			19	18	166		1	3	29	46			8	15	97		9	15	96	75			13	13	221

	Malaria										Brucellosis										Diphtheria									
	W		C		A		B		T		W		C		A		B		T		W		C		A		B		T	
	M	F	M	F	M	F	M	F			M	F	M	F	M	F	M	F			M	F	M	F	M	F	M	F		
Under 1 year																														
1-2 years																														
2-4 years																														
5-9 years																														
10-14 years																											1		1	
15-24 years			1						1																					
25-34 years		1							1							1		1												
35-44 years																														
45-54 years																						1							1	
55-64 years																														
65-74 years																						1							1	
75-84 years																														
85 years and over																														
Unknown																														
TOTAL			1		1				2							1		1				1	1				1		3	

TABLE VI.24

NOTIFICATIONS, DEATHS, INCIDENCE RATES PER 100 000 POPULATION AND DEATH RATES PER 100 000 POPULATION OF CERTAIN INFECTIOUS DISEASES BY RACE GROUPS: 1970 - 1981

	CEREBROSPINAL FEVER								TYPHOID OR ENTERIC FEVER							
YEAR	Notifications		Deaths		Incidence rate per 100 000		Death rate per 100 000		Notifications		Deaths		Incidence rate per 100 000		Death rate per 100 000	
	W	C, &B	W	C, &B	W	C, &B	W	C, &B	W	C, &B	W	C, &B	W	C, &B	W	C, &B
1970	13	48	1	7	5,99	10,06	0,46	1,47	1	19			0,46	3,98		
1971	5	47		3	2,12	9,40		0,60	1	19	1		0,42	3,80	0,20	
1972	8	50		6(10)	3,35	9,74		1,95	1	16			0,42	3,12		
1973	5	41	1	4	2,06	7,76	0,41	0,76		10				1,89		
1974	16	74		1	6,50	13,47		0,18	1	19			0,41	3,46		
1975	10	62		5	4,00	10,90		0,88		15				2,64		
1976	11	109	3	20	4,34	18,50	1,18	3,40	1	8			0,39	1,36		
1977	2	126		22	0,78	20,67		3,61	4	16	1		1,55	2,62	0,16	
1978	11	221	1	29	4,21	34,91	0,38	4,58		14				2,30		
1979	11	336	1	16	4,15	51,42	0,38	2,45		3				0,46		
1980	12	283	1	33	4,46	41,84	0,37	4,88	1	12	1		0,37	1,77	0,15	
1981	7	159	2	12	2,56	22,71	0,73	1,71	2	4			0,73	0,57		

	DIPHTHERIA							
YEAR	Notifications		Deaths		Incidence rate per 100 000		Death rate per 100 000	
	W	C, &B	W	C, &B	W	C, &B	W	C, &B
1970	1	3			0,46	0,63		
1971		6				1,20		
1972		5		1(2)		0,97		0,39
1973	3	3			1,24	0,57		
1974		5		2		0,91		0,36
1975		11		1		1,93		0,18
1976		9		1		1,53		0,17
1977		2				0,33		
1978								
1979		4				0,61		
1980		1				0,15		
1981		3				0,43		

	SCARLET FEVER								TETANUS AND TENANUS NEONATORUM							
YEAR	Notifications		Deaths		Incidence rate per 100 000		Death rate per 100 000		Notifications		Deaths		Incidence rate per 100 000		Death rate per 100 000	
	W	C, &B	W	C, &B	W	C, &B	W	C, &B	W	C, &B	W	C, &B	W	C, &B	W	C, &B
1970	19	3			8,75	1,05				4				0,84		
1971	57	10			24,20	2,00			1	3			0,42	0,60		
1972	32	12			13,39	2,34			1	6	1		0,42	1,17	0,19	
1973	7	9			2,89	1,70				3	2			0,57	0,38	
1974	3	5			1,22	0,91				4	1			0,73	0,18	
1975	4	9			1,60	1,58				3	2			0,53	0,35	
1976	93	7			36,68	1,19				2	1			0,34	0,17	
1977	14	3			5,44	0,49				2	1			0,33	0,16	
1978	17	4			6,51	0,63										
1979	4	1			1,51	0,15				1				0,15		
1980	2				0,74											
1981	1	1			0,37	0,14										

	WHOOPING COUGH							
YEAR	Notifications		Deaths		Incidence rate per 100 000		Death rate per 100 000	
	W	C, &B	W	C, &B	W	C, &B	W	C, &B
1970	7	22		3	3,23	4,61		0,63
1971	15	17		1	6,37	3,40		0,20
1972	9	15		2(3)	3,76	2,92		0,38
1973	3	19		2	1,24	3,60		0,38
1974	13	24		3	5,28	4,37		0,55
1975	4	16			1,60	2,81		
1976	1	14			0,39	2,38		
1977		19		1		3,12		0,33
1978	3	18		2	1,15	2,84		0,32
1979	1	9			0,38	1,38		
1980	1	26		1	0,37	3,84		0,15
1981	4	93	1		1,47	13,28	0,37	

	VIRAL HEPATITIS							
YEAR	Notifications		Deaths		Incidence rate per 100 000		Death rate Notifications per 100 000	
	W	C, &B	W	C, &B	W	C, &B	W	C, &B
1970	44	43	1	3	20,27	9,01	0,46	0,63
1971	68	107		2	28,87	21,39		0,40
1972	80	127	1(2)	1(2)	33,47	24,74	0,84	0,39
1973	48	64	1	5	19,79	12,12	0,41	0,95
1974	30	74	2	8	12,19	13,47	0,81	1,46
1975	30	69	2	2	12,01	12,13	0,80	0,35
1976	28	74		3	11,05	12,56		0,51
1977	44	77		4	17,10	12,63		0,66
1978	13	46		4	5,00	7,27		0,63
1979	16	86		3	6,04	13,16		0,46
1980	40	106	1	1	14,87	15,67	0,37	0,15
1981	24	197			8,79	28,13		

	ACUTE POLIOMYELITIS							
	Notifications		Deaths		Incidence rate per 100 000		Death rate per 100 000	
	W	C, &B	W	C, &B	W	C, &B	W	C, &B
		3				0,63		
		2				0,40		
	1	10			0,42	1,95		
		4				0,76		
		5				0,91		
		6				1,05		
		6				1,02		
		4				0,66		
		1				0,16		
		14		1		2,14		0,15
		2				0,29		

TABLE VI.25

CEREBROSPINAL FEVER NOTIFICATIONS BY MONTH : 1977 TO 1981

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	YEAR
1977	3	14	6	6	8	7	23	20	12	15	9	5	128
1978	11	7	8	11	10	24	30	30	29	28	29	15	232
1979	17	16	14	13	18	35	57	40	39	35	34	29	347
1980	21	17	23	25	17	32	40	38	26	29	15	12	295
1981	11	7	5	10	12	26	32	23	15	11	4	10	166
TOTAL	63	61	56	65	65	124	182	151	121	118	91	71	1168
Average	13	12	11	13	13	25	36	30	24	24	18	14	234

TABLE VI.26

NOTIFICATIONS RECEIVED OF NOTIFIABLE DISEASES IN MUNICIPAL RESIDENTS (INCLUDING IMPORTED INFECTIONS) : 1972 TO 1981

	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981
Anthrax										
Brucellosis (Malta Fever)							1	2	2	1
Cholera (Asiatic)										
Diphtheria or Membranous croup	5	6	5	11	9	2		4	1	3
Enteric or Typhoid Fever	17	10	20	15	9	37	33	3	13	8
Epidemic Cerebrospinal Fever	58	42	90	72	120	128	232	347	295	166
Hepatitis, Viral	207	112	104	99	120	121	59	102	146	221
Insecticidal/ Pesticidal poisoning	1				1			3		
Lead Poisoning										
Leprosy			1		2	1			2	1
Malaria	1								1	2
Plague										
Poliomyelitis, Acute	11	4	5	6	6	4	1	14		2
Rabies										
Scarlet Fever	44	16	8	13	100	17	21	5	2	2
Sleeping Sickness (Trypanosomiasis)										
Smallpox										
Tetanus	7	3	4	3	2	2		1		
Trachoma										
Tuberculosis (all forms)	2263	2516	2687	2742	2635	2636	2492	2792	2838	3119
Typhus Fever										
Whooping Cough	24	22	37	20	15	19	21	10	27	97
Yellow Fever										
Measles								186	604	300
Toxoplasmosis								1		
Primary malignancy of bronchus, lungs and pleura								259	281	234
Leptospirosis										1

VII – CITY HOSPITAL FOR INFECTIOUS DISEASES

TABLE VII.1

NUMBER OF ADMISSIONS, BY RACE GROUP, DIAGNOSIS AND RESIDENTIAL STATUS OF THE PATIENTS : 1981

DISEASE	FROM CAPE TOWN MUNICIPALITY				FROM OUTSIDE MUNICIPALITY				TOTAL
	W	C	A	B	W	C	A	B	
Measles	1	41		57	5	67		114	285
Acute poliomyelitis		1		1		1		2	5
Cerebrospinal fever	5	107		40	7	190		27	376
Diphtheria		1				1			2
Enteric fever	4	5		6	2	9		9	35
Whooping cough	1	14		5	2	13		5	40
Tuberculosis, pulmonary	12			3	13				28
Tuberculosis, other forms				1					1
Leprosy				1					1
Viral Hepatitis	1					1			2
Other diseases	2	17		1	1	4		4	29
Mumps	4	10		3	2	7			26
Chicken Pox	3	23		10	6	31	1	19	93
TOTAL	33	219		128	38	324	1	180	923

TABLE VII.2

ADMISSIONS, DISCHARGES AND DEATHS BY RACE AND SEX : 1981

	WHITE		COLOURED		ASIATIC		BLACK		TOTAL
	M	F	M	F	M	F	M	F	
Patients in hospital 31 December 1980	3	1	27	52			44	70	197
Admitted	42	29	269	274	1		146	162	923
Discharged	40	29	290	315	1		185	226	1086
Died	1			2			3	2	8
In hospital 31 December 1981	4	1	6	9			2	4	26

TABLE VII.3

AGE DISTRIBUTION OF PATIENTS IN THE HOSPITAL AT THE BEGINNING OF THE YEAR OR ADMITTED DURING THE YEAR : 1981

	AGE GROUPING OF PATIENTS					
	UNDER 5 YEARS	5-14 YEARS	15-24 YEARS	25-44 YEARS	OVER 45 YEARS	TOTAL
White	18	10	11	13	23	75
Coloured	434	108	33	30	17	622
Asiatic		1				1
Black	305	52	23	30	12	422
TOTAL	757	171	67	73	52	1120

TABLE VII.4

TUBERCULOSIS, PULMONARY : 'AGE-RACE-SEX DISTRIBUTION OF ADMISSIONS AND ADMISSIONS BY MONTH AND RACE : 1981

		Under 1 Year	1-2 Years	2-4 Years	5-9 Years	10-14 Years	15-24 Years	25-34 Years	35-44 Years	45-54 Years	55-64 Years	65-74 Years	75-84 Years	85 Years and over	Unknown	TOTAL
Whites	Male						3		2	5	4	5				19
	Female		1						1		2	1	1			6
	Total		1				3		3	5	6	6	1			25
	Deaths									1						1
Coloured	Male															
	Female															
	Total															
	Deaths															
Asiatic	Male															
	Female															
	Total															
	Deaths															
Black	Male	1														1
	Female	1		1												2
	Total	2		1												3
	Deaths															

PERIOD	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
White	4		4		2	2	2	4	3	1	2	1	25
Coloured													
Asiatic													
Black	1	1				1							3
Total	5	1	4		2	3	2	4	3	1	2	1	28
Deaths							1						1

TABLE VII.5

TUBERCULOSIS MENINGITIS : 'AGE-RACE-SEX DISTRIBUTION OF ADMISSIONS AND ADMISSIONS BY MONTH AND RACE' : 1981

		Under 1 Year	1-2 Years	2-4 Years	5-9 Years	10-14 Years	15-24 Years	25-34 Years	35-44 Years	45-54 Years	55-64 Years	65-74 Years	75-84 Years	85 Years and over	Unknown	TOTAL
Whites	Male															
	Female															
	Total															
	Deaths															
Coloured	Male															
	Female															
	Total															
	Deatns															
Asiatic	Male															
	Female															
	Total															
	Deaths															
Black	Male	1														1
	Female															
	Total	1														1
	Deaths															

PERIOD	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
White													
Coloured													
Asiatic													
Black	1												1
Total	1												1
Deaths													

TABLE VII.6

MUMPS : AGE-RACE-SEX DISTRIBUTION OF ADMISSIONS AND ADMISSIONS BY MONTH AND RACE : 1981

		Under 1 Year	1-2 Years	2-4 Years	5-9 Years	10-14 Years	15-24 Years	25-34 Years	35-44 Years	45-54 Years	55-64 Years	65-74 Years	75-84 Years	85 Years and over	Unknown	TOTAL
Whites	Male			1	1		1									3
	Female					1	1	1								3
	Total			1	1	1	2	1								6
	Deaths															
Coloured	Male	2		1	8	2	2	1								16
	Female				1											1
	Total	2		1	9	2	2	1								17
	Deaths															
Asiatic	Male															
	Female															
	Total															
	Deaths															
Black	Male			1	1											2
	Female			1												1
	Total			2	1											3
	Deaths															

PERIOD	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
White		1		1		1			1		1	1	6
Coloured	3	1	1	3		3	3	1	1			1	17
Asiatic													
Black							1	1				1	3
Total	3	2	1	4		4	4	2	2		1	3	26
Deaths													

TABLE VII.7

MEASLES : 'AGE-RACE-SEX DISTRIBUTION OF ADMISSIONS AND ADMISSIONS BY MONTH AND RACE' : 1981

		Under 1 Year	1-2 Years	2-4 Years	5-9 Years	10-14 Years	15-24 Years	25-34 Years	35-44 Years	45-54 Years	55-64 Years	65-74 Years	75-84 Years	85 Years and over	Unknown	TOTAL
Whites	Male			1	2											3
	Female		1			1	1									3
	Total		1	1	2	1	1									6
	Deaths															
Coloured	Male		26	13	9	7	2	1								58
	Female		28	9	7	5	1									50
	Total		54	22	16	12	3	1								108
	Deaths			1												1
Asiatic	Male															
	Female															
	Total															
	Deaths															
Black	Male		40	22	14	4		1								81
	Female		46	24	12	6	1	1								90
	Total		86	46	26	10	1	2								171
	Deaths			4												4

PERIOD	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
White					1	1		1	1	1		1	6
Coloured	6	4	7	7	7	15	13	8	13	11	9	8	108
Asiatic													
Black	9	14	10	16	28	31	23	19	6	3	7	5	171
Total	15	18	17	23	36	47	36	28	20	15	16	14	285
Deaths	1	1		1					1	1			5

TABLE VII.8

CEREBROSPINAL FEVER : 'AGE-RACE-SEX DISTRIBUTION OF ADMISSIONS AND ADMISSIONS BY MONTH AND RACE' : 1981

		Under 1 Year	1-2 Years	2-4 Years	5-9 Years	10-14 Years	15-24 Years	25-34 Years	35-44 Years	45-54 Years	55-64 Years	65-74 Years	75-84 Years	85 Years and over	Unknown	TOTAL
Whites	Male	1	1	2				1	1	1					1	8
	Female	1				1	1	1								4
	Total	2	1	2		1	1	2	1	1					1	12
	Deaths															
Coloured	Male	44	23	41	18	4	9	1		1						141
	Female	44	29	45	20	7	3	2	3	1	1		1			156
	Total	88	52	86	38	11	12	3	3	2	1		1			297
	Deaths															
Asiatic	Male															
	Female															
	Total															
	Deaths															
Black	Male	7	4	9	8	3	2					1				34
	Female	14	4	10	4			1								33
	Total	21	8	19	12	3	2	1				1				67
	Deaths															

PERIOD	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
White		1	1	1		1	3	2	1	1		1	12
Coloured	16	14	16	17	16	57	54	38	24	22	9	14	297
Asiatic													
Black	5	1	2		5	14	18	1	7	5	4	5	67
Total	21	16	19	18	21	72	75	41	32	28	13	20	376
Deaths													

TABLE VII.9

ACUTE POLIOMYELITIS : 'AGE-RACE-SEX DISTRIBUTION OF ADMISSIONS AND ADMISSIONS BY MONTH AND RACE' : 1981

		Under 1 Year	1-2 Years	2-4 Years	5-9 Years	10-14 Years	15-24 Years	25-34 Years	35-44 Years	45-54 Years	55-64 Years	65-74 Years	75-84 Years	85 Years and over	Unknown	TOTAL
Whites	Male															
	Female															
	Total															
	Deaths															
Coloured	Male		1													1
	Female				1											1
	Total		1		1											2
	Deaths		1													1
Asiatic	Male															
	Female															
	Total															
	Deaths															
Black	Male		1													1
	Female			2												2
	Total		1	2												3
	Deaths															

PERIOD	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
White													
Coloured			1	1									2
Asiatic													
Black				1			1			1			3
Total			1	2			1			1			5
Deaths			1										1

TABLE VII.10

TYPHOID FEVER : 'AGE-RACE-SEX DISTRIBUTION ADMISSIONS : AND ADMISSIONS BY MONTH AND RACE' : 1981

		Under 1 Year	1-2 Years	2-4 Years	5-9 Years	10-14 Years	15-24 Years	25-34 Years	35-44 Years	45-54 Years	55-64 Years	65-74 Years	75-84 Years	85 Years and over	Unknown	TOTAL
Whites	Male							1								1
	Female				1		1	2					1			5
	Total				1		1	3					1			6
	Deaths															
Coloured	Male		1		2		3	1								7
	Female				2	2	2	1								7
	Total		1		4	2	5	2								14
	Deaths															
Asiatic	Male															
	Female															
	Total															
	Deaths															
Black	Male			2	2	1	2									7
	Female				2	1	2	2	1							8
	Total			2	4	2	4	2	1							15
	Deaths															

PERIOD	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
White					1		2		1		2		6
Coloured	5	1				2	1	2	3				14
Asiatic													
Black		1	2	4	1	5	1	1					15
Total	5	2	2	4	2	7	4	3	4		2		35
Deaths													

TABLE VII.11

DIPHTHERIA : 'AGE-RACE-SEX DISTRIBUTION OF ADMISSIONS : AND ADMISSIONS BY MONTH AND RACE' : 1981

		Under 1 Year	1-2 Years	2-4 Years	5-9 Years	10-14 Years	15-24 Years	25-34 Years	35-44 Years	45-54 Years	55-64 Years	65-74 Years	75-84 Years	85 Years and over	Unknown	TOTAL
Whites	Male															
	Female															
	Total															
	Deaths															
Coloured	Male															
	Female		1						1							2
	Total		1						1							2
	Deaths															
Asiatic	Male															
	Female															
	Total															
	Deaths															
Black	Male															
	Female															
	Total															
	Deaths															

PERIOD	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
White													
Coloured		1									1		2
Asiatic													
Black													
Total		1									1		2

TABLE VII.12

WHOOPING COUGH : 'AGE-RACE-SEX DISTRIBUTION OF ADMISSIONS : AND ADMISSIONS BY MONTH AND RACE' : 1981

		Under 1 Year	1-2 Years	2-4 Years	5-9 Years	10-14 Years	15-24 Years	25-34 Years	35-44 Years	45-54 Years	55-64 Years	65-74 Years	75-84 Years	85 Years and over	Unknown	TOTAL
Whites	Male			1												1
	Female	1			1											2
	Total	1		1	1											3
	Deaths															
Coloured	Male	5	1	1												7
	Female	14	1	4		1										20
	Total	19	2	5		1										27
	Deaths															
Asiatic	Male															
	Female															
	Total															
	Deaths															
Black	Male	2	2	1												5
	Female	3	1		1											5
	Total	5	3	1	1											10
	Deaths															

PERIOD	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
White	1									1	1		3
Coloured	6	3	3	2		3	3	1	2		2	2	27
Asiatic													
Black	1			1	3	1		1		2		1	10
Total	8	3	3	3	3	4	3	2	2	3	3	3	40
Deaths													

TABLE VII.13

CHICKEN POX : 'AGE-RACE-SEX DISTRIBUTION OF ADMISSIONS : AND ADMISSIONS BY MONTH AND RACE' : 1981

		Under 1 Year	1-2 Years	2-4 Years	5-9 Years	10-14 Years	15-24 Years	25-34 Years	35-44 Years	45-54 Years	55-64 Years	65-74 Years	75-84 Years	85 Years and over	Unknown	TOTAL
Whites	Male		1	1		1										3
	Female		1	1	1	1	1	1								6
	Total		2	2	1	2	1	1								9
	Deaths															
Coloured	Male	8	5	9	5	2		1								30
	Female	5	3	6	2	2	5			1						24
	Total	13	8	15	7	4	5	1		1						54
	Deaths															
Asiatic	Male					1										1
	Female															
	Total					1										1
	Deaths															
Black	Male	5	1	3	3	2										14
	Female	5	7		1	2										15
	Total	10	8	3	4	4										29
	Deaths				1											1

PERIOD	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
White				1	1			1		2	2	2	9
Coloured	4		3	11	9	3	3	2	5	5	5	4	54
Asiatic					1								1
Black	3	5	3	5	5	1	2	2	2			1	29
Total	7	5	6	17	16	4	5	5	7	7	7	7	93
Deaths		1											1

TABLE VII.14

OTHER PATIENTS ADMITTED AND NOT INCLUDED IN PREVIOUS TABLES :
'AGE-RACE-SEX DISTRIBUTION OF ADMISSIONS :
AND ADMISSIONS BY MONTH AND RACE' : 1981

		Under 1 Year	1-2 Years	2-4 Years	5-9 Years	10-14 Years	15-24 Years	25-34 Years	35-44 Years	45-54 Years	55-64 Years	65-74 Years	75-84 Years	85 Years and over	Unknown	TOTAL
Whites	Male						1		1			1				3
	Female															
	Total						1		1			1				3
	Deaths															
Coloured	Male	1				2	1		2							6
	Female	1	1			1	2			1	1			1		8
	Total	2	1			3	3		2	1	1			1		14
	Deaths															
Asiatic	Male															
	Female															
	Total															
	Deaths															
Black	Male															
	Female		1					1								2
	Total		1					1								2
	Deaths		1													1

PERIOD	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
White		1	2										3
Coloured	1	3	3	2	1			1		1	1	1	14
Asiatic													
Black				1						1			2
Total	1	4	5	3	1			1		2	1	1	19
Deaths				1									1

TABLE VII.15

ADMISSIONS OF LANGA AND GUGULETU RESIDENTS SUFFERING FROM CERTAIN CONDITIONS TO CITY HOSPITAL : 1981

DIAGNOSIS	CASES		
	LANGA	GUGULETU	TOTAL
Tuberculosis	1	2	3
Meningococcal Infection	13	26	39
Typhoid	3		3
Whooping Cough	2	3	5
Diphtheria			
Mumps	2	1	3
Measles	17	38	55
Chicken pox	3	6	9
Leprosy		1	1
Polio		1	1
Other	1		1
Total	42	78	120

VIII – OTHER SERVICES

TABLE VIII.1.

ATTENDANCES AT EXAMINATION CENTRE : 1981

Department	Total	Fit	Temporarily unfit	Unfit
City Engineer	3656	2372	672	612
City Electrical Engineer	982	639	191	152
Town Clerk	1365	938	265	162
City Treasurer	123	101	17	5
Health	121	91	19	11
TOTAL	6247	4141	1164	942

The Department also provides medical attention for Fire Brigade and Traffic personnel.

TABLE VIII.2

ATTENDANCES AT CLEANSING STATIONS : 1981

	FIRST ATTENDANCES						TOTAL ATTENDANCES					
	Sca-bies	Impe-tigo	Body lice	Ring worm	Head lice	Total	Sca-bies	Impe-tigo	Body lice	Ring worm	Head lice	Total
CHILDREN UNDER 16 YEARS OF AGE:												
White boys												
White girls												
C, A&B Boys	5	5			76	86	8	12			136	156
C, A&B Girls	16	4			150	170	18	8			211	237
TOTAL CHILDREN	21	9			226	256	26	20			347	393
ADULTS:												
White males												
White females												
C, A&B males	6		4	1	27	38	8		5	1	35	49
C, A&B females	1				3	4	1				3	4
TOTAL ADULTS	7		4	1	30	42	9		5	1	38	53
TOTAL PERSONS:												
White												
Coloured, Asian and Black	28	9	4	1	256	298	35	20	5	1	385	446
All races	28	9	4	1	256	298	35	20	5	1	385	446

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