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

1983

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

ANNUAL REPORT OF THE

MEDICAL OFFICER OF HEALTH

Composed and produced in the Technical Management Services Branch of the City Engineer's Department.

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In charge of Statistics Section - Mr J H Otto.

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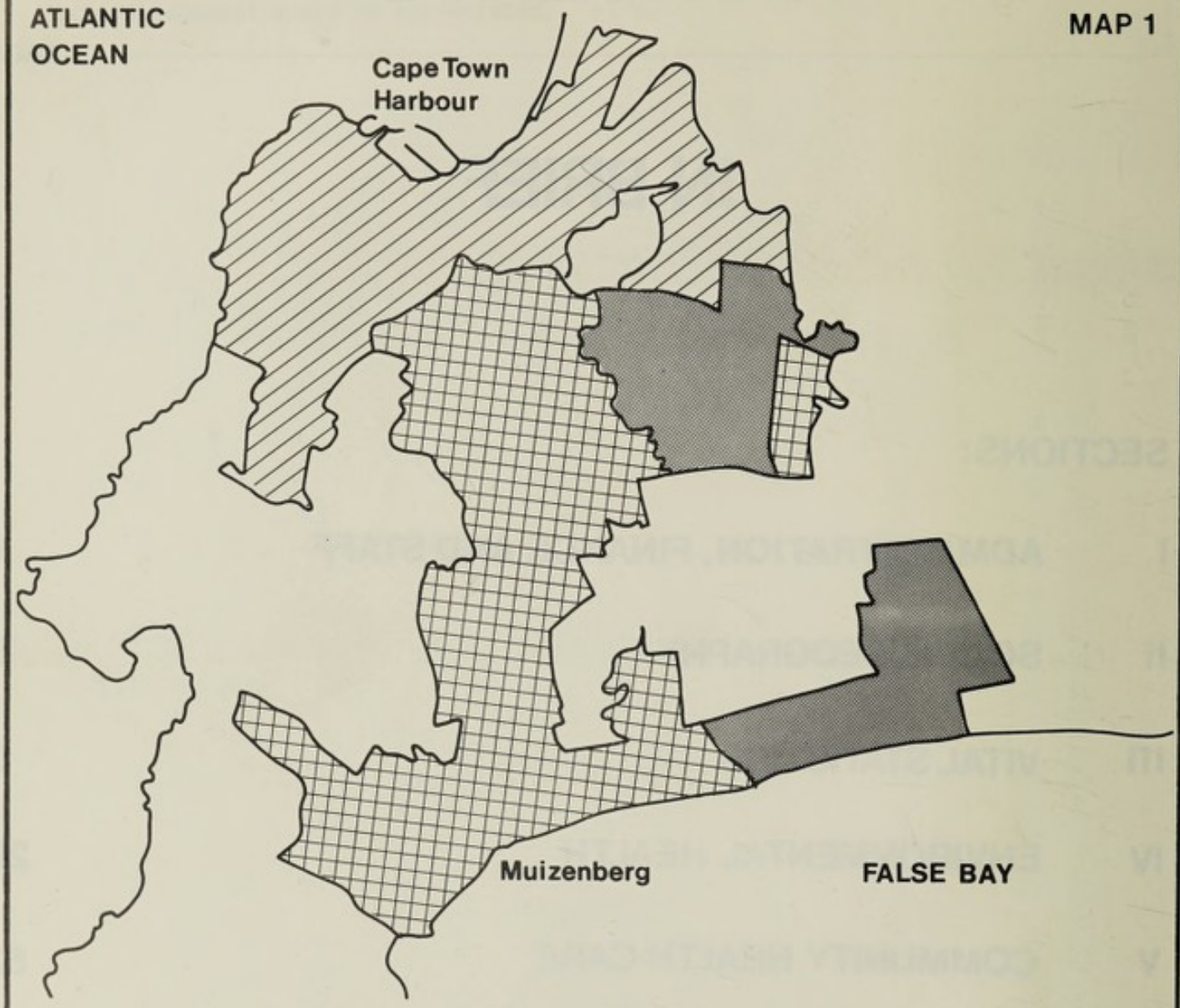
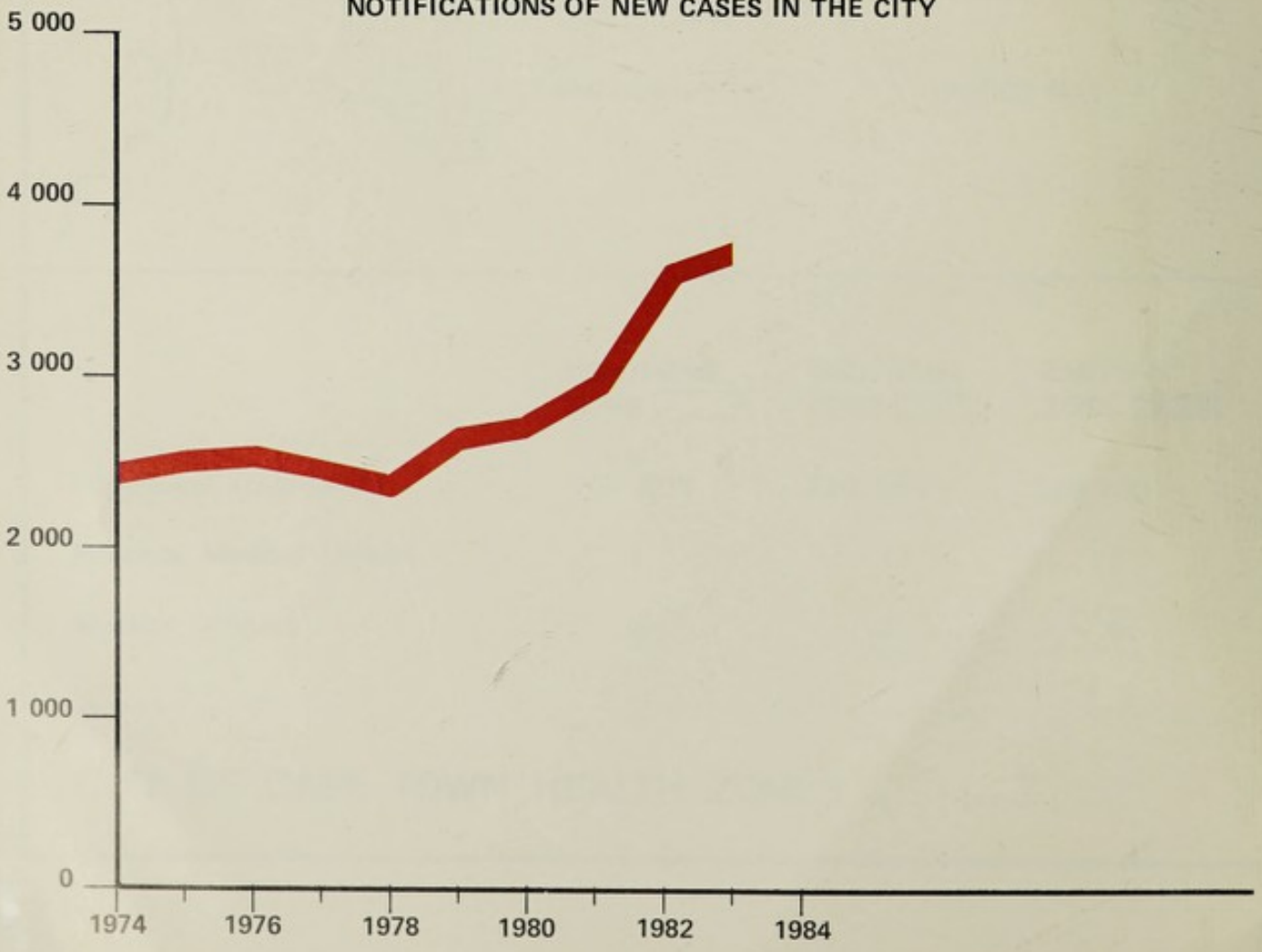


	NORTHERN ZONE	SOUTHERN ZONE	EASTERN ZONE
Population (Estimated)	254 803	320 584	369 730
Principal Medical Officer	1	1	1
Medical Officers	3	3	4

CITY OF CAPE TOWN HEALTH ZONES

PULMONARY TUBERCULOSIS
IN A CAPETONIAN - 1983

NOTIFICATIONS OF NEW CASES IN THE CITY



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 Ninth Annual Report on health conditions in the City of Cape Town during 1983 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. We now await the promulgation of the new Constitution, and should be in a favourable position to adapt to any new demands which may be made upon us.

OUR RE-ORGANISATION HAS SOUGHT:-

(a) Clear delineation of objectives.
(b) Accurate and ongoing assessment of progress.
(c) A sharply restrictive fiscal policy.
(d) Full and continuous usage of all our facilities, buildings, and other resources, throughout each working day.
(e) Above all, markedly increased productivity by every individual member of staff.

Communication, and motivation, down to the lowest level, coupled with inservice training for medical, nursing, and environmental health personnel were among the management tools used. These principles need to be pursued without remission, to avoid easing-off of effort.

I consider that the only yardsticks for success are the results achieved, and I beg leave to make a few comparisons here to indicate progress made up to 1983.

It is in this context that I submit the following facts for your consideration:-

CAPE TOWN ESTIMATED POPULATION 1983

Whites	265 870
Coloured	538 035
Asiatic	13 536
Black	127 676
Total	945 117 persons

These figures are based on the 1980 census. Because of a degree of non-compliance with the census requirements by some sectors of the public they must be treated with reserve.

THE SERVICE

Total service contacts of the Department with the people of the City during the year totalled 1 980 029 items. This is an all time record figure and an increase over the preceding year of 3,4%.

THE COST

It is pleasing to report that, despite considerable expansion and improvement in services over the past five years, the percentage contribution required from Ratepayers of Cape Town, to meet increased operating costs, has been steadily reduced from 53,3% in 1978 to 48,4% in 1982/83 (see Section 1).

CO-ORDINATION WITH OTHER HEALTH SERVICES

In accordance with the National Health Facilities Plan steady progress has been made in arrangements with State Health Department, Provincial Hospital Administration, Day Hospitals Organisation, Shawco, Mental Health Society etc., to the effect that no less than 240 clinic sessions each month are provided by outside authorities in City Health Department facilities throughout the city, without any charges being made.

There were a total of 2 071 sessions per four-week month scheduled in the Health Department timetables for the year.

CAPE TOWN HEALTH PARAMETERS 1983

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 reorganisation) and 1983 were:-

	1975	1983
White	12,2	10,6
Coloured	32,2	19,3
Black	59	32,3
Total all Races	34	21,2

(Because of the migrant labour system, and the ebb and flow of population in Langa and Guguletu, the exact figures given for Blacks, while as accurate as possible, must be treated with caution).

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

	1982	
White	13,4	
Coloured	59,9	
Black	190,8	(1979 estimated)

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[3] is headed:

	"White"	"All Other Races"
Dallas	12,4	22,2
New Orleans	16,1	24,5
Washington D.C.	13,4	29,7

2. MOTHER AND CHILD WELFARE CLINICS

The Department operates 25 Polyclinics and 27 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 24 482 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 1983.

	1975	1983
Total attendances	307 214	576 667

INCREASE OF 88%

3. IMMUNISATION.

Immune cover of newly born children is of top priority. Here the difficulty is the apathy of some parents in bringing their babies for the full course. Much of the Public Health Nurses' time is spent in visiting defaulters.

The following figures show the percentage of children of all races born in Cape Town who completed their courses of protection in the first year. (The figures include persons both permanently and temporarily resident. Obviously the percentages are considerably higher if permanent residents only are calculated).

Against Poliomyelitis	90%	Completely immunised
Against DWT	90%	Completely immunised
Against TB (B C G)	87%	Completely immunised
Against Measles	84%	Completely immunised

4. FAMILY PLANNING.

There is a gratifying realisation by State Health authorities that an essential pre-requisite to the success of Family Planning as a tool for improving the quality of life is that it must be preceded by education, social uplift, job opportunity.

	1975	1983
Individuals attending	38 130	78 598

INCREASE OF 106%

In the Coloured group this number is calculated to be 61% of all women in the child-bearing period. This is further to the family planning services provided by the State Health Department, the Provincial Administration and private practitioners.

5. 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 24 such clinics throughout the city, and have achieved tremendous community involvement.

	1975	1983
Total Attendances	191	1 870

INCREASE OF 879%

6. IN SERVICE TRAINING PROGRAMMES FOR OUTSIDE STUDENTS have assumed enormous importance in recent years. They are an excellent stimulus to our staff to maintain the highest standards. In addition, the new generation of doctors and nurses show an awareness of preventive medicine and community services never apparent in their predecessors.

	1975	1983
Medical Post Graduates from U.C.T.	6	2
Medical Students U.C.T.	Nil	185
Nursing Students (Hospitals & Colleges)	Nil	1 090

ENVIRONMENTAL HEALTH

The Environmental branch has eight divisions spread throughout the city plus a number of specialist sections. They are encouraged to work in close liaison with the Polyclinics in order to provide a holistic approach.

7. WATER SUPPLIES

Remain pure and satisfactory and a fundamental pillar of the health of the public. It is axiomatic that the drinking water supply should always be from the purest source available. All future engineering plans for the recycling of sewage should be directed, ab initio, towards horticultural, agricultural and industrial use. It is noted with satisfaction that the stated policy of the State Health department is similar.

8. FOOD AND MILK PRODUCTION AND DISTRIBUTION

Closely and intensively monitored, and satisfactory. In 1983 only 14 incidents of food poisoning were reported and investigated throughout the city. All were mild, and mostly due to bad housekeeping. There were no deaths.

The "Sour Milk Controversy" was investigated and is covered in the text.

9. 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 in the spread of infectious conditions such as pulmonary tuberculosis, meningococcal meningitis and influenza. The waiting list is still bigger, but there is a welcome change in official policy which finally gives consideration to alternative low-cost housing schemes, as this Department has recommended for so long.

10. 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, particularly from the Pinelands area.

11. 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.

KOEBERG

At years end the station was nearly ready to come on stream.

(a) Normal operation - During normal operation of Koeberg the City Health department will maintain an independent monitoring function to ensure that ambient levels of radiation do not rise in Cape Town. For the last two years the city's six 24 hour-a-day gamma radiation monitors have been stabilised and calibrated. They have shown remarkably consistent readings of between 100 and 110 millirems per year for the city. In addition, there are two other legs to this monitoring programme.

(b) In Case of Accident - An Emergency Plan, comparable to accepted international standards, has been drawn up for Cape Town by the City Council. It will be released for publication shortly.

12. MEDICAL EMERGENCY SERVICE - CIVIC CENTRE

This provides Medical Emergency help for Councillors, staff and members of the public visiting the Civic Centre, in the event of sudden illness or other emergency. The service also provides for the primary treatment of minor ailment or injuries suffered by members of the staff in order to reduce unnecessary absenteeism.

In the past year the Service has dealt with:-

Stretcher cases	43
Walking cases	1 351

NOTIFIABLE DISEASES

13. 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 3 935 cases in 1983. In 1975 the figure was 2 742 (see frontispiece). 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. The public health worker can but reiterate these unpleasant truths time after time to successions of policy makers.

From the medical viewpoint the 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.

Unfortunately in Cape Town between the years 1975 and 1980 over 1 000 treatment beds were closed for financial reasons. I felt then, and still do, that this was a grave error. The switch was to ambulatory treatment at the clinics. But here we get a 30% non-compliance with therapy rate (as opposed to less than 2% in TB hostels). This is despite the most intensive health education and follow up by visiting staff. It raises the spectres of failed treatment courses, relapses, and the emergence of strains of drug resistant bacilli.

We are being cent wise, rand foolish. I make an urgent plea for the provision of hostel treatment beds (in their most economic form) to enable Cape Town to get the 98% cure rate (with the four drug regimes) which is theoretically possible.

In view of the chronic shortage of Government funding I would appeal to SANTA in particular to consider such a project to aid the situation in this area.

14. OTHER NOTIFIABLE INFECTIOUS DISEASES have been well contained and the details are in the text.

15. SEXUALLY TRANSMITTED DISEASES

When the world-wide upsurge of Sexually Transmitted Diseases was at it's peak in 1975, the number of patients attending our clinics totalled 37 304. Last year the figure was 29 918. Sexually Transmitted Diseases are not notifiable and as many patients may attend their own doctors, at hospitals, Day Hospitals, or municipal clinics for treatment, accurate national statistics are not available. The statistics kept by this department do, however, still indicate the unsatisfactory state of affairs, both in the city and nationwide.

Genital Herpes Simplex Virus infections received world wide attention during 1982 and a separate register of these cases in our clinics in 1983 showed a total of 212 new cases. Results of new forms of therapy, e.g. Acyclovir (Zovirax) are presently under trial by the South African Institute of Medical Research. These drugs are not yet available for clinic use, though they can be prescribed privately.

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.

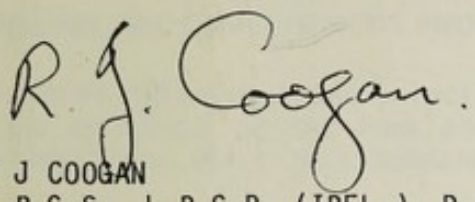
To the Director-General for Health and Welfare, and to Dr N J Le Roux, Regional Director, State Health Services, Western Cape, appreciation of their helpful co-operation and understanding in all matters where our mutual interest met.

Dr A B Rosenberg, Medical Superintendent, Day Hospital Organisation, has been very easy to work with, and I say thank you.

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

The Community Health Care Planning Committee and the Environmental Health Planning Committee, both under the chairmanship of the Medical Officer of Health, continued to meet on a monthly basis throughout the year to monitor progress and to examine critically all aspects of the day to day operation of the health services.

These meetings provide a forum for the Department's senior staff to exchange views and ideas, and have contributed considerably towards the formulation of policy aimed at a continual improvement in the quality of the services provided.

POLYCLINIC DEVELOPMENT PROGRAMME

A third fully-equipped polyclinic complex was completed during the year to cater for the residents of the Rocklands suburb of Mitchell's Plain and has assisted towards alleviating the high attendance load on the Westridge and Lentegeur polyclinics.

However, the temporary clinic facility provided at Beacon Valley, Mitchell's Plain is experiencing an extremely high patient demand and plans for the construction of a fourth polyclinic complex in this area have been submitted to the Department of Health and Welfare for urgent approval.

Major renovations and extensions of the Community Health Centre at Claremont were approved by the Department of Health and Welfare and construction on this long awaited project commenced in November.

Funds were also provided by the Department of Health and Welfare towards the acquisition of a third mobile X-Ray unit and for the replacement of one existing vehicle and the necessary transfer and uprating of the original x-ray equipment.

FINANCE

Costs of salaries, services and supplies continued to rise unabated and expenditure was therefore strictly controlled throughout the year to ensure that the unavoidable increase on operating account was kept within reasonable limits without affecting the needs of the service.

It is interesting to note, however, that despite the considerable expansion which has taken place in the re-organised out-patient services over the past five years, the percentage contribution required from the ratepayers of Cape Town to meet the short-fall on increased operating costs, has actually been systematically reduced from a 53,3% contribution in 1978 to 48,4% in the 1982/83 financial period, as illustrated in the table below.

YEAR	EXPENDITURE	INCOME	RATE CONTRIBUTION	PERCENTAGE REQUIRED FROM RATES
1978	R 3 938 286	R 1 840 899	R 2 097 387	53,3
1979	R 4 475 788	R 2 181 518	R 2 294 270	51,3
1980	R 5 830 227	R 2 946 202	R 2 884 025	49,5
1981	R 7 265 714	R 3 687 430	R 3 578 284	49,2
1982/83*	R13 551 870	R 6 994 355	R 6 557 515	48,4

*18 month period

In addition to the construction and equipping of the Rocklands polyclinic at a cost of R404 716, capital expenditure amounting to R315 971 was incurred during the year for the construction of 3 public sanitary conveniences, the uprating of air pollution monitoring equipment, purchase of nuclear monitoring equipment, the provision of covered walkways at Kensington and Retreat polyclinics, an additional garage at Chapel Street, one replacement motor vehicle, one new mobile x-ray unit complete and one replacement x-ray van, and additional communication equipment to expand the civil defence radio network.

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 Cape Town 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, and community health nursing.

TRAINING COURSES

	MEDICAL	HEALTH INSPECTION	COMMUNITY HEALTH
COURSE	M. MED. AND F.F.C.H.	DIPLOMA IN PUBLIC HEALTH	DIPLOMA IN COMMUNITY HEALTH NURSING SCIENCE
Students	2	7	4

IN-SERVICE TRAINING

	MEDICAL	NURSING	HEALTH INSPECTION		MEDICAL	COUNCIL	COUNCIL	COUNCIL
COURSE	M. MED. AND F.F.C.H.	PREVENTIVE AND PROMOTIVE COMMUNITY HEALTH SERVICES	DIPLOMA IN PUBLIC HEALTH	NATIONAL HIGHER DIPLOMA IN PUBLIC HEALTH	STUDENTS U C T	INDUCTION	MANAGEMENT DEVELOP-MENT	SECRE-TARIAL
Internal Students	0	290	7	12	0	29	7	1
External Students	2	800	0	0	185	0	0	0

STAFF

As at 1 January 1983, the authorised fixed establishment of the Department was 868 posts. Of this amount, 23 posts in the Community Health Care branch still require State Health approval leaving a net effective strength of 845 which, together with 10 authorised supernumerary personnel resulted in a total of 855 posts at 31 December 1983.

FULL-TIME STAFF ESTABLISHMENT AS AT 1983-12-31

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)
Deputy 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	N WALKER	MB ChB, (Cape Town)
Senior Medical Officer	S SANDERS	MB ChB, (Cape Town)
Senior Medical Officer	VACANT	
Senior Medical Officer	VACANT	
Clinical Medical Officer	M BIERSTEKER	MB ChB, (Cape Town)
Clinical Medical Officer	A BASS	MB ChB, (Cape Town)
Clinical Medical Officer	L B BLUMENTHAL	MB ChB, (Cape Town)
Clinical Medical Officer	L KING	MB ChB, (Pretoria)
Clinical Medical Officer	VACANT	
Clinical Medical Officer	J I RENNIE	MB ChB, (Cape Town)
Clinical Medical Officer	G H VISSER	MB ChB, (Pretoria)
Clinical Medical Officer	A J WILSON	MB ChB, (Cape Town)
Clinical Medical Officer	VACANT	
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 Administrative Assistants	7	
Senior Storekeeper	1	
Administrative Assistants	34	
Personal Secretary to Medical Officer of Health	1	
Principal Secretarial Typist	2	
Senior Secretarial Typists	1	
Senior Typists	3	
Typists	2	
Senior Maintenance Foreman	1	
Office Attendant	1	
Messenger	2	
Painter	1	
Handyman	2	
Working Foreman	1	
Senior Clerical Assistant	1	

Senior Storeman	1	
Storeman	1	

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	V K DEKENAH	Certs. S A Nursing Council (Gen. & Midwif. & Operating Theatre technique) 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	I T MATINISE	Certs. S A Nursing Council (Gen., Midwif. & Psychiatric), Nat. Diploma in Community Health Nursing)
Senior Public Health Nurse	M M A G 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	63
Senior Clinic Sisters	26
Clinic Sisters	89
Male Nurses	2
Nursing Assistants	73
Learner Public Health Nurses	7

Family Planning		
Senior Family Planning Nurse	J T LOW	Certs. S A Nursing Council (Gen. & Midwif.), Cytology
Senior Family Planning Nurses	12	
Family Planning Nurses	10	
Nursing Assistant	1	
COMMUNITY LIAISON		
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	11	
Creche Superintendents	9	
Nursery School Domestics	17	
Children's Help	13	
Nursery School Laundress	7	
Cooking Hands	9	
ENVIRONMENTAL HEALTH		
Chief Health Inspector	J F DU TOIT	Public Health Inspectors' Dip. (R.S.H.) Inspector of Meat and Other Foods Dip. (R.S.H.) M.I.P.H.
Assistant Chief Health Inspector	D E C FILBY	Cert. Sanitary (Health) Inspector (R.S.H.)Cert. Meat and Other Foods Inspector (R.S.H.), F.I.P.H. (Life)
Assistant Chief Health Inspector	J A MUNRO	Cert. Sanitary (Health) Inspector (R.S.H.) Cert. Meat and Other Foods Inspector (R.S.H.) F.I.P.H. M. SAAFOST
Principal Health Inspector	L L DE ROUBAIX	Public Health Inspectors' Dip. (R.S.H.), Inspector of Meat and Other Foods Dip. (R.S.H.) M.I.P.H.
Principal Health Inspector	H J SCHRADER	National Dip. for Health Inspectors', Cert. in Combustion Principles and Practice, M.I.P.H.
Principal Health Inspector	W J LUBBE	Public Health Inspectors' Dip. (R.S.H.) Inspector of Meat and Other Foods Dip. (R.S.H.)
Principal Health Inspector	VACANT	
Principal Health Inspector	J C SCHAFFERS	Public Health Inspectors' Dip. (R.S.H.) Inspector of Meat and Other Foods Dip. (R.S.H.)
Principal Health Inspector	T J TINKER	Public Health Inspectors' Dip. (R.S.H.) Inspector of Meat and Other Foods Dip. (R.S.H.)

Principal Health Inspector	C P TRAUTMANN	Public Health Inspectors' Dip. (R.S.H.) Inspector of Meat and Other Foods Dip. (R.S.H.) M.I.P.H.
Principal Health Inspector	C J VAN DER BERG	Public Health Inspectors' Dip. (R.S.H.) Inspector of Meat and Other Foods Dip. (R.S.H.) M.I.P.H.
Senior Health Inspectors	25	
Health Inspectors	40	
Learner Health Inspectors	4	
Senior Pest Control Operatives	3	
Pest Control Operatives	22	
Senior Clerical Assistant	1	
Clerical Assistants	6	
Chalet Attendants	152	
Air Pollution Control		
Air Pollution Control Officer	B D OXLEY	O.N.C. (Mech. Eng.) H.N.C. (Elec.Eng.) C. & G. (Higher Fuel Tech.)
Principal Inspector - Pollution Control	H J LINDE	National Dip. for Health Inspectors' and National Dip. in Pollution Control
Pollution Control Inspectors	4	
Milk Control		
Senior Health Inspectors	3	
Senior Professional Assistant	1	
Laboratory Assistant	1	
OTHER PERSONNEL		
Health Education Officer	T J HURTER	B.Sc, STD (Cape Town)
Health Education Lecturers	3	
Radiographers	5	
Senior Pharmacist	P R FOWLE	Dip. in Pharmacy
Pharmacist	VACANT	
Clinic Assistants	3	
Motor Vehicle Drivers	8	
Attendant/Cleaners	27	
Domestics	45	
Labourer/Leading Hands	1	
Labourers	9	
Works Storeman	1	
Storekeeper	1	
Laundress	2	

MAP 2

SUBURBS OF GREATER CAPE TOWN

II SOCIAL GEOGRAPHY

SOCIAL AND ECONOMIC CONDITIONS

Economic conditions deteriorated in 1983 with continuing escalation of prices for all basic commodities and transport costs. The wages of unskilled and semi-skilled labour have not increased proportionately and greater hardship has resulted. Unemployment increased in 1983.

The largest population group consists of Coloureds (57% 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. They have maintained their own religious and cultural identity.

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 R55,00 a week when in full employment. The position is aggravated by the large size of their families, through limited sick benefits and unemployment insurance payments are available only to registered workers. Mitchells Plain has provided opportunities for home ownership but the scarcity of rented accommodation in relation to escalating need has perpetuated overcrowding in existing townships. Housing accommodation, apart from municipal schemes, is relatively expensive and scarce. 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 14% 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 worse than those of the Coloured people due to greater overcrowding and few houses being built. A new township Khayalitsha is being built east of Mitchell's Plain for the Black community who qualify for permanent housing. Stated government policy has indicated that in time to come, all black housing will be consolidated in this new area. The scheme will be developed over 25 years. This area is administered by the Divisional Council.

The Asian group constitute only 1% of the Cape Town population. 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. Government funds have been provided and 215 houses have been made available for purchase.

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 98 and 99)

TOTAL POPULATION.

Estimates of the population as at 1983-06-30 have been calculated using annual growth rates derived from the census of 1970 and that of 1980. These rates were 1,477% for Whites, 2,61% for Coloureds, 2,962% for Asians and for Black 3,279%. The Peninsula Administration Board figures for 1983-12-31 were 17 871 males, 7 756 females for Langa and 39 160 males, 35 141 females for Guguletu, to give a total of 99 928 persons in areas under it's control.

Figure 3.1 POPULATION GROWTH OF THE CITY OF CAPE TOWN 1961 - 1983

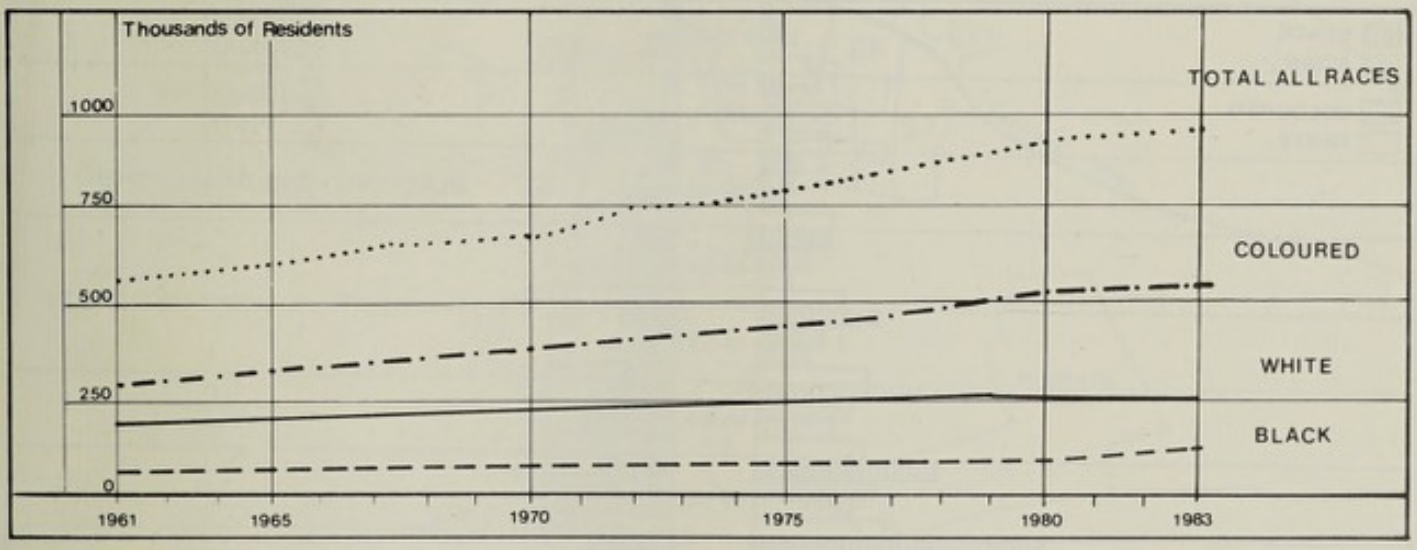
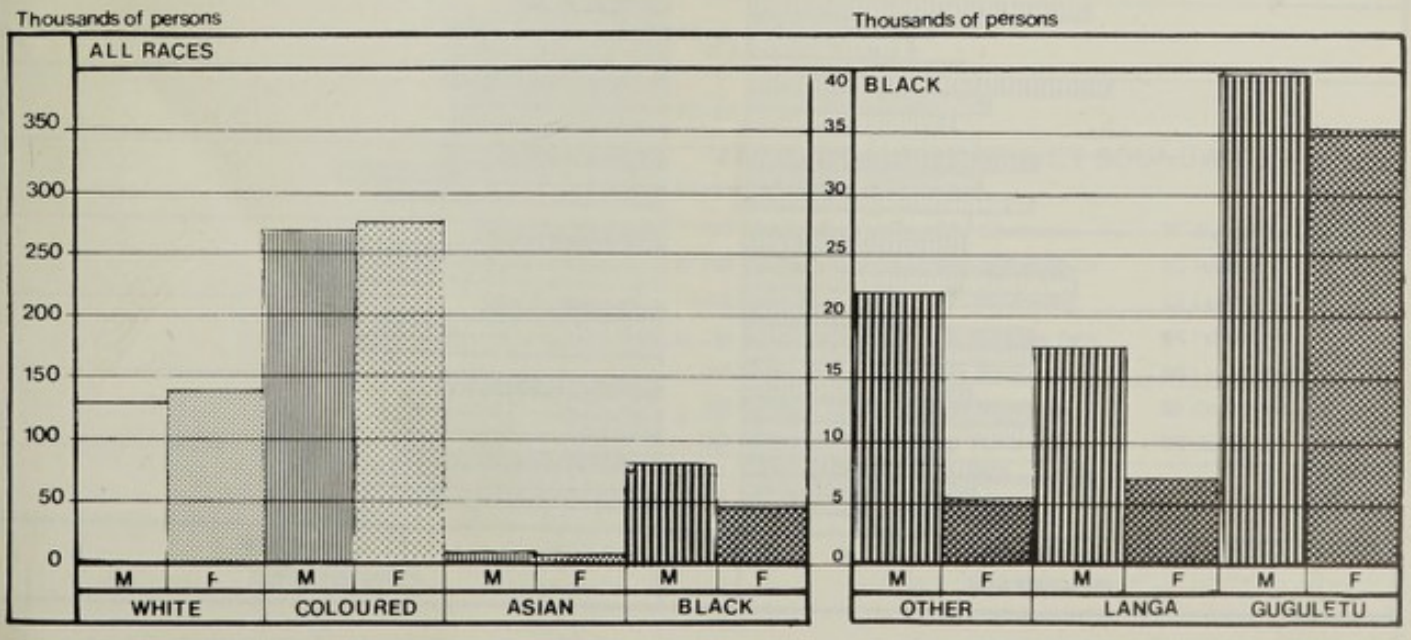


Figure 3.2 POPULATION OF THE CITY OF CAPE TOWN BY RACE AND SEX 1983

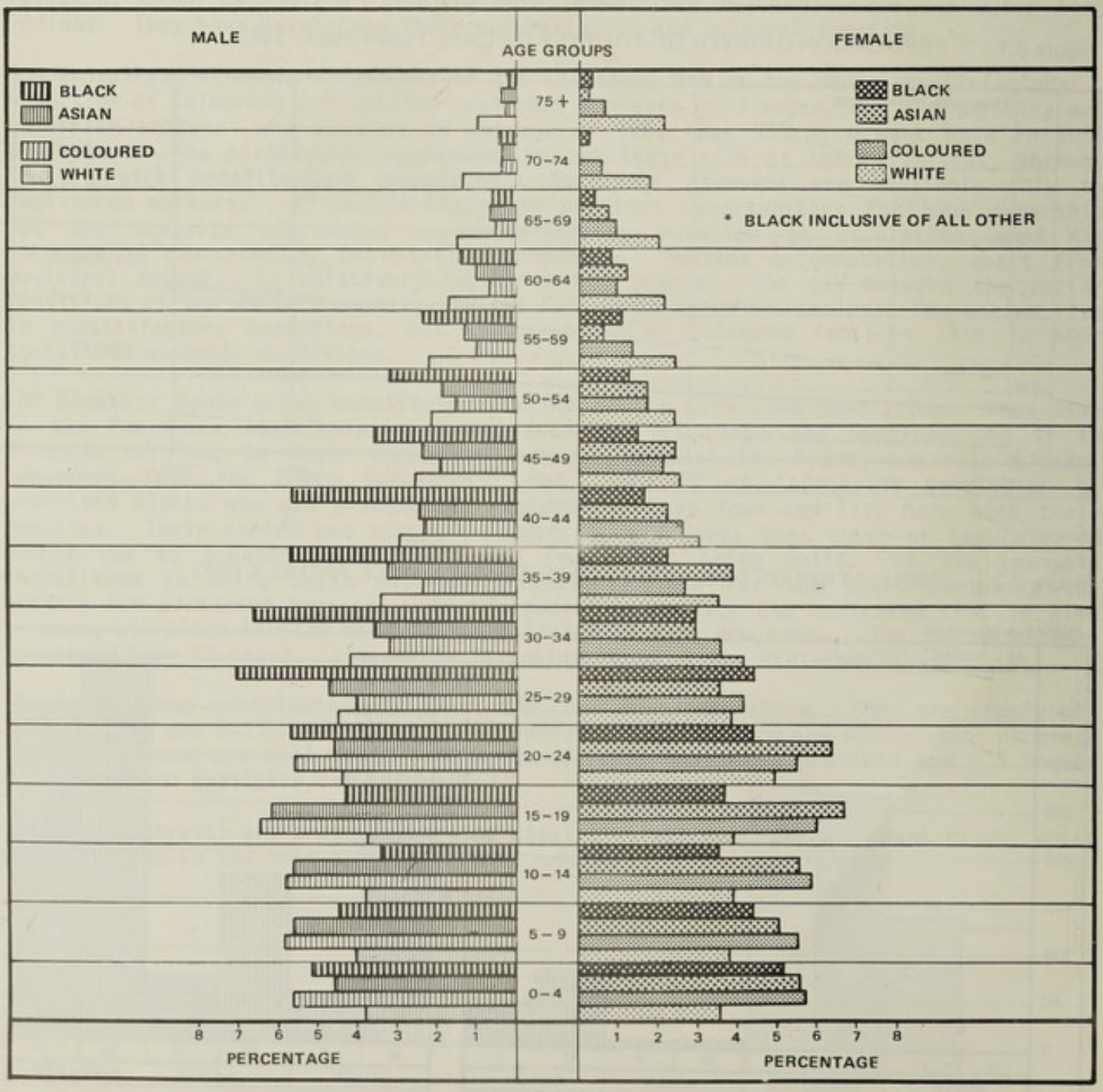


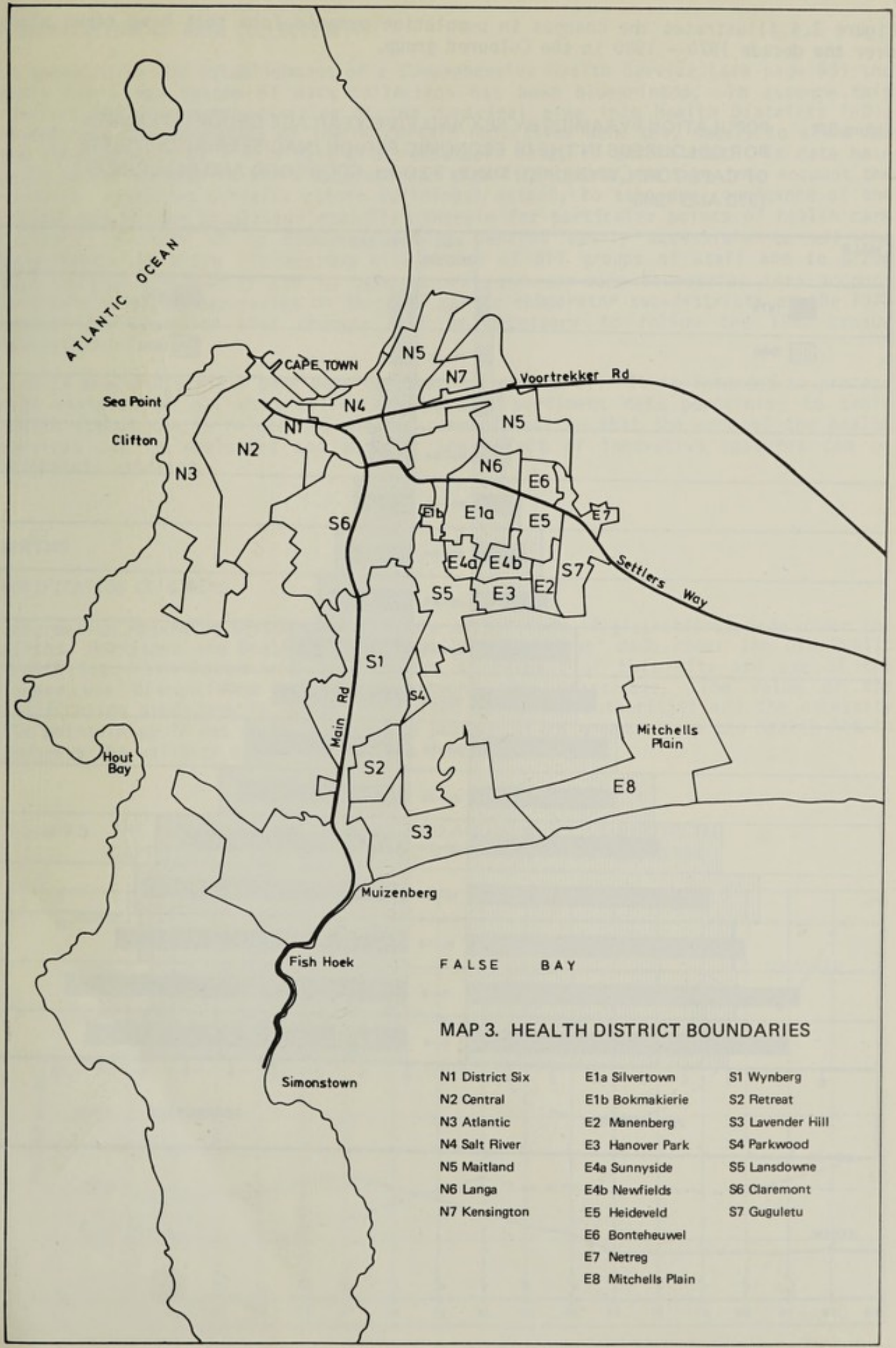
The total population estimate for 1983, at 945 117, represents an 69% growth since 1962, most of which was due to growth in the size of the Coloured community (Table III.1 Page 98 and Figure 3.1.). The race and sex structure of the population is displayed in Figure 3.2 and detailed in Table III.2 Page 99.
Cape Town is thus nearly as populous as Birmingham, England (1981 population 1,006,900). As 1980 census figures are being used in this report for the first time there has had to be an adjustment made to previously published figures.

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 51,2 of the White, 50,7 of the Coloured population, 49,9 of the Asian and 38,0 of the Black population groups.

Figure 3.3 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)





MAP 3. HEALTH DISTRICT BOUNDARIES

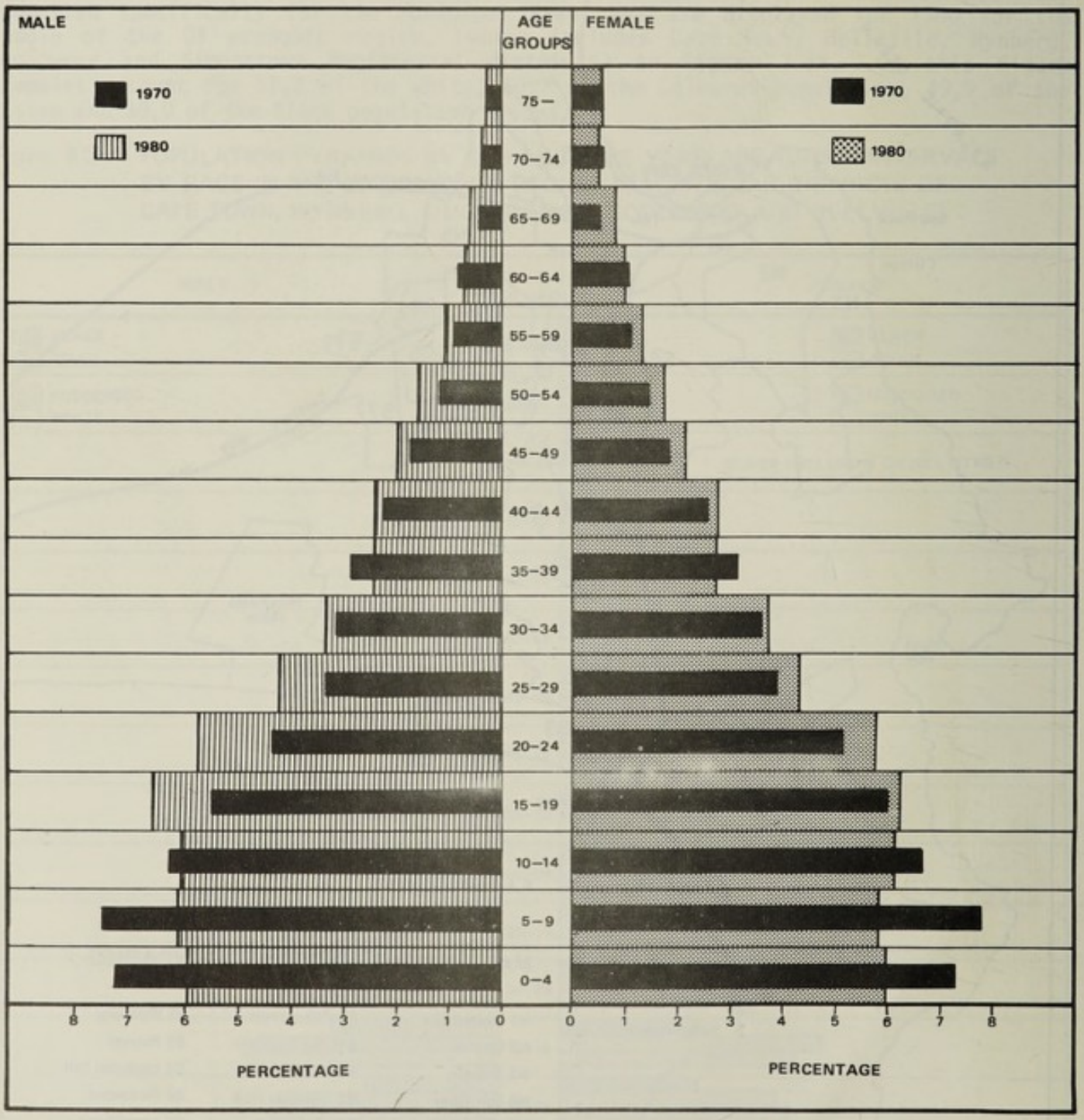
N1 District Six
N2 Central
N3 Atlantic
N4 Salt River
N5 Maitland
N6 Langa
N7 Kensington

E1a Silvertown
E1b Bokmakierie
E2 Manenberg
E3 Hanover Park
E4a Sunnyside
E4b Newfields
E5 Heideveld
E6 Bonteheuwel
E7 Netreg
E8 Mitchells Plain

S1 Wynberg
S2 Retreat
S3 Lavender Hill
S4 Parkwood
S5 Lansdowne
S6 Claremont
S7 Guguletu

Figure 3.4 illustrates the changes in population pyramid form that have taken place over the decade 1970 - 1980 in the Coloured group.

Figure 3.4 POPULATION PYRAMIDS BY SEX AND FIVE YEAR AGE GROUP INTERVALS FOR COLOUREDS IN THE 01 ECONOMIC REGION (MAGISTERIAL DISTRICTS OF CAPE TOWN, WYNBERG, SIMON'S TOWN, GOODWOOD AND BELLVILLE) 1970 AND 1980



REORGANISATION OF DATA COLLECTION

In tandem with the establishment of a Comprehensive Health Service (see page 53) 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).

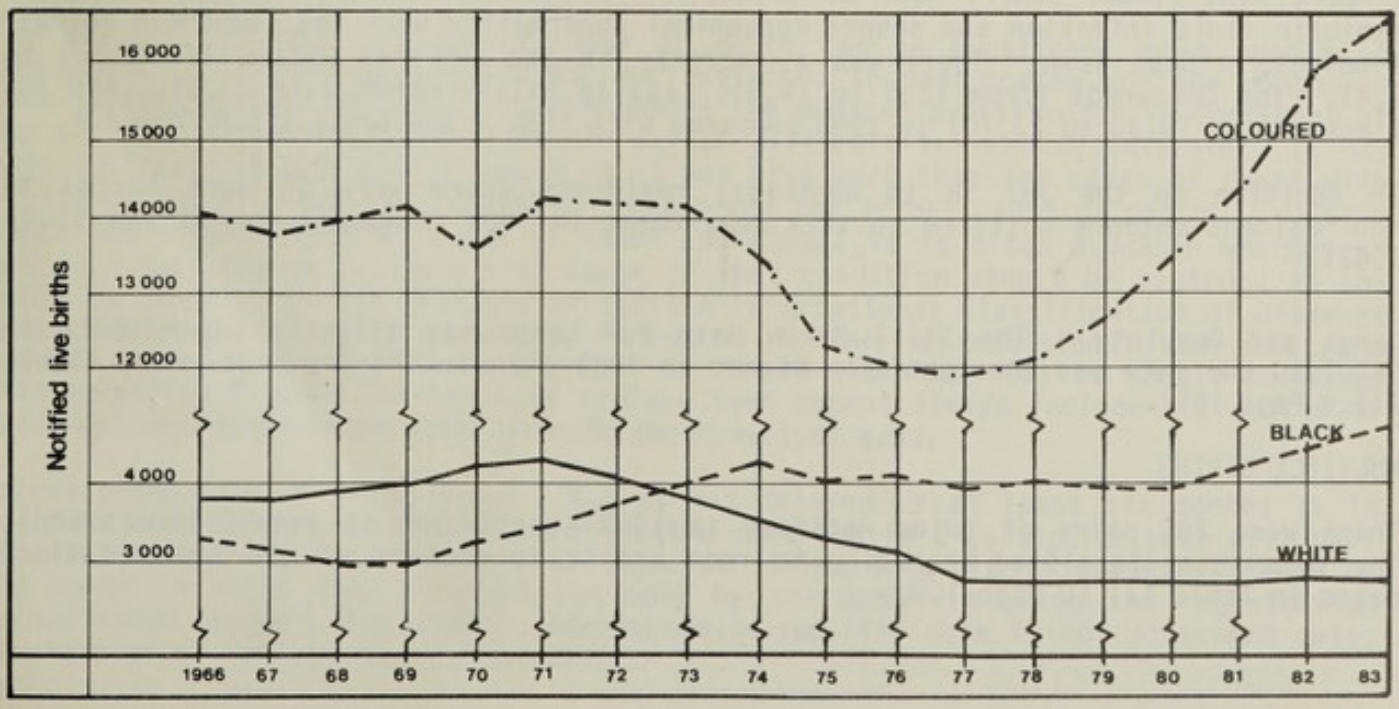
Some 24 Health Districts have been delineated (see Map 3). It is intended to proceed with revision of all data collection so that pertinent data pertaining to their health status can be related to defined communities; so that the work of the health services can be evaluated and so that the effect of 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 Health authorities and the necessity for maintaining it was recognised by the passage of an amendment to the Health Act to preserve the validity of the regulations covering it.

Figure 3.5 THE NUMBER OF WHITE, COLOURED AND BLACK LIVE BIRTHS TO CAPE TOWN RESIDENTS NOTIFIED ANNUALLY FROM 1966 - 1983



NOTIFIED LIVE BIRTHS AND BIRTH RATES

There were 89 fewer (- 3,1%) White, 638 more (+ 4,0%) Coloured, 460 more (+ 10,1%) Black and 45 fewer (- 34,9%) Asian live births to mothers resident in Cape Town during 1983 than in 1982. The trend in terms of actual numbers of such births is shown in Figure 3.5 which covers the years 1966 - 1983 (but which for clarity excludes Asian live births; these accounted for only 0,34% of all live births in 1983).

Table III.4 Page 100 details live births by race and sex for 1982 and 1983 and indicates that the Birth rates for Asians and Whites decreased slightly while those for Coloureds and Blacks rose slightly.

Trends in numbers of live births and birth rates by race 1979 - 1983 are contained in Table III.5 Page 100. The Asian rate has fallen rapidly over this period, the Coloured rate has risen gradually, the White rate has been fairly static and Black rates fell, but are rising.

Langa and Guguletu : There were 5019 Notified Live Black births in Cape Town during 1983, an increase of 10,1% from 1982.

Live Births are related to population for the different Cape Town Communities in Table III.6 Page 100 which shows that in 1983 the Black birth rate in Langa was 73/1000 population, that in Guguletu was 39,21 and that for other Blacks was 8,18. 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 101 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 1983. The Langa fertility rate at 435,76 contradicts the official population figure. The Guguletu figure of 149,09 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 101) 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 a increase in the SBR for Whites (from 3,8 to 7,4); for Coloureds (from 12,5 to 14,5); and in Asians (from 0 to 23,3); and for Blacks (from 18,30 to 23,70) in 1983 compared with 1982 - See Table III.8 Page 101.

In addition to the 387 SB to municipal residents there were 96 such births to non-resident mothers notified to this Department in 1983 (compared to 298 and 91 in 1982).

Langa and Guguletu : The Still Birth Rate for Langa was slightly lower while in Guguletu the rate was substantially higher in 1983 than in the previous year, (Table III.9 Page 101).

MULTIPLE BIRTHS

There were 286 pairs of twins notified in 1983 (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 102.

PLACE OF OCCURRENCE OF BIRTHS/BIRTH ATTENDANTS

The trend for deliveries to take place in institutions continued in 1983 when 74% of live and still births to municipal residents were so classified (see Table III.11 & III.12 Page 102).

LEGITIMACY

The percentage of all Live Births that were illegitimate was 13% higher in 1983 than in the previous year (see Table III.13 Page 103). The high percentage (78%) 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 103.

The trend towards an ever higher percentage of illegitimate births over the past quarter century is shown in Table III.15 Page 104 and the 1983 figure at 42% of total live births is the highest recorded.

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 1983 (11,2% and 63,1% respectively) with figures for Whites and Blacks in Washington, United States of America in 1975 (12,9% and 57% respectively).

MONTH OF BIRTH

Coloured and Black births by month are detailed in Table III.47 Page 124. Winter mean monthly births exceeded summer figures in the years 1980 to 1983 as follows: Black: 1980 +7,2%; 1981 +15,4%; 1982 +11,3%; 1983 +7,4%; Coloured: 1980 +5%; 1981 + 3,7%; 1982 +3,4%; 1983 +6,5%; (Table III.48 Page 125).

The differentials were usually greater in Coloureds when illegitimacy is considered. The figures being 1980 +9,8%; 1981 +5,3%; 1982 +6,7% and 1983 +19,6%. However in Blacks, illegitimacy did not exert the same effect, the winter margin over summer monthly means being 1980 +6,3%; 1981 +6,1%; 1982 +12,9% and 1983 +9,1% (Table III.49 Page 125).

DEATHS

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.

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. Age-sex-cause-specific data is not presented owing to the lack of current demographic data.

GENERAL MORTALITY

NUMBER OF DEATHS AND CRUDE DEATH RATE

There was a slight decrease in the crude death rate for all race groups compared with the previous year (see Table III.16 Page 104) but no clear trend emerges over the past five years (see Table III.17 Page 105).

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. 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 104.

DEATHS BY AGE AT DEATH

The age at death is Tabulated in Table III.18 Page 105 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 1983 compared with 1982. Mortality in the very young is discussed in greater detail on page 20.

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 slight increase in the number of homicides (code 960-969) to 143 Blacks, 215 Coloureds and 15 Whites. Homicide ranked second in the Blacks and sixth 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 1237 (487 Whites, 573 Coloureds, 9 Asian and 168 Black) in 1983 and remains the the leading cause of death in all race groups except Asians. These are detailed in Table III.19 Page 106. Neoplasms of the lungs and trachea are detailed in Tables III.20 and III.21 Page 106.

Figure 3.6 PERCENTAGE OF ALL DEATHS OCCURING IN PERSONS AGED 55 YEARS OR MORE 1973 - 1983

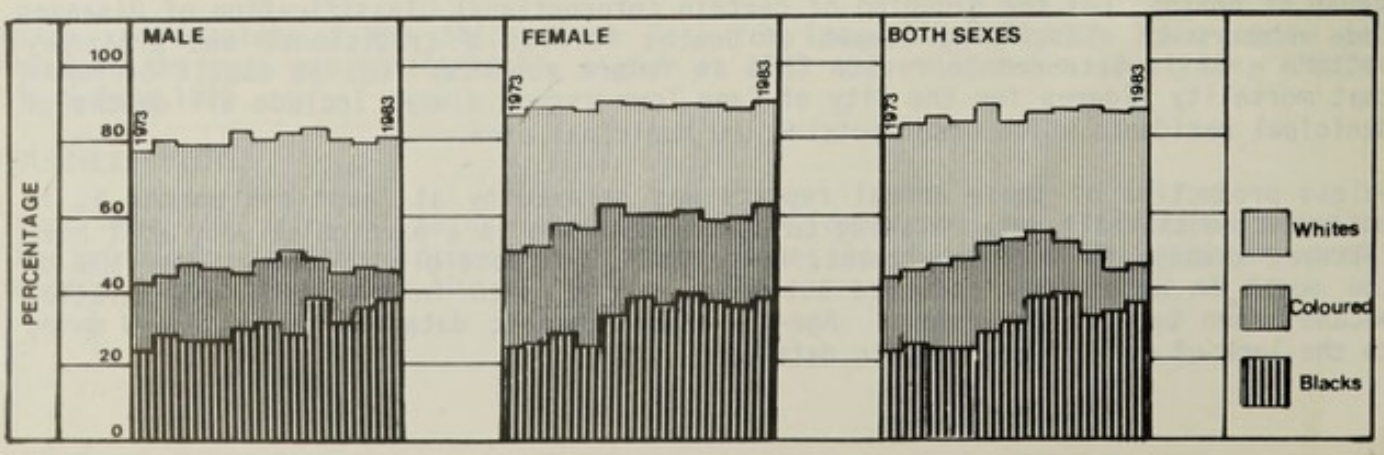


Figure 3.7 PRINCIPAL CAUSES OF DEATHS IN WHITES : 1983

RANK	CODE	CAUSE	DEATHS	% OF TOTAL	RATE PER 1000 POPULATION
1	140-208	Malignant Neoplasm	487	21	1,83
2	780-799	Symptoms, signs and ill defined condition	433	19	1,63
3	410-414	Ischaemic heart disease	407	18	1,53
4	430-438	Cerebrovascular disease	200	9	0,75
5	420-429	Other forms of heart disease	155	7	0,58
6	480-486	Pneumonia	104	4	0,39
7	490-496 466	Chronic obstructive pulmonary disease	83	4	0,32
8	810-829	Motor vehicle accidents	49	2	0,18
9	570-579	Other diseases of digestive system	47	2	0,18
9	580-629	Diseases of the Genito urinary system	47	2	0,18
11	440-448	Diseases of arteries, arterioles and capillaries	41	2	0,15
12	950-959 979	Suicide	38	2	0,14
13	415-417	Diseases of pulmonary circulation	26	1	0,10
14	740-779	Peri-Natal mortality	22	1	0,08
15	038	Septicaemia	20	1	0,08
15	401-405	Hypertensive disease	20	1	0,08
17	880-888	Accidental Falls	19	1	0,07
17	510-519	Other diseases of respiratory system	19	1	0,07
19	960-969	Homicide	15	1	0,06
20	250	Diabetes	14	1	0,05
21		All other Causes	11	0,5	0,04
21	503-538	Diseases of oesophagus, stomach and duodenum	11	0,5	0,04
23	330-337	Hereditary and degenerative diseases of central nervous system	10	0,4	0,04
23	910	Accidental drowning	10	0,4	0,04
25		All other accidents	6	0,3	0,02
26	340-349	Other disorders of the central nervous system	5	0,2	0,02
27		Other infectious and parasitic diseases	4	0,2	0,02
28	011	Pulmonary Tuberculosis	3	0,1	0,01
28	390-398	Chronic rheumatic heart disease	3	0,1	0,01
28	980-989	Injury undetermined whether accidentally or purposely inflicted	3	0,1	0,01
28	004,5,6,8,9 555,6,8	Dysentery and Gastro enteritis	3	0,1	0,01
28	500-509	Pneumoconioses and other lung diseases due to external agents	3	0,1	0,01
28	280-289	Dieseas of Blood & blood-forming organs	3	0,1	0,01
34	560-569	Other diseases of intestines and peritoneum	2	0,1	0,01
34	320-326	Inflammatory Diseases of the Central nervous system	2	0,1	0,01
		TOTAL	2 325		

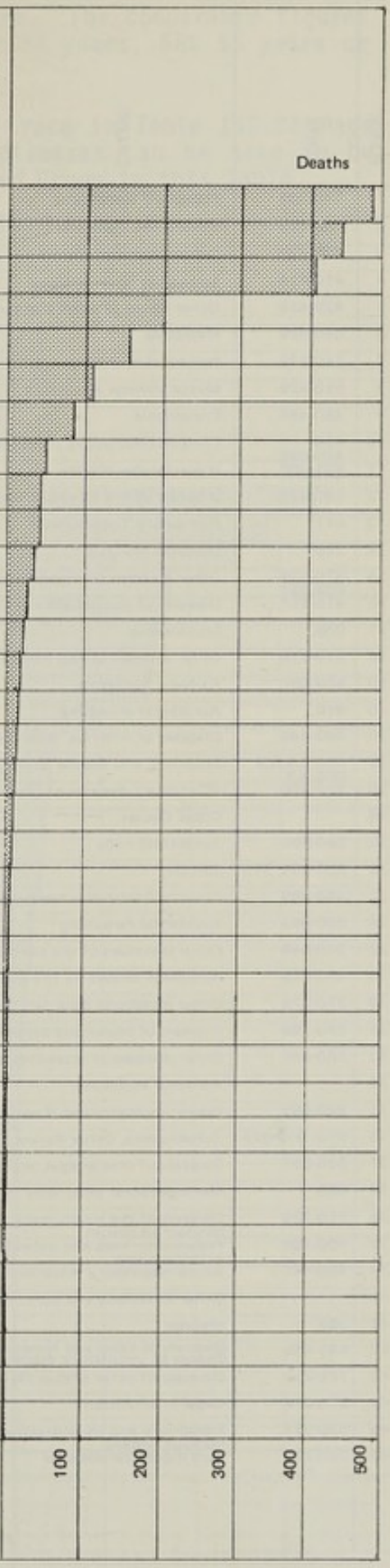
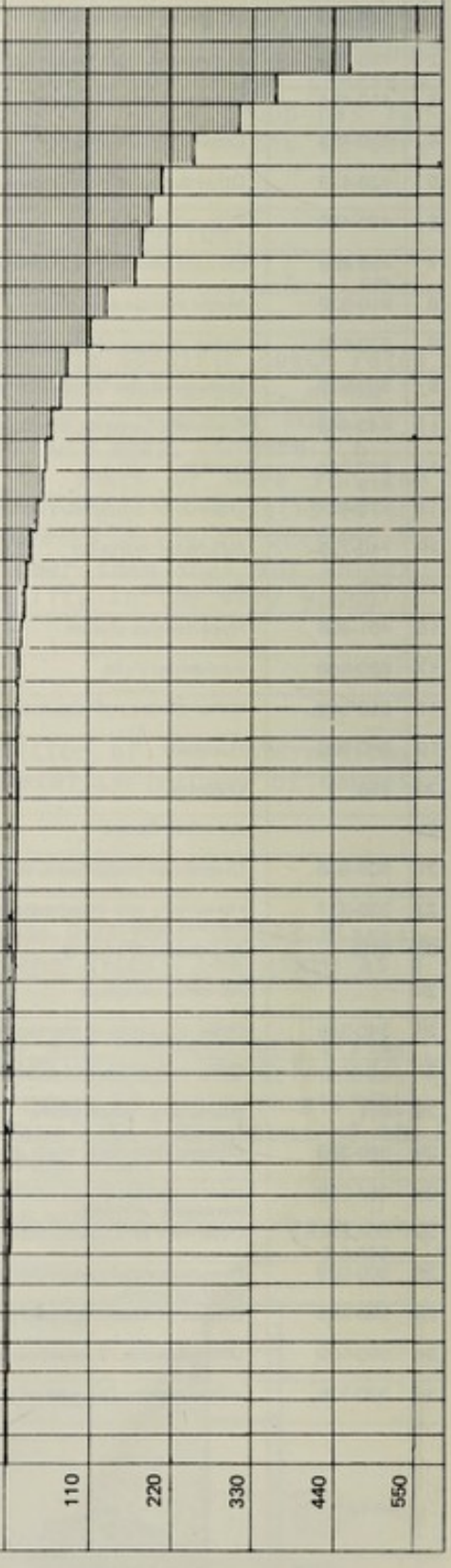


Figure 3.8 PRINCIPAL CAUSES OF DEATHS IN COLOUREDS : 1983

RANK	CODE	CAUSE	DEATHS	% OF TOTAL	RATE PER 1000 POPULATION
1	140-208	Malignant Neoplasms	573	16	1,06
2	780-799	Symptoms, signs and ill defined condition	472	13	0,88
3	430-438	Cerebrovascular disease	360	10	0,67
4	410-414	Ischaemic heart disease	322	9	0,60
5	420-429	Other forms of heart disease	246	7	0,46
6	960-969	Homicide	215	10	0,40
7	740-779	Peri-natal mortality	195	5	0,36
8	810-829	Motor Vehicle Accidents	188	5	0,35
9	480-486	Pneumonia	177	5	0,33
10	466 490-496	Chronic obstructive pulmonary disease	130	4	0,24
11	401-405	Hypertensive disease	105	3	0,20
12	580-629	Diseases of the Genito-urinary system	70	2	0,13
13	011	Pulmonary Tuberculosis	63	2	0,12
14	250	Diabetes Mellitus	52	1	0,10
15	570-579 609,557	Other diseases of digestive system	45	1	0,08
16	415-417	Diseases of pulmonary circulation	43	1	0,08
17	038	Septicaemia	37	1	0,07
18	510-519	Other diseases of respiratory system	31	1	0,06
19	800-807	Railway Accidents	28	1	0,05
20	910	Accidental drowning	25	1	0,05
20	440-448	Diseases of Arteries, arterioles and capillaries	25	1	0,05
22	004,5,6,8,9 555,6,8	Dysentery and Gastro enteritis	24	1	0,04
23	320-326	Inflamatory diseases of the central nervous system	23	0,6	0,04
24		Other Causes	21	0,6	0,04
25	880-888	Accidental Falls	20	0,5	0,04
26	950-959 979	Suicide	16	0,4	0,03
27	390-398	Chronic Rheumatic heart disease	15	0,4	0,03
28	850-869	Accidental Poisoning	12	0,3	0,02
29	340-349	Other disorders of the central nervous system	11	0,3	0,02
30	890-899	Accidents caused by fire and flames	10	0,3	0,02
30	270-279	Other metabolic disorders and immunity disorders	10	0,3	0,02
32	280-289	Diseases of blood and blood-forming organs	9	0,2	0,02
33	560-569	Other diseases of intestines and peritoneum	8	0,2	0,01
33		All other accidents	8	9,2	0,01
35	980-989	Injury undetermined if accidental or purposely inflicted	7	0,2	0,01
35	010, 012-018	Tuberculosis, Other Forms	7	0,2	0,01
37	530-537	Diseases of oesophagus, stomach and duodenum	6	0,2	0,01
38	036	Meningococcal infections	4	0,1	0,01
38	710-739	Diseases of the musculoskeletal system and connective tissues	4	0,1	0,01
38	500-509	Pneumoconioses and other lung diseases due to external agent	4	0,1	0,01
38	460-465	Acute respiratory infection	4	0,1	0,01
42		Other infectious and parasitic diseases	3	0,1	0,01
42	055	Measles	3	0,1	0,01
42	451-459	Diseases of veins and lymphatics and other disease of circulatory system	3	0,1	0,01
42	251-259	Diseases of other endocrine glands	3	0,1	0,01
46	970-078	Legal intervention	2	0,1	0,00
46	330-337	Hereditary and degenerative diseases of central nervous system	2	0,1	0,00
46	260-269	Nutritional deficiencies	2	0,1	0,00
		TOTAL	3 643		

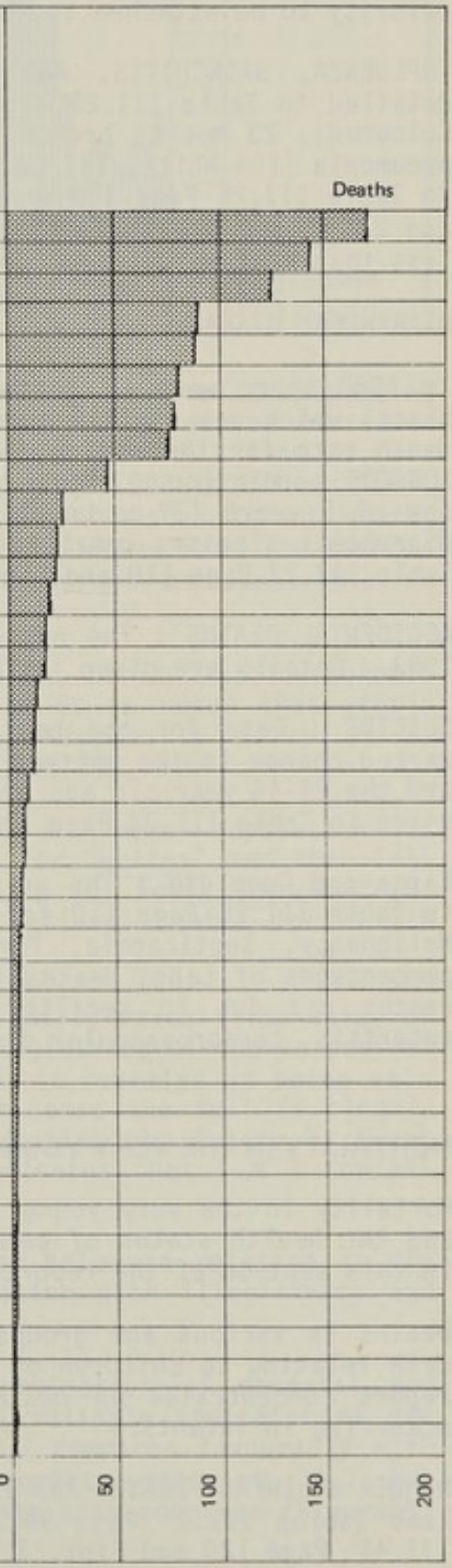


There was an increase in incidence compared with 1982. Over the past five years an average of 11% of pulmonary cancer deaths in White males occurred in persons aged less than 55 years and 89% in persons aged 55 years or more. The comparable figures for the combined Coloured/Black/Asian group were 32% under 55 years, 68% 55 years or more.

Certain causes of death are classified more precisely by race in Table III.22 Page 107 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 3.9 PRINCIPAL CAUSES OF DEATHS IN BLACKS : 1983

RANK	CODE	CAUSE	DEATHS	% OF TOTAL	RATE PER 1000 POPULATION
1	140-208	Malignant Neoplasms	168	14	1,32
2	960-060	Homicide	143	12	1,12
3	780-799	Symptons, signs and ill defined condition	126	11	0,99
4	810-829	Motor Vehicle Accidents	88	7	0,69
5	740-779	Peri-natal mortality	87	7	0,68
6	480-486	Pneumonia	77	7	0,60
7	011	Pulmonary tuberculosis	76	6	0,60
8	430-438	Cerebrovascular disease	71	6	0,56
9	420-429	Other forms of heart disease	48	4	0,38
10	004,5,6,8,9 555,6,8 466	Dysentery and Gastro enteritis	25	2	0,20
11	490-496	Chronic obstructive pulmonary disease	23	2	0,18
12	580-629	Diseases of Genito-urinary system	21	2	0,16
13	401-405	Hypertensive disease	19	2	0,15
14	410-414	Ischaemic heart disease	18	2	0,14
14	570-579, 609	Other diseases of digestive system	18	2	0,14
16	038	Septicaemia	15	1	0,12
17	800-807	Railway accidents	14	1	0,11
17	012-018	Tuberculosis, other forms	14	1	0,11
19	415-417	Diseases of pulmonary circulation	11	1	0,09
20	510-519	Other diseases of respiratory system	10	0,8	0,08
20	320-326	Inflammatory disease of centrl nervous system	10	0,8	0,08
22	055	Measles	9	0,8	0,07
22	260-269	Nutritional deficiencies	9	0,8	0,07
24	890-899	Accidents caused by fire and flames	8	0,7	0,06
25		Other causes	7	0,6	0,05
25	250	Diabetes Mellitus	7	0,6	0,05
25	880-888	Accidental Falls	7	0,6	0,05
28	340-349	Other disorders of the central nervous system	6	0,5	0,05
28	910	Accidental drowning	6	0,5	0,05
28	390-398	Chronic Rheumatic heart disease	6	0,5	0,05
28	440-448	Diseases of Arteries, Arterioles and capillaries	6	0,5	0,05
32		All other accidents	5	0,4	0,04
33	560-569	Other diseases of intestines and peritoneum	4	0,3	0,03
34	860-869	Accidental poisoning by other solid and liquid substances, gases and vapour	3	0,3	0,02
34		Other infectious and parasitic diseases	3	0,3	0,02
34	270-279	Other metabolic disorders and immunity disorders	3	0,3	0,02
37	980-989	Injury undetermined if accidental or purposely inflicted	2	0,2	0,02
37	036	Meningococcal Infection	2	0,2	0,02
37	500-509	Pneumoconioses and other Lung diseases due to external agents	2	0,2	0,02
37	280-289	Forming organs	2	0,2	0,02
		TOTAL	1 179		



ISCHAEMIC HEART DISEASE deaths have changed but little over a five year period in White females and Coloureds (see Table III.23 Page 108), but there has been a slight decrease in White male death rates due to this cause since 1979.
TUBERCULOSIS mortality and that due to other Notifiable Conditions are discussed in Section VI (Page 71).

MEASLES deaths over the ten years 1974-1983 are detailed in Table III.24 Page 109. In 1983 there were 12 deaths (3 Coloured and 9 Black) compared with 13 deaths (4 Coloured, and 9 Black) in the previous year. The havoc wrought by this often underestimated childhood disease is a spur to continued preventive efforts (see page 81).

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.

INFLUENZA, BRONCHITIS, AND PNEUMONIA mortality over the ten years 1974-1983 is detailed in Table III.25 Page 109. In 1983 there was 1 deaths due to influenza (1 Coloured), 23 due to bronchitis (4 White, 16 Coloured, and 3 Black), and 358 due to pneumonia (104 White, 177 Coloured, and 77 Black). The importance of age is detailed in Table III.26 Page 109 wherein it is shown that 1 White death, 36 of the Coloured and 23 of the Black deaths due to bronchitis or pneumonia occurred in infants aged less than one year.

DIARRHOEAL DISEASE

In 1983 there were 52 deaths due to these diseases (3 White, 24 Coloured, and 25 Black) which was similar to 1982 (2 White, 27 Coloured, 1 Asian and 33 Black). The death rate for the whole population in 1983 due to diarrhoeal disease was 5,50 per 100 000 population. Eighty percent of these deaths occurred in children under the age of 5 years (37 under 1 year, 4 aged 1 year and 1 aged 2 to 4 years) and the diarrhoeal diseases remained a prime cause of Black infant mortality. (see page 25 Table III.27 Page 110 and Figure 3.15).

ACCIDENTAL DEATHS : The number of accidental deaths fell from 600 in 1983 to 528 in 1983. Details are given in Table 111.29 Page 111.

SUICIDE : Data for the past five years (Table III.30 Page 111) 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 111). Mode of suicide adopted is given in Table III.32 Page 112.

Langa and Guguletu : The principal Causes of General Mortality in 1983 are detailed in Table III.28 Page 110 for Langa and Guguletu residents. Pulmonary Tuberculosis, Malignancy, Septicaemia, Perinatal Mortality and Pnemonia 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, gastro enteritis, cerebrovascular diseases and accidental deaths.

MORTALITY IN THE VERY YOUNG

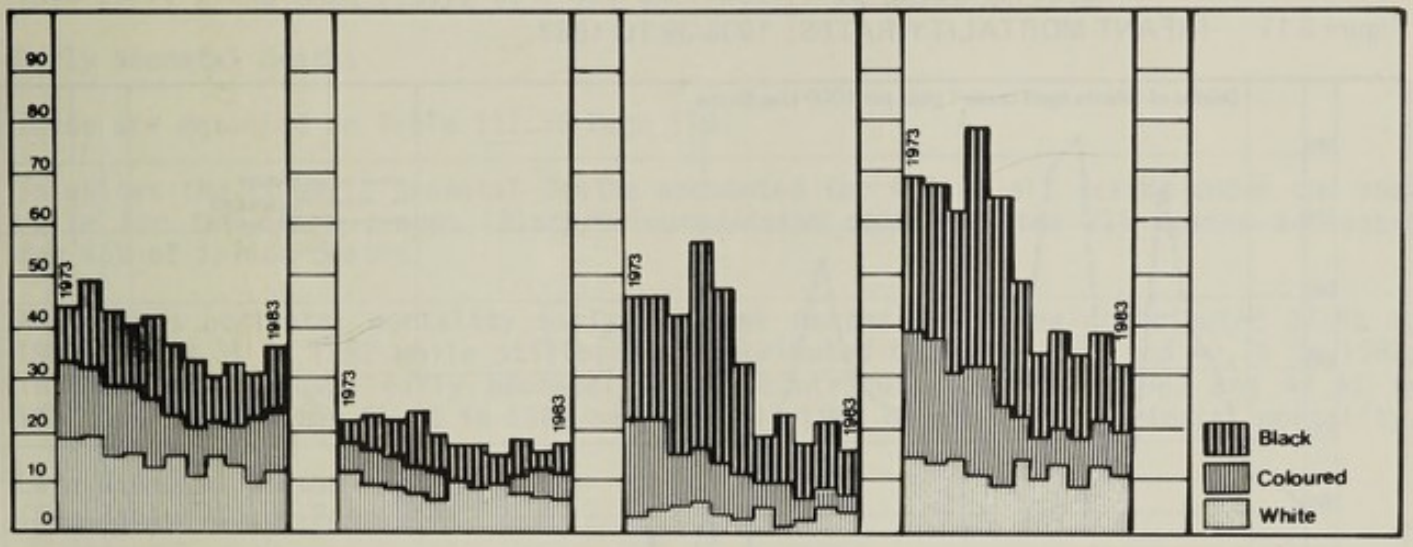
Mortality in the very young is a sensitive index of the efficacy of health services and the health status of communities and is therefore discussed as a special entity in this section of the report.

Deaths in various age groups are detailed in Table III.18 Page 105 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 99, III.8 Page 101, III.33 Page 112, III.34 Page 112, III.41 Page 120 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 1973 - 1983



Black infant deaths decreased from 169 in 1982 to 162 in 1983 with a corresponding decrease in the I M R from 37 in 1982 to 32 in 1983. White infant deaths decreased from 34 in 1982 to 30 in 1983 with a corresponding decrease in the I M R from 11,7 in 1982 to 10,6 in 1983. Coloured infants deaths fell from 334 in 1982 to 320 in 1983, with a corresponding decrease in the I M R from 21,0 to 19,3. Asian infant deaths numbered 6 in 1983 and the I M R increased from 38,8 to 71,4. 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. 282, 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.

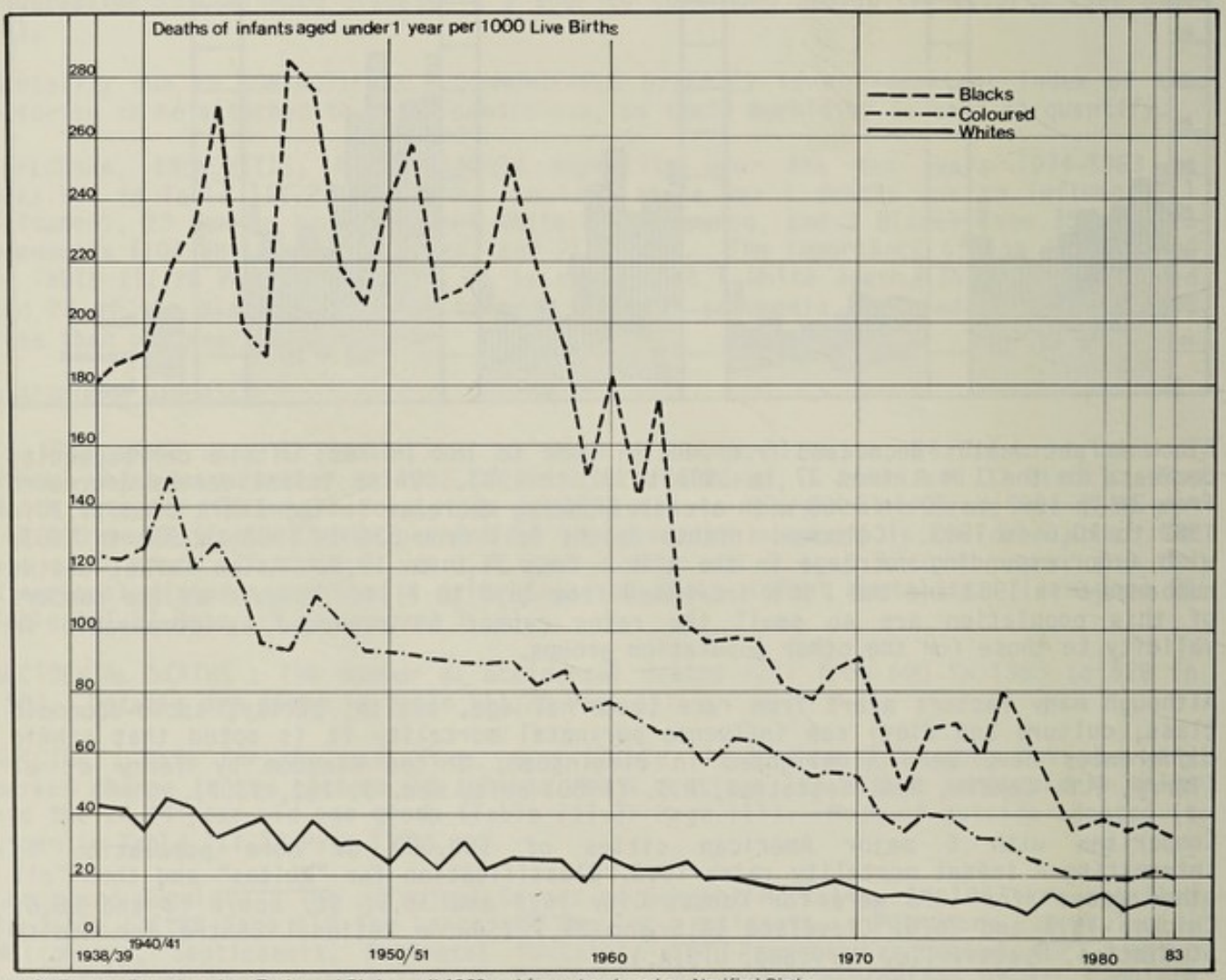
The Infant Mortality experienced in Cape Town is discussed below in relation to the age at death, the principal causes of death, the association with illegitimacy and the place of death.

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 1983 Langa rate of 29,7 compares favourably with that of 28,5 for the previous year and with the Guguletu rate of 34,3 but unfavourably with the White rate of 10,6. The Guguletu rate also compares favourably with that of 45,9 for the previous year.

AGE AT DEATH
(see Table III.35 Page 113 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: 1938/39 TO 1983



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 120, III.42 Page 121). (Still births were discussed on page 14).

Perinatal Mortality in Whites rose (being 9,3 in 1982 and 11,3 in 1983); and in Blacks (being 31,2 in 1982 and 36,2 in 1983) and in Coloureds (22,8 to 24,0) and Asians (31,0 to 46,5).

Table III.42 Page 121 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 120).

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 113.

In whites the 12 early neonatal deaths accounted for 40% of all deaths under one year while for the other groups (Black/Coloured/Asian combined) the 226 deaths accounted for 46% of infant deaths.

As regards perinatal mortality early neonatal deaths in Whites contributed 37,5% in 1983 and 59,3% in 1982 while stillbirths contributed 62,5% in 1983 and 40,7% in 1982; in other race groups early neonatal deaths contributed 38,1% in 1983 and 44,4% in 1982 and stillbirths 61,9% in 1983 and 55,6% in 1982 of the total perinatal mortality.

Late Neonatal Deaths
(See Table III.35 Page 113).

These numbered only 5 for Whites and 60 for other race groups, i.e. 17% and 12,3% of White and other infant deaths respectively.

Neonatal Deaths - combining the above.
(See Figure 3.10 and Tables III.35 Page 113 and III.41 Page 120).

There was a decrease in the White neonatal mortality from 20 deaths in 1982 to 17 deaths in 1983 corresponding to a decrease in the neonatal mortality rate from 6,9 to 6,0. The number of Black deaths (85) increased by 14 and the neonatal mortality rate from 15,6 to 16,9 from 1982 to 1983. Asian deaths (5) remained the same and the rates increased from 38,8 to 59,5 while Coloured deaths fell from 203 to 196 and the rates from 12,8 to 11,8.

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 120).

POST-NEONATAL DEATHS
(From one month but under one year of age).
(See Table III.35 Page 113 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 1983 there were only 13 such deaths (a rate of 4,6 per 1 000 live births). The Coloured infants, however, suffered 124 deaths (compared with 131 in 1982) with a rate of 7,5 in 1983 compared with 8,2 in 1982. The Black group experienced 77 deaths (compared with 98 in 1982 - with a decrease in the death rate from 22 in 1982 to 15 in 1983. The causes of Black and Coloured deaths are discussed below but probably two thirds of them were 'avoidable' (see Table III.35 Page 113).

DEATHS BY SEASON

The same problems with data collection discussed on page 15 apply.

PRINCIPAL CAUSES OF INFANT MORTALITY
(see Tables III.35 Page 113, III.38 Page 118, and Figures 3.12, 3.13 and 3.14).

Figure 3.12 PRINCIPAL CAUSES OF INFANT MORTALITY IN WHITES : 1983

RANK	CODE	CAUSE	DEATHS	% OF TOTAL
1	740-759	Congenital Malformations	10	33
2	765, 769	Prematurity and Respiratory Distress Syndrome	9	30
3		Other and ill-defined or unknown causes	6	20
4	760-764, 766, 768 770-771, 776-779	Other diseases peculiar to early infancy	1	3
5	772-775	Haemolytic disease of newborn	1	3
5	480-486	Pneumonia	1	3
5	320-322	Meningitis	1	3
5	038	Septicaemia	1	3
		ALL CAUSES	30	

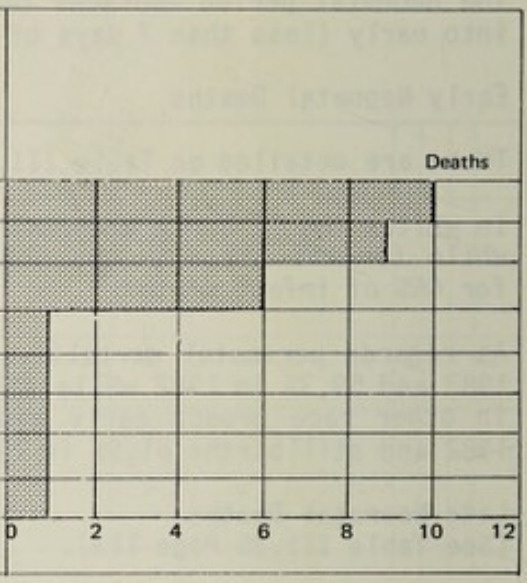
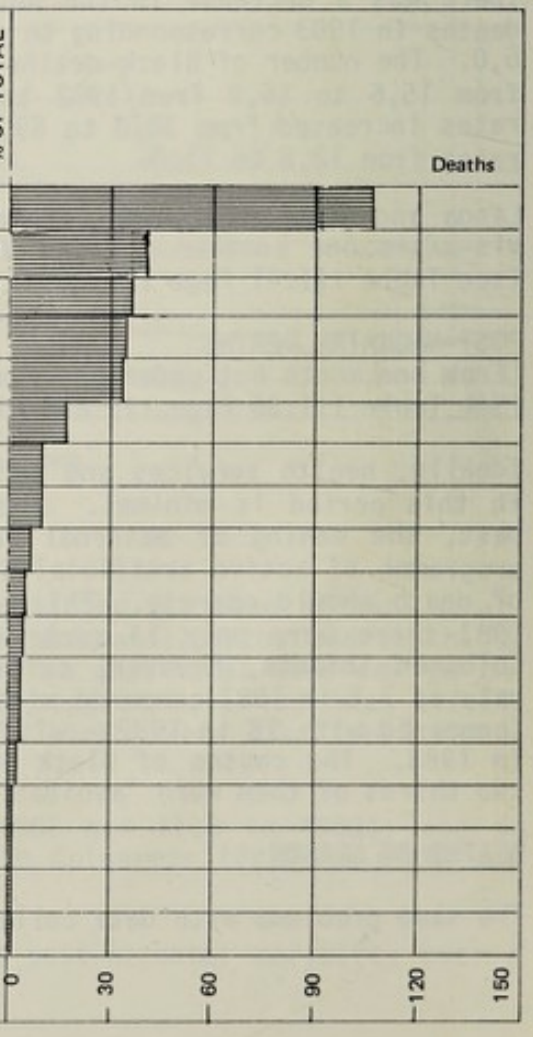


Figure 3.13 PRINCIPAL CAUSES OF INFANT MORTALITY IN COLOUREDS : 1983

RANK	CODE	CAUSE	DEATHS	% OF TOTAL
1	765, 769	Prematurity and respiratory distress syndrome	107	33
2		Cause unknown	45	14
3	760-764, 766, 768 770-771, 776-778	Other diseases peculiar to early infancy	38	12
4	480-486	Pneumonia	34	11
5	740-759	Congenital Malformations	33	10
6	009, 558	Gastro-enteritis	16	5
7	772-775	Haemolytic disease of the newborn	10	3
7		Other miscellaneous causes	10	3
9	038	Septicaemia	6	2
10	800-949	Accidental	5	2
11	320-322	Meningitis	4	1
12	446, 490-491	Bronchitis	3	1
12	055	Measles	3	1
14	767	Birth injury	2	0,6
15	070	Viral Hepatitis	1	0,3
15	010-012, 014-018	Tuberculosis, Pulmonary and other forms	1	0,3
15	260-263, 269	Nutritional Maladjustment	1	0,3
15	013	Tuberculosis, meningeal	1	0,3
		ALL CAUSES	320	



INFANT MORTALITY IN GENERAL

From Table III.35 Page 113 which lists 22 diseases or groups of diseases it can be seen, as in Figure 3.12, that in Whites the major single problems are congenital anomalies, prematurity, others and ill-defined as unknown causes, other disease of early infancy, pnemonia, meningitis and septicaemia.

Figure 3.14 PRINCIPAL CAUSES OF INFANT MORTALITY IN BLACKS : 1983

RANK	CODE	CAUSES	DEATHS	% OF TOTAL
1	765, 769	Prematurity and respiratory distress syndrome	42	26
2	760-764, 766,768 770-771, 776-779	Other diseases peculiar to early infancy	22	14
2	480-486	Pneumonia	22	14
4	009, 558	Gastro enteritis	21	13
5	798-799	Cause unknown	18	11
6	740-759	Congenital Malformation	15	4
7	320-322	Meningitis	5	3
7		Other miscellaneous causes	5	3
9	772-775	Haemolytic disease of the new born	3	2
10	055	Measles	2	1
10	010-012, 014-018	Tuberculosis, all forms	2	1
10	038	Septicaemia	2	1
10	260-263, 269	Nutritional maladjustments	2	1
14	800-040	Accidents	1	0,6
		ALL CAUSES	162	

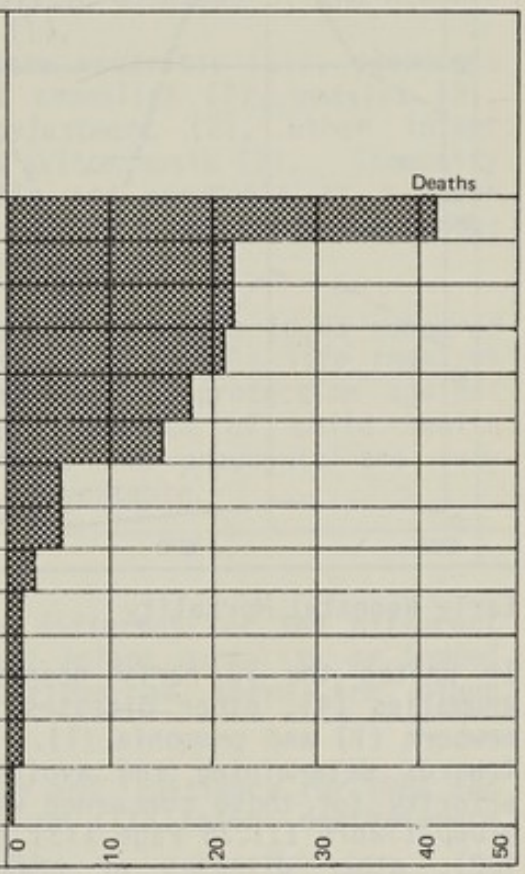
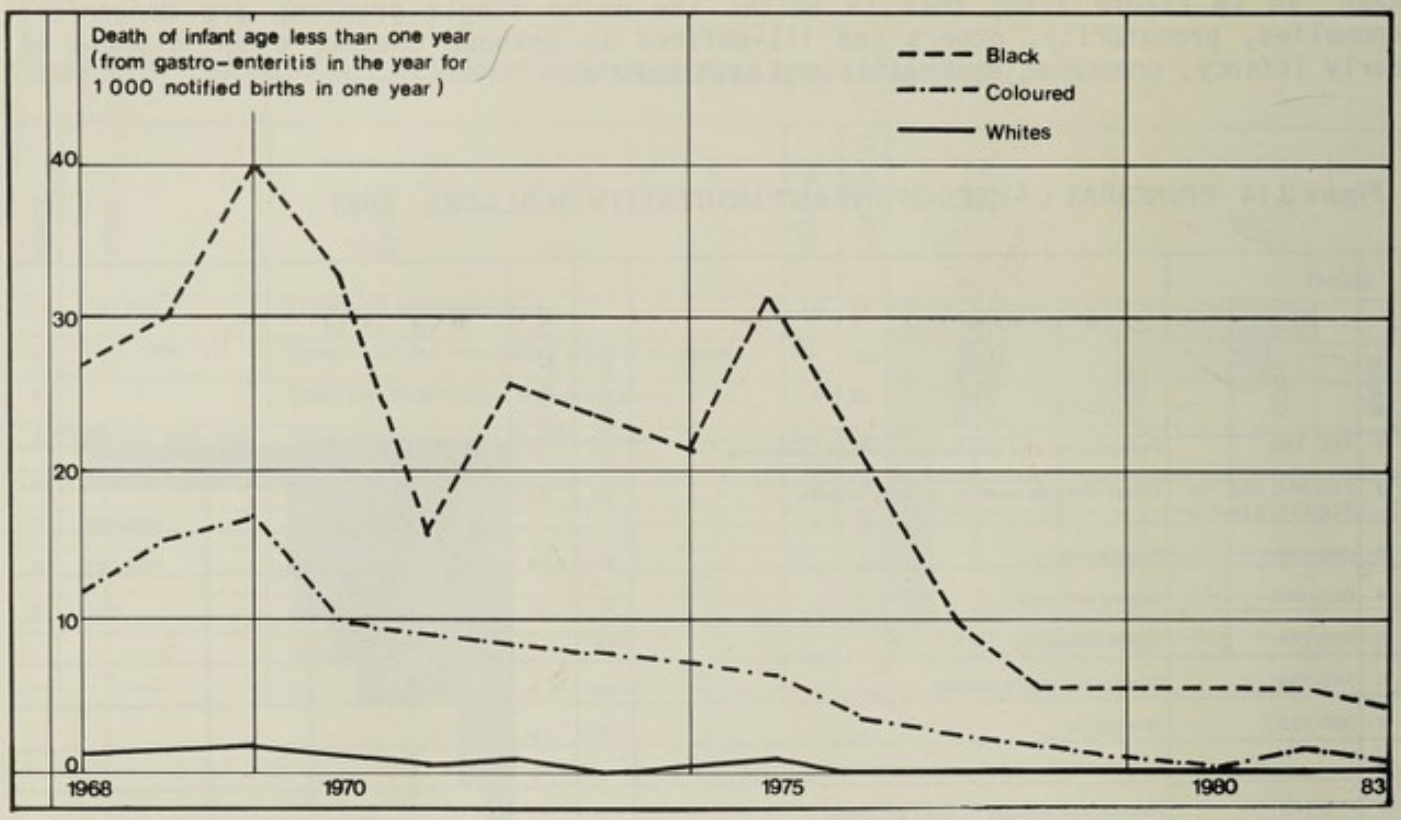


Figure 3.13 shows that in the Coloured group the major single problems are prematurity, other diseases of early infancy, pneumonia, congenital anomalies, cause unknown, gastro-enteritis and haemalytic diseases of the newborn. Figure 3.14 shows that in the black group the major single problems are prematurity, other diseases of early infancy, pnemonia, gastro-enteritis, cause unknown, congenital malformations and meningitis. Figure 3.15 illustrates trends in gastro-enteritis mortality. Table III.37 Page 117 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.

Langa and Guguletu : Causes of Infant Mortality (i.e. deaths under the age of one year) are detailed in Table III.43 Page 121: Guguletu showed higher infant mortality rates due to meningitis, other newborn diseases ,bronchitis , syphilis, gastro enteritis, pneumonia, premature birth, cause unknown and accidents, than Langa. Langa had higher infant mortality rates due to congenital malformations, measles, nutritional maladjustment, tuberculosis, septicaemia and other causes.

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.

Figure 3.15 INFANT MORTALITY DUE TO GASTRO-ENTERITIS: CITY OF CAPE TOWN 1968 - 1983



Early Neonatal Mortality

In Whites the 12 early neonatal deaths were due to prematurity (5), congenital anomalies (4), other diseases peculiar to early infancy (1) haemolytic disease of newborn (1) and pnemonia (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 113) the 160 early neonatal deaths were due to prematurity (82), other diseases of newborn (39), congenital malformations (15), other or ill-defined causes (15), haemolytic diseases of the new born (6), birth injury (2) and septicaemia (1). In the Black group, as on Table III.35 Page 113 , the 64 early neonatal deaths were due to prematurity (28), other diseases peculiar to early infancy (22), congenital malformations (6), haemolytic diseases of newborn (3), other or ill-defined causes (2), septicaemia (2) and congenital syphilis (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 (2), other newborn diseases (2) and other and ill defined or unknown (1). In the Coloured group, as on Table III.35 Page 113, the 36 late neonatal deaths were due to prematurity (8), other diseases of early infancy (8), congenital anomalies (6), pneumonia (5)*, other or ill-defined (3)*, septicaemia (2)* haemolytic diseases of newborn (2)*, diarrhoea and enteritis (1)*, and accidental deaths (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 14 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 113 the 21 late neonatal deaths were due to prematurity (8), other diseases peculiar to early infancy (4), meningitis (3), pnemonia (3), congenital anomalies (2), other and ill defined or unknown (1).

Post-neonatal Deaths

In whites the 13 deaths were due to 'other or ill-defined causes' (5), congenital malformation (4), prematurity (1), meningitis (1), septicaemia (1) and other diseases of the newborn (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 124 post-neonatal deaths were due to 'other and ill-defined' causes (32), pneumonia (29), gastro-enteritis (15), congenital anomalies (12), accidental deaths (4), prematurity (4), meningitis (4), septicaemia (3), measles (3), bronchitis (3), other infant diseases (3), tuberculosis (2), haemolytic diseases of the newborn (2), nutritional maladjustments (1) and viral hepalitis (1).
In Blacks the 77 post-neonatal deaths were due to gastro enteritis (21), pneumonia (19), 'other and ill-defined causes' (17), congenital anomalies (7), measles (2), meningitis (2), tuberculosis (2), nutritional maladyjustment (2), other infant diseases (2), accidental deaths (1), bronchitis (1) and avitominosis (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 18,53 compared to Langa's 12,2 and Cape Town Whites 4,6. 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. 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 119 gives infant mortality rate by race and legitimacy for 1982 and 1983 only for deaths of infants whose legitimacy was known (113 infant deaths where this could not be established are excluded from the table).

INFANT DEATHS AND PLACE OF DEATH

Table III.39 Page 119 details the number of deaths in each race group occurring in hospital or at home by neonatal and post-neonatal periods and by legitimacy, 90% 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. 92% of known legitimate neonatal deaths took place in hospital as did an almost equal percentage of 88% of such known illegitimate deaths (N.B. there were 62 neonatal deaths where legitimacy was unknown). Somewhat surprisingly, whereas 48% of legitimate post-neonatal deaths took place in hospital, the illegitimate figure was 45%. Where legitimacy was not known 89% of neonatal deaths occurred in hospital and 45% of post-neonatal deaths did so.

MATERNAL MORTALITY

(see Table III.44 Page 122).

There was 1 maternal death in 1983, being ascribed to childbirth. (see Table III.45 Page 122).

VITAL STATISTICS COMPARED WITH OTHER CENTRES

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

IV ENVIRONMENTAL HEALTH

GENERAL

ENVIRONMENTAL HEALTH BRANCH

- HOUSING
- SEWERAGE
- SURFACE SANITATION
- CONTROL OF TRADING
- REPORT FROM THE DIVISIONS
- REPORT FROM THE SECTIONS
- FOOD CONTROL
  - (a) MEAT CONTROL - ABATTOIR
  - (b) FRESH PRODUCE MARKET
  - (c) FOOD HYGIENE SECTION
  - (d) FOOD RETAIL OUTLETS
  - (e) FOOD CONDEMNATION
  - (f) FOOD POISONING INCIDENTS
  - (g) WATER SUPPLIES
- PLAN SCRUTINY
- PEST CONTROL
- LAW ENFORCEMENT

MILK CONTROL BRANCH

AIR POLLUTION CONTROL SECTION

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 in 1981. Meetings continued to be held monthly during 1983 to receive reports, examine critically the functions and duties of the environmental services, and to plan, coordinate, and direct activities to maximum efficiency.

With the increased responsibility of the Environmental Health Branch 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 and is under the control of the Deputy 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.

Environmental health control is divided into three functional divisions namely:

1. Environmental Health Branch which is responsible for environmental health control in the City as laid down in the Health Act 63 of 1977 and other legislation. This includes Food Control. The Branch is organised in eight geographical divisions and four specialist sections.

2. Air Pollution Control Section which administers the Atmospheric Pollution Prevention Act No. 45 of 1965.

3. Milk Control Branch which is responsible for the control over the production and distribution of milk supplies and control over meat processing plants.

The abattoir is under control of the City Administrator and the Director of the Abattoir.

Drainage, sewerage and refuse removal are functions of the City Engineer's department.

Housing falls under the City Administrator and Director of Housing. All these functions are monitored by the Environmental Health Branch.

ENVIRONMENTAL HEALTH BRANCH

The staff establishment of this Branch for 1983 was 75 Health Inspectors made up of the Chief Health Inspector and two assistants, 8 Principal Health Inspectors, 23 Senior Health Inspectors, 41 Health Inspectors and other supporting personnel such as administrative staff, pest control operators and cleaning attendants.

The inspections and other work carried out on district by health inspectors of this Branch during 1983 are tabulated in Table IV.1 Page 126, the total number of notices served in 1983 being 5 472.

The Health 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 sub- stances. 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. Licences Ordinance 17 of 1981 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 every individual type of business puts a heavy workload on the staff.

7. Food bylaws and Regulations with regard to hygienic food handling and minimum standards to which food premises shall comply.

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

    Accommodation Establishments
    Barbers and hairdressers
    Bakeries
    Butchers and Fish Shops
    Butcher Vehicles
    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.

A working sub-committee of inspectors from this Branch, under the guidance of Mr S O'Brien of the City Administrator's Department is at present revising the by-laws as listed above with a view to updating data and requirements. Eventually this will be submitted to Council for approval.

The Branch is also involved with monitoring functions related to environmental health which are carried out by other Departments of Council, 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 economic and otherwise, require almost daily attention with the objective of improving and eliminating such problems. During 1983 16 out of a total of 180 such areas were completely eliminated and 9 were added to the list. Progress is monitored at the monthly Planning meetings.

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 gratifying to note that, as has been recommended by this Department for many years, the Government has now adopted a policy of investigating low cost housing schemes of various types including site and service schemes. Here lies the hope for the future, providing careful planning is undertaken as to the needs and capabilities of people in different areas and circumstances.

The dwellings completed by the City Council in the year under review are detailed in Table IV.13 Page 136. After taking into account conversion, sale or demolition of dwellings 3 513 dwellings completed in 1983 bring the total of dwellings completed and under the control of the Housing Branch within the Cape Town Municipal area (excluding the Administration Board Western Cape Areas, dwellings used to accommodate caretakers or to house clinics etc.) to 47 405 (597 White and 46 808 Coloured).

In the area under the jurisdiction of the Administration Board Western Cape, Uluntu Utility Company under auspices of Urban Foundation have completed 71 new houses at Guguletu.

Furthermore, provision has been made for the housing of university students in a block of new flats within this Mulinga Park complex.

More firms are showing interest in erecting dwellings for their permanent employees. At present two such dwellings have been erected and occupied.

The Director of Housing has furnished the information (see Table IV.13 Page 136) that, during 1983 54 houses (Assisted Housing) were built for Coloureds at Parkwood, 396 at Manenberg and 3 063 at Mitchells Plain. Neither White nor Coloured home-ownership houses were built in 1983.

The application list for Coloured housing increased by 2 055 to 21 742 Coloured families, and includes 196 applications in respect of shack dwellings in the Municipal area. White applications increased by 264 to 827. A total of 4 298 families from the waiting list were housed during the year - 2 803 in new dwellings and 1 459 in vacancies. In addition to this 232 families were resettled by the Department of Community Development. Of existing occupants, 507 families were transferred to new dwellings and 471 to vacancies.

In certain special and extreme cases of families in dire circumstances, investigation was instituted and recommendations were submitted to the Director of Housing for priority housing allocations to be made. A total of 75 such applications for priority allocations were considered of which 34 were recommended for approval.

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 in respect to proposed conversions). 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 71 such applications were submitted to the Department of Community Development in 1983 (see Table IV.14 Page 136). The conversion of other premises (with more than five living rooms) are covered by S.85(4) of the Act and 21 such applications were granted in 1983.

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.

The north barracks complex comprising 35 dormitories and under control of the Administration Board, Western Cape, is badly overcrowded and conditions here are most unsatisfactory. These quarters are now being phased out by the Administration Board and 10 of the 35 dormitories are presently vacant.

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 and sea water quality monitoring has indicated no pollution problem on shore despite cessation of chlorination under permit from the Department of Environmental Affairs.

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

Early warning devices have been installed at the various pump stations to expedite action when there is a breakdown at the stations.

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 authorised to construct an entirely new 150 Ml/d treatment plant at the Cape Flats site south of Zeekoevlei with expansion to 200Ml/d being planned. Modernisation and improvements to the Athlone works is underway. 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.

A 25 Ml/d works at Mitchells Plain has been constructed to handle sewerage from the rapidly developed Mitchells Plain area.

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

In line with modern public health theory, the Health Department's attitude to reclaimed sewerage is that in the case of Cape Town such water would be suitable for industrial, horticultural and agricultural use only.

Industrial effluent discharging 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

Indiscriminate dumping of trade waste and builders rubble occurred at 39 various sites throughout the municipal area. These sites were monitored by the district health inspectors and controlled with the co-operation of the Chief Engineer (Solid Wastes).

Industrial refuse disposal continued at Vissershok and domestic waste was disposed of at Strandfontein and via the Athlone Pulverising Plant at the Swartklip Disposal Site. A new pulverising plant was completed at Swartklip and will come into operation next year. During the year the quantity of domestic and small trade refuse, removed was approximately 180 000 tons.

A controlled site for dumping of builders rubble was opened for the public, in Baden Powell Drive, Strandfontein.

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. There has been an improvement in the service of the areas around the single quarters and streets. The dumping of unserviceable motor vehicles generally in the townships also hampers the cleansing work. The Administration Board is removing and impounding stripped vehicles and those left abandoned. 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 70 000 pail clearances were affected. Similarly 2 080 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 55 public sanitary conveniences (chalets) sited at convenient points throughout the municipal area, and which are staffed by 152 permanent attendants.

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, kennels, 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 1983 are detailed in Table IV.13 Page 136.

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.11 (Page 135).

LICENCES ORDINANCE NO. 17 OF 1981

This Ordinance controls the Registration and Licensing of Businesses in respect of 68 scheduled undertakings. Reports on these applications are submitted to the City Administrator 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 1981 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:	46
Offensive Trades:	18
Old Age Homes:	32
Creches and other places of Child Care (including premises licensed in terms of the Provincial Ordinance):	198

In addition suitability reports are submitted to statutory bodies on premises which are also licensed in terms of the Licences Ordinance of 1981 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.14 Page 136. 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 the number or manner of use of such structures and the number or kind of animal to be kept at any such premises.

In four cases, unstabled animals being kept in residential areas were removed. Fourteen cases of unsuitable and unauthorised structures used to stable animals were demolished and the animals were also removed in accordance with notices served.

REPORTS FROM THE DIVISIONS

The municipal area is divided into 8 geographical divisions each of which is under the control of a Principal Health Inspector and supporting staff. The divisions are listed in alphabetical order from Division A to H.

DIVISION A.

This division comprises of the city central business district, the Gardens area, Schotschekloof and the marine suburbs from Green Point to Bakoven.

Considerable problems are being experienced due to vagrancy in the central business district aggravated by the existence of derelict dwellings in the "Bo-Kaap" area which are scheduled for restoration. Constant surveillance and barricading of buildings are regarded as an interim measure and the Department has formed a committee, comprising of its own staff and officials from other departments, in an effort to find a solution to the problem.

The many restaurants and nightclubs in this division place a heavy burden on available manpower to ensure hygienic standards and inspections, outside the normal office hours, are carried out on a regular basis.

The only remaining septic tank which discharged its effluent into the sea at Bakoven has been replaced with a pumping station which is connected to the municipal sewerage system.

DIVISION B.

This division comprises of a portion of the central business district, Devil's Peak, Vredehoek, Walmer Estate, Woodstock, Salt River and Observatory.

The biggest environmental health problem encountered in this division is caused by socio-economic factors resulting in inadequate and poor housing and slum conditions in certain of the Woodstock and Salt River areas. Structurally, many of the houses which are both privately and State owned, are in a poor condition and the inspectorate staff continuously serve notices on private owners to effect repairs. Due to limitations of the Council's jurisdiction over houses owned by the State, the Department constantly liaises with the Department of Community Development to carry out maintenance work. Block surveys of these houses are done on an ongoing basis.

The re-development of the Grand Parade food stalls commenced in 1983. For many years, this department has reported adversely against the retention of the old stalls, which from a hygienic point of view, were totally unsuitable for the sale of foodstuffs. The demolition of these stalls and the commencement with the construction of suitable stalls which will comply with recognised health standards, was therefore a very pleasing event.

DIVISION C.

This division covers the areas of Maitland, Kensington, Thornton and the northern suburbs of Brooklyn to Sanddrift and includes the city's industrial areas of Paarden Eiland, N'Dabeni and Epping Industria.

The construction of private new home-ownership dwellings in Kensington is evident and this is assisting towards the general improvement of the area.

The Cape Show is an annual event which takes place in this division and it is standard procedure to monitor all food outlets and public toilet facilities throughout the duration of the show. No food poisoning incidents occurred.

DIVISION D.

This division covers the suburbs of Mowbray, Rosebank, Rondebosch, Claremont, Sybrand Park, Kenilworth and Kenwyn.

The urban renewal which is taking place in Harfield Village, Waterloo Estate and parts of Rondebosch East has involved the demolition of a number of derelict houses, the construction of new dwellings and the renovation and upgrading of others. These developments have brought about a marked improvement in these areas with a dramatic drop in the number of environmental health problems, i.e. refuse, vagrancy and derelict buildings.

1983 saw the demolition of a tannery in Rondebosch; for many years a source of irritation and complaints from local residents. A new office block is being constructed on the site.

DIVISION E.

This division covers the suburbs from Wynberg to Clovelly, including several large council housing schemes situated in Retreat, Steenberg, Lavender Hill and Parkwood.

There has been a natural development of rural and open land for private residential purposes and, similarly, portion of the Retreat area has shown marked industrial development.

During the year a marked improvement occurred in the Vrygrond and Retreat areas in that numerous shack dwellings were demolished and the occupants re-housed.

The department also motivated for the implementation of four water sampling points in the Southfield canal prior to its discharge into Princess Vlei so as to evaluate the standard of the water in the vlei which is to be developed as a water recreational area.

It is gratifying to note that, after several years of negotiations between the Department and the Cafda Welfare Organisation, the drainage to the Cafda Housing Scheme was linked up to the municipal waterborne sewerage system.

DIVISION F.

This division comprises the central Athlone area including the areas of Lansdowne, Crawford, Bokmakierie, Kewtown, Honeyside, Hazendal and Langa.

The area is predominantly residential in nature but with commercial complexes in central Athlone and industrial areas in Lansdowne, Philippi and Athlone Industria.

The Athlone sewerage works is situated in this division and was the cause of many problems experienced with smells and fly breeding. Also, the refuse pulverising plant, situated along Settlers Way and the composting plant in Bridgetown, have been subjected to regular inspection so as to prevent the occurrence of nuisances.

Various rivers and canals run through this division, i.e. Lotus River, Blomvlei, Vygekraal, etc., and are monitored regularly to ensure that there is no likelihood of pollution by overflowing sewers.

DIVISION G.

This division covers the areas of Manenberg, Bonteheuwel, Heideveld, Valhalla Park, Vanguard Estate, Welcome Estate, Surrey Estate and Guguletu and comprises mainly of council housing schemes.

Overcrowding is regarded as the major problem in this division. During 1983 the attention of the relevant committee of Council had to be drawn to an unsatisfactory state of affairs created by the "in-fill" housing schemes in that access to yards of dwellings are obstructed which hinders the clearing of blocked drains.

DIVISION H.

This division comprises the whole of Mitchells Plain, situated 27 kilometers from Cape Town's central business district. The area of this fledgling town within the City of Cape Town is some 3100 hectare and is to eventually house approximately 250,000 people. Because of its planning of centralized business areas, problems have arisen by illegal trading from dwellings and vehicles.

A problem which also occurred during the year was the discolouration of water in the Strandfontein tidal pool due to stones and sand entering the valve mechanism and thus making regular draining of the pool impossible. This problem has subsequently been solved.

FOOD CONTROL

(a) MEAT CONTROL - ABATTOIR

The Municipal Abattoir, situated in Maitland, is a branch of the City Administration 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 1983 the following animals were slaughtered (figures in parenthesis are for 1982).

Cattle	168 585	(189 305)
Calves	24 179	(18 716)
Sheep and goats	1 244 298	(1 256 017)
Pigs	181 903	(178 052)
Horses, mules and donkeys	495	(584)

(b) FRESH PRODUCE 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. During 1983 the hall was extended to increase the available floor area by 13 000 square metres to 45 000 square metres. 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	WEIGHT (kg)	VEGETABLES	WEIGHT (kg)
Pome	12 071	Bulbs	63 479
Drupe	106 933	Flowers	47 925
Citrus	150 933	Leaves and stems	409 554
Vine	6 606	Roots	75 102
Miscellaneous	6 103	Seed fruits	311 234
Tubers	69 974	Other foodstuffs	3 117

Fifty-one 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. No samples were found to have pesticides residue in excess of permissible amounts.

(c) FOOD HYGIENE SECTION (established 1979)

The Food Hygiene Section continues to prove a worthwhile innovation.

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 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) Sampling of foodstuffs for histological examination;

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

(iv) The processing of court cases concerned with the various contraventions of health legislation, as initiated by the health inspectors;

(v) Inspection of food delivery vehicles;

(vi) Regular sampling of reticulated municipal water supply.

(vii) Regular sampling of water supplies to recreational areas such as Silvermine.

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 various foods, but the section also deals with the administration of regulations regarding labelling and advertising, pesticidal residues, colourants, etc. and contravention of these regulations.

The year has seen the closure of some food firms and the removal of others to different premises. 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.

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. 829 samples were taken up to December 1983. 7% of the samples analysed did not comply with the regulations and fines totalling R1 345 were imposed. (Table IV.10 Page 134).

BACTERIOLOGICAL EXAMINATION (commenced 1978)

A close co-operation continues to be enjoyed with the State Health Laboratories. During the year 262 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 minced meat products, chicken, samoosas, processed meat products, cooked food sold as curries, breedies and fish. 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 routinely 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. This service is also used in investigation of food poisoning incidents (see para (f)).

(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 type of premises.

Some 4 336 applications for trading licences in respect of food outlets were dealt with by District Inspectors during the course of the year.
(Table IV.11 Page 135).

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.

(e) CONDEMNATION OF FOODSTUFFS

Certificates were issued for unsound foodstuffs at 572 premises. Such 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.

(f) FOOD POISONING

During the year fourteen cases of food poisoning involving 58 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) Mussels - red tide;

(ii) Sour milk;

(iii) Powdered milk which caused gastro-enteritis in six babies;

EXAMINATION OF PLANS

(g) 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), Theewaterskloof Dam (501 500 megalitres), 5 Reservoirs on Table Mountain (2 375 megalitres).

During 1983 the daily consumption varied between a maximum of 794 megalitres during the summer and a minimum 268 megalitres during the winter. The average daily consumption during the year was 473 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.

CAPE FLATS SEWERAGE PURIFICATION WORKS:

I concur with opinions expressed by some of the most eminent writers in the field of public health - "reclamation for potable purposes is not recommended, as sound drinking water requires that preference should be given to the purest source. Treatment and monitoring technology are not adequate to assure safety when waste waters are to be used directly for potable purposes"(1).

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

PLANS SCRUTINY

Two senior health inspectors are seconded to the Building Survey Branch of the City Engineer's Department for the purpose of examining building plans of commercial premises to ensure compliance with legislation falling within the ambit of the Health Department. This includes requirements for natural light, natural ventilation, ceiling height, sanitary accommodation, rodent proofing, construction, materials and specific trade needs.

Inspections of sites and completed building works are also carried out by these officials, especially where licences issued in terms of the licences ordinance are involved. The general public and the professions are advised of Health department requirements whenever requested.

Statistics for the year 1983:

Number of examinations of building plans - 5 163
Number of site inspections - 1 799

PEST CONTROL

The Department provides a free rodent and mosquito control service to the public. Free advice is also given to the public regarding insecticides, methods of control and relevant safety precautions applicable to eradiction of pests and vermin other than rats and mosquitoes.

1) Public Health & Preventive Medicine, Last, J.M. (Editor)
Maxcy Rosenau, New York, 11th Edition, 1980.

The staff establishment at the Pest Control Centre, comprises 2 Pest Control Officers, 1 Driver, 1 Clerk and 25 Pest Control Operatives.

A close liaison is maintained between the Pest Control Section and the Entomological Department of the SA Museum when identification of insect pests is required. There is also good co-operation between private Pest Control firms and the Department regarding Pest Control in general.

For the year under review the Pest Control Section carried out disinfestation of many Council owned premises of pests such as fleas, cockroaches, bed bugs, lice and bugs.

During 1983 there was an increase in gerbil activity in the Mitchells Plain complex as well as the Muizenberg areas. Extensive gassing and baiting operations were undertaken and this proved very successsful.

In order to provide a more efficient service in 1983 there was an increase in the block baiting method of baiting street storm water catchpits within certain city blocks. This also proved to be very successful.

The rodent control work conducted during 1983 is detailed in Table IV.15 Page 137.

The following amounts of Rodenticides, Larvicides and Insecticides were used for the year under review:-

Rodent bait:	14,593 kg made up of	7,100 kg mealie meal 1,175 kg Rinoxin or 360 kg Finale 5,958 kg fish and water
Mice bait:	125 kg made up of	110 kg wheat 14,4 kg sugar 600 gr strychnine
Cyanogas (rats):	15 kg	
Larvicides (mosquitoes):	3,864 litres made up of	1,600 litres diesel 2,240 litres paraffin 24 litres Filariol
Insecticides:	210 litres made up of	90 litres Baygon concentrate 120 litres Neopybruthrin

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 counter-signature by the Director General, State 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 Director General to undertake the examination and certification (subject to the prescribed confirmation), of candidates from areas outside Cape Town not under 'First Schedule' authorities. During 1983 three candidates undertook the examination successfully and their certificates were forwarded to the Director General, State Health, Pretoria for registration and issue.

LAW ENFORCEMENT

By virtue of the provisions of Government Notice No. R159 dated 1979-02-02 relating to the appointment of Peace Officers, the Municipality of the City of Cape Town Health Department has 63 officials appointed as Peace Officers who are vested with the power of

(i) The issue of written notices in terms of section 341 of the Criminal Procedure Act, 1977.

(ii) The issue of written notices in terms of section 56 of the Criminal Procedure Act, 1977.

(iii) The execution of warrants of arrest in terms of section 44 of the Criminal Procedure Act, 1977.

(iv) The powers conferred upon a Peace Officer in terms of section 41(1) of the Criminal Procedure Act, 1977. These powers may only be enforced in terms of any offence in respect of a by-law or regulation made by or for the Municipality of the City of Cape Town.

During the year under review the aforesaid law enforcement officers issued:-

123 section 341 compounding tickets
68 section 56 instant summonses.

In addition, 23 conventional summons in terms of section 44 of the Criminal Procedure Act, 1977 were also issued. The details of the makeup of the various offences are listed in Table IV.2 Page 129 Magistrates Court cases.

MILK CONTROL BRANCH

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 195 producers were registered with the Council. The following systems of milking were used:

Hand Milking -	10	"Round the Line" -	16
Bucket milking -	28	Milking Parlours -	134

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 340 000 litres to the three 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 the following work was carried out during the year :

Total number of dairy farm inspections	2 074
Number of farms where major structural improvements were carried out	31

Investigations on farms in connection with:-

Unsatisfactory bacteriological quality of milk	106
Incidence of mastitis	110
Recording of temperatures of mechanically cooled milk (unsatisfactory)	41
Incidence of inhibitory substances	25
Number of samples brought to the laboratory for analysis	1 642

The test method used for inhibitory substances is the modified IDF Disc Test using B. stearothermophilus Var. calidolactis as the test organism.

The following tests were carried out:

Plate Count	1 611
Resazurin	1 611
Eijkmann Test	1 611
Laboratory pasteurisation	1 612
Mastitis cell counts (DMC)	1 613
Inhibitory substances	1 612
Staphylococcus aureus 0,1 ml	1 605

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 three 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	1 783	1 521
Eijkmann Test	1 783	2 961
Presumptive Coliform	1 783	2 961
Phosphatase Test	1 905	245
Staphylococcus aureus		124

These tests included soft serve samples from some 52 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 both soft and hard cheeses.

ANIMAL DISEASES

All producers are members of the State Controlled Tuberculosis Accreditation Scheme The eradication of brucellosis is progressing and 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	% 1982	% 1983
0 - 249	9	24
250 - 499	31	40
500 - 749	22	18
750 - 999	13	7
1 000 and over	25	11

VI TESTS

In an 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 1983, a total of 527 such specimens were obtained from these workers and examined for the presence of Salmonella typhi. Eight were found to be positive. These workers were removed from food handling and stool and urine samples taken on three successive weeks. All were found to be negative.

In addition to the blood specimens of workers, Moore's swabs were regularly taken from the drains at the three pasteurising plants and examined for the presence of S. typhi; with negative results in 1983.

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 465 visits to the 52 outlets from which 335 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, one of which is a poultry abattoir which is licenced and inspected by the Department of Agriculture and Sea Fisheries. Ten of these plants 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 -	453
Number of swabs and specimens taken -	632
Number of agar impressions -	2743

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.

GENERAL

During the hot dry weather of November and early December numerous complaints regarding "sour" milk were received.

Initially, the most complaints came from the Southern Suburbs and appeared to originate from one pasteurisation plant. More detailed investigation brought to light the fact that one producer's milk contained the spores of Bacillus sphaeroides. When this producer's supply of milk was diverted from the municipal milk supply the problem appeared to go away. The producer's milk, as well as the water supply, also contained Bacillus cereus and other Bacillus species. These bacilli have been reported world-wide to cause sweet curdling or bitty cream in pasteurised milk supplies and is more noticeable in unhomogenised milk as the bacterial colonies are found around the fat globules of the cream. They produce clotting enzymes such as lecithinase, which forms flakes that float on the surface of the milk.

The bacilli spores only germinate if there is a rise in the pasteurised milk temperature. Subsequent investigations by this Department found that the milk supplies were not being delivered or sold at a temperature which inhibited spore germination. The temperature chain was investigated from the producer to the supermarket and the following points were emphasised:-

1) Producers milk to be cooled to 5°C within two hours of production.

2) Milk tanker drivers ensured that they did not pick up milk over 5°C.

3) Pasteurisation plants did not accept raw milk over 7°C.

4) Pasteurisation plants were urged to fill bottles and cartons at 5°C and under. It was an unfortunate coincidence that the pasteurisation plant concerned had launched the sale of its milk in cartons and immediate public reaction blamed the carton. As cartons are well insulated and, due to their square shape which enables them to be packed closer together, the cold air movement is not as effective as with the round plastic bottle; the cartons took longer to cool down than the plastic bottles. Thus, if the filling temperature was too high, the chances of spore germination were enhanced; the milk in the plant concerned was only semi-homogenised and the prevalence of bitty cream was increased.

5) Delivery of milk to retail outlets was investigated and it was found that if the delivery temperature was too high, that is, over 10°C, then the "sour" milk incidence was increased.

   Some supermarkets were selling milk at temperatures of 12°C - 14°C and in one instance, milk was found to be 22°C.

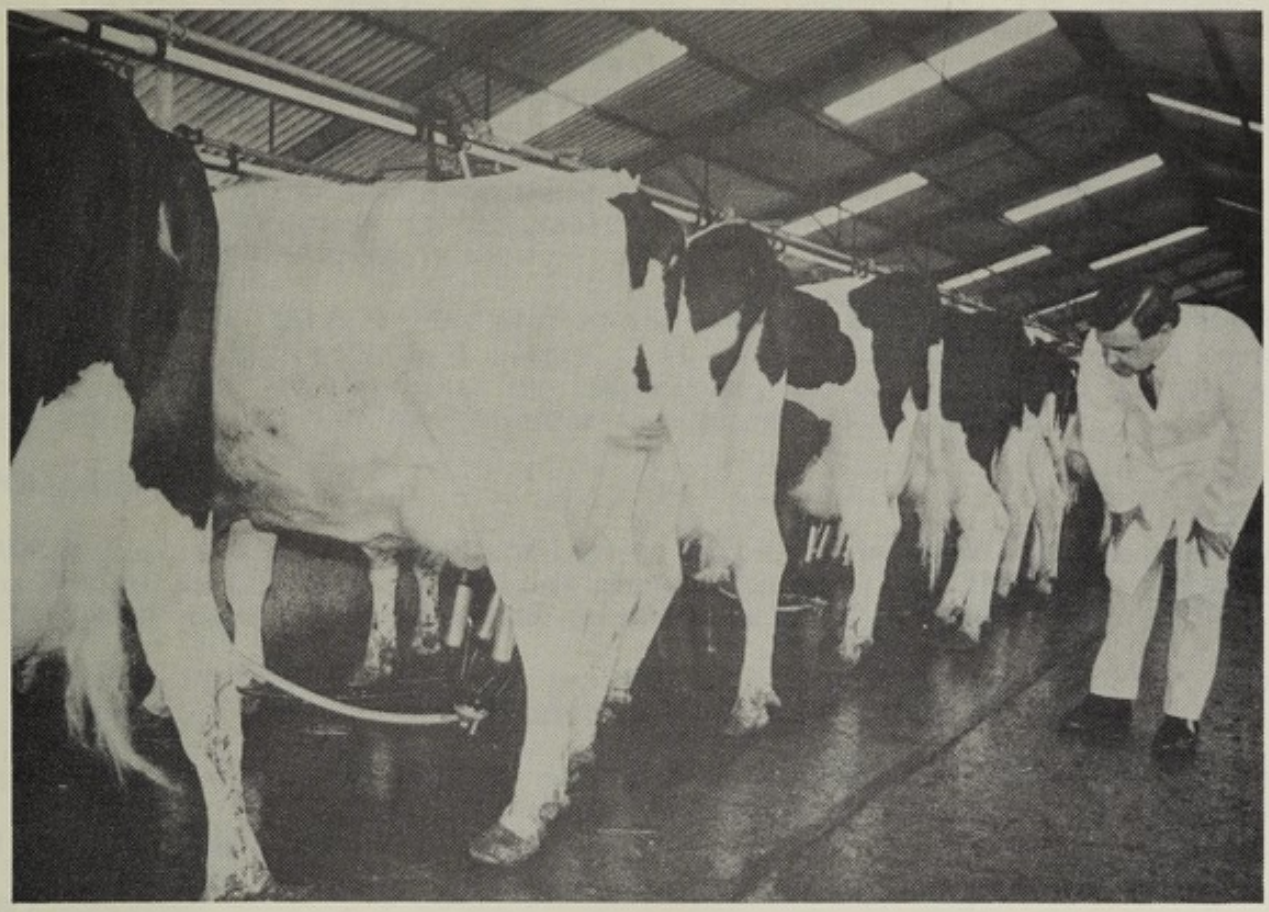
6) The storage temperature of the retail outlets were checked and a number of refrigeration facilities were found to be inadequate or improperly used.

7) The consumer was urged to take his milk purchases home as soon as possible.

In order to monitor the situation more closely, milk samples of the daily production of the three pasteurisation plants were taken and checked in the milk control laboratory. All samples were kept for a minimum of ten days and no recurrence of the problem was found.

The bacilli concerned are found mainly on grain crops, and recently in New South Wales, Australia, the spores were found in spent brewers grain and were responsible for a similar problem in the town milk supply, as this was an essential part of the dairy cows' feed.

MILK INVESTIGATION



From the source . . . .

. . . . to the product.

Traditionally, the milk producers "buy-in" their feed from up-country as the Western Cape is not a good lucerne producing area. However, due to, at one stage, the lack of good lucerne seed leading to a shortage of lucerne hay, the increased rail tariffs, and other financial stringencies, the local producer has now made use of wheat straw, treated with ammonia to make it more palatable, as a source of fodder for his dairy cows. This new development, enhanced by a long, wet winter which increased vegetative bacterial growth and subsequent spore formation when the wheat was harvested and the hot, dry summer began, has emphasised the vulnerability of the city milk supply to the spores of these bacilli, as the hot, dry, dusty conditions led to an increase of spores in the stable environment and thus the spores eventually were manifest in the milk supply.

The producer is well aware of the problem and the need to decrease the likelihood of spores gaining access to the milk supply. It is not possible to eliminate contamination entirely but, provided that the temperature, or "cold chain" is strictly maintained, the re-occurence of the "November phenomenon" can be avoided.

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

Since the discontinuance of coal burning locomotives in January 1982 there has been no severe black smog.

It remains to establish the content of the brown haze which accumulates on windless days. The new instruments will assist in this regard.

The S.A.T.S. (ex S.A.R. & H.) central incineration plant was commissioned during 1982 and while occasionally emitting smoke of an unacceptable level is a great improvement on the previous arrangements.

COMPLAINTS

Details of complaints handled are given in Table IV.5 Page 131.

Of the 175 complaints received, 75 were of smoke, 39 of burning of waste material or garden fires and 61 were of other emissions such as sawdust, sandblasting, odours, dust or spray painting, etc.

BOILER OPERATORS' SCHOOL

John Thompsons (South Africa) (Pty) Ltd have initiated a boiler operators' training course at their premises in Bellville South. This major supplier of boiler plant trained two hundred and fifty operators of all races and standard of education in it's first year of operation and is now fully booked for the first six months of 1984.

In addition, they also run a maintenance course on their equipment.

This is a first in South Africa and must be considered a major break-through.

At the conclusion of the course a certificate is issued on successful completion of an examination.

The standard of boiler operation and hence fuel efficiency and pollution emissions can only improve.

GENERAL WORK DONE

A break-down of work is given in Tables IV.3, 4 and 5, Pages 129-130 and 131.

Ninety-one 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.

5 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.

22 sets of plans were scrutinised and 42 licence applications were checked.

58 notices of various types were issued.

No cases in terms of Part III of the Act were referred to the public prosecutor.

FUTURE TRENDS

The Cape Town Metropolitan Air Pollution Co-ordinating Committee achieved the objectives detailed in last years report.

1. The extensive instrumentation to measure the pre-cursors of photochemical smog and a sophisticated system of data handling was installed in November and December. A similar system was installed in a mobile unit and will be used in the Northern Suburbs.

2. Epidemiological studies into health effects of air pollution have commenced.

3. Further information on wind regimes and air pollution movement will hopefully be obtained through the acquisition of an acoustic radar by the University of Cape Town in 1984.

The work of the above committee in assisting to co-ordinate control of and research into air pollution in the area are much appreciated and indicate the value of combined and concerted effort into control of pollution which does not recognise municipal boundaries. The C.S.I.R. and State Health have also taken a keen interest in the activities of this committee.

VEHICLE POLLUTION CONTROL

The only regulation promulgated under the Act thus far is that governing the control of smoke from diesel vehicles.It has been said for several years now that new legislation was imminent but thus far is not forthcoming although we were given the opportunity to comment on some proposals in 1982. Sadly, it must be reported that nothing has resulted therefrom.

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

	Numbers
Number of vehicles tested	245
Warnings issued	22
Notices issued	39
% Failure (over 60)	17,6
Vehicles submitted for re-test	34
Notices issued for failing a re-test	21
Notices issued for failure to submit for re-test	1
Notices of intention to prosecute	5
Prosecutions	None

The smaller numbers tested are due to a breakdown of testing equipment which intensive effort on the part of the suppliers has failed to rectify.

The percentage failure rate of 17,6 is roughly the same as last year and it could be said that the improvement from 25,9% in 1980 has been maintained.

STAFF

The promotion of one of the inspectors to Principal was effected during the year and that fact, coupled with the responsibility of each inspector for a particular area, has increased the efficiency of control.

Lectures were given to:-

Fourth-year medical students,
Intern medical students,
student health inspectors,
nurses at Groote Schuur Hospital,
learner public health nurses from Stellenbosch University,

Discussions were held with M. Med doctors undergoing post-graduate training in Public Health.

SMOKELESS ZONES

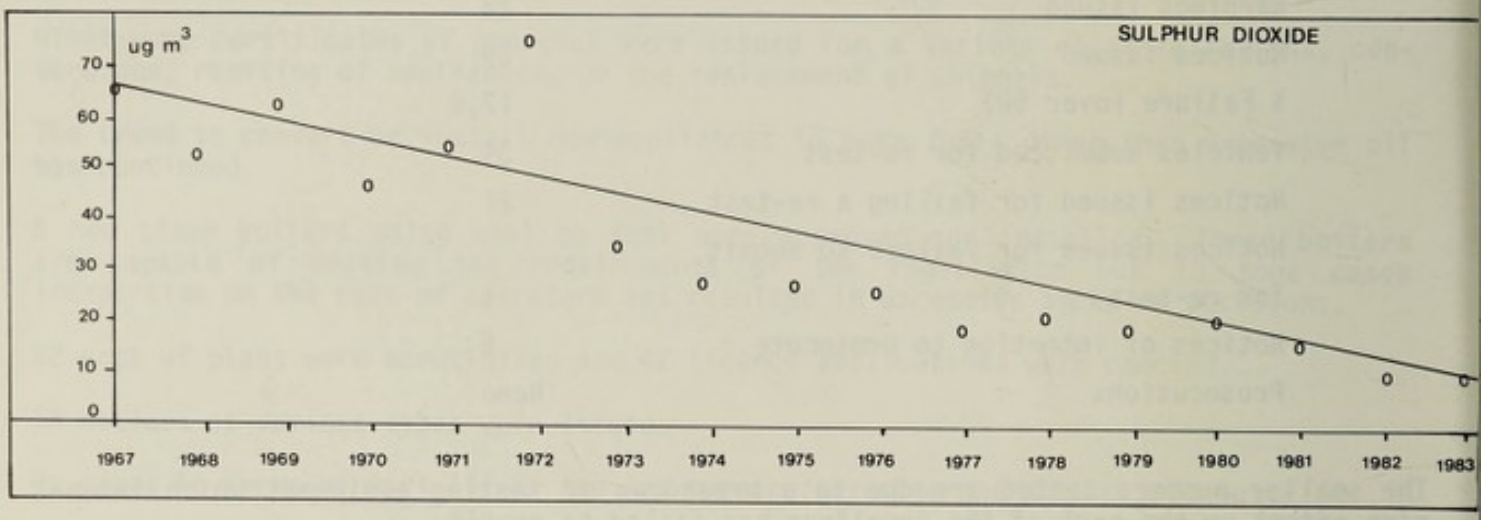
The eight Smoke Control Zone orders cover the area from Settlers Way through the City to Bakoven and no great problems were experienced.

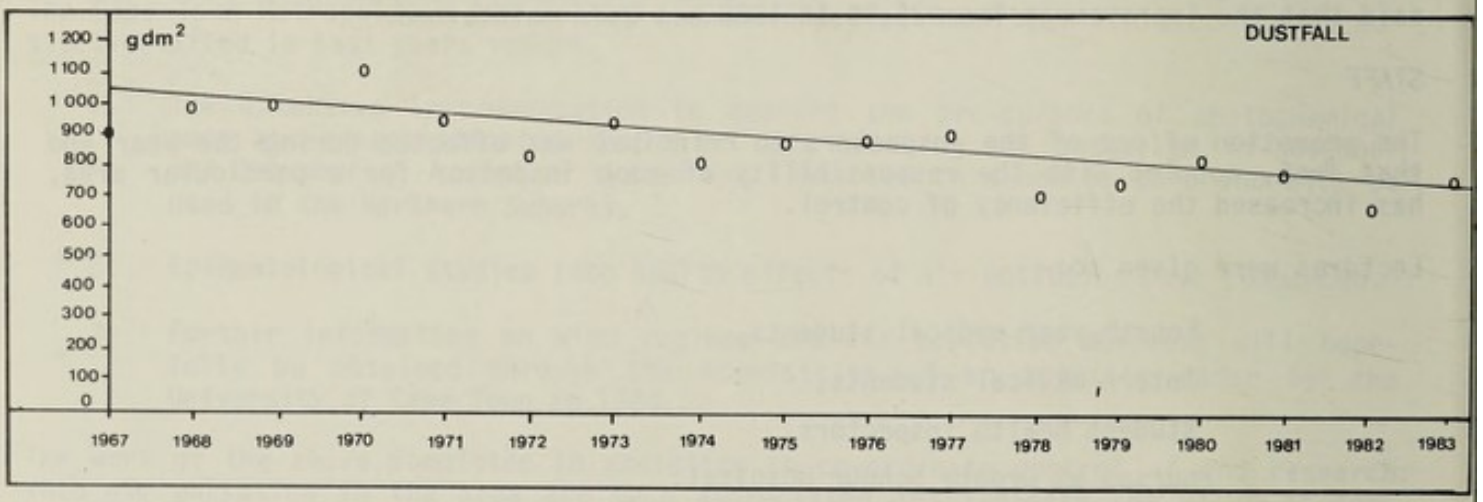
MEASUREMENT

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.

The new instrument system, comprising of analysers to measure sulphur dioxide, nitrogen oxide, nitrogen dioxide, oxides of nitrogen, methane, non-methane and total hydrocarbons and ozone, (SO_2, NO, No_2, No_x, $CnHm$-CH_4 and O_3), were installed in November and December. Data handling and storage is by data logger and computer.

Figure 4.1 ANNUAL AVERAGE VALUES SO_2 BUBBLERS AT SEVEN MEASURING STATIONS





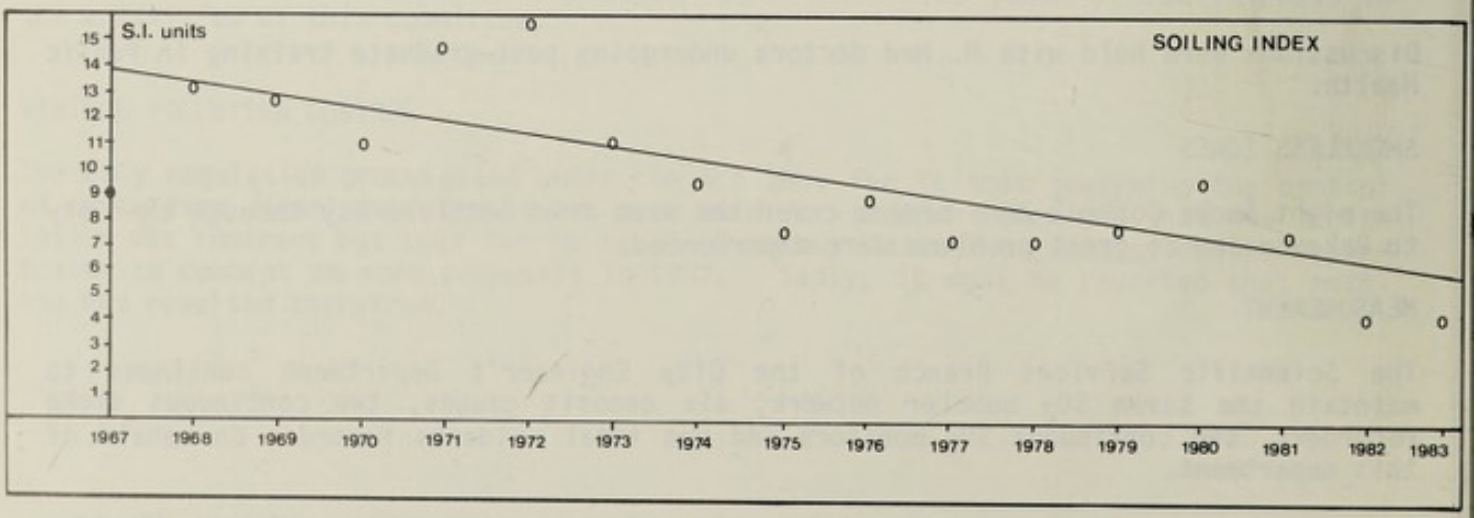


Figure 4.2 TYPICAL RECORDING AT A RADIATION MONITORING STATION INDICATING RADIATION LEVELS DURING RADIOLOGICAL TESTING OF WELDS AT A NEARBY INDUSTRIAL CONCERN

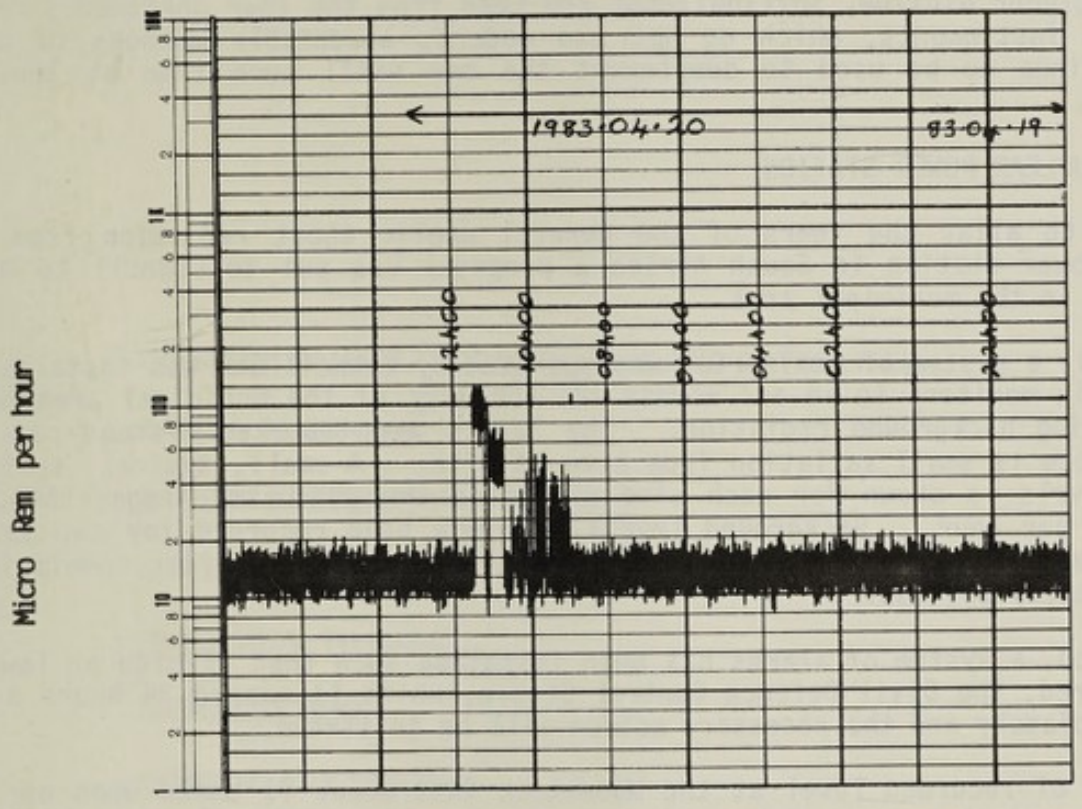
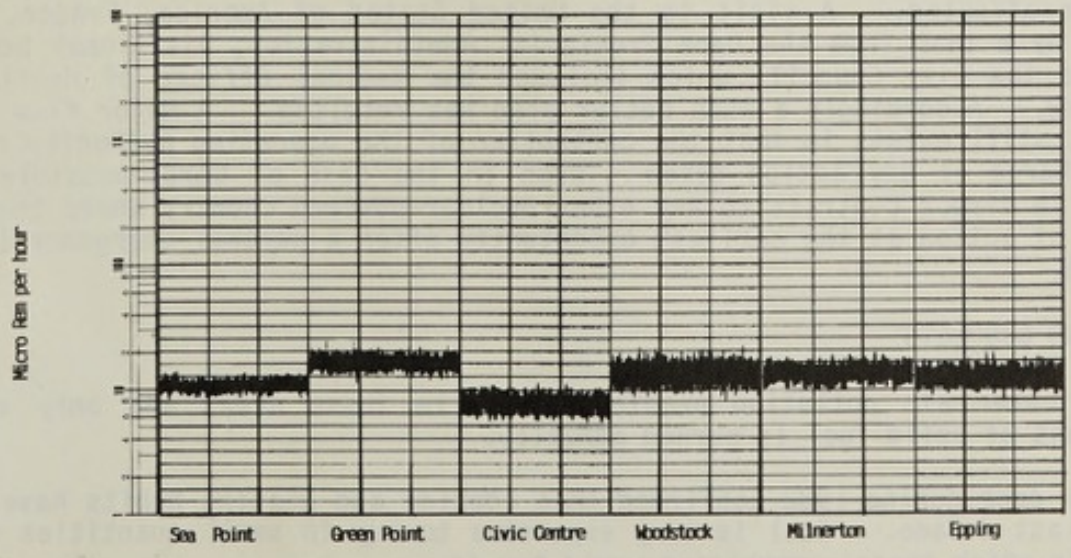


Figure 4.3 CAPE TOWN - GAMMA RADIATION MONITORING SYSTEM INDICATING 6 HOUR REAL-TIME TYPICAL RECORDING AT EACH STATION



As can be seen from the graphs of the annual averages for Soiling Index and Sulphur Dioxide the general trend is still downwards and as was anticipated a further fall took place. Two years have elapsed since the Table Bay Power Station has worked and the last coal-fired locomotive operated. It may now be said that severe black smogs, which were a feature of Cape Town, have now been eliminated.

Tables (Tables IV.6 to IV.9) Pages 132-133 of the summary of results for 1983 are included to show daily, hourly and the frequency figures for Total Oxidants (as ozone), Sulphur Dioxide, Soiling Index and Lead from the four continuous recorders. These old instruments, which do not use modern, acceptable methods of measurement will continue to be used to complement the new until such time as they become a liability.

KOEBERG NUCLEAR POWER STATION

In order to allay the fears of the general public about 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 and was installed in March 1982. Six monitors in an arc across the boundary of the municipal area now monitor the existing background radiation. The levels are remarkably steady at each site though there is small variation from site to site. A small, typical, section of recorded levels is shown for each site alongside the graduated, logarithmic scale of microrads per hour. Background levels have now been recorded for two years before Koeberg becomes operational. Any variation in these levels after commissioning will be immediately obvious.

In addition, a system of alarms has been installed such that if high or low radiation is monitored, the Civil Defence Control Centre, which is manned 24 hours a day, will know immediately and the necessary action will be initiated.

A section of recorded level at the Woodstock instrument is shown when an industrial concern undertook some radiological testing of welds. The alarm sounded and immediate investigation revealed the "culprit". The episode served to indicate the sensitivity of the instrument and system. (Fig. 4.2).

KOEBERG EMERGENCY PLAN

In October 1982 it was considered necessary by the Medical Officer of Health to object to the emergency plan revealed by the operating authority to the public on the basis that it was confined to a radius of 16 km from Koeberg. The highly complex meteorology of the area renders the likelihood of the radiation from a worst-possible accident at Koeberg being confined to a radius of 16 km as most unlikely and the City could be affected. A visit to the United States of America, France, Germany and Austria by a team from the Cape Provincial Administration, Divisional Council of the Cape and the City Council, which included the Medical Officer of Health, confirmed this view. Accordingly a much better plan has resulted. A major flaw in the plan, however, still exists in that the controller of the operating authority remains firmly in charge of any action taken - even in the case of worst-possible accident. This is in direct contrast to any other nuclear-powered country where the State takes control of action at the earliest opportunity after a general emergency (off-site) is declared.

LANGA AND GUGULETU

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

A survey done during 1982 confirmed that cooking and heating habits have not changed in the last decade. Coal is very expensive to buy in small quantities which is the manner in which these communities would buy it.

V COMMUNITY HEALTH CARE

COMMUNITY HEALTH POLYCLINICS AND SATELLITES

FAMILY PLANNING

CANCER PREVENTION

MATERNITY SERVICES

CHILD HEALTH CARE

IMMUNISATION

DOMICILIARY VISITING

GERIATRIC SERVICES

HEALTH EDUCATION

COMMUNITY LIAISON SECTION

SEXUALLY TRANSMITTED DISEASES

CIVIC CENTRE EMERGENCY MEDICAL SERVICE

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 tuberculosis, veneral disease and child welfare 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 all day and everyday 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 all senior field staff, meets monthly to monitor the efficiency of the services being provided, and to report on, and discuss fully, field problems as they arise. We, at present, operate 25 polyclinics and 27 satellite clinics. As an example of co-operation and co-ordination of primary health services in the spirit of the Health Act 63 of 1977, it is noteworthy that a total of 240 sessions are provided monthly in City Health Department clinics by staff of the State Health Department, Provincial Hospitals services, etc., in a wide variety of spheres ranging from psychiatric to dental services. No charge is made by the City Council for this usage.

MITCHELLS PLAIN

A total of 29 419 dwelling units had been completed at Mitchells Plain by the end of 1983. 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 1983 being 147 095 persons, Mitchells Plain is now approximately twice the size of towns such as Grahamstown and Worcester.
At Westridge, our first custom-built community health polyclinic adjacent to the civic centre (opened in November 1977) continues to function extremely 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 antenatal 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, a satellite clinic has proved necessary at Strandfontein.

A second community health polyclinic in Lentegeur was completed in 1982 and a third in Rocklands in 1983. They are close by and accessible to the communities they serve. Due to the great success of Westridge they have been built to the same specifications. Satellites run from Lentegeur are situated at Tafelsig and Beacon Valley. Planning for the fourth polyclinic at the town centre is in hand, this will be built in tandem with a fully fledged Day Hospital and M.O.U. in the spirit of the Health Act.

LANGA AND GUGULETU

By 1978 clinic services were fully amalgamated into the preventive and promotive community health care scheme and at Langa the new polyclinic was opened in July, 1982 and the improved facilities have increased the efficiency of the services rendered.

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. Mobile teams attending factories where large numbers of individuals who would find it difficult to reach clinics can be assisted are now under the control of the Department of Health and Welfare. A team of motivators provide preliminary education and motivation at the factories 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. The motivators and liaison officers fall under the control of the Department of Health and Welfare but maintain close links and co-operation with the City Health Department staff.

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 1983

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 138). 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).

In 1983 the individual count total of clients seen was 78 598; (7 048 White, 58 190 Coloured, 262 Asian and 13 098 Black). At Family Planning clinics attendances increased from 54 634 in 1982 to 57 723 in 1983 representing a 5,6 growth.

Attendances at various centres over the past five years are given in Table V.2 Page 139.

Coverage of Women 'at-risk' of conceiving.

Shows that nearly 61% of Coloured women at risk are thought to be protected at City Health clinics and factories.

Preferred mode of contraception (Tables V.4 and V.5 Pages 141, 142; Figures 5.1 and 5.2)

Whites - Three quarters of clients chose oral methods in 1983 as in 1982.

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 1983 as in 1982.

Figure 5.1 INDIVIDUAL FAMILY PLANNING COUNT BY METHOD, ALL RACES: 1981 - 1983

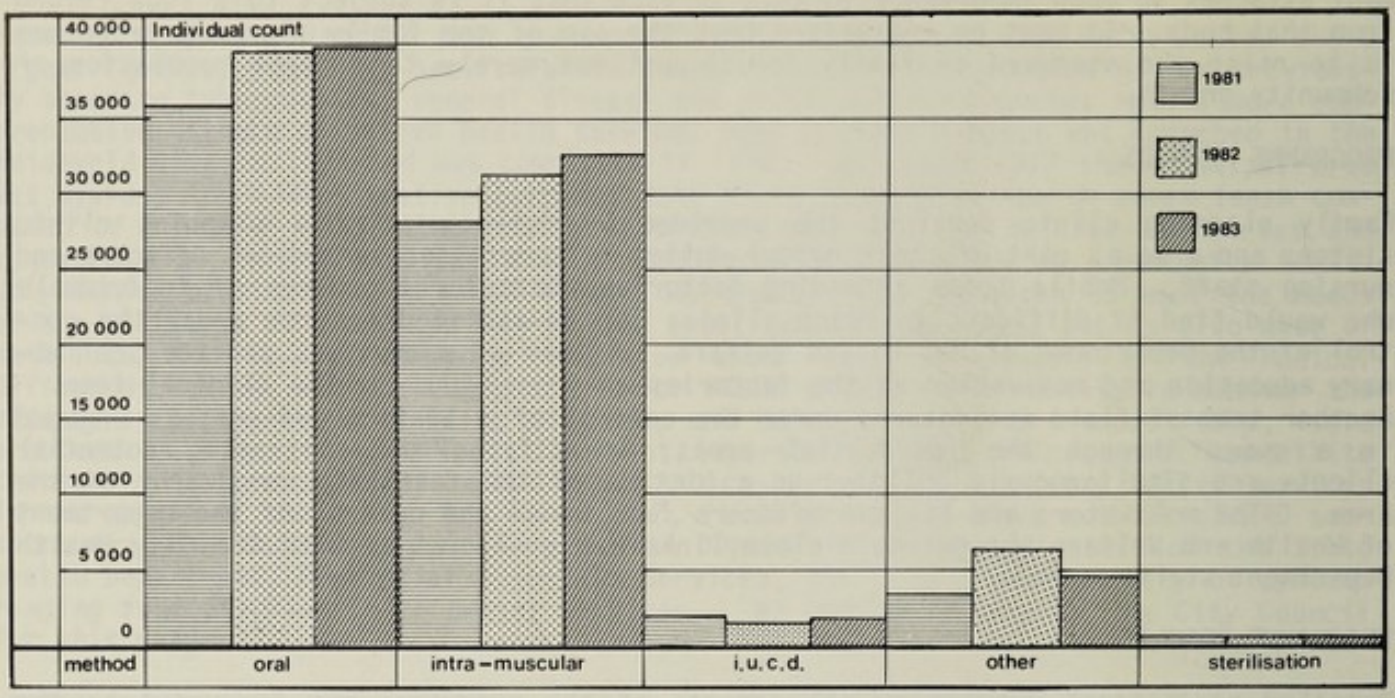
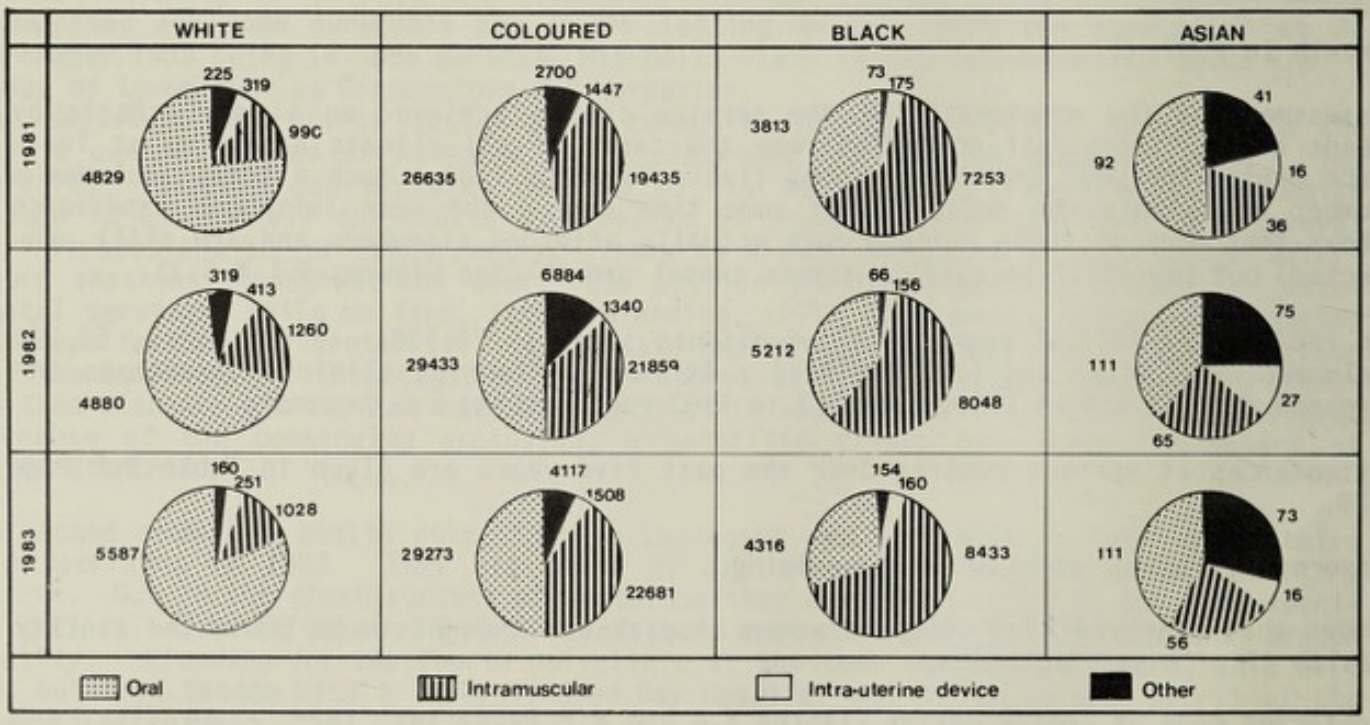


Figure 5.2 THE PREFERRED MODE OF CONTRACEPTION BY RACE 1981-1983



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 1983, 13 557 Papanicolau smears were examined, 65 results were reported as "atypical" and were investigated - of these, early carcinoma was discovered in at least 44 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 1983 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 1983 there were 1 034 clinic sessions held at 28 different centres (see Tables V.6 and V.7 Pages 143, 144). Private midwives were booked to attend 193 domiciliary deliveries (93 less than in 1982) 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 4 593 first attendances of new ante-natal cases (compared with 6 209 in 1982), but the majority attended only once and were then managed by the Provincial Maternity Services.

Langa and Guguletu: Attendances at ante-natal clinics totalled 2 074 at Langa and 1 060 at Guguletu during 1983. The number of new attendances at Langa totalled 2 026, which outnumbered the notified Births in the area and at Guguletu totalled 990 i.e. 34% 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 Health 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 25 private trained midwives 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 Health department for approved indigent cases in areas not served by the Provincial District Midwives or midwives from the training school. An amount of R880,00 was so paid in 1983.

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, immunization and family planning services were delivered simultaneously on a polyclinic principle during 1983. At the clinics mothers are advised on correct feeding practices, and all matters of hygiene relating to infants and preschool children. Dried milk is supplied as discussed below.

DEVELOPMENTAL SCREENING

Neonates, babies of about 9 months, and children aged 5 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. In the other groups 16 987 screening tests were done, 12 447 in the 9 month old group and 4 540 in the 5 to 6 year old group. In these two groups abnormalities which required either re-examination or referral were found in 4,5%. Hearing problems are referred to the Hearing and Speech Unit at the Tygerberg Hospital for further assessment. Many patients, because of the distance and the cost involved, fail to keep their appointments. It was therefore decided to bring the hospital to the community and a special hearing referral clinic was established at Silvertown Community Health Centre. This clinic, which is held on a monthly basis, is staffed by technicians from the Hearing and Speech Unit at the Tygerberg Hospital. All children whose hearing is found to be abnormal are referred to this clinic for further assessment. Some require a visit to the hospital for further tests. This referral clinic has worked well and the defaulter attendance rate has dropped.

ATTENDANCES

In 1983, there were well over 1/2 million attendances at 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 144) was 6 103 and of the 576 667 attendances recorded, 23 371 were new attenders, 22 180 being aged less than one year of which 2 636 were White, 14 424 were Coloured, 196 Asian and 4 924 Black. The new attendances of infants under one year of age was equivalent to 90,6% of the total number of births notified during 1983.

Langa and Guguletu: Attendances are detailed in Table V.7 and V.8. Pages 144-147.

Langa: There were 21 792 attendances at Langa in 1983 of whom 1 927 being new attendances of which 1 587 were under one year, which is equivalent to 84,5% of the total number of notified births in the area.

Guguletu: There were 57 987 attendances at Guguletu in 1983, 3 476 new attendances of which 3 096 were under one year which outnumbered the 2 913 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.

Artificial Feeding

For those who are unable or unwilling to breast feed, advice on artificial feeding and bottle hygiene 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 251 050 kgs of proprietary dried milk were sold at cost.

One brand of proprietary milk was withdrawn temporarily because a particular batch had caused gastro-intestinal upsets in 6 babies.

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 1983 an amount of 87 920 kgs was distributed with the patient contributing as much of the City Council's share of the cost as possible. 8 064 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, Valhalla Park,Retreat, Kensington, Factreton and in Mitchells Plain at Lentegeur, Tafelsig, Westridge, Rocklands, Beacon Valley and Strandfontein.

All children living in the health district who are below the third percentile weight for age, or whose weight is static or decreasing, are referred to these clinics, 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 defaulters are followed up. At Heideveld clinic the Shawco shop is present at clinic sessions so that mothers can buy recommended foods at prices cheaper than in shops and supermarkets. Shawco would extend this service to other area if overheads were not so high and a mobile van was available.

Mealie meal, peanut butter and skim milk are supplied and act as a drawcard.

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

CRECHES CUM PRE-PRIMARY SCHOOLS

Creches and Creches pre-primary schools run by this Department are provided for infants and children of those families where either parent is suffering from illness or disability, e.g. tuberculosis, which prevents the proper nutrition care and upbringing of the child. Children are admitted following thorough investigation and referral by the Public Health Nurses and social workers in the field.

A new creche was established and officially opened on the 19 September, 1983 and caters for 20 infants under the age of two years. It has been officially named the Eulalie Stott Creche.

The activities of the eight nursery schools and one creche are controlled by the Nursery School Supervisor and are detailed in Table V.14 Page 151. Each child or infant has a routine annual medical examination and the Nursery School Teachers are trained in the developmental screening of the 5 - 6 year old child which includes screening for hearing, special visual, speech and behavioural problems.

For the first time two concerts took place at the end of the year and were staged at the Joseph Stone Auditorium, Athlone. Children from all the Nursery Schools participated and the total audience of approximately 1 000 persons was made up almost entirely of parents and their families.

One of the main objectives was to encourage parental participation and an understanding of the role played by the Nursery School Teacher in the preparation of children for school readiness. Witnessing this progress first-hand engendered pride, in both parents and teachers, in the achievements of the children.

PRIVATE CRECHES/NURSERY SCHOOLS

Persons wishing to establish creches, creches cum nursery schools and after-school care centres 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 Council Health Inspectors, working in close collaboration with the relevant State Department investigate 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 the Medical Officer of Health, under powers delegated from the 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

A visiting ophthalmologist, assisted by a clinic sister, was present at 261 ophthalmic sessions for school children held during 1983 and which resulted in 1 790 children receiving spectacles (attendances are detailed in Tables V.7 and V.15 Pages 144, 151). New cases increased by 45 over 1982, and total attendances decreased by 184.

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 1983 were responsible for visiting 50 protected infants in the Cape Town and 176 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 immunization. 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

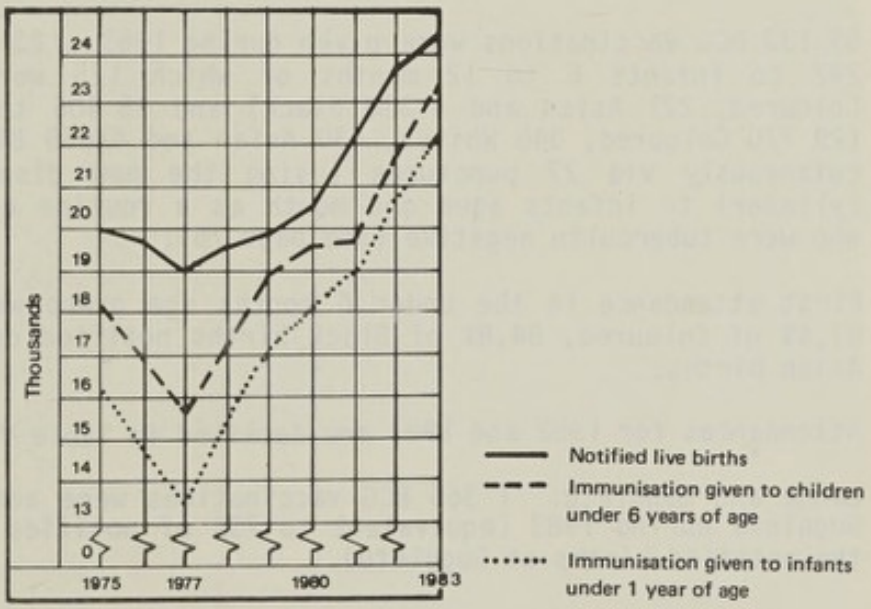
broad outline (see Table V.9 Page 148). Immunization is offered by: (a) the child welfare staff at the vast majority of clinics as already indicated and, (b) an immunizing team of nurses who visit clinics, institutions and schools. Decentralisation of the records to community health centres was introduced in 1978.

POLIOMYELITIS

Government notice R1989 of 1963-12-27 made it compulsory for immunization against poliomyelitis to be commenced within the three months after a child had attained the age of three months and to be completed within a period of twelve months from the date of the first dose. Immigrants were also prescribed as requiring immunization and the service was proclaimed to be available free of charge to South African citizens and immigrants alike. Such free immunization is available at all clinics where triple vaccine (DWT) is routinely administered. Poliomyelitis immunization was offered at 5 055 sessions during 1983 and a total of 113 904 doses were issued (broken down by whether 1st, 2nd, 3rd or booster dose; by age and race groups (see Table V.10 Page 149). Figure 5.4 illustrates the number of complete triple dose poliomyelitis immunizations administered in relation to the number of births notified over a nine year period (1975 - 1983) and shows an increase from 88% to 90% in the completion rate for 1983 compared with 1982 for the under one year age group. In 1983 the figures, by race, were White 91,4%; Coloured 96,5%; Asian 190% and Black 65,6%.

Langa and Guguletu: (Table V.11 Page 150). At Langa 839 and at Guguletu 2 111 persons were fully immunized with a course of three doses of vaccine. The age at which the first dose was administered reflects the fact that in Langa some 11,2% and in Guguletu 5,7% of persons immunized were aged 1 year or older. This is 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. None the less, there has been a considerable improvement over the 1982 figures.

Figure 5.4 THE NUMBER OF COMPLETE TRIPLE DOSE POLIOMYE LITIS IMMUNISATIONS ADMINISTERED IN RELATION TO THE NUMBER OF NOTIFIED LIVE BIRTHS: 1975 - 1983



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

Such immunizations are not compulsory but are vitally important to the health of the child. The triple antigen in use in 1983 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 5 200 immunization sessions in 1983 a total of 111 810 injections of various combinations of D+W+T were administered (see Table V.10 [b] Page 149). First attendances in the under 1 year age group were equivalent to 97,3% of Whites, and 88,3% of Black births notified during the year and outnumbered Coloured (101,2%) and the Asian (222,6%)

notified births. Comparable percentages in 1982 were 95,1% for Whites and 175,9% for Asian, 84,3% for Black and 98,6% for Coloured.
The numbers in the under 1 year age group who completed the 3rd dose of triple vacine was equivalent to 89,9% of White, 96,1% of Coloured, 67% of Black births notified during the year and outnumber the Asian notified births.

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 1983 there were 518 such deaths alone (equivalent to 2,12% of the total notified births) of which 162 were Black, 320 Coloured, 6 Asian and 30 were White. In turn, of the 488 Black, Coloured or Asian deaths 364 were aged less than three months so that the real penetration of the immunizing service was even better than the crude percentages would indicate.

Langa and Guguletu: A similar pattern to that of poliomyelitis immunization is apparent (see Table V.11 Page 150). The proportion of notified births presenting for the first immunization during the first year of life is poor. This is partly explained by infants being taken back to the Transkei etc. and by the infant mortality.

SMALLPOX

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

TUBERCULOSIS

BCG immunization was made compulsory by Government Notice 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-immunize school entrants for the past few years.

59 133 BCG vaccinations were given during 1983 - 23 106 to infants under six months, 292 to infants 6 to 12 months of which 125 were repeats (2 697 White, 15 858 Coloured, 221 Asian and 4 330 Black) and 35 406 to school age children and others (29 770 Coloured, 348 Whites, 430 Asian and 4 858 Blacks). BCG is administered percutaneously via 27 punctures (using the new disposable needle implanted plastic cylinder) to infants aged one month as a routine and also to tuberculosis contacts who were tuberculin negative (see page 75).

First attendance in the under 6 months age group was equivalent to 93,6% of White, 87,4% of Coloured, 84,8% of Black births notified during the year and outnumber the Asian births.

Attendances for 1982 and 1983 are detailed in Table V.12 (Page 150).

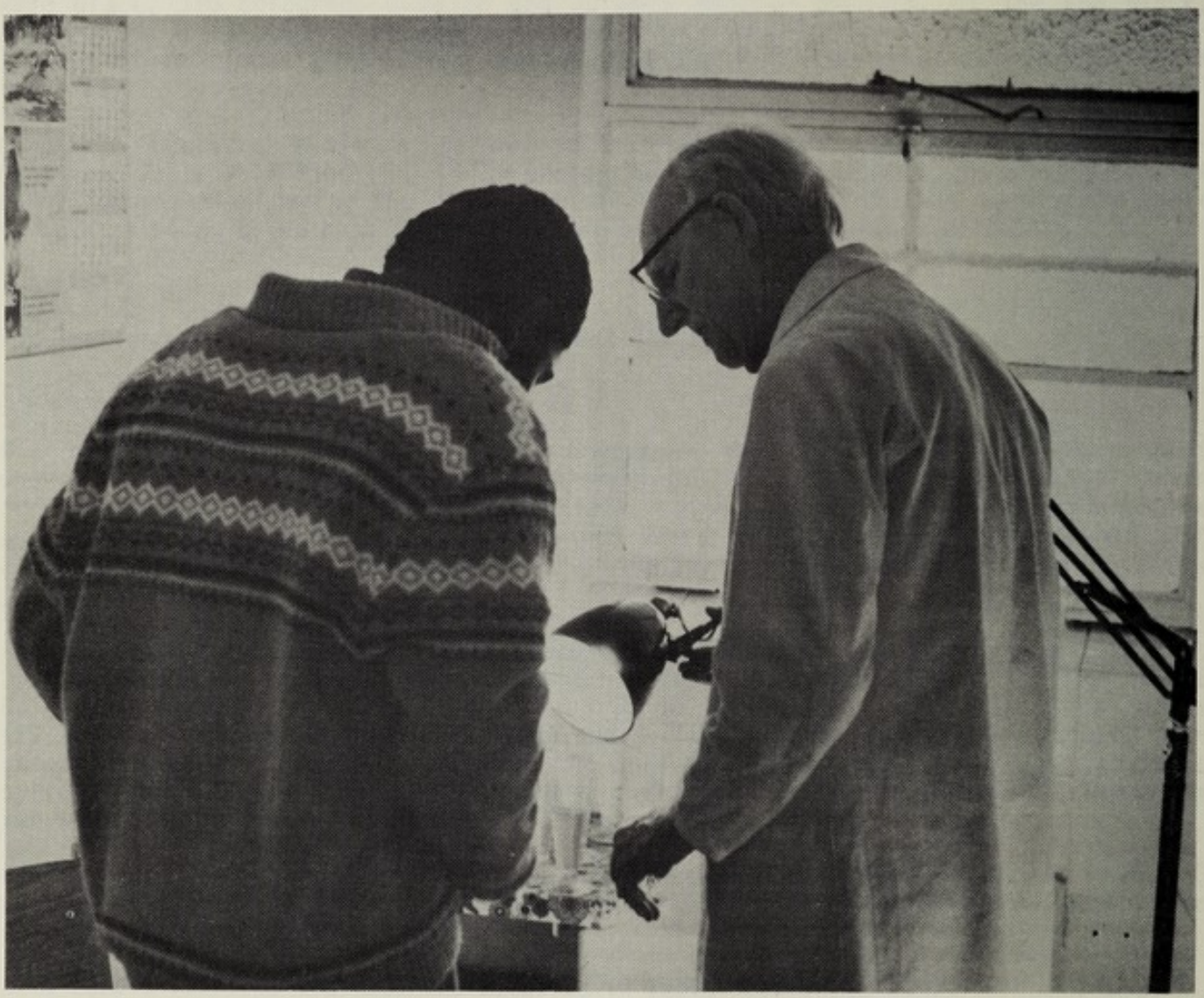
Langa and Guguletu: 1 365 BCG vaccinations were administered at Langa and 2 947 at Guguletu during 1983 (equivalent to 73% of notified births at Langa and outnumbered the notified births at Guguletu).

MEASLES

A measles immunization 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, 36 550 in 1981, 37 505 in 1982 and 40 138 in 1983.

High risk children are given the vaccine at 7 and 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 1983 was 342 which represents a 15% decrease over the previous year.



CONSULTATION

First attendance in the under 1 year age group was equivalent to 36,9% of Whites, 94% of Coloureds, 75,8% of black births notified during the year and outnumber the Asian births.

The entire measles programme is continuously under review.

Langa and Guguletu : 1 832 Langa and 3 976 Guguletu children were given measles vaccine in 1983.

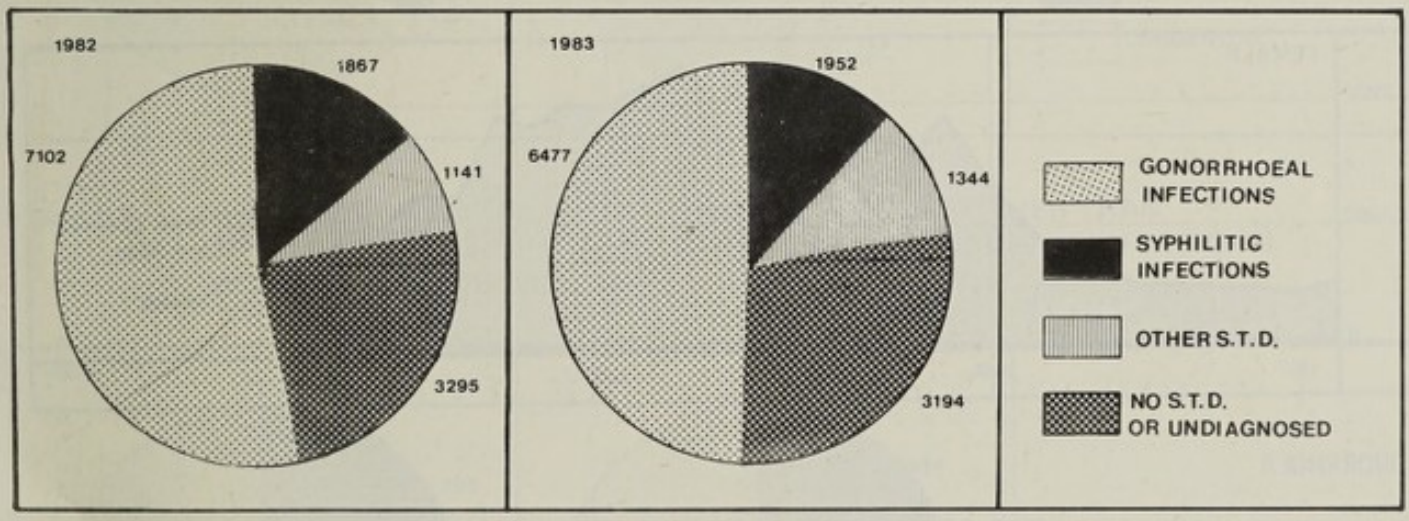
ADVERSE REACTIONS TO IMMUNIZATION

Eight adverse reactions occurred (see Tables V.19 and 20 Pages 155, 156).

SEXUALLY TRANSMITTED DISEASES (VENERAL 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 concept. It can be postulated that as the tip of the iceberg they represent about 20% of the total number of cases in the City.

Figure 5.5 NEW ATTENDANCES AT SEXUALLY TRANSMITTED DISEASES (STD) CLINICS BY DIAGNOSIS 1982 - 1983



MORBIDITY

The numbers of new cases seen during 1983 and the preceding year are detailed by race group, sex and diagnosis in Table V.21 Page 156. Trends over a series of years are indicated in Table V.22 Page 158 and occurrence in teenagers in Table V.23 Page 158. Summary data is contained in Table V.24 Page 159.

ALL FORMS OF SEXUALLY TRANSMITTED DISEASE

The number of new cases fell by 337 (3,3%) from 10 110 in 1982 to 9 773 in 1983 with a fall in the incidence rate per 1 000 population from 10,9 to 10,3. White female new attendances fell by 32,4% (from 37 to 25); and White male new attendances fell by 3,3% (from 239 to 231); Black/Coloured/Asian female new attendances rose 13,2% (from 1 510 to 1 709) and male fell by 6,2% (from 8 324 to 7 808). There were 484 new cases in teenagers in 1983, a fall of 16,6% over the 1982 figure of 580. The spectrum of pathology seen is illustrated in Figure 5.5.

SYPHILIS

There was an increase of 4,6% (from 1 867 to 1 952) in the number of new cases of acquired syphilis in 1983 compared with 1982 (an increase of 89 in other race groups and 4 for Whites). See Tables V.21, V.22, V.23 and V.25 Pages 156-159 and Figures 5.6 A and B and 5.7. Congenital syphilis cases numbered 42 in 1983.

Figure 5.6A NUMBER OF NEW CASES OF SYPHILIS (INCLUDING REINFECTIONS) SEEN AT TREATMENT CLINICS IN MALES 1957 - 1983

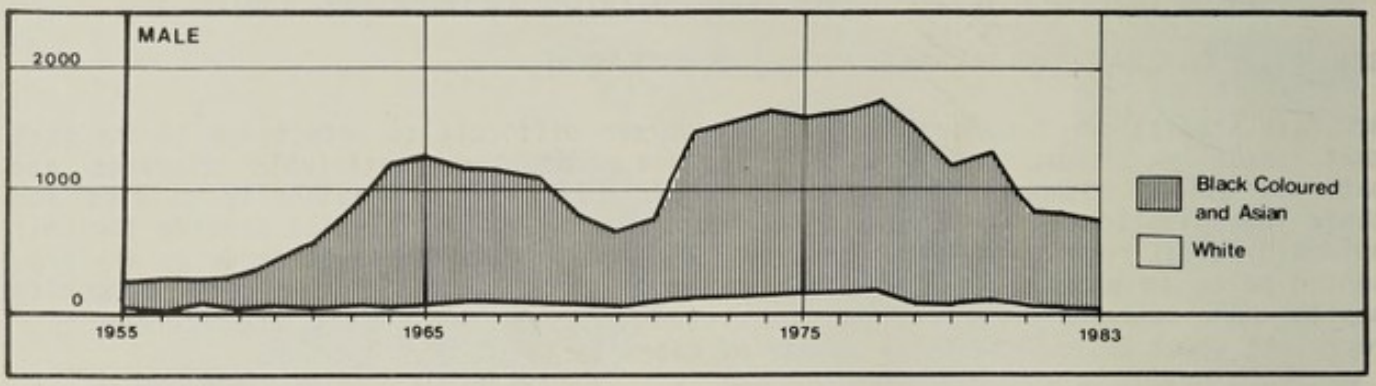
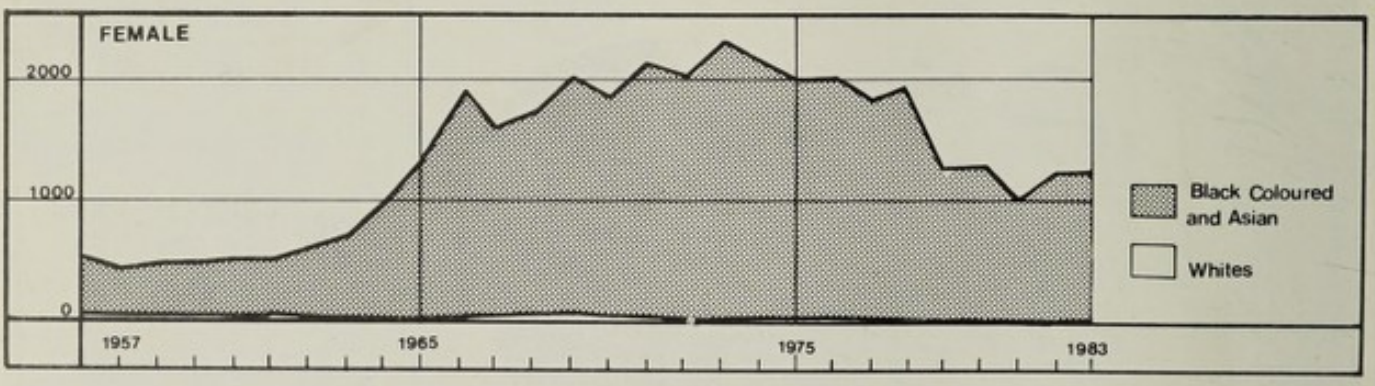


Figure 5.6B NUMBER OF NEW CASES OF SYPHILIS (INCLUDING REINFECTIONS) SEEN AT TREATMENT CLINICS IN FEMALES 1957 - 1983



GONORRHOEA

There was a decrease of 9,8% (from 7 102 to 6 477) in the number of new cases of gonorrhoea in 1983 compared with 1982 (a decrease of 605 for other race groups, and 20 for Whites). See Tables V.21, 22, 23 and 24 Pages 156-159. Penicillin remained effective in therapy.

OTHER VENEREAL DISEASES

There was an increase of 17,8% (1 141 to 1 344) in the number of new cases of sexually transmitted diseases other than syphilis or gonorrhoea in 1983 compared with 1982 (an increase of 199 in other race groups and 4 for Whites). See Table V.21, 22, 23 Pages 156-158. 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 159). The spectrum of diseases seen is illustrated in Figure 5.8.

MORTALITY

Venereal diseases are not a significant cause of death (see Tables III.22 Page 158). 3 deaths due to syphilis were recorded in 1983 compared with 1 in 1982. Of these deaths, 1 was due to congenital syphilis in infants under 1 year in 1983, while in 1982 there were none.

Free facilities for the diagnosis and treatment of sexually transmitted diseases were provided at 28 medical sessions per week held at 20 departmental clinics during 1983. The workload at the treatment clinics increased by 5,3% in 1983 compared with the previous year; new attendances decreased by 3,2% from 13 405 to 12 967 (White new attendances fell by 10% from 410 to 367 and other races decreased by 3% from 12 995 to 12 600) and total attendances increased from 28 409 to 29 918 (White total attendances remained the same at 960 while other races rose by 5,5% from 27 449 to 28 958).

Every effort is made to inform contacts of the need for investigation. In 1983 only 596 admitted contacts responded in contrast to the total of 9 773 new cases registered (comparable figures in the previous year were 321 and 10 110).

Figure 5.7 NEW CASES OF SYPHILIS (INCLUDING REINFECTIONS) BY FORM OF THE DISEASE 1982 - 1983

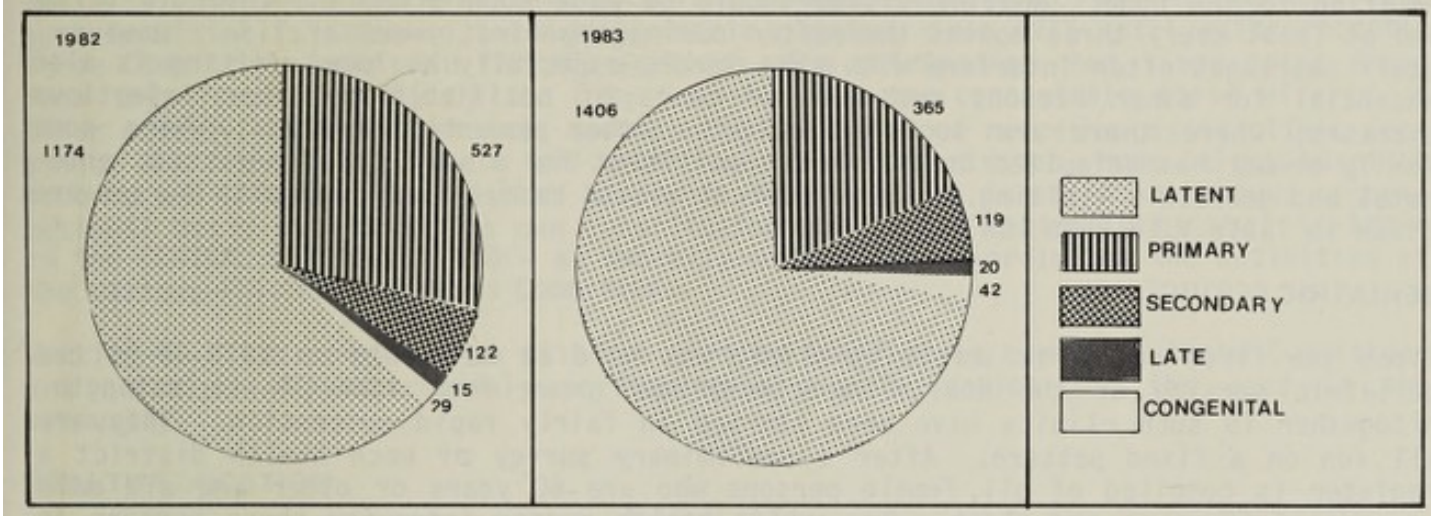
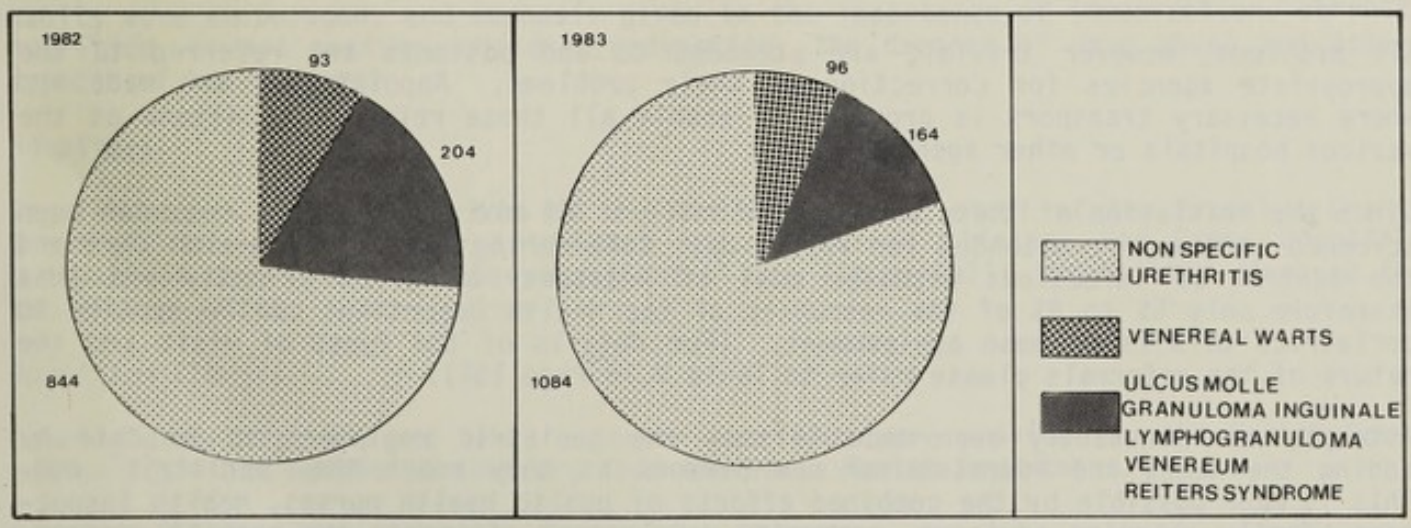


Figure 5.8 NEW CASES OF SEXUALLY TRANSMITTED DISEASES OTHER THAN SYPHILITIC OR GONORRHOEAL INFECTIONS (INCLUDING REINFECTIONS) BY THE DIAGNOSES 1982 - 1983



HERPES GENITALIS

This condition has been much discussed during the current year with numerous reports published in medical literature and the news media but as herpes is not a notifiable disease accurate South African statistics are not available.

However, this department commenced (in October 1983) to record all cases who attend municipal clinics and found to be suffering from herpes genitalis, in order to get

some idea of its prevalence in the municipal area; 212 new cases were seen during 1983, compared with 68 new cases in the last quarter of 1982.

Langa and Guguletu: Attendances at these clinics are detailed in Table V.26 Page 160. 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 polyclinics 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 154).

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 19 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 6 789 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 151).

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, 10,6% and 36,5% of all referrals respectively. Patients requiring spectacles are now first referred to Social Workers attached to Day Hospitals for financial assessment and are then referred to private opticians for refraction and spectacles.

The Health Department now has available the services of three chiropodists. Two of them are part-time. They do seven sessions per month between them and are paid out of City Council funds on a sessional basis. The third chiropodist is in full-time employment of the State Health Department Regional Office and is responsible for 15 sessions per month for City Council patients, without any charge to the City Council.

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 immunization, correct nutrition, breast feeding, accident prevention, the dangers of drug abuse and other aspects of health care.

Hospitals:

Regular health talks were given by the Health Education staff at the Brooklyn Chest Hospital, Somerset Hospital ante-natal and paediatric clinics, Red Cross Hospital out-patient department and the outpatient clinic for sexually transmitted diseased fo the City Hospital.

Nutrition Clinics:

Cooking demonstrations and talks on beter nutrition were provided by the Health Education staff and Nutrition Advisers from the State Health Department.

Community Health Education:

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

National Heart Week :

A display of literature and a large model of the human heart was arranged on the concourse of the Civic Centre. The theme this year was "Nutrition and the Heart".

International Smokeless Day:

A five day lunch-hour clinic was conducted for the benefit of Civic Centre personnel wishing to stop smoking, culminating in Smokeless Day on November 17.

T.B. Week :

A renewed effort was made by the staff of the Health Education branch to reach a wider sector of the community in industry as well as our clinics. Booklets and pamphlets on the treatment and prevention of tuberculosis were distributed.

Drug Abuse Course for Student Teachers :

A series of lectures was presented to 38 Students at Hewat Training Collete to provide them with a comprehensive knowledge of the physiological and social implications of drug abuse. Social workers from the S.A. National Council on Alcoholism and Drug Dependence participated in these lectures. The students were given a written examination on the last day of the course, which proved to be very successful.

The statistics in Table V.17 Page 153 reflect the lectures given by the Health Education Section.

COMMUNITY LIAISON SECTION

This section 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".

The activities of this section were originally centred on Valhalla Park and Kalksteenfontein where many families had been re-settled from squatter camps.

Problems relating to the families living in the area were identified, persons willing to serve as volunteers in various club activites were contacted and with their assistance, programmes directed towards the needs of the aged, the infirm and the youth of the community were initiated on a self-help basis. The members of the various clubs were encouraged to take responsibility for all decisions taken.

Club activites were based on the community centre and co-ordinated by a committee representing the various groups using the centre. The committee arranged an evening programme of judo, weight lifting, social clubs and teenage activities. Various projects were developed, e.g. youth club meeting three afternoons per week, with activities such as ballroom dancing, modern jazz, drama, a games afternoon and drum majorettes. The club also organised film shows and held disco dances.

The Senior Club organised social functions, outings and made knitted articles, toys and handwork. They visited sick members and accompanied them to clinics. Close contact was made with principals, teachers and pupils of schools, to eliminate truancy and counselling was made available to pupils with unsatisfactory records. A soup kitchen was held during winter months. The community have planned and held an annual fair to fund-raise for Christmas treats.

The Community Liaison staff have extended their services to the areas of Tafelsig and Beacon Valley of Mitchells Plain. Two information centres have been established, staff are available to advise the public. The problems may involve housing administration, marital and social problems.

The information centres are also used as the venue for new self-help groups that have been established. Seniors clubs, housewives groups and youth groups have been formed. Each club is encouraged to reach self-sufficiency and to be responsible for organising their own activities. Guest speakers are invited to give talks and demonstrations about a variety of subjects, e.g. accidents in the house; the use of soya products; planning inexpensive meals; garden topics.

Third year social work students from the University of Cape Town have completed assignments, supervised by the staff, to obtain practical experience in community work.

A co-ordinating committee of social workers from welfare organisations and health bodies has been formed to act as a source of information to agencies and to provide co-ordination and co-operation among local organisations.

The Community Liaison section endeavours to break down the isolation experienced by new residents and to promote social and cultural cohesian.

MEDICAL EMERGENCY SERVICE - CIVIC CENTRE

A Medical Emergency Service under the direction of the Medical Officer of Health was commenced in June 1982 at the Civic Centre to provide medical emergency help for councillors, staff and members of the public visiting the Civic Centre, in the event of sudden illness or other emergency. This service will also provide for the primary treatment of minor ailments or injuries suffered by members of the staff in order to reduce unnecessary absenteeism.

The emergency system will provide for coverage both during and after normal working hours. During working hours, under properly co-ordinated circumstances, a qualified medical and nursing team can be at any part of the building within five to seven minutes of receiving an emergency call. However, in the case of cardiac arrest, there is only four minutes available before brain death occurs. Therefore, we will continue to have First Aiders on all floors and they will receive training in cardio-pulmonary resuscitation, which could be life-saving.

A fully equipped emergency room (Room No. G/037) has been established in the present Medical Examination Centre on the ground floor of the Podium block. It can be approached by the entrance on Hertzog Boulevard, or under cover, via the parking area on the ground floor. All staff members should make themselves familiar with its whereabouts.

For the primary purpose of cover after hours, a second emergency room has been established adjacent to the Council Chamber on the 5th floor of the Podium block (Room No. 059196) and this will also be available during normal working hours to councillors, visitors and staff working in that part of the building. Keys to this room will be held by the Mayor's staff and the Security branch.

Medical coverage, after normal working hours, will be provided by para-medics, on 4 minutes call from the Central Fire Station.

Medical "Emergency" signs setting out the procedures to be adopted for both "walking" and "serious" cases have been placed at strategic points throughout the Civic Centre, and if all staff will follow the simple instructions, in the event of sudden illness or other emergency, medical attention will be forthcoming within minutes.

During 1983, 43 stretcher cases and 1 351 walking cases were successfully dealt with.

VI NOTIFIABLE CONDITIONS

As from 24 August 1979, No. R1802 (Government Gazette No. 6628) amended the list of Notifiable conditions and is reproduced in Table VI.1 Page 161.

No cases of Anthrax, Cholera, Brucellosis (Malta Fever), Lead poisoning, Diphtheria, Leptospirosis, Plague, Rabies, Trypanosomiasis, Smallpox, Toxoplasmosis, Trachoma, Typhus or Yellow Fever were Notified as having occurred in Municipal residents during 1983.

Those cases of Notifiable disease which were Notified during the year are detailed according to race in Table VI.2 Page 162 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, Malaria, Acute Poliomyelitis, Tetanus, Diphtheria, Leprosy and Agricultural or stock remedy poisoning .

Notifications are analysed as regards the month Notification was received, and the age of cases in Tables VI.22 and VI.23 Page 172.

The 463 deaths due to Notifiable diseases which were registered during 1983 included 277 due to Primary Malignancy of Bronchus, Lungs and Pleura, 165 due to Tuberculosis (all forms), 12 due to Measles, 6 due to Cerebrospinal Fever, 1 due to Viral Hepatitis, 1 due to Typhoid Fever and 1 due to Tetanus. In 1982, 460 such deaths were registered including 270 due to Primary Malignancy of Bronchus, Lungs and Pleura, 154 due to Tuberculosis (all forms), 15 due to Cerebrospinal Fever, 13 due to Measles, 6 due to Viral Hepatitis, 1 due to Malaria, and 1 due to Whooping Cough.

It is difficult to gauge the amount of morbidity occasioned by conditions which are not Notifiable in terms of the Health Act. 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 influenza and pneumonia mortality (page 20); and diarrhoeal disease mortality (page 20) supports the contention that these remain important conditions locally.

Langa and Guguletu: Cases of Notifiable disease are listed in Table VI.2 Page 162. Apart from 98 cases of Tuberculosis, 9 of Measles, and 1 due to Enteric Fever, all the other 2 241 Black cases of Notifiable disease resided in either Langa or Guguletu.

TUBERCULOSIS (T B)

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.

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 was previously 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 were included in the pulmonary tuberculosis group from 1976 to 1979, but were not so included in previous or subsequent years owing to the changed Notifiable disease regulation of 1979.

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 and VI.4 Pages 162, 163) showed an increase, for local cases from 3 420 in 1982 to 3 479 in 1983, and imported cases from 358 to 456. There were also 72 cases notified from out of City areas in 1983 compared with 74 in 1982.

Figure 6.1 shows Black and Coloured Notifications by year of age of the patient, there are peaks at 1 year of age in both groups. Tables VI.5 and VI.6 Pages 163, 164 show some estimations of the age-specific incidence rates.

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 163). Of the total of 3 935 Cape Town Notifications, 20,5% were Langa and 28,5% Guguletu residents i.e. 49,1% of all the new cases Notified in this City came from Langa or Guguletu. However, of this total of 3 935 cases some 456 were residents of less than six months standing, i.e. were presumed to have been infected outside the Municipal area. 42,8% of these 'imported' cases were found in Langa, 34% in Guguletu and 23,2% in the rest of the City (11% in Blacks; 1% in Whites; and 88% in Coloureds).

PULMONARY TUBERCULOSIS (PTB)

The number of Pulmonary forms notified for local cases rose from 3 327 in 1982 to 3 362 in 1983 (See Table VI.7 Page 165). The differences between race groups remained striking, notifications of Pulmonary Tuberculosis per 1 000 population in 1983 for Asians were 1,03; Whites 0,19; Coloured 3,13 and for Blacks 12,63. Age-group distribution of Notified cases is shown in Figure 6.2.

Langa and Guguletu: Pulmonary Tuberculosis is of particular importance as it is infectious. Table VI.7 Page 165 reveals that the inhabitants of Langa were the most severely affected, with 23,18 Notifications per 1 000 population in 1983.

OTHER FORMS

Details of the forms involved are given in Table V1.8 Page 165 and notification rates are detailed for 1983 and the previous four years in Table V1.5 Page 163

TUBERCULOUS MENINGITIS (TBM) : A decreased incidence of this condition is said to be one of the major benefits of BCG immunization and to reflect adequate control measures against Tuberculosis. As will be seen from Figure 6.3 Table VI.12 Page 167 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 167 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 1983, the 10 local cases Notified in Blacks came from Langa (4) and Guguletu (6).

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 1983 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 165 which shows a slow downward trend in the death rate for the population as a whole.

Langa and Guguletu: In Langa the 34 deaths represent a death rate of 132,67 per 100 000 population per year. In Guguletu the 54 deaths represent a death rate of 72,68 per 100 000 population per year. There was 6 Black deaths due to Tuberculous meningitis in 1983.

Figure 6.1 AGE AT NOTIFICATION OF ALL FORMS OF TUBERCULOSIS IN COLOURED AND BLACK CHILDREN UNDER 15 YEARS OF AGE : LOCAL AND IMPORTED CASES : 1983

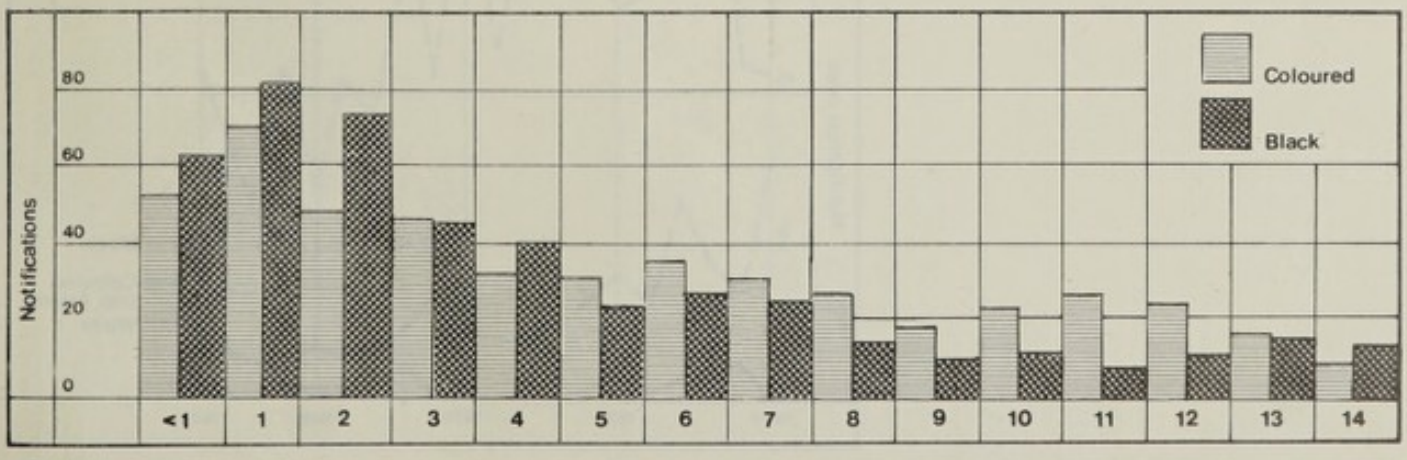
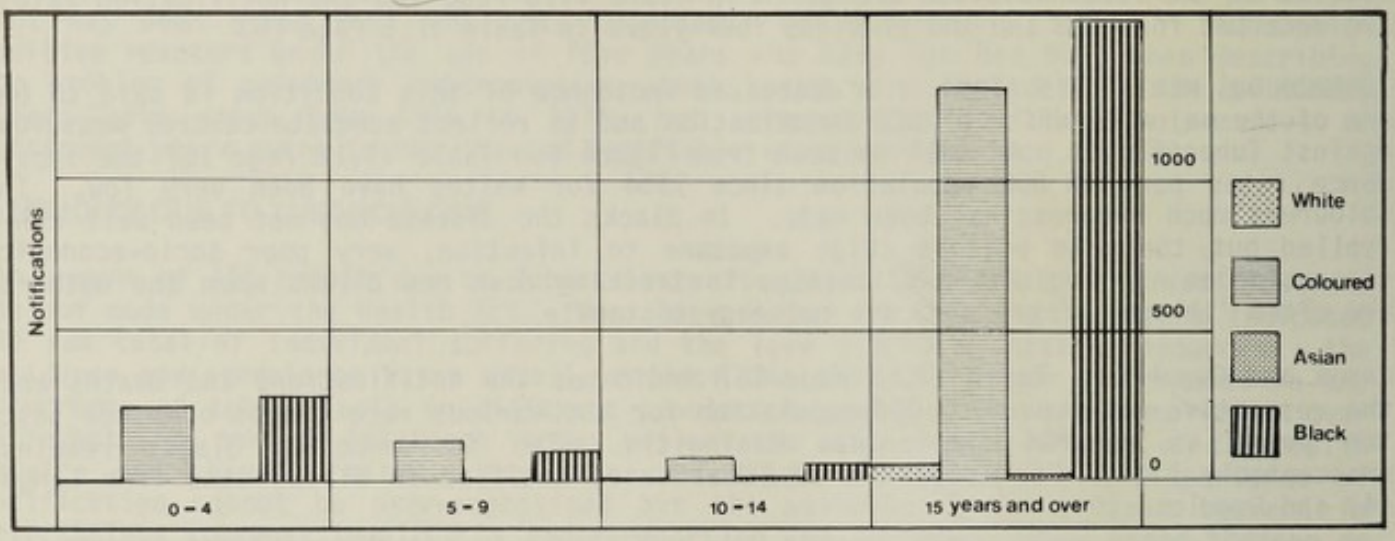


Figure 6.2 LOCAL AND IMPORTED NOTIFICATIONS OF PULMONARY TUBERCULOSIS BY RACE AND AGE GROUP : 1983



PULMONARY TUBERCULOSIS

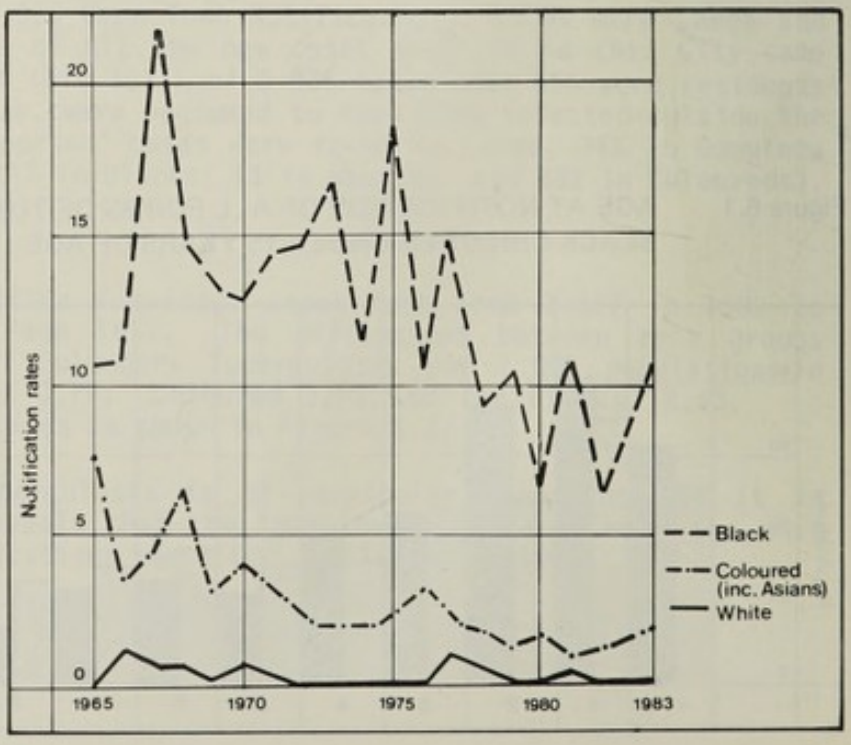
The numbers of deaths and death rates are detailed in Table VI.10 Page 166 for 1983 and the preceding year. Coloured deaths increased from 55 to 65; Blacks decreased from 86 to 83; and Whites from 7 to 4.

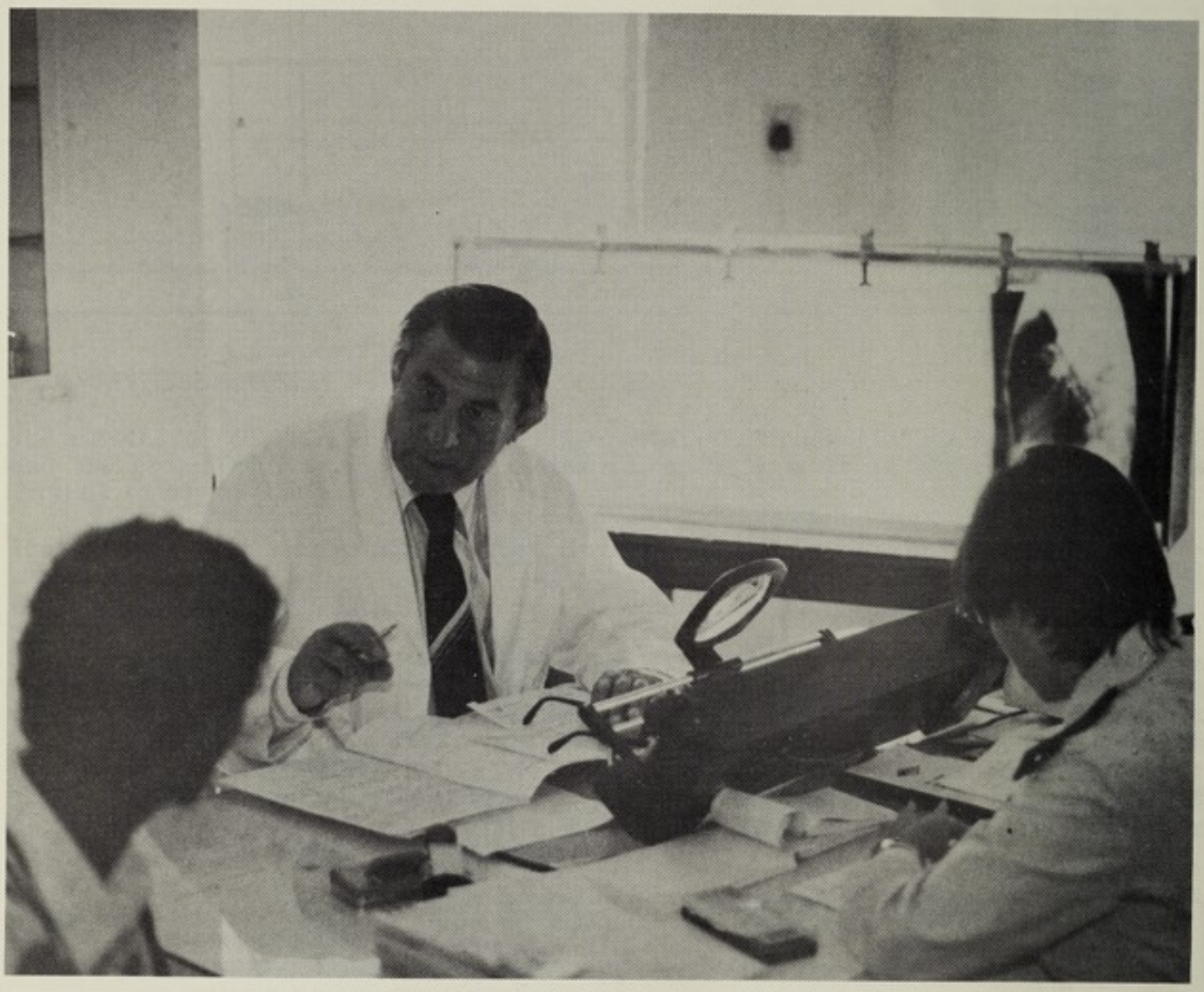
The death rates due to Pulmonary Tuberculosis are shown in Table VI.11 Page 166.

OTHER FORMS OF TUBERCULOSIS

The number of deaths due to various forms of tuberculosis other than PTB are detailed in Table VI.8 Page 165 for 1983 - 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 167 for 1962 to 1983. In Blacks the deaths for 1983 figure of 4,70 was lower than the ten year average of 4,41 (1974 to 1983), for Coloureds the figure of 0,91 was lower than the ten year average of 0,68, in Whites there was no deaths. Deaths due to TB other than PTB but including TBM are given for 1979 to 1983 in Table VI.11 Page 166.

Figure 6.3 NOTIFICATION RATES PER 100 000 POPULATION OF TUBERCULOUS MENINGITIS BY RACE: 1965 - 1983





THE DISEASE EXPLAINED

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 theoretically be obtained by means of immunization with BCG vaccine (Bacille Calmette - Guérain) and this is offered free in terms of the compulsory regulations mentioned on page 62. In 1983, 34 053 school children, 23 727 pre-school children, and 1 353 others were given such protection as part of the mass immunization programme.

Langa and Guguletu: In 1983, 8 057 BCG vaccinations were carried out in Langa and Guguletu.

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 some mass screening for tuberculosis was 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 167, 21% of all such suspects were Notified after investigation. Contacts comprise the most important high risk group to be investigated and in 1983 there were 11 072 such contacts investigated at City Council clinics of whom 4% were later Notified as cases of Tuberculosis. Three White contacts were later Notified, (0,91%) compared with 4,07% 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. However, in line with modern practice, routine annual screening for all is no longer encouraged but emphasis is now placed on pre-employment screening and checks on high-risk groups. The work done at Chapel Street is summarised in Table VI.14 and VI.15 Page 168 and at Langa in Table VI.16 Page 168. Although the case-finding yield per hundred thousand x-rays is relatively small, 3% of all notified cases were discovered in 1983 by this means. Out of a total of 24 440 examinations at Chapel Street, 95 cases of active pulmonary Tuberculosis were discovered, however 34 were previously known which leaves a 'new case' discovery rate of 61/24 440 examinations or 0,25%. These Notifications however accounted for 1,55% of all (local and imported) notifications received during the year.

Langa and Guguletu: Of all 11 038 persons screened only 0,52% were discovered to be new cases of Pulmonary Tuberculosis in 1983 (contributing 1,45% of the total Local and Imported Notifications). A further 0,25% were previously known cases. 510 persons where recalled because of the need for further examination.

TREATMENT: Uncertainty regarding funds and supplies of anti-tuberculosis drugs by the Central Government once more made the task of the clinic staff difficult and were very much regretted. Short course chemotherapy was introduced in March 1982 with the first-line treatment of choice being 6 months of Isoniazid, Rifampicin and Streptomycin with 2-6 months of Pyrazinamide. For cases unable to attend for injections Ethambutol was substituted for Streptomycin.

As reported last year, a review of the records of 609 patients who should have completed their course of treatment by November 1982 revealed that 53% had been timeously cured but that some 33% had attendance records below the accepted limits of 75% and could be regarded as failures due to non-compliance. Some of the latter group will no doubt still be cured but it is true that the factors influencing non-compliance are VERY DIFFICULT to control in an out-patient situation. The old Public Health Act made provision for the compulsory hospitalisation of patients but this is no longer feasible. Apart from the 25 567 visits made by the public health nurse for Tuberculosis, a further 3 049 default letters were sent to patients for non-attendance.

Hospital admission is usually restricted to cases where the patient: (a) Has moderately severe 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).

It is usually desirable to complete a course of therapy in hospital once started there, regretably, the shortage of beds only allows for an average stay of two months. During the past decade, four tuberculosis hospitals or hostels have been closed locally (the Stals Hospital, D.P. Marais Santa settlement, the City Hospital and the F.O.S.A. centre) and it is disturbing to note the association of this fact with the unexpected increase in notification of pulmonary tuberculosis (see Figure 6.4, Page 77).

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 169 that in 1983 of the 3 362 residents notified as having pulmonary tuberculosis only 769 (22,87%) were admitted to hospitals for commencement of therapy. Of the 432 Notified persons here for less than six months, only 82 (19%) were so admitted. Out-patient therapy was offered to the remainder. 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.

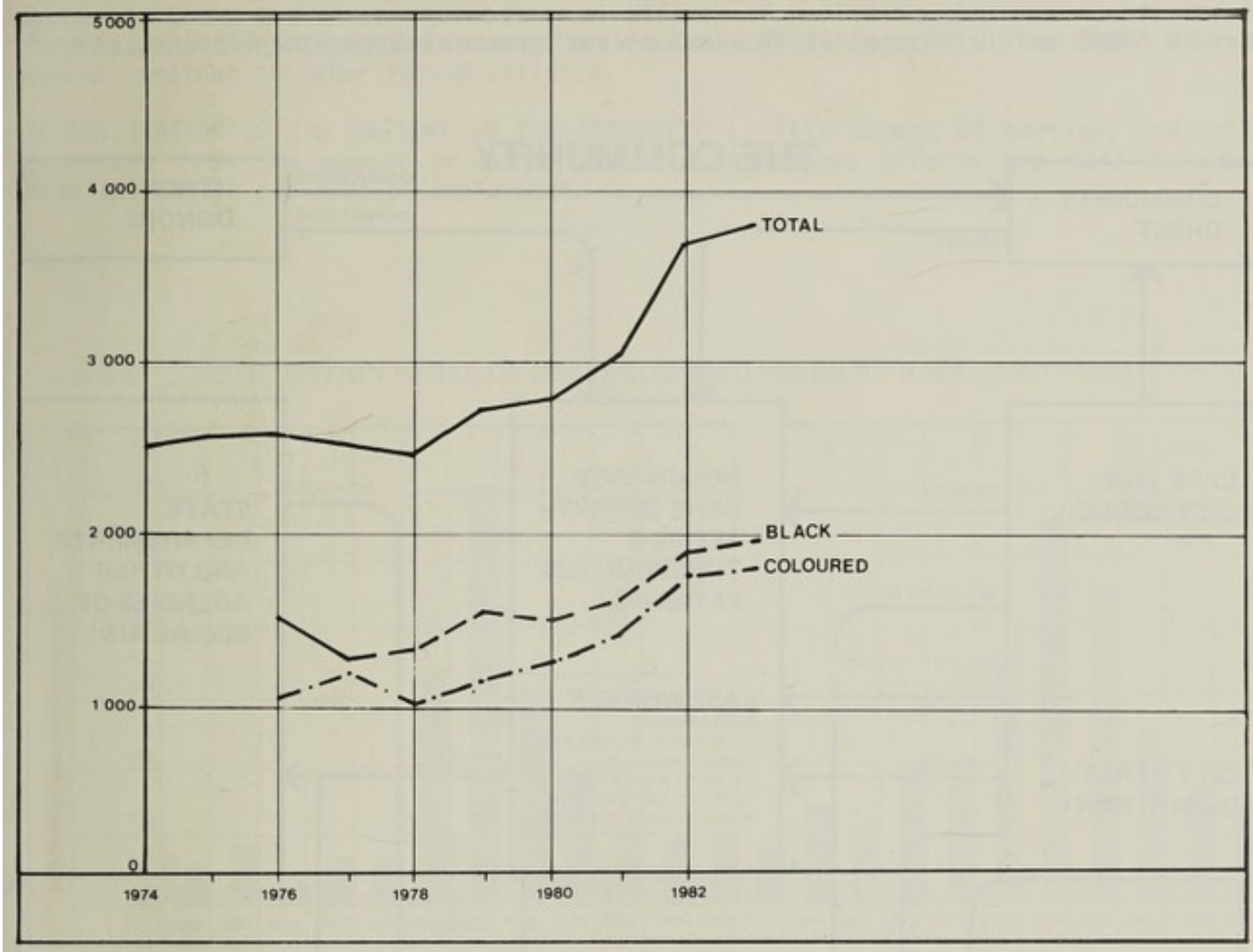
Langa and Guguletu: 32,3% of Langa and 23,6% of Guguletu local cases were admitted to hospital. 1,2% of Langa and 2,4% of Guguletu cases died before treatment could be initiated. 64,2% of Langa and 68% Guguletu cases were started on out-patient treatment from the beginning. 7,7% Langa and 7% Guguletu cases were lost after diagnosis and not treated.

During 1983 out-patient clinics were held at 18 different centres (see Table VI.18 Page 170 which details new consultations and total attendances thereat) the number of new consultations at the clinics was, at 19 782, 258 (1,3%) higher than the previous year, while the total attendances were some 6,1% higher at 88 005 compared with 82 932. The total number of sessions held (see Table VI.18 Page 170) increased from 1 264 in 1982 to 1 272 in 1983. (The average number of persons attending per session was 69,7 in 1978, 70,1 in 1979, 65,9 in 1980, 53,9 in 1982, 65,6 in 1982 and 69,2 in 1983). The spectrum of cases attending for the first time is detailed in Table VI.13 Page 167 and the x-ray workload at the clinics in Table VI.19 Page 171. The place of care of all the new notifications made in 1983 and the reasons why any did not attend the clinics, are detailed in Table VI.20. Page 171.

In respect of local cases:-

It was disturbing to note the large number of persons who were dead on notification - 55 as compared with 52 in 1982, 51 in 1981, 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

Figure 6.4 TOTAL LOCAL AND IMPORTED NOTIFICATIONS OF PULMONARY TUBERCULOSIS: CITY OF CAPE TOWN 1974 - 1983



was the refusal of 14 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 164 persons notified but who were untraceable or who decamped upon being notified. This problem applied to 5,4% of the notifications of persons giving a Guguletu address, 11,2% giving a Langa address and 3,6% of persons giving another Cape Town address.

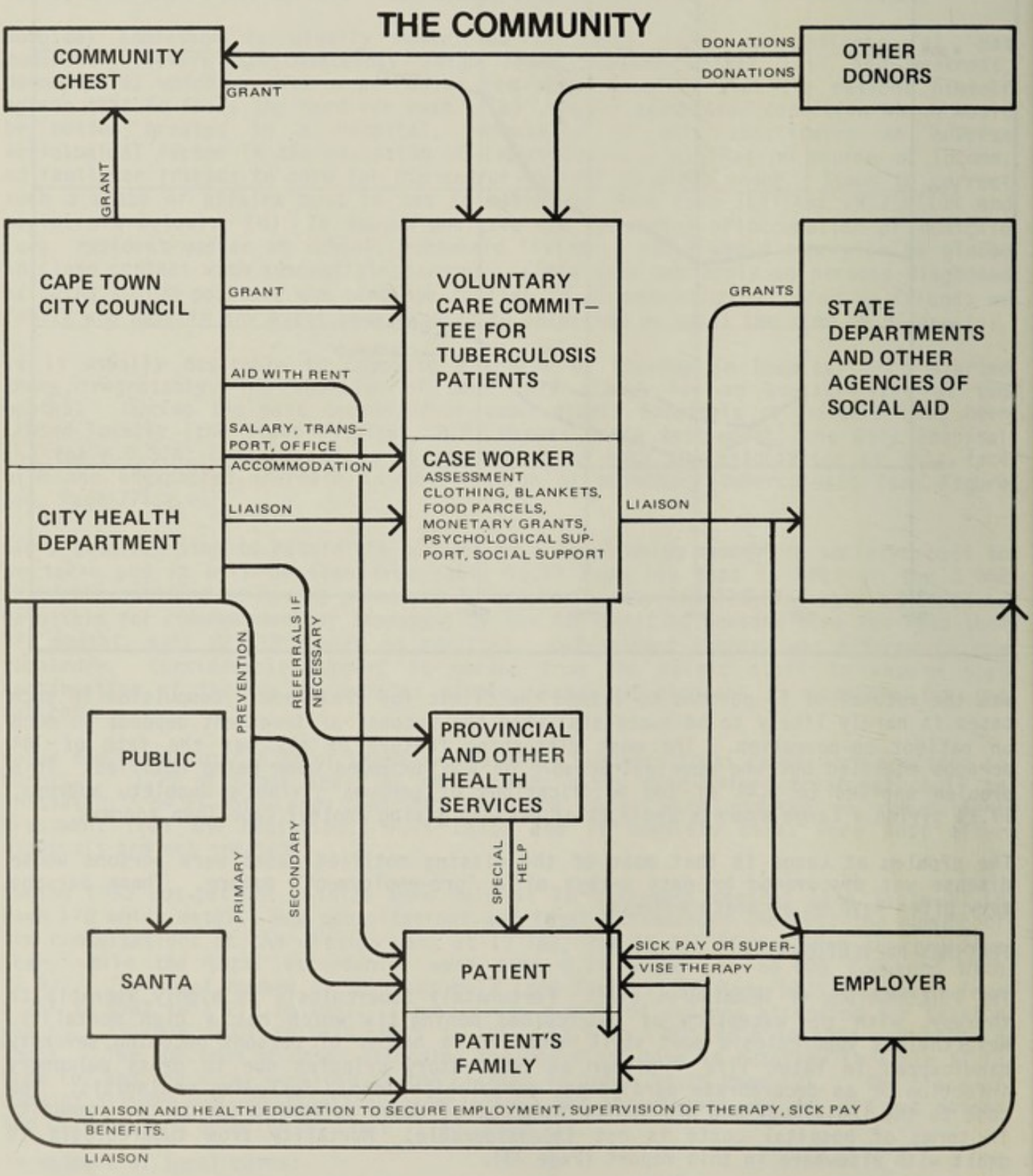
The problem at Langa is that most of the missing notified cases were persons whose disease was discovered by mass x-rays of a 'pre-employment' nature. These persons very often have no accurate address.

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 73).

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

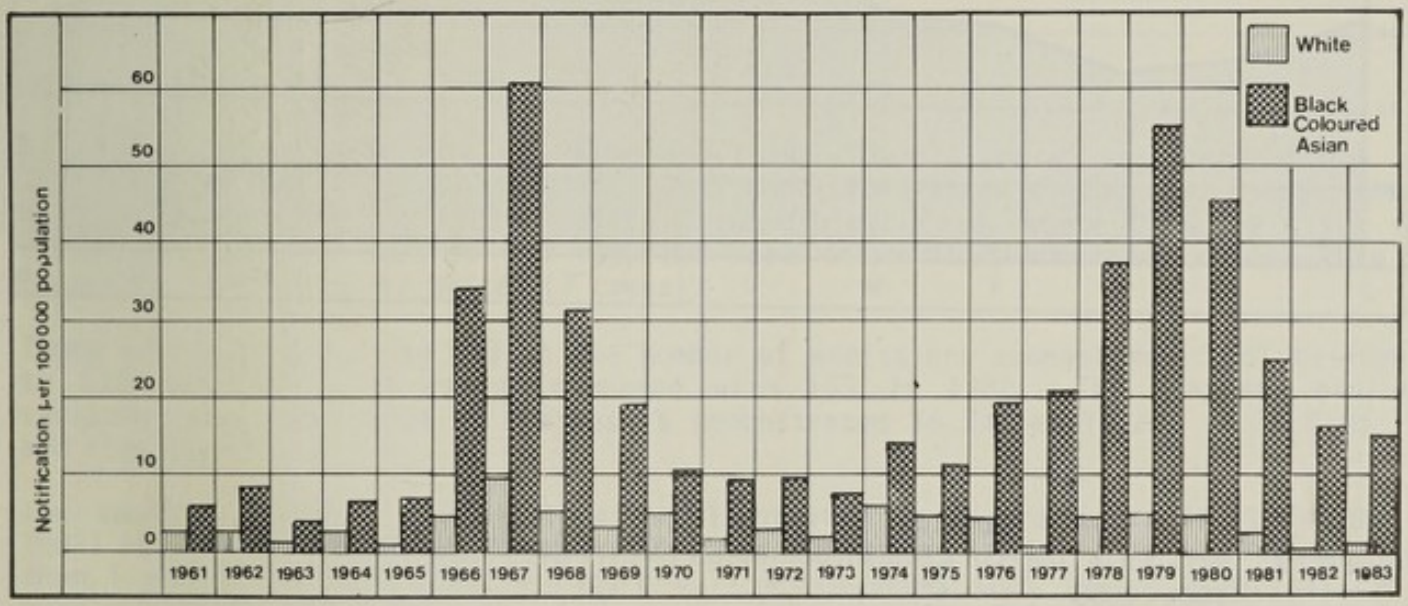
Figure 6.5 MOBILISATION OF COMMUNITY RESOURCES IN THE TERTIARY PREVENTION OF TUBERCULOSIS



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 6.5). During 1983 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 413 families and the work done is summarised in Table V1.21 Page 171. 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 6.6 NOTIFICATION RATES OF CEREBROSPINAL FEVER BY RACE: 1961 - 1983



CEREBROSPINAL FEVER

PRIORITY RATING

There was a drop (by 2%) in the number of cases of this disease in 1983 (see Figure 6.6 and Table VI.25 Page 176). There were 104 cases amongst municipal residents (compared with 106 in the previous year) being 3 White, 84 Coloured, and 17 Black persons (compared with 2 White, 87 Coloured, 1 Asiatic and 16 Black persons in 1982). The incidence rate per 100 000 population per year fell from 1982 to 1983 in Coloureds (from 17 to 16); remaining the same for Blacks (at 13); and rose in Whites (from 0,76 to 1,13). There were 6 deaths in 1983 (compared with 15 in 1982). This represents a decrease in death rate per 100 000 population per year from 1,62 to 0,63 and in the mortality of Notified cases from 14,15% to 5,77%. These morbidity and mortality figures indicate a continued high priority rating for control of this condition. The seasonal variation in Notifications of Cerebrospinal Fever is demonstrated in Table VI.25 Page 176 and Figure 6.7 A and B. Nearly 66% of the number of cases from 1979 - 1983 occurred in the half year June to November, co-inciding with the cooler wetter months, and the same pattern was seen in 1983 (64%).

Figure 6.7A CEREBROSPINAL FEVER CASES BY MONTH OF RECEIPT OF NOTIFICATION : MONTHLY TOTALS 1979 - 1983

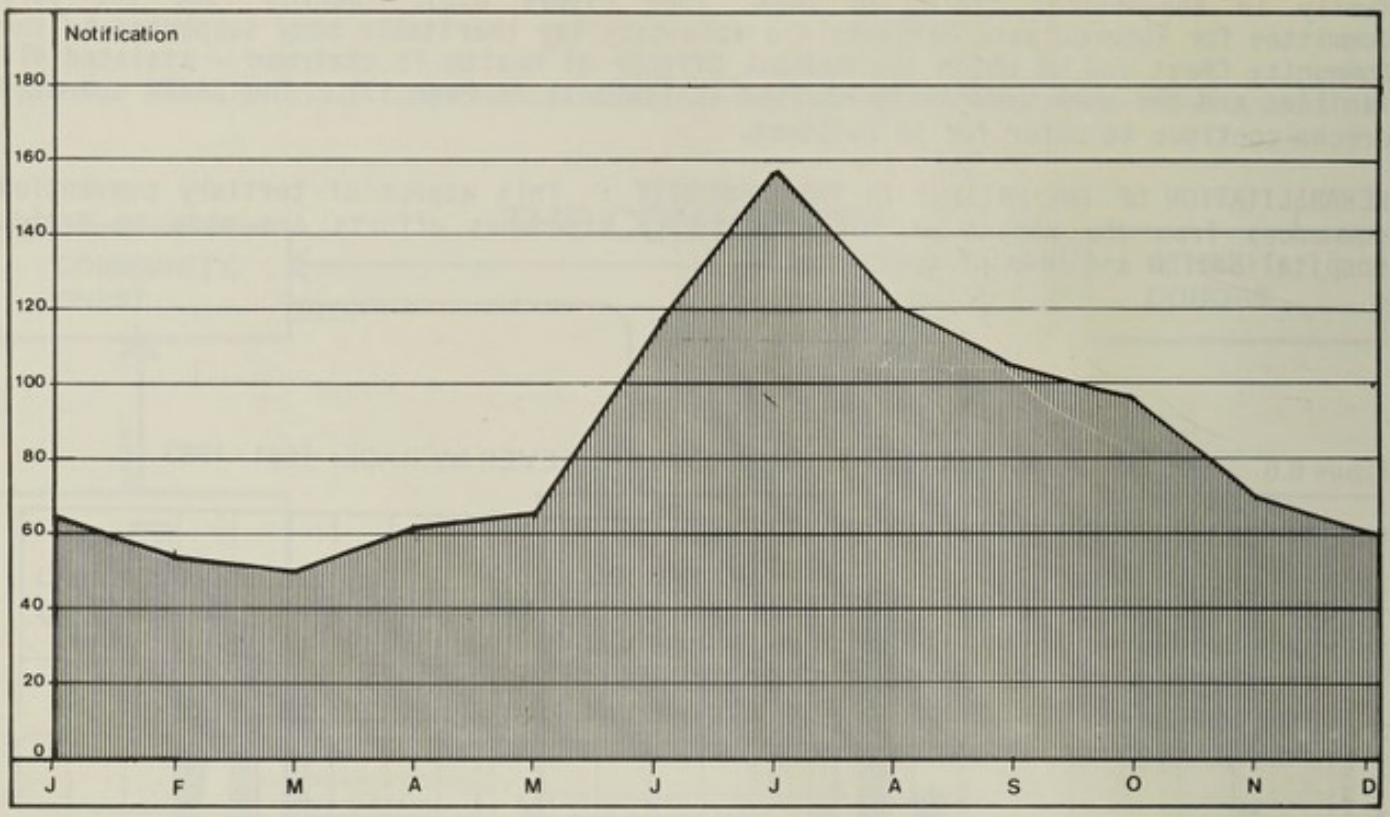
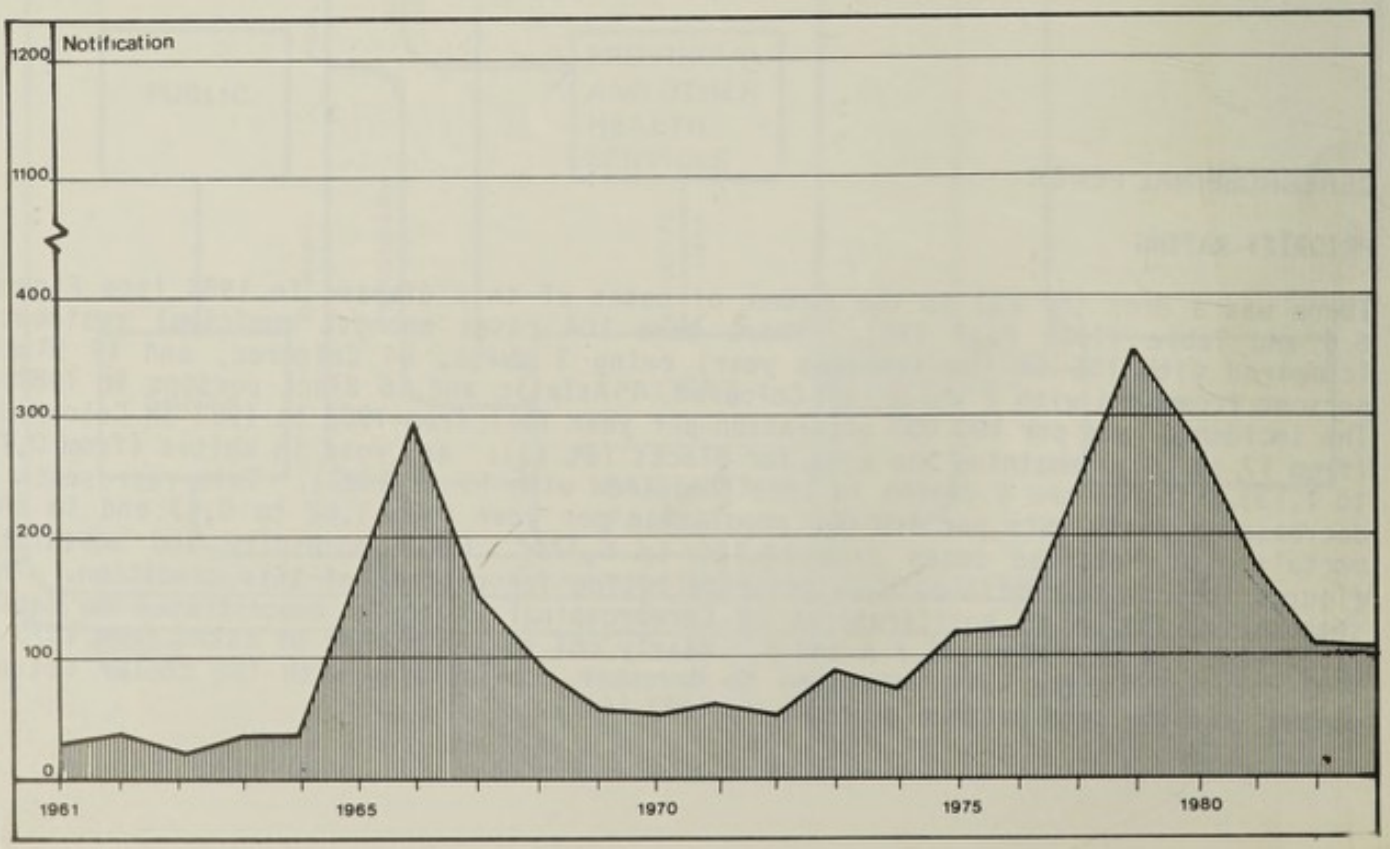


Figure 6.7B NOTIFICATION OF CEREBROSPINAL FEVER FOR THE YEARS 1961 - 1983



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, 17 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 87 were admitted to the City Hospital.

MEASLES

PRIORITY RATING

Measles was made Notifiable on 24 August 1979. The 342 cases reported include 150 City Hospital admissions during 1983. This condition ranked as the second most common Notifiable condition in 1983. Unlike Cerebrospinal Fever where Coloured cases far outnumbered Blacks, Measles was reported more often in Blacks (235 cases) than in Coloureds (100 cases) or Whites (7 cases).

There was an decrease (by 6%) in the number of admissions amongst municipal residents to City Hospital (150 cases) compared with 159 in 1982. The seasonal and age variation in Notification of Measles is demonstrated in Tables VI.22, VI.23 Page 172 and Figures 6.8 and 6.9.

The seasonal pattern of admissions is illustrated in Figure 6.10, 71,3% (42,8% in 1982) being admitted in the 6 months April to September. Measles admissions age less than 1 year are illustrated in Figure 6.11 which shows that 19% of Municipal cases were admitted before the age of 7 months (the age for immunization for 'at risk' children).

PREVENTION

A continuous intensive immunization programme is being employed (see page 62).

Figure 6.8 MEASLES NOTIFICATIONS BY RACE AND MONTH 1983

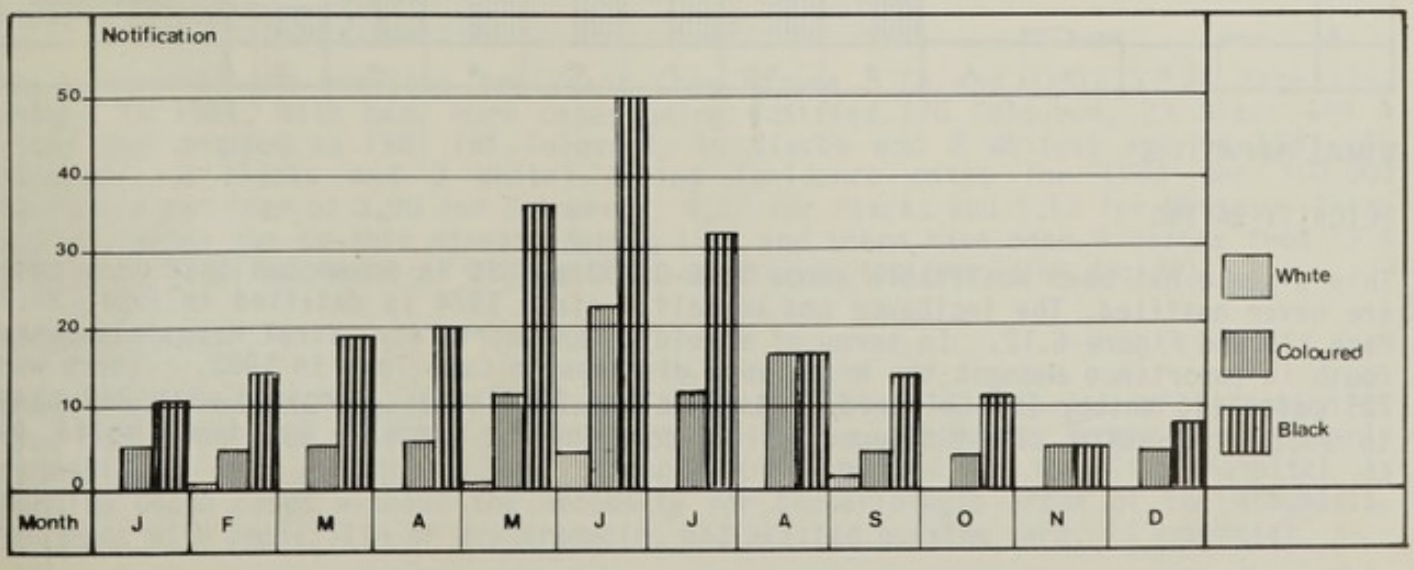


Figure 6.9 NOTIFICATIONS OF WHITE, COLOURED AND BLACK WITH MEASLES BY SEX AND AGE GROUPS 1983

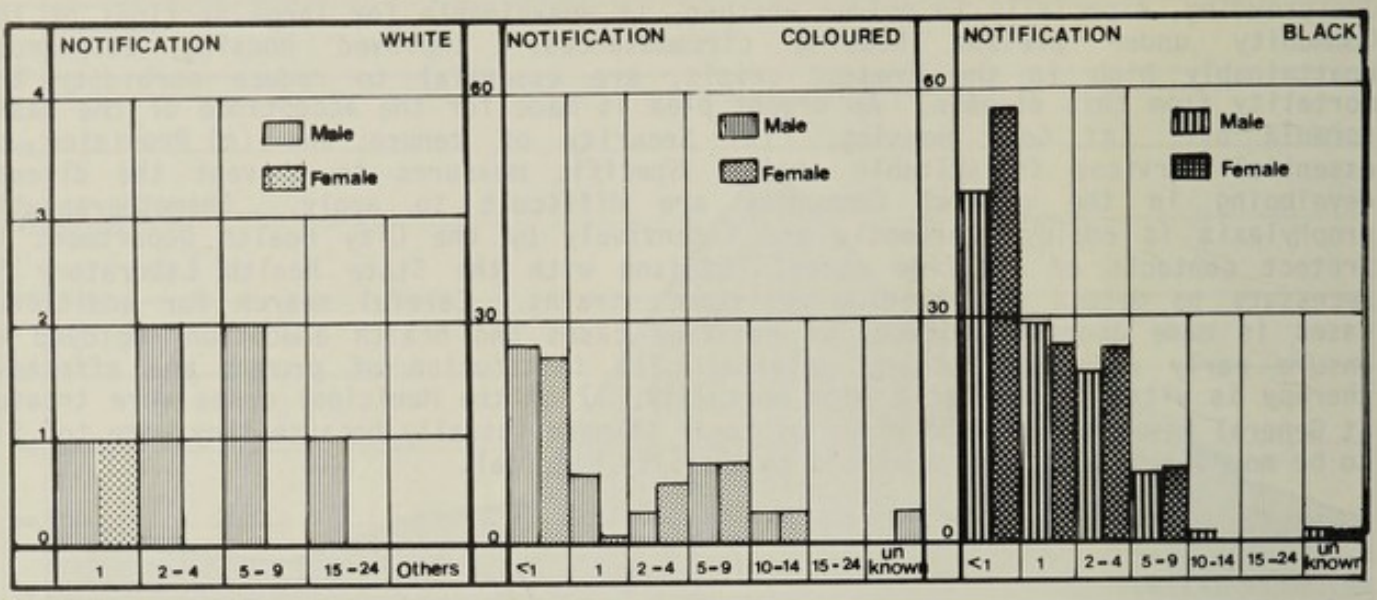


Figure 6.10 —MEASLES CASES ADMITTED TO CITY HOSPITAL BY MONTH OF ADMISSION : 1975 1982.
----NUMBER OF MUNICIPAL MEASLES VACCINEES : 1975 - 1982

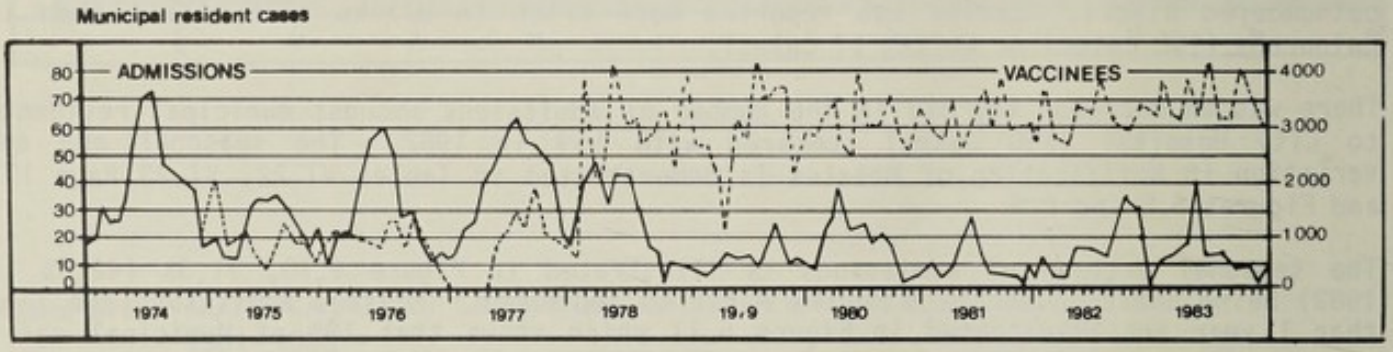
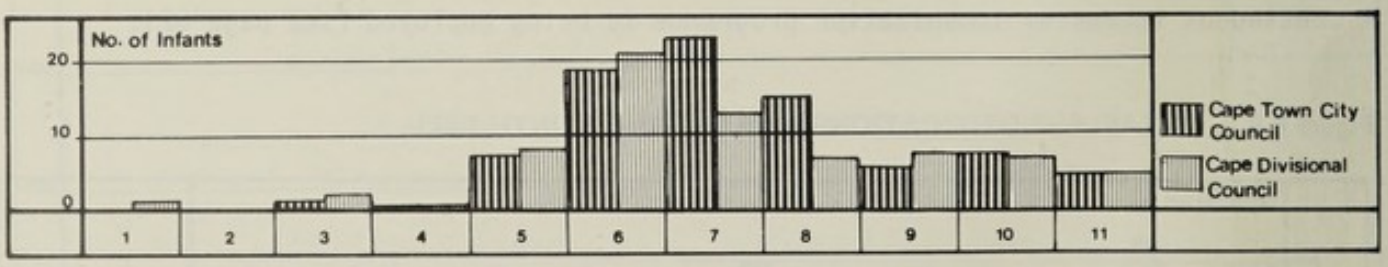


Figure 6.11 MEASLES ADMISSIONS FROM CAPE TOWN CITY AND DIVISIONAL COUNCIL AREAS TO THE CITY HOSPITAL IN 1983 – INFANTS UNDER THE AGE OF ONE BY MONTHS OF AGE



VIRAL HEPATITIS

PRIORITY RATING

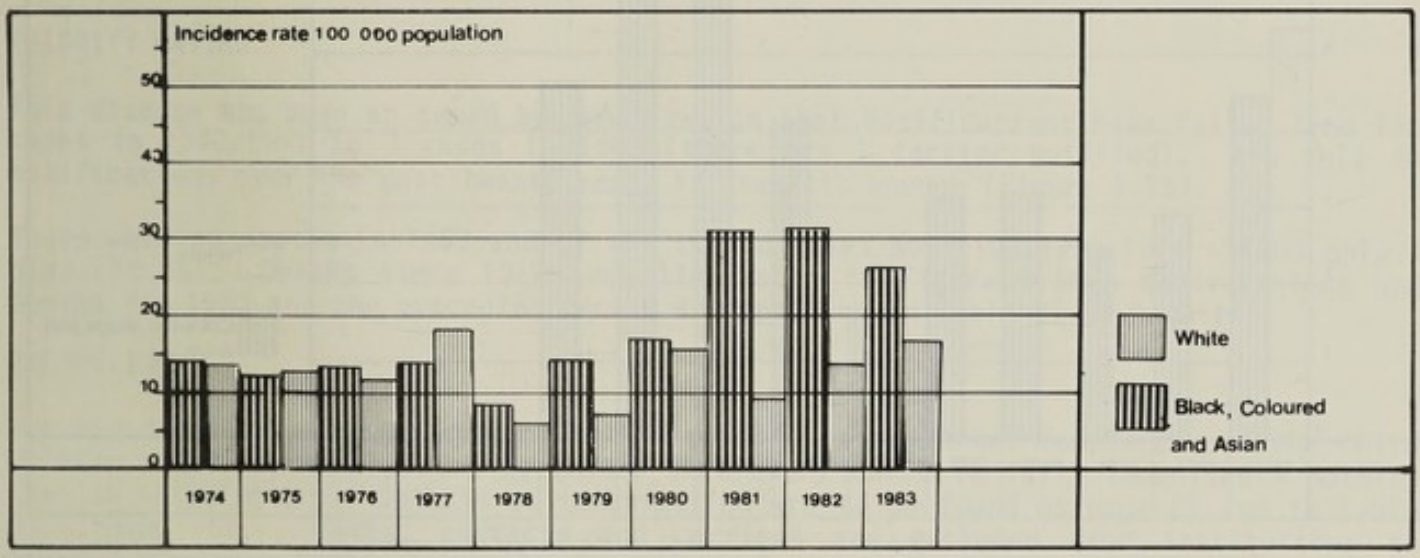
This disease has been Notifiable since 1969-05-30 and it is suspected that many cases are never notified. The incidence and mortality since 1974 is detailed in Table VI.24 Page 175 and Figure 6.12. In terms of morbidity and mortality, Viral Hepatitis ranked fouth in importance amongst the Notifiable diseases in Cape Town in 1983. There were 225 cases (46 White, 157 Coloured, 1 Asiatic and 21 Black); compared with 242 cases in 1982; (38 White, 174 Coloured, 3 Asiatic and 27 Black). Incidence rates per

100 000 population increased for Whites (from 15 to 17), and decreased for Blacks (from 22 to 16) and Coloured (from 33 to 29). One death due to Viral Hepatitis in 1983 and in 1982 numbered six (see Table VI.24 Page 175). Since 1974 there have been a total of 1 421 (309 White and 1 112 Coloured, Black or Asian) cases notified of whom 37 (5 White and 32 Coloured/Black or Asian) died - a significant mortality of 2,6% (1,6% for Whites and 3,% 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 Hepatitis A vaccine is available yet although vaccines against Hepatitis B (which is spread parenterally) appear to be successful although expensive. Early diagnosis and treatment is usually a function of other medical services. In 1983 five cases were admitted to City Hospital and 14 cases to General Hospitals and the remainder were treated at home. Admission to hospital is usually because of severity of illness or because the patient lives in an institution with no facilities for isolation.

Figure 6.12 ANNUAL INCIDENCE RATES OF VIRAL HEPATITIS BY RACE GROUP 1974-1983



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.

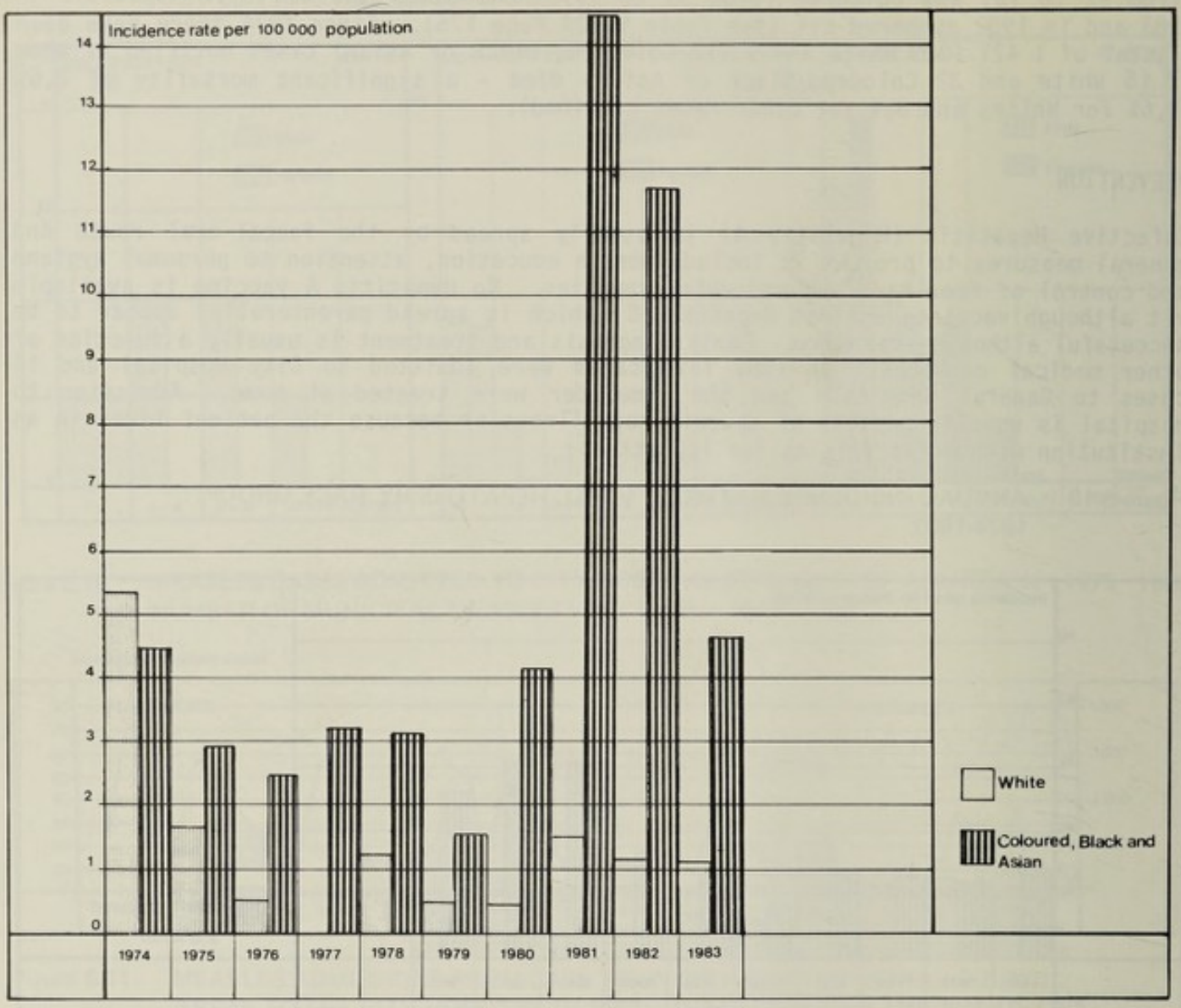
PRIORITY RATING

The pattern of the previous few years (see Figure 6.13 and Table VI.24 Page 175) changed in 1981, with many more cases being Notified (70 Coloured, 23 Black and 4 White) but dropped in 1982 (61 Coloured, 16 Blacks and 3 Whites) and in 1983 (21 Coloureds, 8 Blacks and 3 White) giving Incidence rates for 1983 per 100 000 population per year of 3,90 for Coloureds, 6,27 for Blacks and 1,13 for Whites. There were no deaths due to this disease during 1983 and there have been 9 deaths from 1974 - 1983, (2,5% of the total of 358 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. Treatment with ampicillin or erythromycin, and skilled nursing care, is essential.

Figure 6;13 ANNUAL INCIDENCE RATES PER 100 000 POPULATION OF WHOOPING COUGH BY RACE GROUP 1974 - 1983



TYPHOID FEVER

PRIORITY RATING

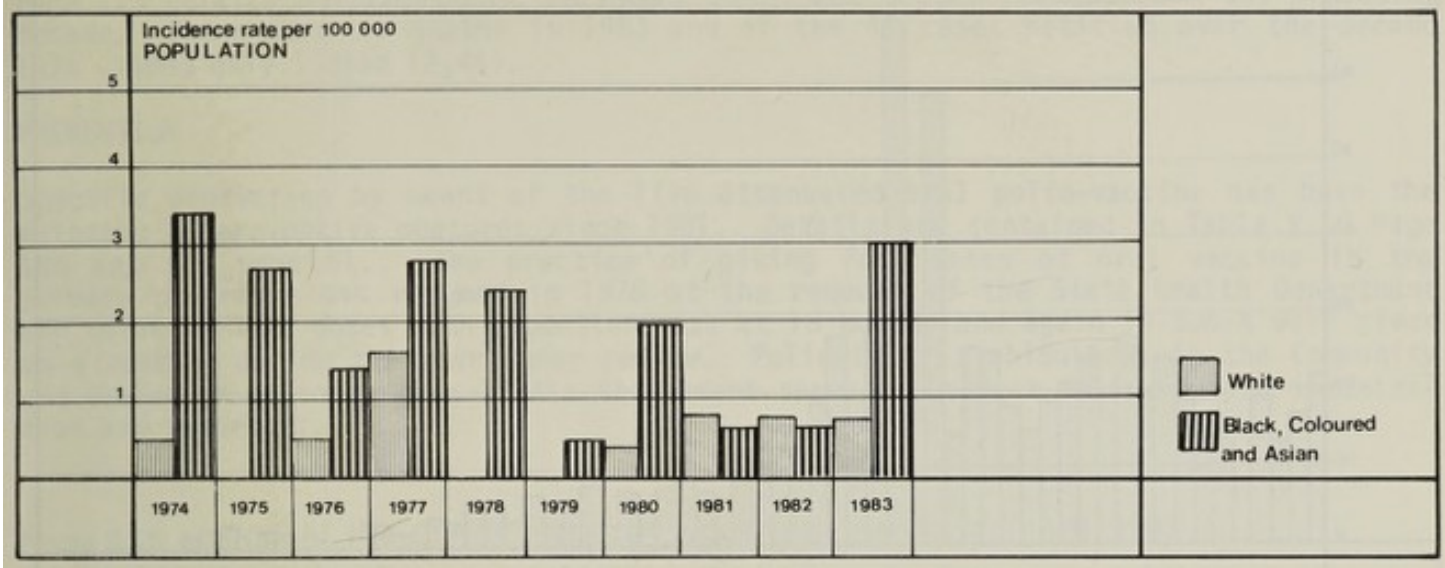
There were 21 local cases of which 5 were an imported infection.

The mean local incidence rate per year per 100 000 for the decade 1974 - 1983 was 0,47 for Whites and 1,73 for all other race groups combined. (See Table VI.24 Page 175 and Figure 6.14). There was 1 death in 1983 and of the 126 cases notified in the previous decade only 3 died (2,38%).

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 immunization 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 (no carriers were diagnosed in 1983). A full record of all carriers is maintained and they are kept under observation.

Figure 6.14 ANNUAL INCIDENCE RATE OF TYPHOID FEVER BY RACE GROUP 1974-1983



DIPTHERIA

PRIORITY RATING

This disease has been so tamed by immunization that Notifications have fallen from 770 cases in 1940/1941 to 3 cases in 1983 (there was 1 carrier notified). The fall in notifications over the past twenty years is dramatic enough (Figure 6.15).

There were no deaths in 1983 and of all the 38 cases Notified from 1974 - 1983 only 4 died (10,5%). Deaths since 1917 are illustrated in Figure 6.16. Notifications and Deaths for 1983 and the preceding decade are detailed in Table VI.24 Page 175.

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 immunization are to be found on page 61 and in Table V.10 Page 166. 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 6.15 ANNUAL NOTIFICATIONS OF DIPHTHERIA, ALL RACES 1961 - 1983

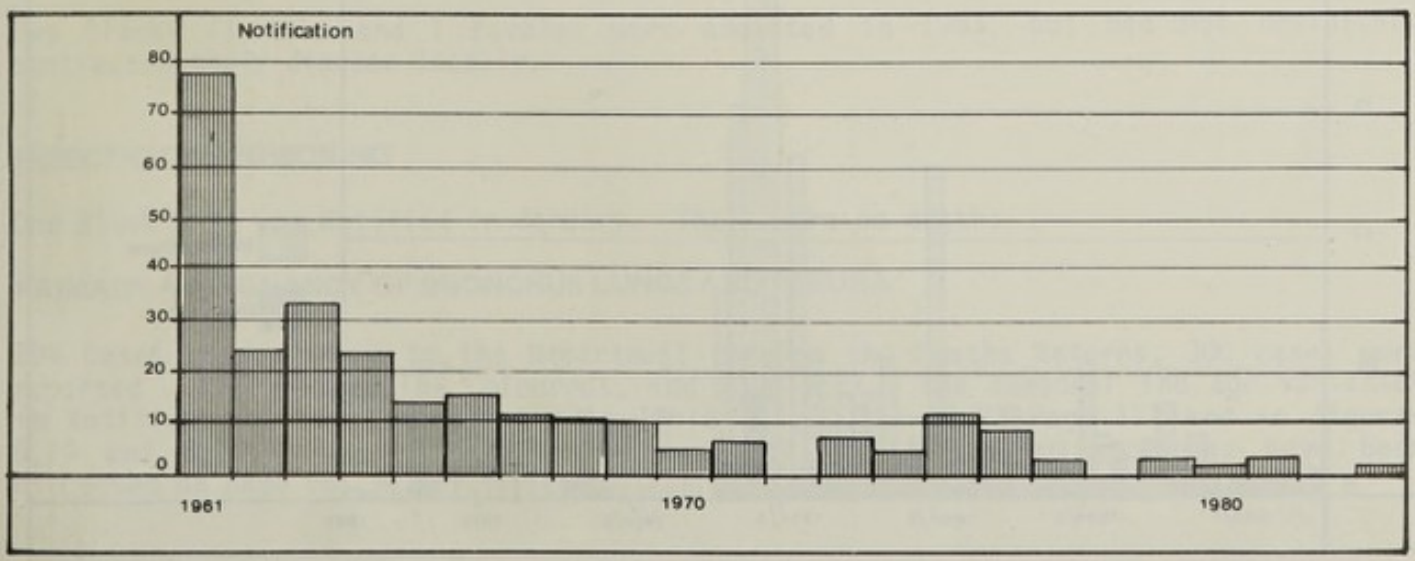
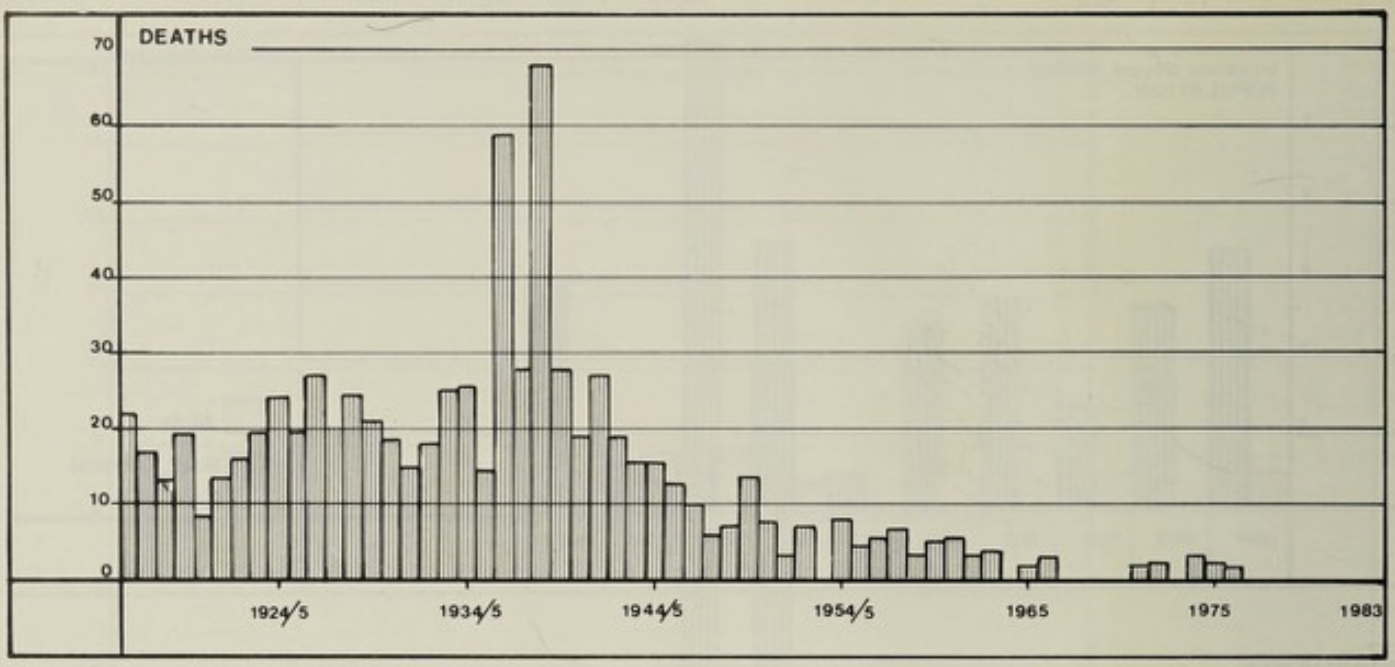


Figure 6.16 ANNUAL TOTALS OF REGISTERED DEATHS DUE TO DIPHTHERIA 1916/17 - 1983



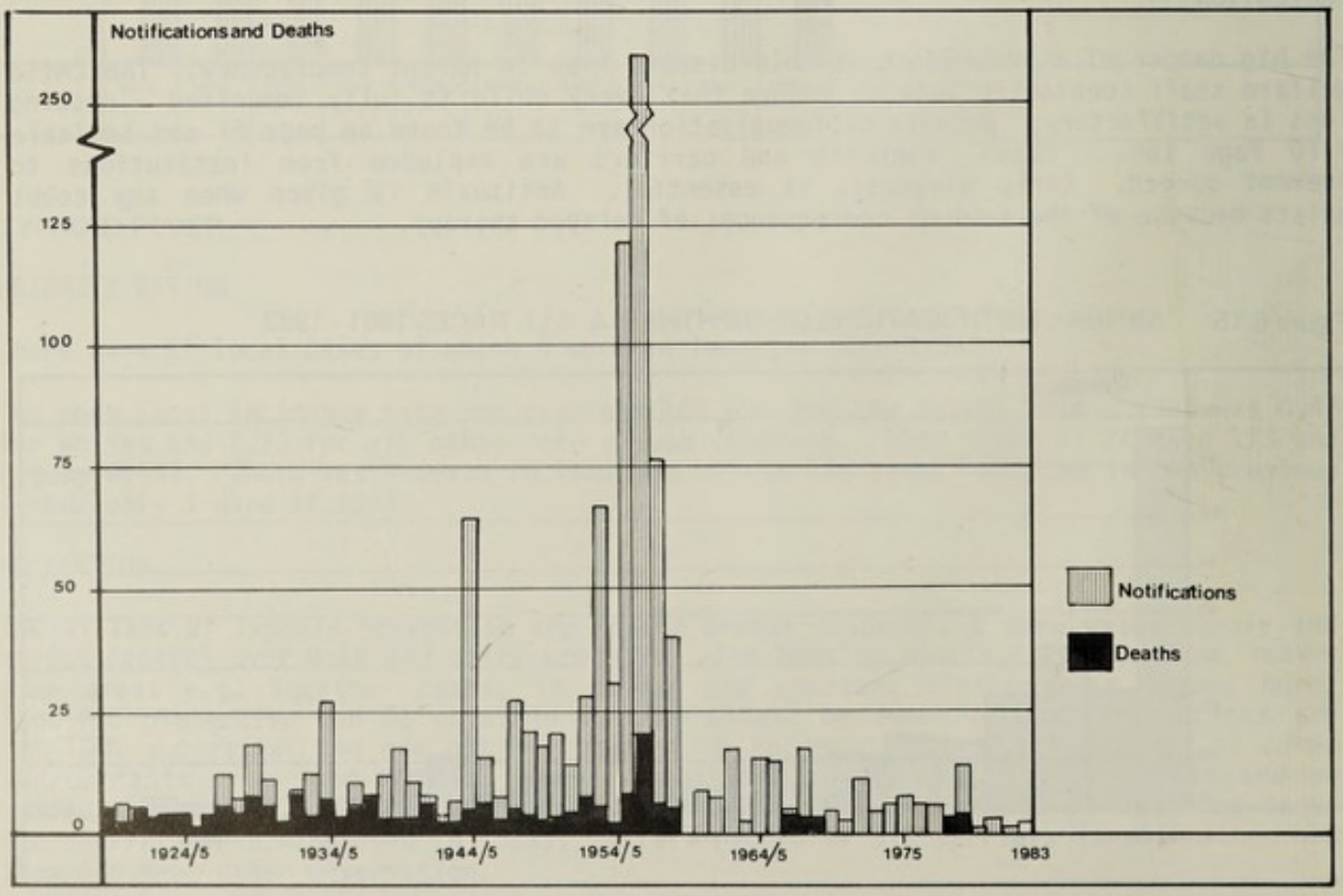
POLIOMYELITIS

(Acute anterior poliomyelitis)

PRIORITY RATING

There were 3 cases notified in 1983, compared with 1 case in 1982.

Figure 6.17 NOTIFICATIONS AND DEATHS FROM ACUTE POLIOMYELITIS 1919 - 1983

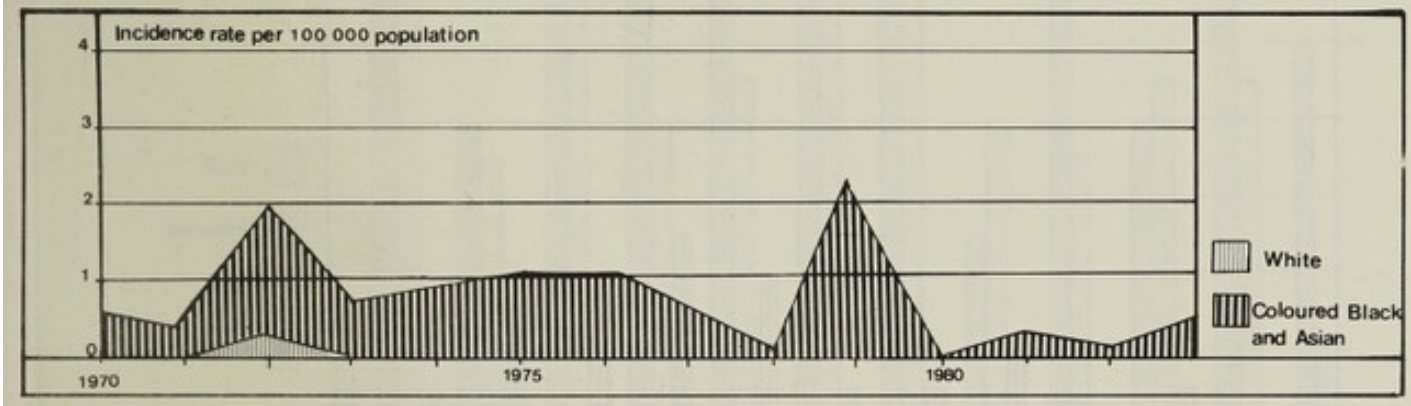


The occurrence of poliomyelitis in Cape Town since 1919 is illustrated in Figure 6.17 and the incidence rates per 100 000 population 1970 - 1983 in Figure 6.18 Table VI.24 Page 175 details Notifications, incidence rates and deaths for 1983 and the preceding decade. There were no deaths in 1983 and of the 42 cases notified over the decade 1974 - 1983 only 1 died (2,4%).

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 Page 166 and see page 61. 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 immunization are important.

Figure 6;18 ANNUAL INCIDENCE RATES OF ACUTE POLIOMYELITIS 1970 - 1983



TETANUS

There were 3 cases (1 White, 1 Coloured and 1 Black) notified in 1983 (compared to 1 in the previous year). There was one death.

MALARIA

There were 8 imported case (3 White and 5 Coloureds) notified in 1983. There were no deaths.

LEPROSY

Two Blacks (1 Male and 1 Female) were admitted in 1983, but had not definitely contracted their disease locally.

INSECTICIDAL POISONING

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

PRIMARY MALIGNANCY OF BRONCHUS LUNGS AND PLEURA

294 Cases become known to the Department through the Deaths Returns, 300 cases were reported - 115 Whites, 162 Coloureds, and 23 Blacks. The seasonal and age variation in Notifications are demonstrated in Tables VI.22 and VI.23 Page 172 and in figures 6.19 and 6.20. Further details on mortality due to these carcinomas have been discussed on page 16.

Figure 6.19 PRIMARY MALIGNANCY OF BRONCHUS, LUNGS AND PLEURA NOTIFICATIONS BY RACE AND MONTH 1983

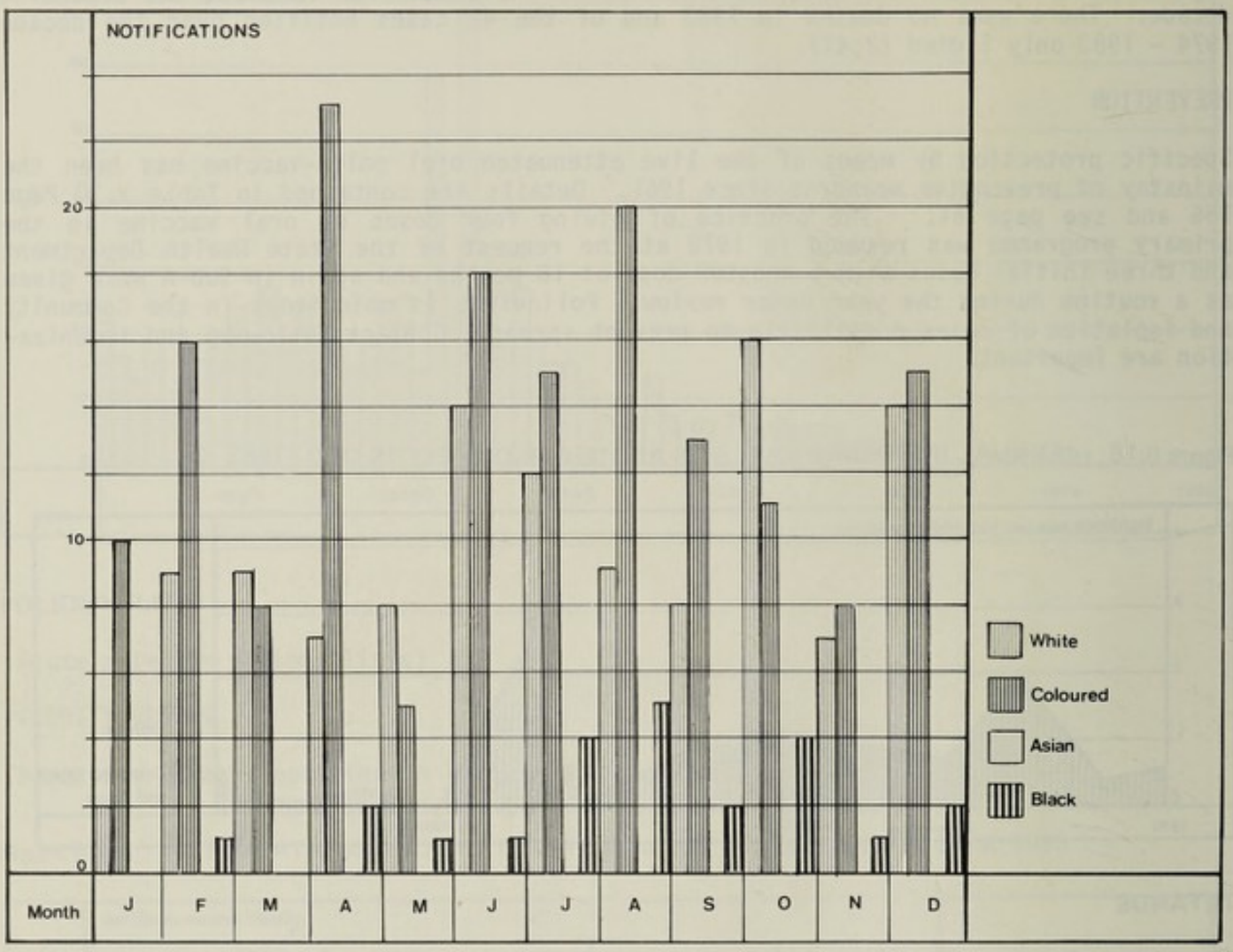
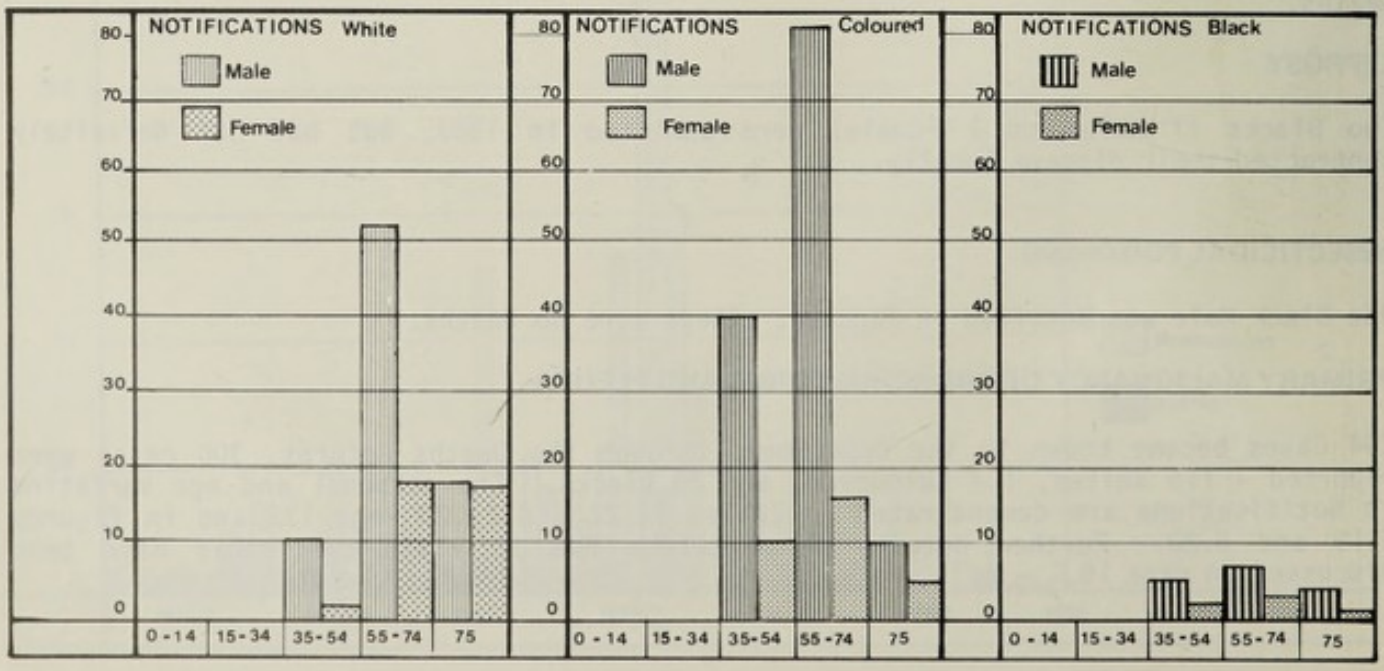


Figure 6.20 NOTIFICATIONS OF WHITES, COLOUREDS AND BLACKS WITH PRIMARY MALIGNANCY OF BRONCHUS, LUNGS AND PLEURA BY SEX AND AGE GROUPS 1983



OTHER NOTIFIABLE DISEASES

There were no cases of anthrax, cholera, Lead Poisoning, plague, sleeping sickness (human trypanosomiasis), smallpox, rabies trachoma, typhus, or yellow fever Notified in municipal residents over the decade 1974 - 1982 or in 1983. Although there were no cases of the following diseases in 1983 there have been, in the decade 1974 - 1983, 7 cases of Brucellosis, 1 cases of Leptospirosis, and, 1 case of Toxoplasmosis. (See Table VI.26 Page 176).

VII OTHER SERVICES

DOMICILIARY MEDICAL SERVICES

The City Council provides medical attention in their homes for indigent sick persons needing such service. During 1983 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 3 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 105.

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 3 953 attendances were recorded as on Table VII.1 Page 177. 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 VII.2 Page 177. Scabies is also treated where necessary at the child welfare centres in other areas.

DEFINITIONS

BIRTHS

N B : Both the following Rate fractions are multiplied by 1 000.

Birth rate (BR) = Number of live births during the year ÷ midyear population.

Still birth rate (SBR) = Number of still births in the year ÷ total live and still births in that year.

DEATHS

"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.

"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 ÷ 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 Mortaliity 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.

TUBERCULOSIS (TB)

"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 Administration Board, Western Cape, area of Langa and Guguletu.

"Pulmonary Tuberculosis" = in the years before 1976 this has included only tuberculosis obviously affecting the lungs and pleura.

From 1976 to 1979

the term was 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.

TABLES

These apply to the City of Cape Town including the Administration Board Western Cape areas of Langa and Guguletu and its residents unless otherwise specified.

TABLES

TABLES A

SUMMARY OF VITAL STATISTICS : 1983

Area: 30329,80 hectares

	WHITE		COLOURED		ASIANS		BLACKS		ALL RACES	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Total population	265870		538035		13536		127676		945117	
Notified Live Births	2819	10,60	16560	30,78	84	6,21	5019	39,31	24482	25,90
Registered Deaths	2325	8,74	3643	6,77	56	4,14	1179	9,25	7203	7,62
Natural Increase	494	1,86	12917	24,01	28	2,07	3840	30,06	17279	18,28
Infant Mortality (Death under one year)	30	10,6	320	19,32	6	71,43	162	32,28	518	21,16
Maternal mortality			1	0,06					1	0,04

II SOCIAL GEOGRAPHY

TABLE II.1 METEOROLOGICAL DATA 1974 TO 1983: D F MALAN AIRPORT WEATHER OFFICE

	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983
Total rainfall	682,6 mm	558,4 mm	565,4 mm	751,1 mm	402,1 mm	408,1 mm	479,1 mm	585,2 mm	438,9mm	528,1mm
No. of rainy days	96	117	130	140	125	123	130	133	133	132
Ave. Max. Temp.	22,2	21,1	21,4	21,8°C	22,0°C	28,4°C	22,3°C	22,2°C	21,7°C	21,6°C
Maximum Temp.	37,4	38,1	35,2	35,5°C	35,5°C	39,3°C	33,9°C	35,2°C	33,5°C	35,0°C
Ave. Min. Temp.	11,6	11,9	12,0	12,4°C	10,0°C	5,5°C	11,8°C	11,1°C	10,9°C	11,2°C
Minimum Temp.	0,9	0,5	0,2	1,8°C	1,4°C	0,4°C	1,9°C	0,3°C	0,8°C	0,3°C

III VITAL STATISTICS

Table III.1 Estimated Population of the City of Cape Town by Race : 1962 - 1983

	WHITE		COLOURED		ASIATIC		BLACK		TOTAL	
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)	219738	(382150)	384576	(9350)	9262	(85700)	83937	(694230)	697513
1971	(235550)	222983	(397500)	394639	(9660)	9536	(93050)	86689	(735760)	713847
1972	(239050)	226276	(412340)	404965	(9920)	9819	(91150)	89532	(752460)	730592
1973	(242600)	229617	(427740)	415561	(10190)	10110	(90250)	92467	(770780)	747755
1974	(246200)	233008	(443710)	426435	(10470)	10409	(95000)	95499	(795380)	765351
1975	(249860)	236449	(460280)	437593	(10760)	10717	(97730)	98631	(818630)	783390
1976	(253570)	239941	(477470)	449043	(11050)	11035	(100530)	101865	(842620)	801884
1977	(257340)	243484	(495300)	460792	(11350)	11361	(103000)	105205	(866990)	820842
1978	(261160)	247080	(513790)	472849	(11660)	11698	(107580)	108655	(894190)	840282
1979	(265040)	250728	(532980)	485222	(11980)	12044	(108500)	112217	(918500)	860211
1980	(268980)	254431	(552880)	497918	(12310)	12401	(111230)	115897	(945400)	880647
1981	(272980)	258188	(573520)	510946	(12650)	12768	(114030)	119697	(973180)	901599
1982	(277040)	262001	(594940)	524316	(12990)	13146	(116900)	123622	(1001870)	923085
1983		265870		538035		13536		127676		945117

Note: Previous estimates of population are given in brackets.

Table III.2 Estimated Population, Birth Rates, Death Rates, Natural Increase Rates and Infant Mortality Rates : 1951 - 1983

YEAR	Estimated Populations			Birth rates			Death rates corrected for outward transfers			Natural increase rates			Infant mortality rates		
	White	Coloured Asiatic Black	Total	White	Coloured Asiatic Black	Total	White	Coloured Asiatic Black	Total	White	Coloured Asiatic Black	Total	White	Coloured Asiatic Black	Total
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	207250	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	219738	477775	697513	19,0	35,2	30,1	10,4	9,6	9,9	8,6	25,6	20,2	16	59	50
1971	222983	490864	713847	19,3	36,1	30,9	9,5	8,0	8,5	9,8	28,1	22,4	13	46	39
1972	226276	504316	730592	18,1	35,7	30,3	9,5	7,5	8,1	8,6	28,2	22,2	13	38	34
1973	229617	518138	747755	16,5	35,2	29,5	9,9	8,4	8,9	6,6	26,8	20,6	13	46	40
1974	233008	532343	765351	15,4	33,9	28,2	9,6	8,2	8,6	5,8	25,7	19,6	12	46	40
1975	236449	546941	783390	13,9	30,4	25,4	8,9	7,5	7,9	5,0	22,9	17,5	12	38	34
1976	239941	561943	801884	13,3	29,3	24,5	9,2	8,1	8,4	4,1	21,2	16,1	10	43	38
1977	243484	577358	820842	11,8	27,8	23,1	8,8	7,3	7,8	3,0	20,5	15,3	8	36	31
1978	247080	593202	840282	11,2	27,8	22,9	8,9	6,4	7,1	2,3	21,4	15,8	13	28	26
1979	250728	609483	860211	10,7	27,9	22,9	8,3	6,2	6,8	2,4	21,7	16,1	10	23	21
1980	254431	626216	880647	10,7	28,2	23,2	9,1	6,4	7,2	1,6	21,8	16,0	13	24	22
1981	258188	643411	901599	11,1	29,6	24,3	9,2	7,2	7,8	1,9	22,4	16,5	9	24	21
1982	262001	661084	923085	11,1	31,2	25,5	8,9	7,3	7,7	2,2	23,9	17,8	12	25	23
1983	265870	679247	945117	10,6	31,9	25,9	8,7	7,2	7,6	1,9	24,7	18,3	11	23	21

City extended in 1971 by incorporation of districts of Thornton, Bergvliet, Meadowridge, Ottery (part) and Kirstenhof.

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.

The population and rates for the years 1970 and onwards have been corrected according to the final figures of the 1980 census.

Table III.3 Population by Race and Sex : 1982 TO 1983

RACE	1982			1983		
	MALES	FEMALES	PERSONS	MALES	FEMALES	PERSONS
White	127856	134145	262001	129745	136125	265870
Coloured	258488	265828	524316	265251	272784	538035
Asiatic	6586	6560	13146	6782	6754	13536
Black -						
City	19467	11227	30649	22128	5620	27748
Langa	14538	9089	23672	17871	7756	25627
Guguletu	42641	26660	69301	39160	35141	74301
Total	76646	46976	123622	79159	48517	127676
TOTAL	469576	453509	923085	480937	464180	945117

Table III.4 Notified Live Births and Birth Rates by Race and Sex of Infant : 1982 - 1983

RACE	MALES		FEMALES		TOTAL		BIRTH RATE	
	1982	1983	1982	1983	1982	1983	1982	1983
White	1485	1447	1423	1372	2908	2819	11,10	10,60
Coloured	8001	8440	7921	8120	15922	16560	30,37	30,78
Asiatic	75	44	54	40	129	84	9,81	6,21
Black	2239	2510	2320	2509	4559	5019	36,88	39,31
TOTAL	11800	12441	11718	12041	23518	24482	25,48	25,90

Table III.5 Notified Births and Birth Rates by Race : 1979 - 1983

RACE	1979		1980		1981		1982		1983	
	LIVE BIRTHS	BIRTH RATE	LIVE BIRTHS	BIRTH RATE	LIVE BIRTHS	BIRTH RATE	LIVE BIRTHS	BIRTH RATE	LIVE BIRTHS	BIRTH RATE
White	2695	10,74	2727	10,72	2871	11,12	2908	11,10	2819	10,60
Coloured	12746	26,27	13448	27,01	14537	28,45	15922	30,37	16560	30,78
Asiatic	260	21,59	225	18,14	147	11,51	129	9,81	84	6,21
Black	3999	36,64	3984	34,38	4365	36,47	4559	36,88	5019	39,31
TOTAL	19700	22,96	20384	23,15	21920	24,31	23518	25,48	24482	25,90

Table III.6 Birth Rates for 1983

RACE	POPULATION			LIVE BIRTHS	BIRTH RATE PER 1 000
	MALE	FEMALE	TOTAL		
White	129745	136125	265870	2819	10,60
Coloured	265251	272784	538035	16560	30,78
Asian	6782	6754	13536	84	6,21
Black:					
Langa	17871	7756	25647	1879	73,32
Guguletu	39160	35141	74301	2913	39,21
Rest of City	22128	5620	27748	227	8,18
Total	79159	48517	127676	5019	39,31
TOTAL	480937	464180	945117	24482	25,90

Table III.7 Fertility Rates for 1983

RACE	Female Population	*Percentage of females aged 15-49 years	Number of females aged 15-49 years	Notified births	Fertility (Birth rates per 1 000 females aged 15-49 years)
White	136125	51,7	70376	2819	40,06
Coloured	272784	53,6	146212	16560	113,26
Asian	6754	57,9	3910	84	21,48
Black:					
Total	48517	55,6	26975	5019	186,06
Langa	7756	55,6	4312	1879	435,76
Guguletu	35141	55,6	19538	2913	149,09
Rest of city	5620	55,6	3124	227	72,66

* Calculated from 1980 Census

Table III.8 Notified Still Births and Still Birth Rates by Race : 1982 TO 1983

	NOTIFICATIONS			
RACE	NUMBER		STILL BIRTH RATE	
	1982	1983	1982	1983
White	11	20	3,77	7,04
Coloured	202	243	12,53	14,46
Asiatic	-	2	-	23,26
Blacks	85	122	18,30	23,73
TOTAL	298	387	12,51	15,56

Table III.9 Still Births (SB) and Still Birth Rates, (SBR) for 1983

RACE	LIVE BIRTHS	NUMBER OF STILL BIRTHS	LIVE AND STILL BIRTHS	STILL BIRTH RATE PER 1 000 LIVE AND STILL BIRTHS
White	2819	20	2839	7,04
Coloured	16560	243	16803	14,46
Asians	84	2	86	23,26
Black:				
Total	5019	122	5141	23,73
Langa	1879	36	1915	18,80
Guguletu	2913	72	2985	24,12
Rest of City	227	14	241	58,09

Table III.10 Notified Twin Births classified according to Race and as to whether of the same or mixed Sexes : 1983

	CHILDREN			
RACE	NO OF PAIRS	BOTH MALES	BOTH FEMALES	MIXED
White	27	5	12	10
Coloured	162	59	59	44
Asiatic	1	-	-	1
Black	96	30	25	41
TOTAL	286	94	96	96

Table III.11 Notified Live and Still Births in Institutions (whether occurring in or out of the Municipal Area) to Cape Town Municipal Residents : 1982 - 1983

	NOTIFICATIONS			
	NUMBER		PERCENTAGE OF TOTAL DELIVERIES	
	1982	1983	1982	1983
White	2895	2823	99,2	99,4
Coloured	11315	11780	70,2	70,1
Asiatic	115	83	89,2	96,5
Blacks	3340	3584	71,9	69,7
TOTAL	17665	18270	74,2	73,5

Table III.12 Notified Live and Still Births by place of occurrence and attendant, occurring within the Municipal Area of Cape Town : 1983

	RESIDENTS		NON-RESIDENTS		
ATTENDED	BIRTHS	PERCENTAGE	BIRTHS	PERCENTAGE	TOTAL BIRTHS
(a) In private houses:	1	0,00			1
By private doctors					
By private midwives:					
Certificated	191	0,8			191
Uncertificated:	2	0,01			2
Maternity outpatient units:	6016	24,2	1863	24,3	7879
Midwives on district:	3	0,01			3
No doctor or midwives:	386	1,6			386
TOTAL	6599	26,5	1863	24,3	8462
(b) In institutions:					
Public institutions	17257	69,4	5465	71,4	22722
Private nursing homes	1013	4,1	331	4,3	1344
TOTAL	18270	73,5	5796	75,7	24066

Table III.13 Illegitimate Live Births Notified by Race : 1982 - 1983

NOTIFICATIONS				
RACE	NUMBER		PERCENTAGE OF TOTAL LIVE BIRTHS	
	1982	1983	1982	1983
White	254	316	8,7	11,2
Coloured	6074	6790	38,1	41,0
Asiatic	2	3	1,6	3,6
Black	2772	3166	60,8	63,1
TOTAL	9102	10275	38,7	42,0

Table III.14 Notified Births to Teenage Mothers by Race, Legitimacy and age of the Mother - 1983

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		1		1		6	6	19	22	29	44	39	48	44	120	139
Coloured		6	2	17	2	59	32	211	99	401	190	554	253	713	578	1961
Asiatic												2				2
Blacks		3		10	2	47	6	118	13	162	36	205	52	186	109	731
TOTAL		10	2	28	4	112	44	348	134	592	270	800	353	943	807	2833

Leg: Legitimate

Ileg: Illegitimate

Table III.15 Illegitimate Births as a percentage of Total Live Births : 1957 - 1983

ILLEGITIMATE BIRTHS PERCENTAGE OF TOTAL BIRTHS			
PERIODS	WHITE	COLOURED, ASIATIC AND BLACKS	TOTAL
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	10,5	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
1982	8,7	42,9	38,7
1983	11,2	46,0	42,0

TABLE III.16 Uncorrected and Corrected Deaths and Corrected Death Rates by Race and Sex : 1982 - 1983

	UNCORRECTED DEATHS						CORRECTED DEATHS						RATE					
	1982			1983			1982			1983			1982			1983		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
White	1372	1322	2694	1397	1362	2759	1161	1159	2320	1134	1191	2325	9,08	8,64	8,85	8,74	8,75	8,74
Coloured	2452	1849	4301	2425	1874	4299	2040	1599	3639	2054	1589	3643	7,89	6,02	6,94	7,74	5,83	6,77
Asiatic	44	32	76	43	23	66	39	28	67	38	18	56	5,92	4,27	5,10	5,60	2,67	4,14
Black:																		
Langa							259	97	356	248	130	378	17,82	10,67	15,07	13,88	16,76	14,75
Guguletu							466	235	701	472	272	744	10,93	8,81	10,02	12,05	7,74	10,01
Rest of City							37	10	47	50	7	57	1,67	1,78	1,69	2,26	1,25	2,05
TOTAL	889	444	1333	907	506	1413	762	342	1104	770	409	1179	9,94	7,28	8,93	9,73	8,43	9,23
TOTAL	4757	3647	8404	4772	3765	8537	4002	3128	7130	3996	3207	7203	8,52	6,90	7,72	8,31	6,91	7,62

Table III.17 Corrected Deaths and Death Rates by Race : 1979 - 1983

RACE	1979		1980		1981		1982		1983	
	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate
White	2095	7,90	2306	9,06	2377	9,21	2320	8,85	2325	8,74
Coloured	2846	5,34	2997	6,02	3413	6,68	3639	6,94	3643	6,77
Asiatic	62	5,18	69	5,56	48	3,76	67	5,10	56	4,14
Black	856	7,89	961	8,29	1182	9,87	1104	8,93	1179	9,23
All races	5859	6,38	6333	7,19	7020	7,79	7130	7,72	7203	7,62

TABLE III.18 Corrected Deaths by Age, Sex and Race : 1983

RACE	AGE GROUPS															
	UNDER 1 YEAR		1 YEAR		2 to 4 YEARS		TOTAL UNDER 5 YEARS		5 to 9 YEARS		10 to 14 YEARS		15 to 24 YEARS		25 to 34 YEARS	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Whites	18	12	1	1	4	1	23	14	2	3	4	2	31	9	20	20
Coloured	171	149	14	10	19	15	204	174	18	12	24	9	166	47	148	66
Asiatic	2	4					2	4							1	1
Black:																
Langa	21	34	4	6	4	1	29	41	3	3	2	1	11	4	27	11
Guguletu	49	51	6	5	4	8	59	64	6	4			65	13	56	21
Rest of City	5	2					5	2					3	2	7	
Total	75	87	10	11	8	9	93	107	9	7	2	1	79	19	90	32
TOTAL	266	252	25	22	31	25	322	299	29	22	30	12	279	75	259	119

RACE	35 to 44 YEARS		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	M	F	Persons
Whites	25	19	107	53	198	139	312	264	313	411	99	257			1134	1191	2325
Coloured	191	94	328	183	402	264	352	356	175	270	46	114			2054	1589	3643
Asians	3	1	5	3	9	3	10	4	5	1		1			38	18	56
Black:																	
Langa	32	23	52	13	63	11	18	16	10	6	1	1			248	130	378
Guguletu	41	18	72	33	83	44	63	42	20	23	7	10			472	272	744
Rest of City	9		8		10	2	4	1	4						50	7	57
Total	82	41	132	46	156	57	85	59	34	29	8	11			770	409	1179
TOTAL	301	155	572	285	765	463	759	683	527	711	153	383			3996	3207	7203

Table III.19 Deaths from 'Cancer' (Malignant Neoplasms including those of Lymphatic and Haemopoietic tissue) and Death Rates per 100 000 Population : 1983

Int. Code No.	Parts affected	White		Coloured		Asiatic		Black		Total	
		Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
140-9	Malignant neoplasm of buccal cavity and pharynx	10	4	16	3			9	7	35	4
150	Malignant neoplasm of oesophagus	17	6	40	7	1	7	47	37	105	11
151	Malignant neoplasm of stomach	36	14	65	12	3	22	11	9	115	12
152-3	Malignant neoplasm of intestine	43	16	12	2			6	5	61	6
154	Malignant neoplasm of rectum	14	5	7	1			1	0,8	22	2
155	Malignant neoplasm of liver	14	5	27	5			21	16	62	7
156	Malignant neoplasm of gall-bladder	5	2	2	0,4					7	0,7
157	Malignant neoplasm of pancreas	20	8	20	4			7	5	47	5
161	Malignant neoplasm of larynx	3	1	9	2			2	2	14	2
162	Malignant neoplasm of bronchus	40	15	88	16			13	10	141	15
	Malignant neoplasm of lung	64	24	61	11			9	7	134	14
163	Malignant neoplasm of pleura	1	0,4	1	0,2					2	0,2
172-3	Malignant neoplasm of skin	5	2	2	0,4			2	2	9	1
174	Malignant neoplasm of breast	53	20	40	7	1	7	6	5	100	11
179	Malignant neoplasm of uterus	6	2	5	0,9					11	1
180	Malignant neoplasm of cervix uteri	6	2	27	5			7	5	40	4
183	Malignant neoplasm of ovary	9	3	7	1	1	7	2	2	19	2
185	Malignant neoplasm of prostate	19	7	23	4			4	3	46	5
188	Malignant neoplasm of bladder	17	6	15	3					32	3
189	Malignant neoplasm of kidneys	5	2	4	0,7					9	1
191	Malignant neoplasm of brain	15	6	7	1			1	0,8	23	2
192	Malignant neoplasm of unspecified parts of nervous system	3	1	8	1					11	1
199	Malignant neoplasm of unspecified sites	39	15	33	6	1	7	13	10	86	9
200-8	Neoplasm of lymphatic and haemopoietic tissues	33	12	37	7	2	15	3	2	75	3
	Malignant neoplasm of other sites	12	5	18	3			4	3	34	4
	TOTAL	489	184	574	107	9	67	168	132	1240	131

Table III.20 Lung Cancer Mortality over a series of years

YEAR	Whites				Coloured				Asiatic				Black				Coloured Asiatic & Black			
	Deaths		Rates per 100 000 population		Deaths		Rates per 100 000 population		Deaths		Rates per 100 00 population		Deaths		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
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	66,0	24,6	97	31	39,5	12,3		1		16,2	33	5	45,9	11,4	130	37	40,2	12,2
1981	73	29	57,9	21,9	81	26	32,2	10,0					23	2	31,0	4,4	104	28	31,3	9,0
1982	73	35	57,1	26,1	107	31	41,4	11,7					22	2	28,7	4,3	129	33	37,8	10,3
1983	75	30	57,8	22,0	120	30	45,2	11,0					16	6	22,2	12,4	136	36	38,7	11,0

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 : 1977 - 1983

	WHITE		COLOURED		ASIATIC		BLACK		TOTAL COLOURED ASIATIC AND BLACK	
	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 %
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
1982	14	86	35	65			36	64	27	73
1983	11	89	28	72			23	77	27	73

Table III.22 Selected Causes of Death by Race : 1983

I.C.D. No.	Cause of death	White	Coloured	Asiatic	Black	Total
002	Typhoid fever	1				1
004,5,8,9	Dysentery and					
555,6,8	Gastro Enteritis	3	24		25	52
011	Tuberculosis Pulmonary	3	63	1	76	143
010,012-018	Tuberculosis, Other Forms	1	7		14	22
032	Diphtheria					
033	Whooping Cough					
036	Meningococcal Infections		4		2	6
037	Tetanus	1				1
038	Septicaemia	20	37		15	72
045	Acute Poliomyelitis					
055	Measles		3		9	12
070	Viral Hepatitis		1			1
084	Malaria					
090-099	Syphilis		2		1	3
	Other Infective and Parasitic Diseases	1			3	4
140-208	Malignant Neoplasms	487	573	9	168	1237
210-239	Benign Neoplasms	2	1			3
250	Diabetes Mellitus	14	52		7	73
260-269	Nutritional Deficiencies		2		9	11
270-279	Other metabolic and immunity disorders		10		3	13
280-289	Anemias	3	9	1	2	15
303	Alchohol dependence syndrome	1	1		1	3
320-359	Diseases of Nervous System	17	37	2	16	72
390-392	Rheumatic Fever				1	1
393-398	Heart Disease - Rheumatic	3	15		5	23
410-414	Heart Disease - Degenerative	407	322	12	18	759
420-429	Heart Disease - Other	155	246	9	48	458
401-405	Hypertensive Disease	20	105	3	19	147
415-417	Diseases of Pulmonary Circulation	26	43		11	80
430-438	Cerebrovascular Diseases	200	360	8	71	639
440-448	Diseases of Arteries	41	25		6	72
487	Influenza		1			1
480-486	Pneumonia	104	177		77	358
490-491,466	Bronchitis	4	16		3	23
492	Emphysema	19	3		2	24
493	Asthma	5	48	1	11	65
496	Chronic Airways Obstruction	54	58		6	118
460-465	Other Diseases of					
470-478	Respiratory					
494,500-519	System	23	44		13	80
531-535	Ulcer of Stomach and Duodenum	11	5			16
540-543	Acute Appendicitis					
550-553,560	Intestinal Obstruction and Hernia	2	4		3	9
562-570	Other Diseases of Digestive					
572-579,557	System	31	42	1	14	88
571,609	Cirrhosis of Liver	16	7		5	28
580-589	Nephritis	42	65		18	125
590-608	Other Diseases of Genito-					
610-629	Urinary System	5	5		3	13
630-648	Complications of Pregnancy					

Table III.22 Continued

660-669	Complications of Normal Labour and Delivery		1			1
670-676	Complications of Puerperium					
680-709	Diseases of the Skin and Subcutaneous Tissue	1	1			2
740-759	Congenital Anomalies	11	38	2	20	71
760-779	Perinatal Mortality	11	157	2	67	237
780-796	Symptoms and Ill Defined Conditons	7	7		3	17
797	Senility	349	166	1	17	533
798-799	Sudden Death, Cause Unknown	77	299	2	106	484
800-807	Railway Accidents	1	28		14	43
810-829	Motor Vehicle Accidents	49	188	2	88	327
	All Other Accidents	37	89		32	158
950-959	Suicide	38	16		1	55
960-969	Homicide	15	215		143	373
970-978	Legal Intervention		2			2
980-987	Injury Accidental or Purposeful	3	7		2	12
	Other Causes	4	12		4	20
	TOTAL	2325	3643	56	1179	7203

Table III.23 Deaths and Death Rates per 1 000 population due to Myocardial Infarction (ICD Code No. 410) : 1979 - 1983

RACE		1979		1980		1981		1982		1983	
		M	F	M	F	M	F	M	F	M	F
White	Deaths	259	147	237	148	205	169	208	133	221	142
	Rate	2,05	1,06	1,91	1,13	1,63	1,28	1,63	0,99	1,70	1,04
Coloured	Deaths	132	103	131	103	170	96	136	100	141	113
	Rate	0,53	0,36	0,53	0,41	0,67	0,37	0,53	0,38	0,53	0,41
Asiatic	Deaths			10	3	10	3	13	2	9	
	Rate			1,61	0,48	1,56	0,47	1,97	0,30	1,33	
Black	Deaths			10	1	5	2	7	4	5	7
	Rate			0,14	0,02	0,07	0,04	0,09	0,09	0,06	0,14

Table III.24 Deaths and Death Rates due to Measles by Race Group : 1974 TO 1983

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
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	1,21		11,22	3,03
1981		3		4	7		0,59		3,34	1,09
1982	0	4	0	9	13		0,76		7,28	1,97
1983		3		9	12		0,56		7,05	1,77

Table III.25 Deaths and Death Rates due to Infulenza (ICD Code No. 487) Bronchitis (ICD Code Nos. 466,490-491) and Pneumonia (ICD Code Nos 480-486) by Race Group : 1974 - 1983

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
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	0,79	5	0,80	4	1,57	29	4,63	86	33,80	251	40,08
1981	3	1,16	3	0,47	6	2,23	21	3,26	89	34,47	271	42,12
1982	3	1,15	0	0	5	1,91	15	2,27	93	35,50	283	42,81
1983	0	0	1	0,15	4	1,50	19	2,80	104	39,12	254	37,39

Table III.26 Deaths due to Bronchitis (ICD Code 466, 490, 491) and Pnemonia (ICD Code 480-486) by Race and Age : 1982 - 1983

	1982					1983				
	White	Coloured	Asiatic	Black	Total	White	Coloured	Asiatic	Black	Total
Under 1 year	5	50		31	86	1	36		23	60
1-2 years		4		1	5		5		2	7
2-4 years	1	1		1	3		5		1	6
Total under 5 years	6	55		33	94	1	46		26	73
All other ages	92	152	2	56	302	107	147		54	308
TOTAL	98	207	2	89	396	108	193		80	381

Table III.27 Deaths of Infants under the age of one year due to Diarrhoea and Gastro-Enteritis by Race Group : 1974 - 1983

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
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	0	0	3	6	0	0	13	10	16	16	16	16
1982	0	0	10	14	0	0	11	15	21	29	21	29
1983	0	0	8	8	0	0	13	8	21	16	21	16

Table III.28 General Mortality in Langa and Guguletu 1983 : illustrating the ten principal causes of Deaths (all ages)

LANGA				GUGULETU			
Rank	Cause	No.	%	Rank	Cause	No.	%
1	Malignancy	59	16	1	Malignancy	103	14
2	Homicide	44	12	2	Senility/Ill Defined	88	12
3	Accidental deaths	39	10	3	Homicide	87	12
4	Senility/Ill Defined	36	10	4	Accidental deaths	80	11
5	Pnemonia	31	84	5	Cerebrovascular Disease	53	7
6	Perinatal Mortality	30	8	6	Perinatal deaths	50	7
7	Pulmonary Tuberculosis	28	7	7	Pulmonary Tuberculosis	46	6
8	Cerebrovascular Disease	14	4	8	Pneumonia	42	6
9	"Other" Heart Disease *	12	3	9	"Other" Heart Disease *	35	5
10	Septicaemia	9	2	10	Gastro Enteritis/ Dysentry	18	2
	Other	76	20		Other	142	19
	TOTAL				TOTAL		

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

Table III.29 Accidental Deaths by Cause : 1979 - 1983

	1979	1980	1981	1982					1983				
	T	T	T	W	C	A	B	T	W	C	A	B	T
Railway	11	46	62	1	34		12	47	1	28		14	43
Road Traffic	146	140	365	57	223	1	73	354	49	188	2	88	327
Poisoning	17	6	10	4	9		5	18	1	12		3	16
Falls	28	20	74	27	27	1	9	64	19	20		7	46
Drowning	29	58	38	7	22		3	32	10	25		6	41
Asphyxia	1	4	2									1	1
Burns	20	19	32	1	12	1	16	30	1	10		8	19
Firearms	2												
Electrocution	1	4	2	1	1		1	3		1			1
Miscellaneous	21	26	51	20	23	1	8	52	6	21		7	34
TOTAL	276	323	636	118	351	4	127	600	87	305	2	134	528

Table III.30 Suicidal Deaths by Race and Sex : 1979 - 1983

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	
1979	29	13							19	1	48	14	62	0,07
1980	25	5	10	3			6		16	3	41	8	49	0,06
1981	17	8	14	3			1		15	3	32	11	43	0,05
1982	23	13	15	4			3	1	18	5	41	18	59	0,06
1983	28	10	13	3			1		14	3	42	13	55	0,06

Table III.31 Suicidal Deaths by Age Group and Race : 1979 - 1983

YEAR	10-14					15-24					25-44					45-64					65+					
	W	C	A	B	Total C A & B	W	C	A	B	Total C A & B	W	C	A	B	Total C A & B	W	C	A	B	Total C A & B	W	C	A	B	Total C A & B	TOTAL
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
1982						3	1			1	15	14		2	16	11	4		2	6	7					59
1983		1			1	13	2			2	6	10			10	13	2		1	3	6	1			1	55

Table III.32 Suicidal Deaths by Method Adopted : 1979 - 1983

	1979	1980	1981	1982					1983				
	T	T	T	W	C	A	B	T	W	C	A	B	T
Drug Poisoning	8	7	13	10	3			13	11	1			12
Hanging	15	10	13	3	12		2	17	4	12		1	17
Firearms	12	16	13	13	1		1	15	13	2			15
Carbon monoxide Poisoning	9	5	1	7	1			8	4				4
Falls	8	5	2	3			1	4	5	1			6
Railway	2	3											
Drowning	1	2											
Wounds	3			1			1						
Electrocution	1		1										
Burns	1	1											
Inanition									1				1
Suffocation	2												
Starvation				1			1						
TOTAL	62	49	43	36	19		4	59	38	16		1	55

Table III.33 Deaths of Infants under one year and Infant Mortality Rates by Race and Sex : 1982 - 1983

	INFANT DEATHS						RATE PER 1 000 LIVE BIRTHS					
	1982			1983			1982			1983		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
White	20	14	34	18	12	30	13,47	9,84	11,69	12,44	8,75	10,64
Coloured	177	157	334	171	149	320	22,12	19,82	20,98	20,26	18,35	19,32
Asiatic	3	2	5	2	4	6	40,00	37,04	38,76	45,45	100,0	71,43
Blacks:												
Langa	32	24	56	21	34	55	32,85	24,24	28,51	21,90	36,96	29,27
Guguletu	60	51	111	49	51	100	51,37	40,83	45,92	33,84	34,81	34,33
Rest of City	1	1	2	5	2	7	10,31	12,35	11,24	48,54	16,13	30,84
Total	93	76	169	75	87	162	41,54	32,76	37,07	29,88	34,68	32,28
TOTAL	293	249	542	266	252	518	24,83	21,25	23,05	21,38	20,93	21,16

Table III.34 Infant Deaths and Infant Mortality Rates by Race : 1979 - 1983

RACE	1979		1980		1981		1982		1983	
	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	28	10,4	35	12,8	27	9,4	34	11,7	30	10,6
Coloured	246	19,3	266	19,8	273	18,8	334	21,0	320	19,3
Asiatic	3	11,5	4	17,8	3	20,4	5	38,8	6	71,4
Blacks	136	34,0	152	38,2	151	34,6	169	37,1	162	32,3
All Races	413	21,0	457	22,4	454	20,7	542	23,1	518	21,2

Table III.35 Deaths of Infants under one year of age by Selected Causes and Ages : 1983

International Code No.	DISEASE	RACE	DAYS 1	1	2	3	4	5	6	Total under 1 week	WEEKS 1	2	3	Total under 4 weeks
004,5,6,7,8,9 555,556,558	Diarrhoea and enteritis	W												
		C									1			1
		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												
		C		1						1	2			3
		A												
		B	1				1			2				2
055	Measles	W												
		C												
		A												
		B												
070	Viral Hepatitis	W												
		C												
		A												
		B												
090	Syphilis, congenital	W												
		C												
		A												
		B		1						1				1
264-268	Avitaminosis	W												
		C												
		A												
		B												
260-263,269	Nutritional Maladjustment	W												
		C												
		A												
		B												
320-323	Simple meningitis	W												
		C												
		A											1	1
		B									1	2		3
466,490-1	Bronchitis	W												
		C												
		A												
		B												
480-6	Pneumonia (all forms)	W		1						1				1
		C									2	1	2	5
		A												
		B									1		2	3
740-759	Congenital Anomalies	W	1	2	1					4	1	1		6
		C	6	2	3	2	1		1	15	2	1	3	21
		A								1				1
		B	1	2			2		1	6	1	1		8
67	Injury at birth	W												
		C	1	1						2				2
		A												
		B												
772-775	Haemolytic Diseases of new born	W	1							1				1
		C	1		2	1	1	1		6	2			8
		A		1						1				1
		B		1	1	1				3				3

Table III.35 Continued

760-764,766, 768-771,776-779	Other Diseases peculiar to early infancy	W	1							1	1		1	3
		C	12	9	5	3	2	2	6	39	5	2	1	47
		A									1			1
		B	7	7	1	2		4	1	22	3	1		26
765	Prematurity	W	2	2	1					5				5
		C	26	23	13	9	4	2	5	82	4	3	1	90
		A												
		B	13	7	3	3	1		1	28	3	3	2	36
900-949	Accidental	W											1	1
		C												
		A												
		B												

	Other and ill-defined or unknown causes	W									1			1
		C	5	4	3	1		1	1	15	1	2		18
		A										1		1
		B			1		1			2			1	3
	TOTALS	W	4	6	2					12	3	1	1	17
		C	51	40	26	16	8	6	13	160	19	9	8	196
		A		1		1				2	1	1	1	5
		B	22	18	6	6	5	4	3	64	9	7	5	85
		T	77	65	34	23	13	10	16	238	32	18	15	303

International Code No.	DISEASE	RACE	MONTHS											TOTAL under one year			Bantu Townships included in foregoing columns					
																	Langa			Gugulethu		
			1	2	3	4	5	6	7	8	9	10	11	M	F	Persons	M	F	Persons	M	F	Persons
004,5,6,7,8,9 555,556,558	Diarrhoea and enteritis	W																				
		C	2	2	2	1	1	2		1	1	3		8	8	16						
		A																				
		B	3	5	3	2	2	3	2	1				13	8	21	3	3	6	10	5	15
010-012 014-018	Tuberculosis, Pulmonary and other forms	W																				
		C									1			1		1						
		A																				
		B									1	1		1	1	2	1		1		1	1
013	Tuberculosis, meningeal	W																				
		C										1				1	1					
		A																				
		B																				
032	Diptheria	W																				
		C																				
		A																				
		B																				
033	Whooping Cough	W																				
		C																				
		A																				
		B																				
036	Meningococcal infections	W																				
		C																				
		A																				
		B																				
038	Septicaemia	W												1		1						
		C	1	1			1							2	4	6						
		A																				
		B													2	2		2	2			
055	Measles	W																				
		C								1	1	1		2	1	3						
		A																				
		B					1		1						2	2		1	1		1	1
070	Viral Hepatitis	W																				
		C					1								1	1						
		A																				
		B																				
090	Syphilis, congenital	W																				
		C																				
		A																				
		B												1		1				1		1
264-268	Avitaminosis	W																				
		C																				
		A																				
		B				1								1		1	1		1			

Table III.35 Continued

260-263,269	Nutritional Maladjustment	W						1						1		1					
		C																			
		A							1		1			1	1	2	1		1		1	1
		B																			
320-323	Simple meningitis	W	1											1		1					
		C	2	1			1							3	1	4					
		A												1		1					
		B				1					1			4	1	5	1		1	3	1	4
466, 490-1	Bronchitis	W																			
		C	1	2										2	1	3					
		A																			
		B					1								1	1					1	1
480-6	Pneumonia (all forms)	W													1	1					
		C	5	7	4	2	2	3	1	1	2		2	18	16	34					
		A																			
		B	3	6	2	2	1	1		2	1		1	12	10	22	2	4	6	10	6	16
740-759	Congenital Anomalies	W	1	1	1	1								4	6	10					
		C	3	2	3				2	2				21	12	33					
		A			1										2	2					
		B	1		4	1				1				3	12	15		7	7	3	5	8
767	Injury at birth	W																			
		C												1	1	2					
		A																			
		B																			
772-775	Haemolytic disease of the new born	W												1		1					
		C	1		1									6	4	10					
		A												1		1					
		B												1	2	3				1	2	3
760-764, 766, 768-771, 776-779	Other diseases peculiar to early infancy	W	1											3	1	4					
		C	1		2								1	23	28	51					
		A													1	1					
		B	1	1										11	17	28	3	7	10	6	10	16
765	Prematurity	W	1											3	3	6					
		C	3				1							57	37	94					
		A																			
		B												15	21	36	4	8	12	8	11	19
900-949	Accidental	W																			
		C				1			2			1		2	3	5					
		A																			
		B									1			1		1				1		1
	Other and ill-defined or unknown causes	W	1		2	1					1			5	1	6					
		C	7	12	6	2	4		2	1	1		2	24	31	55					
		A													1	1					
		B	3	6	3	1		1		1	1	1		11	9	20	5	2	7	6	7	13
	TOTAL	W	5	2	3	2					1			18	12	30					
		C	26	27	18	6	11	6	7	6	7	5	5	171	149	320					
		A			1									2	4	6					
		B	11	18	12	8	5	5	4	5	6	2	1	75	87	162	21	34	55	49	51	100
		T	42	47	34	16	16	11	11	11	14	7	6	266	252	518						

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

Table III.36 Neo-natal, Post Neo-natal and Infant Mortality Deaths by selected causes of Death : 1983

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													
Tuberculosis (all forms)						2		2		2		2	4
Measles						3		2		3		2	5
Diphtheria													
Syphilis				1								1	1
Bronchitis and pneumonia	1	5		3		32		20	1	37		23	61
Gastro enteritis		1				15		21		16		21	37
Prematurity	5	90		36	1	4			6	94		36	136
Injury at birth		2								2			2
Congenital malformations	6	21	1	8	4	12	1	7	10	33	2	15	60
Other diseases of early infancy	4	55	2	29	1	6		2	5	61	2	31	99
Other and ill-defined or unknown causes	1	18	1	3	5	38		20	6	56	1	23	86
Septicaemia		3		2	1	3			1	6		2	9
Simple Meningitis			1	3	1	4		2	1	4	1	5	11
Accidental		1				4		1		5		1	6
Viral Hepatitis						1				1			1
TOTAL	17	196	5	85	13	124	1	77	30	320	6	162	518

Table III.37 Infant Mortality Rates for selected causes of Death : 1974 - 1983

Cause of death	WHITE									
	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983
Whooping cough									0,4	
Tuberculosis										
Measles										
Diphtheria										
Syphilis										
Bronchitis and pneumonia	0,8	2,1	1,3	1,7	1,5	1,5	0,7	0,4	1,7	0,4
Gastro enteritis			0,3							
Prematurity	3,9	3,6	3,1	1,0	5,8	2,6	5,1	3,8	2,4	2,1
Injury at birth	0,3				0,7	0,4				
Congenital malformations	3,3	3,6	2,2	2,4	2,5	3,3	1,8	2,0	3,1	3,5
Other diseases of early infancy	1,4	1,2	0,6	1,4	1,1	0,7	2,6	1,7	1,7	1,8
Other causes	2,2	1,5	2,5	1,4	1,5	1,9	2,6	1,0	2,8	2,8
ALL CAUSES	12	12	10	8	13	10	13	9	12	11

TOTAL COLOURED, ASIATIC AND BLACK										1983			
	1974	1975	1976	1977	1978	1979	1980	1981	1982	COLOURED	ASIATIC	BLACK	TOTAL COLOURED ASIATIC AND BLACK
Whooping cough	0,2			0,1	0,1		0,1		0,0				
Tuberculosis	0,3	0,1	0,4	0,4	0,3		0,3	0,2	0,2	0,1		0,4	0,2
Measles	1,6	0,7	1,0	0,9	1,1	0,6	0,5	0,3	0,4	0,2		0,4	0,2
Diphtheria	0,6												
Syphilis	0,1	0,2	0,1	0,1	0,1	0,3	0,1	0,2				0,2	0,1
Bronchitis and pnemonia	8,7	7,5	8,9	7,0	6,1	4,5	4,6	2,1	3,9	2,2		4,6	2,8
Gastro enteritis	11,3	9,8	11,5	7,6	4,1	2,7	2,2	1,7	2,4	1,0		4,2	1,7
Prematurity	8,0	8,1	8,2	8,5	6,9	6,6	7,6	7,0	7,1	5,7		7,2	6,0
Injury at birth	0,8	0,3	0,1	0,1			0,1	0,3	0,3	0,1			0,1
Congenital formations	2,6	1,6	1,7	1,7	2,1	1,8	2,2	2,7	2,3	2,0	23,8	8,0	2,3
Other diseases of early infancy	3,3	3,4	2,9	2,4	1,8	2,5	2,2	2,8	3,7	3,7	23,8	6,2	5,8
Other causes	8,9	6,7	8,0	5,7	5,3	3,7	4,0	5,2	4,3	4,4	23,8	6,2	5,8
ALL CAUSES	46	38	43	36	28	23	24	22	25	19	71	32	23

Table III.38 Infant Mortality Rates by selected causes in Quinquennia 1974 - 1983 and annually 1974 - 1983

Period	Common infectious diseases		Tuber-colous 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																
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
1978-1982	0,1	0,7		0,2		0,1	1,2	4,3		2,6	8,1	12,1	2,2	4,7	11,5	24,6
1979-1983	0,1	0,5		0,1		0,1	0,9	3,6		2,1	7,7	12,5	2,3	4,5	11,0	23,5
Year																
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
1975		0,7		0,1		0,2	2,1	7,5		9,8	8,5	12,9	1,5	7,2	12,2	38,3
1976	0,3	1,0		0,4		0,1	1,3	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	22,8
1982		0,6					1,7	3,9		2,4	7,2	13,1	2,8	4,6	11,7	24,7
1983		0,3		0,2		0,1	0,4	2,8		1,7	7,5	12,8	2,8	4,8	10,6	22,5

INFANTS FROM 1 TO 2 YEARS OF AGE *

Period	Common infectious diseases		Tuber-colous 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																
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
1978-1982		0,6		0,1				0,5	0,2	0,3	0,3	0,4	0,4	1,4	0,9	3,6
1979-1983		0,5		0,1				0,4	0,1	0,3	0,4	0,5	0,4	1,3	0,8	3,0
Year																
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		0,2				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
1982		0,3		0,1				0,3		0,2		0,3	0,4	1,2	0,4	2,3
1983		0,3		0,2				0,4		0,2	0,4	0,4	0,4	1,0	0,7	2,2

W = White; C = Coloured; A = Asiatic; B = Black
* 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 Neonatal or Post Neonatal : 1983

		LEGITIMATE						ILLEGITIMATE						UNKNOWN						ALL INFANTS					
	Place of Death	Neo-natal			Post neo-natal			Neo-natal			Post neo-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	5	7	12	7	1	8		2	2	1		1		1	1				5	10	15	8	1	9
	Domiciliary	1		1	3	1	4	1		1										2		2	3	1	4
Coloured	Hospital	53	47	100	19	12	31	30	25	55	9	11	20	10	11	21	4	4	8	93	83	176	32	27	59
	Domiciliary	6	4	10	19	13	32	3	3	6	13	12	25	2	2	4	3	5	8	11	9	20	35	30	65
Blacks	Hospital	2	12	14	1	4	5	13	17	30	6	5	11	14	19	33	6	9	15	29	48	77	13	18	31
	Domiciliary				9	3	12	3	2	5	7	7	14		3	3	14	6	20	3	5	8	30	16	46
Asiatic	Hospital	2	3	5		1	1													2	3	5		1	1
	Domiciliary																								
Total	Hospital	62	69	131	27	18	45	43	44	87	16	16	32	24	31	55	10	13	23	129	144	273	53	47	100
	Domiciliary	7	4	11	31	17	48	7	5	12	20	19	39	2	5	7	17	11	28	16	14	30	68	47	115
	TOTAL	69	73	142	58	35	93	50	49	99	36	35	71	26	36	62	27	24	51	145	158	303	121	94	215

Table III.40 Infant Mortality Rates by Race and Legitimacy (excluding 113 deaths where Legitimacy not known) : 1982 - 1983

RATE PER 1 000 LIVE BIRTHS - BASED ON NOTIFICATIONS				
RACE	LEGITIMATE		ILLEGITIMATE	
	1982	1983	1982	1983
White	9,6	8,9	,07	1,4
Coloured	10,2	10,4	5,2	6,4
Asiatic	38,8	71,4		
Blacks	7,9	6,2	16,3	12,0
TOTAL	9,9	9,6	6,8	6,9

Table III.41 Deaths and Death Rates by Race during the Peri-natal, Neonatal and postneonatal periods of life : 1982 - 1983

	PERI NATAL PERIOD			
	Still births & deaths under 1 week		Rate per 1 000 deliveries based on births and still births	
	1982	1983	1982	1983
White	27	32	9,3	11,3
Coloured	367	403	22,8	24,0
Asiatic	4	4	31,0	46,5
Blacks: Langa	66	61	33,0	31,9
Guguletu	77	107	31,3	35,8
Rest of City	2	18	11,2	74,7
Total	145	186	31,2	36,2
ALL RACES	543	625	22,8	25,1

	NEONATAL PERIOD			
	Deaths		Rate per 1 000 live births	
	1982	1983	1982	1983
White	20	17	6,9	6,0
Coloured	203	196	12,8	11,8
Asiatic	5	5	38,8	59,5
Blacks: Langa	33	32	16,8	17,0
Guguletu	36	46	14,9	15,8
Rest of City	2	7	11,21	30,8
Total	71	85	15,6	16,9
ALL RACES	299	303	12,7	12,4

	POST NEONATAL PERIOD			
	Deaths		Rate per 1 000 live births	
	1982	1983	1982	1983
White	14	13	4,8	4,6
Coloured	131	124	8,2	7,5
Asiatic	-	1	-	11,9
Blacks: Langa	23	23	11,7	12,2
Guguletu	75	54	31,0	18,5
Rest of City	-	-	-	-
Total	98	77	21,5	15,3
ALL RACES	243	215	10,3	8,8

Table III.42 Peri-Natal, Neonatal and Post-Neonatal Mortality rates : 1979 - 1983

	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
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
1982	9	7	5	23	13	8	31	39		31	16	22	25	14	11
1983	11	6	5	24	12	8	47	60	12	36	17	15	27	13	9
Average 1979-1983	11	7	4										24	13	53

Table III.43 Cause of specific Black Infant Mortality (Number of Deaths and rate per 1 000 Live Births for Blacks) 1983

CAUSES	TOTAL		LANGA		GUGULETU		REST OF CITY	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Diarrhoea and Gastro-enteritis	21	4,2	6	3,2	15	5,1		
Pneumonia (all forms)	22	4,4	6	3,2	16	5,5		
Premature birth	36	7,2	12	6,4	19	6,5	5	22,0
Measles	2	0,4	1	0,5	1	0,3		
Congenital Malformation	15	3,0	7	3,7	8	2,7		
Other Newborn diseases	31	6,2	10	5,3	19	6,5	2	8,8
Bronchitis	1	0,2			1	0,3		
Nutritional Maladjustment	3	0,6	2	1,1	1	0,3		
Septicaemia	2	0,4	2	1,1				
Tuberculosis (all forms)	2	0,4	1	0,5	1	0,3		
Meningitis	5	1,0	1	0,5	4	1,4		
Syphilis	1	0,2			1	0,3		
Cause unknown	18	3,6	6	3,2	12	4,1		
Accidents	1	0,2			1	0,3		
Other Causes	2	0,4	1	0,5	1	0,3		
TOTAL	162	32,3	55	29,3	100	34,3	7	30,8

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 : 1983

Int. Code No.	CAUSE OF DEATH	DEATHS					Maternal mortality rates
		White	Coloured	Asiatic	Blacks	Total	Total
630-639	Abortion						
640-648	Complications of Pregnancy						
650-659	Normal Labour and Delivery						
660-669	Complication in Delivery		1			1	0,04
670-676	Complications of the Puerperium						
TOTAL			1			1	0,04

TABLE III.45 Maternal Mortality Rates (Deaths per 1 000 live and still births) : 1979 TO 1983

	Puerperal septicaemia			Other causes			All causes		
	White	C,A&B	Total	White	C,A&B	Total	White	C,A&B	Total
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
1982					0,05	0,04		0,05	0,04
1983					0,05	0,04		0,05	0,04

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	1983	10,6	30,8	6,2	39,3	25,9	8,7	6,8	4,1	9,3	7,6	11	19	71	32	21	0,02	0,13	0,07	0,70	0,17
King William's Town	1981	12,4	32,8	20,7	10,5	16,0	6,6	7,3	5,2	5,3	5,8	9	25		103	41		0,21			0,04
Port Elizabeth	1982	17,2	33,2	17,0	30,8	27,8	7,9	9,3	10,6	9,7	9,2	9	35		61	46	0,00	0,65	0,67	0,92	0,61
Springs	1982	16,8	19,7	7,0	24,8							16	143		112						
Benoni	1981	17,6		25,8	23,1																
Durban	1980	10,0	25,1	21,1	22,1	18,3	6,4	3,9	4,3	3,7	6,2	10	5	18	20	16					
Bloemfontein	1977	17,4	24,1		20,3		6,5	11,8		11,2		22	74		104						
Vereeniging	1982	12,9	20,5	13,8	14,6							22			54						
Pretoria	1980	16,5	18,7	16,7	20,2	18,1	6,5	5,6	2,00	5,3	5,9	10	53	12	53	32	0,03	0,25	0,15	0,39	0,20
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		85,9		12,4	12,9		16,5		17	63		76		0,15	1,30	0,49	1,84	
Germiston	1981	16,5	47,5	22,5	41,0		5,3	10,4	1,7	7,0		10	69	29	32						
Divisional Council of the Cape	1982	15,8	28,2		43,5	25,7	6,5	5,8		5,4	6,0	7	32		40	28					
Kimberley	1982	17,2	24,8	44,0	25,7		9,6	13,1	10,5	17,2		23	110	22	145						
South Africa	1981	15,9	27,1	24,0	40,0		8,3	9,9	5,9			13	60	21							
England and	1980										11,8										
Wales	1981					12,8										11					
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

Table III.47 Births by month of notification : 1980 - 1983

	COLOURED					BLACK				
	LEGITIMATE		ILLEGITIMATE		TOTAL	LEGITIMATE		ILLEGITIMATE		TOTAL
	Male	Female	Male	Female		Male	Female	Male	Female	
1980										
JANUARY	334	341	182	180	1 037	59	46	96	102	303
FEBRUARY	344	341	180	181	1 046	65	63	111	93	332
MARCH	332	316	216	214	1 078	76	52	100	97	325
APRIL	362	300	203	193	1 058	77	57	109	109	352
MAY	379	345	228	210	1 162	60	64	99	120	343
JUNE	381	358	237	219	1 195	58	55	88	100	301
JULY	380	359	221	201	1 161	66	70	101	118	355
AUGUST	336	338	225	237	1 136	67	74	104	92	337
SEPTEMBER	341	331	256	248	1 176	85	75	112	102	374
OCTOBER	336	322	217	244	1 119	60	56	97	97	310
NOVEMBER	373	368	211	182	1 134	56	66	93	79	294
DECEMBER	388	326	198	234	1 146	77	62	109	112	360
					13 448					3 986
1981										
JANUARY	380	373	197	196	1 146	61	66	77	81	285
FEBRUARY	357	313	191	173	1 034	60	85	116	90	351
MARCH	361	384	248	216	1 209	85	82	90	97	354
APRIL	338	365	209	234	1 146	81	69	110	118	378
MAY	391	393	212	237	1 233	65	68	109	106	348
JUNE	378	359	234	230	1 201	86	73	119	115	393
JULY	395	370	236	216	1 217	87	89	114	114	404
AUGUST	394	400	251	233	1 278	80	87	120	117	404
SEPTEMBER	416	388	256	266	1 326	102	82	106	121	411
OCTOBER	383	387	254	249	1 273	64	76	110	94	344
NOVEMBER	374	340	238	222	1 174	59	61	101	103	324
DECEMBER	404	407	241	248	1 300	63	69	115	122	369
					14 537					4 365
1982										
JANUARY	451	390	237	252	1 330	58	74	85	89	306
FEBRUARY	356	353	220	224	1 153	61	65	84	104	314
MARCH	365	381	214	235	1 195	74	81	107	120	382
APRIL	385	398	226	228	1 237	82	80	120	113	395
MAY	424	392	248	291	1 355	68	66	124	116	374
JUNE	426	450	268	252	1 396	71	65	113	117	366
JULY	398	412	266	266	1 342	81	79	121	117	398
AUGUST	441	407	268	257	1 373	62	68	128	123	381
SEPTEMBER	431	395	256	310	1 392	113	97	124	154	488
OCTOBER	473	406	267	223	1 369	75	87	144	111	417
NOVEMBER	428	410	262	258	1 358	56	89	110	116	371
DECEMBER	425	451	266	280	1 422	66	69	112	120	367
					15 922					4 559
1983										
JANUARY	435	425	243	234	1337	91	68	127	123	409
FEBRUARY	373	386	208	207	1174	61	80	101	120	362
MARCH	427	412	254	247	1340	88	81	116	133	418
APRIL	406	378	313	260	1357	73	75	120	125	393
MAY	423	433	295	284	1435	88	71	129	134	422
JUNE	403	390	303	285	1381	74	80	121	142	417
JULY	365	351	317	293	1326	69	83	153	133	438
AUGUST	427	423	349	313	1512	82	67	161	140	450
SEPTEMBER	431	411	354	334	1530	91	94	143	152	480
OCTOBER	410	408	279	271	1368	88	64	127	144	423
NOVEMBER	424	353	238	267	1282	69	73	147	114	403
DECEMBER	438	438	325	317	1518	68	75	123	138	404
					16560					5019

Table III.48 MEAN ($\bar{x}$) Monthly Births : Black and Coloured : City of Cape Town : showing the sample standard deviation (SD) 1980 TO 1983,

	BLACK		COLOURED	
	WINTER (1 April - 30 Sept.)	SUMMER (1 Jan. - 31 March + 1 Oct. - 31 Dec.)	WINTER (1 April - 30 Sep.)	SUMMER (1 Jan. - 31 March + 1 Oct. - 31 Oct.)
1980	$\bar{x}$ = 343,7 SD = 24,4	$\bar{x}$ = 320,7 SD = 23,8	$\bar{x}$ = 1148 SD = 48,2	$\bar{x}$ = 1093 SD = 46,3
1981	$\bar{x}$ = 389,7 SD = 23,4	$\bar{x}$ = 337,8 SD = 29,8	$\bar{x}$ = 1233,5 SD = 62,5	$\bar{x}$ = 1189,3 SD = 95,8
1982	$\bar{x}$ = 400,3 SD = 44,6	$\bar{x}$ = 359,5 SD = 42,3	$\bar{x}$ = 1349,2 SD = 58,8	$\bar{x}$ = 1304,5 SD = 106,2
1983	$\bar{x}$ = 433 SD = 30,0	$\bar{x}$ = 403 SD = 21,6	$\bar{x}$ = 1423 SD = 83,7	$\bar{x}$ = 1336 SD = 112,5

Table III.49 Mean ($\bar{x}$) Monthly Illegitimate Births : Black and Coloured : City of Cape Town : 1980 - 1983

	BLACK		COLOURED	
	WINTER	SUMMER	WINTER	SUMMER
1980	$\bar{x}$ = 209	$\bar{x}$ = 196,7	$\bar{x}$ = 446,5	$\bar{x}$ = 406,5
1981	$\bar{x}$ = 211,5	$\bar{x}$ = 199,3	$\bar{x}$ = 469	$\bar{x}$ = 445,6
1982	$\bar{x}$ = 245	$\bar{x}$ = 217	$\bar{x}$ = 522,7	$\bar{x}$ = 489,7
1983	$\bar{x}$ = 275	$\bar{x}$ = 252	$\bar{x}$ = 616	$\bar{x}$ = 515

IV ENVIRONMENTAL HEALTH

Table IV.1 Inspections made by District Health Inspectors : 1983

		Housing		Pests		Surface Sanitation					Water Sewerage			Public Areas		
		Accommodation Establishments	Other Living Accommodation	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	851	7202	60	212	142	6311	7994	2893	745	408	2732	5777	1885	1281	15
	Sampling Specimens etc.										764					
LICENSING	Initial visits	30	17											123	48	3
	Repeat visits	45	22											102	128	3
SPECIAL	Initial visits	36	618	1	20	12	12	73	10	15	185	74	129	59	128	2
	Repeat visits	31	433		6	56	40	45	8	6	68	60	48	219	38	
COMPLAINTS	Initial visits	59	1457	38	352	305	279	576	480	437	80	638	28	39	21	2
	Repeat visits	35	1177	18	146	377	259	701	450	357	63	804	41	42	20	
NOTICES INITIATED	Verbal	26	295	1	4	15	30	98	83	59	1	50	2	57	36	
	Formal	69	237	2	1	12	13	246	46	41	1	35		13	20	
	Personal	24	261	4	1	4	12	180	27	33	4	54		9	6	
FOLLOW-UP VISITS AFTER NOTICES	Complied	86	522	4	6	14	82	437	108	82	8	120	24	48	33	1
	Not Complied	165	1090	14	2	23	75	1339	149	106	12	138	11	45	48	
Court Appearances		1	13					3	3	4		1		1		
Condemning Foodstuffs		27														
Referred - Other Agencies		22	681	32	297	127	629	519	398	117	189	585	189	85	50	
INTERVIEWS	Telephone	256	2451	69	371	272	704	1267	818	352	363	1050	1055	330	277	5
	Own Office	69	313	7	151	32	41	90	76	39	29	80	400	34	28	5
	Other	102	773	6	94	97	193	489	289	143	93	341	249	112	118	8
PLANS	Scrutiny									4						
	Site Inspection		24					3	1	6		2		2		
OTHER		7	44		2	1	3	4	1	4	22	1	57	6	12	
TOTAL ITEMS		1941	17630	256	1665	1489	8684	14065	5840	2462	2290	6769	8010	3211	2292	44

Table IV.1 continued

		Non Food Commerce/Industry								Food Commerce/Industry						
		Factories/Warehouses	Beauty Salons/Barbers	Dry Cleaners/Laundries	Mattress Makers 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	219	1165	265	58	1440	671	1771	93	3053	4455	1009	3050	1120	6812	1053
	Sampling Specimens etc.										417	43	597	21	376	
LICENSING	Initial visits	124	139	34	19	1712	470	408	8	36	307	43	47	59	342	283
	Repeat visits	75	107	57	9	938	341	138	7	19	408	103	63	39	423	121
SPECIAL	Initial visits	5	37	17	2	123	32	7		11	245	20	170	24	572	
	Repeat visits	5	7			15	8	6		1	13	7	21	2	57	
COMPLAINTS	Initial visits	34	9	4	1	141	36	34		27	112	18	33	27	161	9
	Repeat visits	35	4	4		96	19	22		16	99	11	20	13	112	3
NOTICES INITIATED	Verbal	17	55	6	2	125	59	144		10	350	83	275	88	677	163
	Formal	10	28	3	2	56	19	4		5	177	35	126	42	321	10
	Personal	8	14	4	2	35	19	12	1	2	80	25	63	25	154	
FOLLOW-UP VISITS AFTER NOTICES	Complied	24	74	11	6	172	95	101	1	12	440	71	273	80	658	57
	Not Complied	69	72	23	15	158	113	39	1	16	431	170	392	121	919	15
Court Appearances						2		1		2	2	7	1	2	22	
Condemning Foodstuffs						2				135	24		35	21	828	8
Referred - Other Agencies		23	11	1	1	64	25	41		17	27	12	12	1	182	11
INTERVIEWS	Telephone	126	91	33	11	918	266	176	5	136	760	131	196	135	1145	100
	Own Office	5	10	1	3	93	39	419	2	107	78	29	11	11	104	116
	Other	32	66	15	4	460	123	175	8	79	450	99	230	77	720	24
PLANS	Scrutiny	3			1	12	3				10	2	2	2	8	
	Site Inspection	4	2	1	1	7	2				13	6	2	1	12	
OTHER		1	4	2		82	11		1	5	39	8	39	10	78	13
TOTAL ITEMS		819	1895	481	137	6651	2351	3498	127	3689	8937	1932	5658	1921	14683	1986

Table IV.1. Continued

		Infectious Diseases						
		C S F	Typhoid	Diphtheria	Viral Hepatitis	Other	Other	TOTALS
ROUTINE	Inspection	23	19	1	26	39	551	65401
	Sampling Specimens etc.		230	3			20	2471
LICENSING	Initial visits						13	4280
	Repeat visits						10	3163
SPECIAL	Initial visits	160	70	23	212	414	370	3888
	Repeat visits	370	152	10	123	168	69	2092
COMPLAINTS	Initial visits						27	5379
	Repeat visits						19	4962
NOTICES INITIATED	Verbal						2	2816
	Formal							1574
	Personal						19	1082
FOLLOW-UP VISITS AFTER NOTICES	Complied						2	3653
	Not Complied						4	5775
Court Appearances							1	66
Condemning Foodstuffs							26	1106
Referred - Other Agencies		12	14		8	20	14	4416
INTERVIEWS	Telephone	84	91	22	134	91	216	14507
	Own Office						51	2510
	Other	27	16	10	30	111	172	6035
PLANS	Scrutiny						1	48
	Site Inspection						11	100
OTHER			19		4	86	519	1085
TOTAL ITEMS		676	611	69	537	929	2117	136352

Table IV.2 Magistrates' Court Cases heard at the instance of the City Health Department : 1983

Nature of Offence	NUMBER OF CASES						
	Total	Suspended sentences	Fined	Pending	Not Guilty	Total Withdrawn	Total Fines R
Dwelling-house premises and other insanitary conditions	39	2	24	Nil	Nil	13	795
Insanitary conditions or other offences at food premises	31	Nil	27	3	Nil	1	1415
Selling foodstuffs in contravention of the Foodstuffs, Cosmetics and Disinfectants Act	20	Nil	20	Nil	Nil	Nil	1420
Overgrown land	3	Nil	1	Nil	Nil	2	50
Air pollution smoke control	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Criminal Procedure Act 1977 Section 341 - Compounding tickets	123	-	-	-	-	-	1370

(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 Approvals granted for specific types of fuel burning appliances : 1983

Appliances	Installation of Appliance	Retention of Appliance	Resiting of of Appliance	Fuel Conversion of Existing Appliance	Chimney: Replace/ Modification	Total Number of Approvals	No of Appliances Closed Down Permanently
Hot Water Boilers	21				2	23	
Steam Boilers	18	3	4	4	16	45	14
Air Heaters	2					2	
Ovens and Stoves		1			2	3	1
Pizza Ovens					2	2	
Stand-by Generators	2	2				4	
Forges							
Furnaces	1				1	2	
Dryers	4	1				5	
Incinerators	2	1			1	4	
Coffee and Chicory roasters							
Cremators							
Smoke boxes	2					2	
Liquid Phase Heaters	2					2	
Other appliances, dip tank etc. Dutch oven		1				1	
TOTAL	54	9	4	4	24	95	15

Table IV.4 Certificates of approval granted for 1983

	Coal	Coke	Anthra-cite	Parrafin	C.T.F.	Inter Fuel	H.F.O.	Diesel	Wood	Gas	Total
Installation of Appliances	4	3		1			5	18	2	21	54
Retention of Appliances				1				6		2	9
Resiting of Appliances								4			4
Fuel Conversion of existing Appliance to	1					1	2				4
Chimney: Replace/ Modification		1	1				7	13	2		24
Total number of Approvals	5	4	1	2		1	14	41	4	23	95
No of Appliances closed down permanently	1					1	1	11	1		15

Table IV.5 Air Pollution Control : visits, complaints, notices served, cases referred to Public Prosecutor, plans and licences dealt with : 1983

VISITS MADE IN CONNECTION WITH		
Routine Inspection		1249
Other visits		375
Burning of waste		83
Proposed installations		99
Unofficial installations		32
Inspection where approvals have been granted		138
Excessive smoke emission		96
Complaints:	Burning of Waste	85
	Smoke	126
	Other emissions into atmosphere	140
Licences		81
Plans		17
Diesel vehicle testing		10
Demonstration of lighting-up fires		2
Court Cases		-
Zone inspections		11
Office interviews		456
Air pollution monitors - (including Radiation monitors)		508
TOTAL		3508
Complaints received of:	Smoke	75
	Burning of Waste material	39
	Other emissions into atmosphere	61
TOTAL		175
Notices served re:	Defective appliances	4
	Unofficial installations	15
Nuisances:	Smoke	5
	Other emissions	8
	Burning of Waste material	16
	Excessive smoke emissions	3
	On installers	7
TOTAL		58
Cases referred to Public Prosecutor		1
Plans dealt with		22
Licences dealt with		42

Table IV.6 AIR POLLUTION MONITOR RESULTS

SUMMARY FOR 1983

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

VALUES ARE MICROGRAM/CUBIC METRE

	ANNUAL MEAN	NUMBER OF VALUES AVERAGED
SUNDAY	29.1	865.
MONDAY	48.9	948.
TUESDAY	59.1	1014.
WEDNESDAY	61.1	1006.
THURSDAY	51.4	959.
FRIDAY	59.5	921.
SATURDAY	42.5	930.
0H00 - 1H00	30.9	276.
1H00 - 2H00	25.4	276.
2H00 - 3H00	21.0	276.
3H00 - 4H00	17.8	275.
4H00 - 5H00	17.2	275.
5H00 - 6H00	22.0	277.
6H00 - 7H00	47.3	276.
7H00 - 8H00	86.3	275.
8H00 - 9H00	107.1	274.
9H00 - 10H00	89.5	268.
10H00 - 11H00	70.2	266.
11H00 - 12H00	61.8	269.
12H00 - 13H00	56.4	280.
13H00 - 14H00	52.6	281.
14H00 - 15H00	52.1	283.
15H00 - 16H00	52.4	281.
16H00 - 17H00	58.1	280.
17H00 - 18H00	68.2	283.
18H00 - 19H00	58.3	281.
19H00 - 20H00	50.3	280.
20H00 - 21H00	48.1	279.
21H00 - 22H00	43.7	277.
22H00 - 23H00	42.1	278.
23H00 - 24H00	38.8	277.

THE HIGHEST MEAN VALUES REACHED DURING THE YEAR WERE:

FOR ANY 1-HOUR PERIOD 630.0, STARTING AT 7H00 ON 1983-08-30
FOR ANY 3-HOUR PERIOD 560.0, STARTING AT 6H00 ON 1983-08-30
FOR ANY 8-HOUR PERIOD 315.0, STARTING AT 6H00 ON 1983-08-30
FOR ANY 24-HOUR PERIOD 172.4, STARTING AT 12H00 ON 1983-08-18

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	5952	5952
100.00 - 199.99	592	6544
200.00 - 299.99	56	6600
300.00 - 399.99	26	6626
400.00 - 499.99	12	6638
500.00 - 599.99	4	6642
600.00 - 699.99	1	6643
700.00 - 799.99	0	6643
800.00 - 899.99	0	6643
900.00 - 999.99	0	6643
1000.00 - 1099.99	0	6643
1100.00 - 1199.99	0	6643
1200.00 - 1299.99	0	6643
1300.00 - 1399.99	0	6643
1400.00 - 1499.99	0	6643

Table IV.7 AIR POLLUTION MONITOR RESULTS

SUMMARY FOR 1983

TYPE: SULPHUR DIOXIDE - LOCATION: CITY HALL, DARLING STREET

VALUES ARE MICROGRAM/CUBIC METRE

	ANNUAL MEAN	NUMBER OF VALUES AVERAGED
SUNDAY	21.3	546.
MONDAY	24.1	584.
TUESDAY	25.8	695.
WEDNESDAY	30.0	674.
THURSDAY	28.4	637.
FRIDAY	30.0	639.
SATURDAY	27.2	646.
0H00 - 1H00	22.1	182.
1H00 - 2H00	21.4	183.
2H00 - 3H00	21.2	182.
3H00 - 4H00	20.9	181.
4H00 - 5H00	20.3	181.
5H00 - 6H00	21.4	180.
6H00 - 7H00	21.5	180.
7H00 - 8H00	26.0	179.
8H00 - 9H00	32.1	177.
9H00 - 10H00	34.9	173.
10H00 - 11H00	34.8	176.
11H00 - 12H00	34.2	184.
12H00 - 13H00	31.2	188.
13H00 - 14H00	29.8	188.
14H00 - 15H00	29.7	188.
15H00 - 16H00	29.8	189.
16H00 - 17H00	29.7	190.
17H00 - 18H00	29.3	191.
18H00 - 19H00	28.3	191.
19H00 - 20H00	27.2	190.
20H00 - 21H00	24.9	189.
21H00 - 22H00	24.6	188.
22H00 - 23H00	24.6	186.
23H00 - 24H00	24.5	185.

THE HIGHEST MEAN VALUES REACHED DURING THE YEAR WERE:

FOR ANY 1-HOUR PERIOD 182.0, STARTING AT 7H00 ON 1983-03-17
FOR ANY 3-HOUR PERIOD 156.0, STARTING AT 7H00 ON 1983-03-17
FOR ANY 8-HOUR PERIOD 111.3, STARTING AT 6H00 ON 1983-03-17
FOR ANY 24-HOUR PERIOD 64.7, STARTING AT 0H00 ON 1983-03-17

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)
0.00 - 99.99	4404	4404
100.00 - 199.99	17	4421
200.00 - 299.99	0	4421
300.00 - 399.99	0	4421
400.00 - 499.99	0	4421
500.00 - 599.99	0	4421
600.00 - 699.99	0	4421
700.00 - 799.99	0	4421
800.00 - 899.99	0	4421
900.00 - 999.99	0	4421
1000.00 - 1099.99	0	4421
1100.00 - 1199.99	0	4421
1200.00 - 1299.99	0	4421
1300.00 - 1399.99	0	4421
1400.00 - 1499.99	0	4421

Table IV.8 Air Pollution Monitor Results

SUMMARY FOR 1983		
TYPE: SOILING INDEX - LOCATION: CITY HALL, DARLING STREET		
SUNDAY	3.6	432.
MONDAY	8.2	441.
TUESDAY	7.9	465.
WEDNESDAY	9.1	472.
THURSDAY	7.1	480.
FRIDAY	9.6	470.
SATURDAY	5.8	477.
0H00- 2H00	3.0	268.
2H00- 4H00	2.3	269.
4H00- 6H00	3.0	269.
8H00- 8H00	11.1	267.
8H00-10H00	16.5	265.
10H00-12H00	11.0	266.
12H00-14H00	8.6	271.
14H00-16H00	8.2	273.
16H00-18H00	9.5	273.
18H00-20H00	5.8	273.
20H00-22H00	5.1	272.
22H00-24H00	4.6	271.

THE HIGHEST MEAN VALUES REACHED DURING THE YEAR WERE:

FOR ANY 2-HOUR PERIOD 123.0, STARTING AT 6H00 ON 1983-06-14
FOR ANY 8-HOUR PERIOD 71.6, STARTING AT 6H00 ON 1983-07-18
FOR ANY 24-HOUR PERIOD 44.0, STARTING AT 6H00 ON 1983-07-18

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 - 9.99	2430	2430
10.00 - 19.99	567	2997
20.00 - 29.99	119	3116
30.00 - 39.99	34	3150
40.00 - 49.99	28	3178
50.00 - 59.99	10	3188
60.00 - 69.99	13	3201
70.00 - 79.99	7	3208
80.00 - 89.99	9	3217
90.00 - 99.99	6	3223
100.00 - 109.99	6	3229
110.00 - 119.00	4	3233
120.00 - 129.99	1	3234
130.00 - 139.99	1	3235
140.00 - 149.99	1	3236

Table IV.9 AIR POLLUTION MONITOR RESULTS

SUMMARY FOR 1983		
TYPE: LEAD - LOCATION: CITY HALL, DARLING STREET VALUES ARE MICROGRAM/CUBIC METRE		
	ANNUAL MEAN	NUMBER OF VALUES AVERAGED
SUNDAY	1.3	503.
MONDAY	2.3	519.
TUESDAY	2.3	526.
WEDNESDAY	2.5	532.
THURSDAY	2.1	540.
FRIDAY	2.8	536.
SATURDAY	2.4	537.
0H00 - 2H00	1.5	304.
2H00 - 4H00	0.9	306.
4H00 - 6H00	0.7	306.
6H00 - 8H00	2.3	304.
8H00 - 10H00	3.9	301.
10H00 - 12H00	3.2	305.
12H00 - 14H00	2.5	311.
14H00 - 16H00	2.4	312.
16H00 - 18H00	3.1	312.
18H00 - 20H00	2.5	312.
20H00 - 22H00	2.3	311.
22H00 - 24H00	2.1	309.

THE HIGHEST MEAN VALUES REACHED DURING THE YEAR WERE:

FOR ANY 2-HOUR PERIOD 26.0, STARTING AT 6H00 ON 1983-07-29
FOR ANY 8-HOUR PERIOD 16.3, STARTING AT 6H00 ON 1983-07-02
FOR ANY 24-HOUR PERIOD 11.8, STARTING AT 20H00 ON 1983-07-01

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	48	48
0.20 - 0.39	252	300
0.40 - 0.59	279	579
0.60 - 0.79	256	835
0.80 - 0.99	213	1048
1.00 - 1.19	285	1333
1.20 - 1.39	234	1567
1.40 - 1.59	217	1784
1.60 - 1.79	188	1972
1.80 - 1.99	162	2134
2.00 - 2.19	177	2311
2.20 - 2.39	147	2458
2.40 - 2.59	132	2590
2.60 - 2.79	119	2709
2.80 - 2.99	99	2808

Table IV.10 Sampling under Act No. 54 of 1972 : 1983

	NO. OF SAMPLES	PROSECUTED	WARNING LETTERS	FINES
Meat & meat products	742	20	32	R1 420
Milk & milk products	11			
Hot drinks	3			
Fruit juices	3			
Cereal	1			
Pepper	1			
Fruit and vegetables	2			
Sauces	6		1	
Tea and Coffee	9			
Creamer (non dairy)	1			
Salt	2		1	
Jelly	2			
Spread	1			
Pudding	5			
Macaroni	1			
Custard powder	1			
Spices and condiments	13			
Flour, confectionery	3			
Sugar	5			
Cooking oil	2			
Sago	2			
Cosmetics	1			
Artificial sweetner	2		1	
Health drinks	3			
Rice	3			
Baby food	1			
Bicarbonate Soda	1			
Dripping	1			
Vanilla Essence	1			
TOTAL	829	20	35	R1 420

Table IV.11 Applications to trade reported on by the Medical Officer of Health : 1983

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 Milk in Cartons Milk in Tankers Electrical Wiring Contractor	5	5				
		SUB TOTAL	5	5				
Under Provincial Ordinance No. 17 of 1981 (The Registration of Business Ordinance)	Food Premises	Accommodation Establishments	19	12	7	7		
		Bakers	39	24	13	3	2	5
		Butchers	36	26	10	10		
		Cafe Keepers	333	210	121	2	1	
		Dairy Farms	223	219	4	4		
		Dairy Shops	11	9	2	2		
		Eating Houses						
		Fish Mongers and Fish Friers	22	12	10	10		
		Food Manufacturers	17	11	6	6		
		General Dealers	1460	1286	164	164	10	6
		Hawkers	499	440	32	32	27	3
		Restaurants	42	30	12	12		
		Other Food Premises	19	13	6	6		
		SUB TOTAL	2720	2292	387	387	41	25
	Non-Food Premises	Laundries and Dry Cleaners	30	22	8	8		
		Creches or Nursery Schools	17	12	5	5		2
		Dealers in Motor vehicles and garages	183	123	58	58	2	2
		Kennels or pet boarding establishments	7	5	1	1	1	
		Offensive trades	5	2	2	2	1	
		Places of entertainment	165	137	25	25	3	2
		Workshops	369	203	63	63	2	4
		Other Non Food premises	908	734	171	171	3	6
		SUB TOTAL	1583	1238	333	333	12	16
Under Government Regulations		Mattress Makers and Upholsters	28	28				
		TOTAL	4336	3563	720	720	53	41

Table IV.12 Applications to trade in Administration Board areas dealth with in 1983

	LANGA	GUGULETU
General Dealer in Foodstuffs	1	6
General Dealer Non-foods	2	4
Purveyor of Milk		
Hawkers	1	31
Butcher		1
Storage of Inflammable Substances		3
Patent Medicine	1	4
Passenger Undertaking		
Street Photographer		

Table IV.13 Dwellings completed by the City Council : 1983

	Number of Houses	
	Economic	Letting Units
Whites (Home ownership)		
Non-Whites (Home ownership)		
Parkwood		54
Manenberg		396
Mitchells Plain		3063
TOTAL	Nil	3513

Table IV.14 Applications to demolish or convert dwellings (not more than five rooms) and other residential premises recommended for approval or approved : 1983

No. of rooms per unit	1983
1	8
2	25
3	22
4	10
5	6
SUB-TOTAL (Dwellings)	71
6	7
7	5
8	4
9	4
10	
11	
12	
13	
Multi-roomed boarding houses and hotels	1
SUB-TOTAL (Other Premises)	21

Table IV.15 Rodent Control Operations : 1979 - 1983

	1979	1980	1981	1982	1983
Inspections by pest control officers	2 189	2 634	5 099	2 863	2 508
Block baiting by pest control officers					7 096
Inspections re rodents by other inspectors	65	142	401	542	212
Inspections re mosquitoes by other inspectors	526	483	113	145	60
SUB TOTAL		3 259	5 613	3 550	9876
Visits made to lands and premises by rat-catchers:					
Re rodents	44 834	45 519	38 209	42 314	37 046
Re mosquitoes	7 279	11 066	9 260	11 960	19 770
Numbers of notices served by pest control officers:					
Verbal	9	3	2		19
Written	12	13	12	30	14
SUB TOTAL		16	15	32	33
Number of rodents caught and destroyed:					
Brown rats	6 542	6 659	5 854	6 351	4 831
Black rats	110	131	130	98	77
Gerbilles	151	1	17	-	78
SUB TOTAL	6 803	6 791	6 001	6 449	4 986

(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 : 1973 - 1983

Year	Individuals attending the clinics	Persons attending for the first time	Total Attendances all clinics during the year	Race
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	63 619	3 845	196 882	All
1981	68 791	4 011	208 804	All
1982	6 872	730	19 549	White
	59 516	1 989	164 717	Coloured
	278	13	952	Asiatic
	13 482	2 206	31 836	Black
	80 148	4 938	217 054	All
1983	7 048	840	24 408	White
	58 190	2 018	176 392	Coloured
	262	12	759	Asiatic
	13 098	1 564	36 326	Black
	78 598	4 434	237 885	All

Table V.2 The number of individuals attending at various different Family Planning Clinics : 1979 - 1983

CLINIC	1979	1980	1981	1982	1983				
					W	C	A	B	Total
Northern Zone									
Bloemhof	126	150							
Brooklyn	216	339	378	364	323	59		3	385
Camps Bay	29	46	93	80	16	58		69	143
Chapel Street	1142	897	639	653	1	518			519
City Hospital	42								
Civic Centre		1207	2049	2515	1808	1304	5	203	3320
Devil's Peak	32	48	53	6663	63	13		7	83
Factreton	527	554	676	617		719			719
Garden Village						77			77
Kensington	958	847	819	605	1	715			716
Kloof Street	59	121	154	216	117	139	1	36	293
Langa	4706	3417	3768	4888				4351	4351
Maitland	551	588	523	590	248	254		24	526
Sanddrift	33	46	37	19	13	2		1	16
Sea Point (2 clinics)	262	722	786	828	167	310		307	784
Shortmarket Street	605	679	575	639	14	608	2	47	671
St James	1538	616	663	664	286	358	10	42	696
Spencer Rd		1025	753	753	6	544		32	582
Thornton	22	46	56	50	44	12		4	60
Weizman Hall					15	59		30	104
Sub Total	10848	11348	12022	13547	3122	5749	18	5156	14045
Southern Zone									
Blue Route Centre		52	115	144	110	24		11	145
Claremont	3141	4070	4595	4502	1689	965		2129	4783
Elfindale	216	380	266	227	10	296		18	324
Ferness Estate	117	134	96	87	73	4			77
Guguletu	3105	3680	4002	4038				4036	4036
Kalk Bay	56	69	66	83	2	18		13	33
Lansdowne	1644	1167	1279	1286	215	740		78	1033
Lavender Hill	1599	1221	989	829		1085		2	1087
Meadowridge	76	104	132	149	98	21		11	130
Muizenberg	179	251	216	217	82	55		28	165
Newlands				24	50	2		4	56
Parkwood	818	856	683	623		883			883
Southfield	280	296	263	189	256	13		14	283
Retreat	3234	3804	2149	2664		3633			2633
Wetton			16	62	74			1	75
Wynberg	2579	1881	2425	3862	579	1559		906	3044
Sub Total	17044	17965	17292	18986	3238	8298		7251	18787

Table V.2 Continued

CLINIC	1979	1980	1981	1982	1983				
Eastern Zone					W	C	A	B	Total
Beacon Valley				499		1868			1868
Bokmakierie	887	740	787	617		1069	2	18	1089
Bonteheuwel	3049	3199	2060	2104		1651		15	1666
Heideveld	2004	2325	2242	2249	4	2298	7	7	2316
Hanover Park	2614	2076	1630	1565		1610			1610
Honeyside	823	697	556	606		807	6	3	816
Lentegeur			2251	3135	4	3390		47	3441
Manenberg	3795	2219	1245	1932		1941			1941
Netreg	1019	964	747	752		969		2	971
Newfields	345	392	406	322		663	19	33	715
Rocklands			1069	1338		1763		6	1769
Silvertown	2229	1592	1548	1872		1652	210	26	1888
Strandfontein			148	213		193		9	202
Tafelsig			124	532		931			931
Westridge	3158	4881	3408	3810		2997			2997
Valhalla Park			460	555		666		5	671
Sub Total	19923	19085	18681	22101	8	24468	244	171	24891
TOTAL	47815	48398	47995	54634	6368	38515	262	12578	57723
Factories (Misc.)	14817	15221	20796	25514	680	19675		520	20875
GRAND TOTAL	62632	63619	68791	80148	7048	58190	262	13098	78595

Table V.3 The estimated percentage of women at risk of conceiving who attended Family Planning Clinics at least once in 1982 and 1983, by race

RACE	FEMALE POPULATION	% 15-49	No. 15-49	No. Pregnant	No. infertile (10%)	Inactive (10%)	Balance	Attended	% Cover
					1982				
White	134145	51,7	69352	2919	6935	6935	52563	6872	13,07
Coloured	265828	53,6	142483	16124	14248	14248	97863	59516	60,81
Asian	6560	57,9	3798	129	380	380	2909	278	9,56
Black	46976	55,6	26118	4644	2612	2612	16250	13482	82,97
TOTAL	453509		241751	23816	24175	24175	169585	80148	47,26
					1983				
White	136125	51,7	70377	2839	7038	7038	53462	7048	13,18
Coloured	272784	53,6	146212	16803	14621	14621	100167	58190	58,09
Asian	6754	57,9	3910	86	391	391	3042	262	8,61
Black	48517	55,6	26975	5141	2698	2698	16438	13098	79,68
TOTAL	464180		247474	24869	24748	24748	173109	78598	45,4

Table V.4 Mode of contraception currently used by individuals attending City Health Department Family Planning Clinics : 1983

RACE	PILL		INTRA-MUSCULAR		IUD		STERI-LIZATION *		OTHER		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
White	5587	79,3	1028	14,6	251	3,6	22	0,3	160	2,2	7048	100
Asiatic	111	42,4	56	21,4	16	6,1	6	2,3	73	27,8	262	100
Coloured	29273	50,3	22681	39,0	1508	2,6	611	1,0	4117	7,1	58190	100
Black:												
Guguletu	1243	30,8	2740	67,9	21	0,5	21	0,5	11	0,3	4036	100
Langa	1333	30,6	2911	66,9	43	1,0	4	0,1	60	1,4	4351	100
Other centres	1740	36,9	2782	59,1	96	2,0	10	0,2	83	1,8	4711	100
Total Black	4316	33,0	8433	64,4	160	1,2	35	0,2	154	1,2	13098	100
All races TOTAL	39287	50,0	32198	41,0	1935	2,5	674	0,8	4504	5,7	78598	100

* OPERATIONS PERFORMED DURING THE YEAR.

Table V.5 Analysis of mode of contraception (excluding sterilasation) initially adopted by members of different race groups : 1974 - 1983 (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
WHITE				
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
1982	86	8	2	4
1983	91	9	0	0
COLOURED AND ASIANS				
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
1982	79	15	1	5
1983	76	22	0	2
BLACK				
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
1982	40	48	1	11
1983	32	45	0	23

Table V.6 Total attendances at Ante-natal Clinics : 1974 - 1983

CENTRE	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983
Northern Zone										
Aspeling Street	1504	1201	1157	853	92					
Bloemhof					4					
Brooklyn										1
Chapel Street					471	440	252	105	83	121
Factreton							29	31	86	75
Kensington	711	779	660	824	662	449	447	304	199	165
Langa	2782	2758	2073	1631	1745	2016	2255	2221	2358	2074
Maitland	202	149	26		67	78	59	48	64	57
Sea Point										4
Salt River	583	419	308	289	37	33	68	30	22	8
Spencer Road					147	141	101	63	66	74
Sub Total	5782	5306	4224	3597	3225	3157	3211	2802	2878	2579
Southern Zone										
Guguletu II	6362	5876	3606	2131	2521	2243	1844	1625	1352	1020
Guguletu III	2895	2906	1526						64	40
Kalk Bay	80	6								
Lansdowne	1763	1505	1098	987	721	434	298	283	119	143
Lavender Hill	2388	2057	1628	1337	709	346	199	121	69	36
Parkwood	1638	834	497	245	187	167	115	135	104	86
Retreat	5386	3263	2747	2534	1019	472	172	67	52	15
Wynberg	1843	1168	1314	1046	917	689	651	612	461	374
Sub Total	22355	17615	12416	8280	6074	4351	3279	2843	2221	1715
Eastern Zone										
Athlone	2430	1350								
Bokmakierie	1621	624			193	260	146	156	124	5
Bonteheuwel	3956	2513	2209	1829	1422	952	848	755	648	569
Heideveld	1589	1237	1022	890	1003	688	630	486	399	283
Hanover Park	2621	1929	1391	1134	945	860	672		3	
Honeyside					112	102	95	52	29	12
Lentegeur								37	39	32
Manenberg	1460	1588	2096	1264	1205	1059	404	7	4	
Netreg						341	383	363	282	
Newfields				4	78	101	'64	39	12	3
Rocklands										3
Silvertown	2333	1665	2630	2065	1272	840	764	636	324	15
Westridge				12	566	1818	1318	393	239	122
Valhalla Park								48	61	33
Sub Total	16010	10906	9348	7198	6796	7021	5324	2972	2164	1077
TOTALS	44147	33827	25988	19075	16095	14529	11814	8617	7263	5371

Table V.7 Number of sessions, first and total attendances at infant welfare, Ante-natal and School Eye Clinics : 1983

CENTRE			INFANT CONSULTATIONS			ANTE-NATAL CLINICS			OPHTHALMIC CLINICS		
			First Attendance			Attendance			Attendance		
	Race	Sessions	Under 1 year	Over 1 year	Total attend-ances	Sessions	1st	Total	Sessions	1st	Total
Northern Zone											
Brooklyn	W		132	2	1787		1	1			
	C		6		69						
	B		3		7						
	T	48	141	2	1863	1	1	1			
Camps Bay	W		58		517						
	C		8		43						
	B		16		136						
	T	24	82		696						
Chapel Street	W		1		3			3			
	C		236		4516		40	107			
	A				14						
	B		6		58		3	11			
	T	99	243		4591	44	43	121			
Devil's Peak	W		75		762						
	C		3		68						
	B		1		46						
	T	49	79		876						
Factreton	C	146	376	1	13405	44	73	75			
Garden Village	C	43	31		1048						
Kensington	C		260		11883		132	165			
	B				3						
	T	147	260		11886	85	132	165			
Kloof Street	W		181		1492						
	C		7		147						
	B		9		77						
	T	52	197		1716						
Langa	B	159	1587	340	21792	49	2026	2074			
Maitland	W		71	1	1304		5	5			
	C		61		1099		44	45			
	B		2		10		7	7			
	T	112	134	1	2413	38	56	57			
Sanddrift	W		14		124						
	C		5		10						
	T	11	19		134						
Sea Point	W		229	2	2250						
	C		18		237		2	2			
	B		23		246		2	2			
	T	100	270	2	2733	4	4	4			
Shortmarket Street	W		3		33						
	C		162		2633						
	A				4						
	B		4		27						
	T	100	169		2697						
St James Street	W		128		1782						
	C		117		2781		7	7	129	584	2147
	A		2		33						
	B		4		56						
	T	102	251		4652	7	7	8	129	584	2147
Spencer Road	W		3		50						
	C		166		5702		53	70			
	A		5		105						
	B		6	1	84		4	4			
	T	109	180	1	5941	57	57	74			
Thornton	W		42	1	543						
	C		1		11						
	B				5						
	T	23	43	1	559						
Weizman Hall	W		38		377						
	C		18		177						
	B		10		119						
	T	47	66		673						
Sub Total	W		975	6	11024		6	10			
	C		1475	1	43829		351	471	129	584	2147
	A		7		156						
	B		1671	341	22666		2042	2098			
	T	1371	4128	348	77675	329	2399	2579	129	584	2147

Table V.7 Continued

CENTRE			INFANT CONSULTATIONS			ANTE-NATAL CLINICS			OPHTHALMIC CLINICS		
			First Attendance			Attendance			Attendance		
	Race	Sessions	Under 1 year	Over 1 year	Total attend-ances	Sessions	1st	Total	Sessions	1st	Total
Eastern Zone											
Beacon Valley	C	182	1109	88	22473						
Bokmakierie	C		318		11349		5	5			
	A				2						
	B				6						
	T	149	318		11357	7	5	5			
Bonteheuwel	C		942	9	47356		541	568			
	B				68		1	1			
	T	247	942	9	47424	192	542	569			
Heideveld	C		734	6	23237		283	283			
	B		1		11						
	T	201	735	6	23248	138	283	283			
Hanover Park	C	251	640	12	29300						
Honeyside	C		369	4	8165		8	12			
	A		31	1	410						
	B		2	2	27						
	T	93	402	5	8602	10	8	12			
Lentegeur	C	199	1296	79	30873	24	5	32			
Manenberg	C	202	816	6	28562						
Netreg	C	150	380	14	16725						
Newfields	C		176	1	5587		1	3			
	A		19		184						
	B		3	2	63						
	T	99	198	3	5834	3	1	3			
Rocklands	C		726	66	24202			3			
	B		1		16						
	T	211	727	66	24218	3		3			
Silvertown	C		667		20572		2	14	132	785	2732
	A		139	2	1968						
	B				12			1			
	T	199	806	2	22552	12	2	15	132	785	2732
Strandfontein	C		92	2	3424						
	B				3						
	T	51	92	2	3427						
Tafelsig	C	149	544	42	14842						
Westridge	C		1209	68	28985		32	122			
	A				10						
	B		2	1	19						
	T	200	1211	69	29014	43	32	122			
Valhalla Park	C	149	375	29	17730	32	33	33			
Sub Total	W										
	C		10393	426	333382		910	1075	132	785	2732
	A		189	3	2574			1			
	B		9	3	225		1	1			
	T	2732	10591	432	336181	464	911	1077	132	785	2732
Totals	W		2636	11	32118		22	51			
	C		14424	450	458559		1537	2056	261	1369	4879
	A		196	3	2731			1			
	B		4924	727	83259		3034	3263			
	T	6103	22180	1191	576667	1034	4593	5371	261	1369	4879

Table V.7 Continued

CENTRE			INFANT CONSULTATIONS			ANTE-NATAL CLINICS			OPHTHALMIC CLINICS		
			First Attendance			Attendance			Attendance		
	Race	Sessions	Under 1 year	Over 1 year	Total attend-ances	Sessions	1st	Total	Sessions	1st	Total
Southern Zone											
Blue Route	W		106	1	1457						
	C		18		150						
	B		3		64						
	T	51	127	1	1671						
Claremont	W		487	1	5347						
	C		29		594						
	B		77	1	1229						
	T	191	593	2	7175						
Elfindale	W		11		234						
	C		131		2244						
	B		2		130						
	T	99	144		2608						
Ferness Estate	W		37		765						
	C		11		41						
	T	46	48		806						
Guguletu II	B	234	2375	267	39663	45	951	1020			
Guguletu III	B	134	721	113	18324	2	39	40			
Kalk Bay	W		7		50						
	C		12		621						
	B		1		9						
	T	46	20		680						
Lansdowne	W		62		1029		6	23			
	C		288		7273		47	119			
	B		7		129		1	1			
	T	149	357		8431	43	54	143			
Lavender Hill	C		427	8	22512		35	36			
	B		1	1	15						
	T	252	428	9	22527	23	35	36			
Meadowridge	W		225		2896						
	C		3	1	30						
	A				1						
	B		5	1	74						
	T	93	233	2	3001						
Muizenberg	W		91	1	1391			1			
	C		11		145						
	B		16		208						
	T	50	118	1	1744	1		1			
Parkwood	C	149	310	6	13091	62	74	86			
Retreat	C		993	8	29588		3	15			
	B				1						
	T	228	993	8	29589	14	3	15			
Rondebosch	W		202		1808						
	C		1		6						
	B				2						
	T	50	203		1816						
Southfield	W		191	2	3158		1	1			
	C		1		6						
	B				22						
	T	84	192	2	3186	1	1	1			
Wetton	W		72		1368						
	C		2		10						
	T	50	74		1378						
Wynberg	W		170		1591		9	17			
	C		319		5032		117	254			
	B		36		498		99	103			
	T	94	525		7121	50	225	374			
Sub Total	W		1661	5	21094		16	41			
	C		2556	23	81348		276	510			
	A				1						
	B		3244	383	60368		991	1164			
	T	2000	7461	411	162811	241	1283	1715			

Table V.8 Total attendances at Infant Welfare Clinics : 1974 - 1983

CENTRE	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983
Northern Zone										
Aspeling Street	8979	7390	6350	5607	752					
Bloemhof	2631	2237	2076	2537	4068	5359	4419	269		
Brooklyn	1940	1684	1978	2338	1869	2214	2333	2269	2122	1863
Camps Bay	459	324	322	303	574	476	502	578	646	696
Chapel Street					9697	11758	9095	5386	4372	4591
Devil's Peak	463	409	525	508	429	405	911	1040	1339	876
Factreton	5308	5902	5645	8736	10340	11460	16905	17472	19688	13405
Garden Village										1048
Kensington	11690	11846	11858	20770	23209	17478	16289	12860	12487	11886
Kloof Street	1863	1819	2112	2260	2297	2209	1784	2032	2042	1716
Langa	3694	4058	4272	9152	18651	18206	23431	21222	18458	21792
Maitland	2959	2423	2160	2877	3585	3601	3126	2706	2950	2413
Sanddrift				229	470	572	241	170	93	134
Sea Point	1547	1927	2436	2756	3318	3472	3939	3810	3504	2733
Shortmarket Street	3451	3483	3269	3766	4287	4281	4855	3495	2822	2697
Salt River	8559	7118	6729	6222	2972	2415	3833	4038	4224	4652
Spencer Road					6446	7137	5787	5337	5183	5941
Thornton	612	448	473	417	539	433	688	606	887	559
Weizman Hall									59	673
Sub Total	54155	51068	50205	68478	93503	91476	98138	83290	80876	77675
Southern Zone										
Lady Buxton				613	2239	81				
Blue Route							492	1574	1427	1671
Claremont (Wesley Street)	2971	2296	1290							
Claremont (Station Road)	3886	3636	5326	6843	8420	9318	9114	9040	8172	7175
Elfindale	2067	2049	1903	2371	3498	3125	3084	3255	2979	2608
Ferness Estate	416	566	584	859	1158	1540	1329	1414	1385	806
Free Ground (Vrygrond)						956	787	447	66	
Guguletu I	15070	13383	11445	21425	26942	31616	36365	30934	37005	39663
Guguletu III	6100	6353	3950					9523	11807	18324
Kalk Bay	337	444	356	363	727	1070	917	880	987	680
Lansdowne	12053	10537	11471	15836	17671	16275	13465	11027	9041	8431
Lavender Hill	17838	20264	20231	24508	30485	30068	25222	20779	22240	22527
Meadowridge	588	703	1038	1685	2221	2501	2318	3425	3377	3001
Montcreef Farm						193	658	243	230	
Muizenberg	261	345	748	1468	1522	1281	1234	1342	1765	1744
Newlands									1007	1816
Parkwood	12252	11247	9135	9226	14321	15686	13657	11267	12727	13091
Southfield	2215	2510	2909	3616	3585	3040	3291	3335	3589	3186
Retreat	31617	22845	25250	27835	34723	38327	38744	26435	25662	29589
Wetton								206	1370	1378
Wynberg	5603	4307	4624	7126	10498	8243	6694	6450	6373	7121
Sub Total	113274	101485	100260	123774	158010	163320	157371	141576	151209	162811

Table V.8 Continued

Eastern Zone										
Athlone	15054	13329							4175	22473
Beacon Valley	8756	6872			7613	16794	15218	11298	10387	11357
Bokmakierie	23971	26856	26735	33811	37261	46765	54586	49537	45812	47424
Bonteheuwel	23689	23377	17860	24937	27193	27780	30609	28387	23355	23248
Heideveld	35960	24399	21637	27508	29485	36553	35086	31089	30777	29300
Hanover Park					5589	8168	8993	8912	9680	8602
Honeyside								23428	35142	30873
Lentegeur	40557	29343	28873	30549	27238	34224	38418	28660	29077	28562
Manenberg	16843	14260	13102	13929	18138	18918	24009	17077	16826	16725
Netreg	809	549	1303	762	4789	7342	7657	7030	5547	5834
Newfields								7979	20091	24218
Rocklands	13454	15676	32817	21397	26552	27536	28273	21133	21532	22552
Silvertown							935	3320	3336	3427
Strandfontein								830	7817	14842
Tafelsig				393	13385	24620	40758	31785	27736	29014
Westridge								7840	12866	17730
Valhalla Park										
Sub Total	179093	154661	142327	153286	197243	248700	284542	278305	304156	336181
TOTAL	346522	307214	292792	345538	448756	503496	540050	503171	536241	576667

Table V.9 Age at which immunizations are routinely administered pre-school

AGE	IMMUNIZATION
1 month	BCG
3 months	BCG if no scar seen Polio Diphtheria Whooping cough Tetanus
4 $\frac{1}{2}$ 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 $\frac{1}{2}$ - 6 years	Diphtheria Tetanus

(*Booster is also given at 14 months if primary vaccination given before 1st birthday)

Table V.10 Immunizations against Poliomyelitis; Diphtheria (D), Whooping Cough (Pertussis) (W or P), and Tetanus (T) : 1983

(a) POLIOMYELITIS

	Less than 1 year					1 year					2 - 6 years				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
First dose	2769	16890	189	4352	24200	9	46	2	121	178	30	190	1	211	432
Second dose	2630	16502	159	3892	23183	1	37		140	178	17	230		183	430
Completed course (three doses)	2577	15981	160	3291	22009	17	92	5	198	312	53	448	2	235	738
Booster at 18 months						2335	12617	134	1683	16769					
Pre-school booster											1197	8656	43	782	10678
Other booster															

	School Age					Adults					TOTAL				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
First dose	28	14		1	43	4	1		2	7	2840	17141	192	4687	24860
Second dose	4	4			8	4				4	2656	16773	159	4215	23803
Completed course (three doses)	5	2			7	5	1			6	2657	16524	167	3724	23072
Booster at 18 months											2335	12617	134	1683	16769
Pre-school booster											1197	8656	43	782	10678
Other booster	1073	11700	170	1743	14686	23	13			36	1096	11713	170	1743	14722

(b) DIPHTHERIA, WHOOPING COUGH AND TETANUS AGE GROUP

Under 1 year			1 Year			18 Months	2-6 Years			Pre-School	School Age				Total				
1st	2nd	3rd	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	Total
W 2744	2606	2534	2		5	2292	33	19	64	1210	18		8	952	2797	2625	2611	4454	12487
C 16759	16378	15917	33	31	74	12554	188	234	467	8662	8	1	1	10012	16988	16644	16459	31228	81319
A 187	159	158			2	138		1	1	44				128	187	160	161	310	818
B 4434	3988	3359	119	150	231	1716	212	190	238	806				1743	4765	4328	3828	4265	17186
T 24124	23131	21968	154	181	312	16700	433	444	770	10722	26	1	9	12835	24737	23757	23059	40257	111810

Table V.11 Immunizations against Poliomylitis: Diphtheria; Whooping Cough and Tetanus at Langa or Guguletu 1983

POLIOMYELITIS												
	Less than 1 Year		1 Year		2-6 Years		School Age		Adults		TOTAL	
	Langa	Gugu-letu	Langa	Gugu-letu	Langa	Gugu-letu	Langa	Gugu-letu	Langa	Gugu-letu	Langa	Gugu-letu
First dose	1208	2753	57	52	94	113	1				1360	2918
Second dose	1100	2477	71	74	79	101					1250	2652
Completed Course (Third dose)	839	2111	89	107	86	137					1014	2355
Booster At 18 months			327	1090							327	1090
Pre-school booster					276	395					276	395
Other booster								3				3

DIPHTHERIA, WHOOPING COUGH AND TETANUS																
	Under 1 year			1 Year			18 Months	2-6 Years			Pre-School	School Age				Total
	1st	2nd	3rd	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	
Langa	1208	1100	841	57	74	114	309	86	76	86	275					4226
Gugulet	2753	2477	2111	53	73	108	1089	111	102	136	402				2	9417
TOTAL	3961	3577	2952	110	147	222	1398	197	178	222	677				2	13643

Table V.12 B.C.G. Vaccination by race and age : 1982 - 1983

	1982							1983									
	Under 6 Months		6-12 Months		Others	School	Total	Under 6 Months		6-12 Months		13-35 Months		Others	School		Total
	1st	Repeated	1st	Repeated				1st	Repeated	1st	Repeated	1st	Repeated		Sub A & B	Std 5 + Others	
Whites	2890	28	12	7	187	162	3286	2638	59	13	4	11	4	131	27	190	3077
Coloured	15082	89	78	116	1329	27624	44318	14468	1390	82	115	53	188	1029	15671	13070	46066
Asiatic	234	-	4	-	10	216	464	219	2	2			11	6	210	214	664
Black	3616	18	65	21	341	2883	6944	4255	75	70	6	51	11	187	2500	2171	9326
TOTAL	21822	135	159	144	1867	30885	55012	21580	1526	167	125	1353	214	1353	18408	15645	59133

Table V.13 Immunization against Measles : 1979 - 1983

	1979	1980	1981	1982	1983						
					1st time ever given			Repeat			
	Total	Total	Total	Total	Under 1 Yr	1 Yr	2 Yrs & Over	Under 1 Yr	1 Yr	2 Yrs & Over	TOTAL
Whites	3257	3355	3310	3007	1040	237	19	20	817	18	2151
Coloured	26500	26549	26564	28394	15578	1652	254	243	12995	294	31016
Asiatic	283	362	414	454	173	73	1	2	92		341
Black	4435	5793	6262	5650	3804	348	211	100	2011	156	6630
TOTAL	34475	36059	36550	37505	20595	2310	485	365	15915	468	40138

TABLE V.14 Attendances at the Cape Town City Council creches and nursery schools : 1983

Nursery School	Creche attached	Sessions	New entrants	Average total on register	Average Attendances per session	Total Attendances
Shelley Street		206	34	50	42	8673
Langa	Yes	246	44	80	63	15469
Bokmakierie	Yes	206	31	80	68	13909
Bonteheuwel	Yes	206	26	80	68	13983
Heideveld	Yes	206	27	80	70	14495
Manenberg	Yes	206	54	80	63	13065
Guguletu NY6	Yes	246	18	80	64	15768
Retreat	Yes	206	28	80	69	14278
Eulalie	Creche only	43	20	20	16	688

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 : 1983

	Coloured	Total
Number of new cases	1369	1369
Total attendances	4879	4879
Number of sessions held	261	261
Children fitted with spectacles	1790	1790
Part Paying	1698	1698
Free	92	92

Table V.16 Attendances at Geriatric Clinics : 1983

CLINIC AS FROM	Heide-veld	Silver-town	Retreat	Lavender Hill	Kensing-ton	West-ridge	Brooklyn	Gugu-letu
Number of Sessions held	14	15	8	10	11	19	9	14
Number of New Attendances	50	41	24	22	75	64	26	43
Number of Total Attendances	72	80	27	40	81	134	67	64
Denture referrals	2	13	8	1	2	24		1
Spectacle referrals	16	15	4	1	7	14		10
Hearing aid referrals		1		1		2		
Chiropody referrals	18	23	20	17	36	40	64	17
Social Worker referrals	1	5		2		1		1
Physiotheraphy referrals								
Day Hospital referrals	27	22	11	15	5	56	2	14
General Hospital referrals	7	15	4	4	8	10		10
Other	12	6		5	2	4		10

Table V.16 Continued

CLINIC AS FROM	Bokma-kierie	Honey-side	Tafel sig	Devil's Peak	Kloof Street	Netreg	Langa	Wynberg
Number of sessions held	3	3	2	1	5	21	20	1
Number of New Attendances	14	12	13	5	34	73	87	1
Number of Total Attendances	19	14	21	8	41	121	124	1
Denture referrals	5		4			3	1	
Spectacle referrals	5	1	9			6	19	
Hearing aid referrals							2	
Chiropody referrals	6	11	13			80	28	
Social Worker referrals	3	4	1					
Physiotheraphy referrals						1		
Day Hospital referrals	11	7	7	1	3	19	9	
General Hospital referrals	2	1	2		1	13	8	
Other	4	2			8	31	1	

CLINIC AS FROM	Bonte-heuwel	Park-wood	Lans-downe	Manen-berg	Hanover Park	Lente geur	Sea Point	Rock-lands	Total
Number of Sessions held	21	7	9	22	22	19	26	5	286
Number of New Attendances	67	13	29	79	74	76	109	16	1047
Number of Total Attendances	87	24	69	115	120	173	343	25	1870
Denture referrals	15	1		4	7	19		4	114
Spectacle referrals	11	6	1	12	23	17		10	187
Hearing aid referrals				2	3			3	14
Chiropody referrals	51	12	53	24	32	43	41	10	639
Social Worker referrals	9	3	1	5	3	5		3	47
Physiotheraphy referrals				3		2	1		7
Day Hospital referrals	23	8	2	39	64	46	1	6	398
General Hospital referrals	16	5	2	26	33	24	24	2	217
Other	14			2	7	7	13	2	130

Table V.17 Health Education lectures given during 1983 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, immunization, general and personal hygiene, accident prevention, care of feeding bottles and teats, physiology of labour	1460	88405
Hospitals	Nutrition, family planning, tuberculosis, mouth to mouth resuscitation	179	4336
Voluntary Organisations	Family planning, nutrition, venereal disease, mouth to mouth resuscitation	27	699
Food Premises	Food hygiene, personal hygiene, elementary bacteriology, venereal disease	7	130
Technical Colleges	Principles and techniques of health education	5	138
Schools	Pollution, drugs, smoking and health, mouth to mouth resuscitation, dental hygiene and public health	278	13640
Factories	Family planning, sex education, venereal disease, tuberculosis mouth to mouth resuscitation, nutrition	32	1970
Hostels	Tuberculosis, venereal disease Public Health	20	1680

Table V.18 Analysis of home visiting by reason for, or nature of, the visits : 1982 - 1983

	1982	1983	%CHANGE
Routine House to House	28902	22447	-22,3%
Family Planning Defaulters	3239	2774	-14,4%
Ante-Natal Cases	2494	2122	-14,9%
New Births	21699	21686	-0,05%
Immunization Defaulters	8388	9620	+14,7%
Protected Infants	1233	1067	-13,5%
Infectious Diseases:			
Tuberculosis:			
- New cases	2060	2341	+13,6%
- Follow up	21512	23226	+8,0%
Gastro-Enteritis	241	192	-20,3%
Venereal Disease	3009	3602	+19,7%
Other	273	68	-75,1%
Total	27095	29429	+8,6%
Geriatrics	6878	5722	-16,8%
Other *	98294	76184	-22,5%
TOTAL	198222	171051	-13,7%

* 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 reactions to immunization or related procedures in age groups 1983

PROCEDURE	WHITE								
	AGE GROUPS								
	Under 1	1	2	3	4	5-9	10-14	15+	TOTAL
DWT and Polio									
DT and Polio									
Measles									
Tetanus									
Total									NIL

PROCEDURE	COLOURED AND ASIAN								
	AGE GROUPS								
	Under 1	1	2	3	4	5-9	10-14	15+	TOTAL
DT and Polio						1			1
Measles									
BCG			1						1
DWT and Polio		1							1
DT						1			1
Tetanus									
Total			1	1		2			4

PROCEDURE	BLACK								
	AGE GROUPS								
	Under 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 : 1983

IMMUNIZED FOR	COMPLICATIONS	NUMBER OF PATIENTS	TOTAL	OVERALL INCIDENCE PER 1 000 INJECTIONS
BCG	Local itchiness and swelling of eyes	1	1	0,02
DT and polio	Local inflammatory reaction Swollen eyes and lips	1 1	2	0,08
DWT and polio	Vomiting, slight fever Shoulder painful to the touch	1	1	0,01
TOTAL		4	4	

Table V.21 New Cases and Total Attendance by Race, Sex and Diagnosis of sexually transmitted diseases : 1982 - 1983

	1982													
	NEW CASES							TOTAL ATTENDANCES						
	White			C, A & B			Total	White			C, A & B			Total
	M	F	T	M	F	T		M	F	T	M	F	T	
01 Seronegative primary Syphilis	5		5	64	2	66	71	15		15	169	17	186	201
02 Seropositive primary Syphilis	11	1	12	406	38	444	456	84	2	86	1059	205	1264	1350
03 Secondary Syphilis		3	3	58	61	119	122	25	6	31	193	316	509	540
04 Tertiary Syphilis				3	1	4	4				23	4	27	27
05 Latent Syphilis	22	5	27	266	881	1147	1174	83	19	102	1423	6353	7776	7878
06 Neurosyphilis				9	2	11	11		1	1	50	20	70	71
07 Congenital Syphilis (under 1 Year)				11	11	22	22				33	49	82	82
08 Congenital Syphilis (over 1 Year)				6	1	7	7				11	4	15	15
Sub Total (Syphilitic infections)	38	9	47	823	997	1820	1867	207	28	235	2961	6968	9929	10164
09 Gonorrhoea	148	27	175	6452	471	6923	7098	284	52	336	7817	1072	8889	9225
10 Gonococcal vulvovaginitis					3	3	3					10	10	10
11 Gonococcal ophthalmia					1	1	1				2	2	4	4
Sub Total (Gonorrhoeal infections)	148	27	175	6452	475	6927	7102	284	52	336	7819	1084	8903	9239
12 Ulcus molle	7		7	161	18	179	186	13		13	402	38	440	453
13 Lymphogranuloma Venereum				6	2	8	8				16	15	31	31
14 Granuloma Inguinale				4	3	7	7				12	10	22	22
15 Venereal warts	3		3	81	9	90	93	7		7	165	30	195	202
16 Non-specific Urethritis	43	1	44	794	6	800	844	113	2	115	2113	25	2138	2253
16 (a) Reiters Syndrome				3		3	3	1		1	11		11	12
Sub Total (other venereal diseases)	53	1	54	1049	38	1087	1141	134	2	136	2719	118	2837	2973
TOTAL V.D. Cases	239	37	276	8324	1510	9834	10110	625	82	707	12499	8170	21669	22376
17 Non-venereal	108	26	134	2069	1092	3161	3295	206	47	253	3795	1985	5780	6033
18 Undiagnosed														
GRAND TOTAL	347	63	410	10393	2602	12995	13405	831	129	960	17294	10155	27449	28409
Herpes(included in 17 Non-venereal	10		10	98	6	106	114	20	1	21	188	13	201	222

Table V.21 Continued

	1983													
	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	2		2	65	14	79	81	2		2	214	59	273	275
02 Seropositive primary Syphilis	10	2	12	234	38	272	284	68	18	86	745	213	958	1044
03 Secondary Syphilis	4	5	9	56	54	110	119	21	13	34	204	312	516	550
04 Tertiary Syphilis				6	2	8	8	1		1	37	17	54	55
05 Latent Syphilis	14	6	20	384	1002	1386	1406	92	17	109	1903	6999	8902	9011
06 Neurosyphilis				6	6	12	12				66	24	90	90
07 Congenital Syphilis (under 1 year)				19	22	41	41				46	58	104	104
08 Congenital Syphilis (over 1 year)					1	1	1				4	4	8	8
Sub Total (Syphilitic infections)	30	13	43	770	1139	1909	1952	184	48	232	3219	7686	10905	11137
09 Gonorrhoea	145	10	155	5802	518	6320	6475	286	23	309	8391	1234	9625	9934
10 Gonococcal Vulvovaginitis												1	1	1
11 Gonococcal Opthalmia				1	1	2	2				1	2	3	3
Sub Total (Gonorrhoeal Infections)	145	10	155	5803	519	6322	6477	286	23	309	8392	1237	9629	9938
12 Ulcus Molle	4		4	119	21	140	144	11		11	327	27	354	365
13 Lymphogranuloma Venereum				12		12	12				49	2	51	51
14 Granuloma Inguinale				4		4	4				10		10	10
15 Venereal Warts	6		6	79	11	90	96	8		8	157	44	201	209
16 Non-specific Urethritis	45	2	47	1018	19	1037	1084	137	3	140	2045	42	2087	2227
16 (a) Reiters Syndrome	1		1	3		3	4	9		9	13		13	22
Sub Total (other venereal diseases)	56	2	58	1235	51	1286	1344	165	3	168	2601	115	2716	2884
TOTAL V.D. Cases	231	25	256	7808	1709	9507	9773	635	74	709	14212	9038	23250	23959
17 Non-venereal 18 Undiagnosed	86	25	111	2089	994	3083	3194	205	46	251	3726	1982	5708	5959
GRAND TOTAL	317	50	367	9897	2703	12600	12967	840	120	960	17938	11020	28958	29918
Herpes Genitalis (included in 17 non-venereal)	18		18	189	5	194	212	58		58	349	17	366	424

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 : 1974-1983

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		
1974			14	20	95	15	1657	2143	242	30	8107	406	59	6	230	38	13062	17,1
1975			20	16	115	14	1584	1947	207	31	8142	390	65	5	446	35	13017	16,6
1976			41	34	113	13	1613	1949	226	19	7737	405	50	3	734	48	12985	16,2
1977	2		29	27	102	8	1743	1797	187	11	8322	445	37		431	39	13180	16,01
1978	1	1	22	46	94	23	1573	1882	215	22	8170	498	34	3	369	31	12984	15,5
1979			19	20	54	13	1185	1185	196	23	8086	579	39	2	339	43	11783	13,7
1980			3	5	59	9	1316	1270	210	21	4590	530	62	2	701	44	8822	10,0
1981			7	13	44	7	902	1065	232	19	6159	438	59		1058	28	10031	11,13
1982			17	12	38	9	806	985	148	27	6452	475	53	1	1049	38	10110	10,95
1983			19	23	30	13	751	1116	145	10	5803	519	56	2	1235	51	9773	10,34

Table V.23 New cases of S.T.D. in teenagers by Race group, Sex and Diagnosis : 1983

	WHITE			C, A & B			TOTAL		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 13					1	1		1	1
Age 14				4	1	5	4	1	5
Age 15				2	2	4	2	2	4
Age 16				29	21	50	29	21	50
Age 17				43	38	81	43	38	81
Age 18	2		2	102	54	156	104	54	158
Age 19	3		3	101	81	182	104	81	185
TOTAL	5		5	181	198	479	286	198	484
Diagnosis: Syphilis 1-8	2		2	47	117	164	49	117	166
Gonorrhoea 9-11	3		3	172	75	247	175	75	250
Other venereal diseases 12-16				62	6	68	62	6	68
TOTAL	5		5	281	198	479	286	198	484

Table V.24 New cases and incidence rates by Race group, Sex and diagnosis (separately) : 1982 - 1983

	1982		1983	
	New Cases	Incidence Rate	New Cases	Incidence Rate
RACE:				
White	276	1,05	256	0,96
Coloured, Asiatic and Black	9834	14,88	9517	14,01
SEX:				
Male	8563	18,23	8039	16,71
Female	1547	3,4	1734	3,74
DISEASES:				
Syphilis	1838	1,99	1910	2,02
Syphilis, congenital	29	0,03	42	0,04
Gonorrhoea	7102	7,69	6477	6,85
Other Venereal diseases	1141	1,24	1344	1,42
TOTAL VD CASES	10110	10,95	9773	10,34
Non-venereal diseases Undiagnosed	3295		2982	

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 : 1979 - 1983

	1979			1980			1981			1982			1983		
	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				5	8,0	1,5	2	3,4	0,6	3	5,7	1,3	6	10,7	2,6
16 Non-Specific Urethritis	32	82	11,1	54	87,1	16,3	56	95,0	16,7	43	81,1	18,0	45	80,4	19,4
Total 'other' venereal disease	39	100	13,5	62	100	18,7	59	100	17,61	53	100	22,2	56	100	24,2
TOTAL S.T.D. Cases	289	-	100	331		100	335		100	239		100	231		100
WHITE FEMALE:															
15 Venereal Warts															
16 Non-Specific Urethritis	2	100	5,3	2	100	6,3				1	100	2,7	2	100	8
Total 'other' venereal disease	2	100	5,3	2	100	6,3				1	100	2,7	2	100	8
TOTAL S.T.D. Cases	38	-	100	32		100	26		100	37		100	25		100
COLOURED, ASIATIC AND BLACK MALE															
15 Venereal Warts	55	16,2	0,57	62	8,8	0,9	70	6,62	0,86	81	7,72	0,97	79	6,4	1,0
16 Non-Specific Urethritis	117	34,5	1,22	506	72,2	7,7	869	82,14	10,7	794	75,69	9,54	1018	82,4	13,0
Total 'other' venereal disease	339	100	3,52	701	100	10,6	1058	100	13,02	1049	100	12,6	1235	100	15,8
TOTAL S.T.D. Cases	9629	-	100	6 610		100	8 126		100	8324		100	7808		100
COLOURED, ASIATIC AND BLACK FEMALE															
15 Venereal Warts	23	53,5	1,26	23	52,3	1,2	14	50	0,9	9	23,7	0,6	11	21,6	0,6
16 Non-Specific Urethriti	3	7,0	0,16	13	29,5	0,7	6	21,4	0,4	6	15,8	0,4	19	37,3	1,1
Total'other' venereal disease	43	100	2,35	44	100	2,4	28	100	1,8	38	100	2,52	51	100	3,0
TOTAL S.T.D. Cases	1827	-	100	1 849		100	1 544		100	1 510		100	1709		100

Table V.26 Sessions held, New Cases seen and Total Attendances at Clinics : 1983

	SESSIONS	NEW CASES		ATTENDANCES	
		White	C A & B	White	C A & B
Northern Zone					
Chapel Street	93	32	134	89	386
Honeyside					
City Hospital, Portswood Road	146	195	770	559	1850
Kensington	49	1	150	1	506
Langa	54		554		1680
Spencer Road	184	81	7289	192	12447
Sub Total	526	309	8897	841	16869
Southern Zone					
Guguletu	54		729		2146
Lansdowne	46	5	45	11	188
Lavender Hill	47		51		298
Parkwood	45		20		185
Retreat	51		160		578
Wynberg	150	53	1117	108	2511
Sub Total	393	58	2122	119	5906
Eastern Zone					
Bokmakierie					
Bonteheuwel	51		209		692
Heideveld	47		161		578
Hanover Park	50		136		723
Lentegeur	50		310		1162
Manenberg	51		217		907
Netreg	51		131		478
Newfields					
Silvertown	51		237		747
Westridge	51		171		867
Rocklands	10		9		29
Sub Total	411		1581		6183
TOTAL	1330	367	12600	960	28958

Table V.27 Special Examinations : 1983

8502 blood specimens and 164 smears were sent to the Government laboratory for examination.

VI NOTIFIABLE CONDITIONS

Table VI.1 New list of notifiable diseases under the 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

NB: Whooping Cough was made Notifiable in the area of the City of Cape Town by Government Notice R4368 of 28 April 1950.

Table VI.2 Number of cases of Notifiable diseases by Race : 1983

	NOTIFICATIONS								DEATHS				
				Blacks									
	White	Coloured	Asiatic	Langa	Guguletu	City	Total Blacks	Total	White	Coloured	Asiatic	Blacks	Total
Tuberculosis (All Forms)*	57	1834	17	808	1121	98	2027	3935	4	70	1	90	165
Measles	7	100		89	137	9	235	342		3		9	12
Primary Malignancy of Bronchus, Lungs and Pleura	115	162		7	16		23	300	105	150		22	277
Viral Hepatitis	46	157	1	5	16		21	225		1			1
Cerebrospinal Fever	3	84		6	11		17	104		4		2	6
Whooping Cough	3	21		3	5		8	32					
Typhoid or Enteric Fever**	1	9	1	8	1	1	10	21	1				1
Malaria****	3	5						8					
Insecticidal poisoning					1		1	1					
Acute Poliomyelitis***					3		3	3					
Tetanus	1	1		1			1	3	1				1
Diptheria		2			1		1	3					
Leprosy****				1	1		2	2					
TOTAL	236	2375	19	928	1313	108	2349	4979	111	228	1	123	463

*Including 456 cases of imported infection in residents of less than six months standing (1 White, 93 Coloureds, and 362 Blacks)

**Including 5 cases of imported infection in residents (1 White, 1 Asiatic and 3 Blacks).

***Including 2 cases of imported infections in residents (2 Blacks)

****Imported infections

Table VI.3 Notifications of Tuberculosis (all forms) by the form of disease and residential status of the patient : 1983

	PULMONARY					OTHER FORMS					ALL FORMS				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
City	50	1679	14	80	1823	6	55	3	6	70	56	1734	17	86	1893
Langa		3		594	597				19	19		3		613	616
Guguletu		4		938	942				28	28		4		966	970
TOTAL LOCAL	50	1686	14	1612	3362	6	55	3	53	117	56	1741	17	1665	3479
Imported	1	92		339	432		1	3	23	24	1	93		362	456
Out of City	2	37		30	69		2		1	3	2	39		31	72
TOTAL	53	1815	14	1981	3863	6	58	3	77	144	59	1873	17	2058	4007

	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	43	1197	8	70	1318	5	89	2	6	102	2	393	4	4	403	50	1679	14	80	1823
Langa		3		515	518				23	23				56	56		3		594	597
Guguletu		4		726	730				52	52				160	160		4		938	942
TOTAL LOCAL	43	1204	8	1311	2566	5	89	2	81	177	2	393	4	220	619	50	1686	14	1612	3362
Imported	1	78		254	333		2		7	9		12		78	90	1	92		339	432
Out of City	2	31		27	60		1		1	2		5		2	7	2	37		30	69
TOTAL	46	1313	8	1592	2959	5	92	2	89	188	2	410	4	300	716	53	1815	14	1981	3863

	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	T	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	W	C	A	B	T
City		12			12	1	3		1	5		3		1	4	1	22	1	2	26	1	3			4	3	12	2	2	19	6	55	3	6	70
Langa				4	4				2	2				4	4				3	3				5	5				1	1				19	19
Guguletu				6	6				3	3				4	4				5	5				2	2				8	8				28	28
TOTAL LOCAL		12		10	22	1	3		6	10		3		9	12	1	22	1	10	34	1	3		7	11	3	12	2	11	28	6	55	3	53	117
Imported				2	2				2	2				6	6		1		7	8				2	2				4	4		1		23	24
Out of City		1			1														1	1		1			1							2		1	3
TOTAL		13		12	25	1	3		8	12		3		15	18	1	23	1	18	43	1	4		9	14	3	12	2	15	32	6	58	3	77	144

Table VI.4 Notifications of Tuberculosis (all forms) : 1983

	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	39	11	50	1		1	5	1	6				44	12	56	1		1	45	12	57
COLOUREDS:																					
Langa	1	2	3										1	2	3				1	2	3
Guguletu	1	3	4										1	3	4				1	3	4
Rest of City	920	759	1679	51	41	92	20	35	55		1	1	940	794	1734	51	42	93	991	836	1827
Total	922	764	1686	51	41	92	20	35	55		1	1	942	799	1741	51	42	93	993	841	1834
ASIANS	11	3	14				2	1	3				13	4	17				13	4	17
BLACKS:																					
Langa	434	160	594	99	83	182	10	9	19	7	6	13	444	169	613	106	89	195	550	258	808
Guguletu	603	335	938	66	80	146	11	17	28	4	5	9	614	352	966	70	85	155	684	437	1121
Rest of City	59	21	80	6	5	11	1	5	6	1		1	60	26	86	7	5	12	67	31	98
Total	1096	516	1612	171	168	339	22	31	53	12	11	23	1118	547	1665	183	179	362	1301	726	2027
TOTAL	2068	1294	3362	223	209	432	49	68	117	12	12	24	2117	1362	3479	235	221	456	2352	1583	3935

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 : 1979 - 1983

	1979	1980	1981	1982	1983
PULMONARY					
White	0,2	0,15	0,12	0,18	0,19
Coloured	1,93	2,28	2,69	3,22	3,13
Asiatic	0,6	0,56	0,47	0,30	1,03
Black	10,69	10,68	10,97	12,84	12,63
TOTAL	2,44	2,75	3,02	3,60	3,56
OTHER					
White	0,01	0,01	0,02	0,01	0,02
Coloured	0,06	0,07	0,08	0,09	0,10
Asiatic				0,15	0,22
Black	0,21	0,23	0,38	0,34	0,42
TOTAL	0,06	0,08	0,10	0,10	0,12
ALL FORMS					
White	0,16	0,16	0,14	0,19	0,21
Coloured	1,99	2,36	2,77	3,31	3,24
Asiatic	0,58	0,56	0,47	0,46	1,26
Black	10,9	10,91	11,35	13,18	13,04
TOTAL	2,5	2,82	3,12	3,70	3,68

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) : 1983

	1980 ESTIMATED PERCENTAGE OF CAPE TOWN POPULATION BY ETHNIC COMMUNITY	1983 POPULATION ESTIMATE	TB ALL FORMS LOCAL AND IMPORTED	RATE PER 10 000 POPULATION
WHITE				
0 - 4 years	7,52	19993	1	0,50
5 - 9 years	7,99	21243	1	0,47
10 - 14 years	7,86	20897	1	0,48
15 years - over	76,63	203737	54	2,65
All ages	100	265870	57	2,14
COLOURED				
0 - 4 years	11,79	63434	251	39,57
5 - 9 years	11,81	63542	136	21,40
10 - 14 years	12,06	64887	94	14,49
15 years - over	64,34	346172	1353	39,08
All ages	100	538035	1834	34,09
ASIATIC				
0 - 4 years	10,79	1461	1	6,84
5 - 9 years	11,03	1493	1	6,70
10 - 14 years	11,15	1509	3	19,88
15 years - over	67,03	9073	12	13,23
All ages	100	13536	17	12,56
BLACK				
0 - 4 years	10,75	13725	306	222,95
5 - 9 years	9,29	11861	101	85,15
10 - 14 years	7,24	9244	54	58,42
15 years - over	72,72	92846	1566	168,67
All ages	100	127676	2027	158,76

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 : 1982 - 1983

	LOCAL CASES ONLY				IMPORTED CASES	
	NOTIFICATIONS		RATE PER 1 000 POPULATION		NOTIFICATIONS	
	1982	1983	1982	1983	1982	1983
White	48	50	0,18	0,19	2	1
Coloured	1 688	1686	3,22	3,13	41	92
Asiatic	4	14	0,30	1,03		
Blacks:						
Langa	596	594		23,18	171	182
Guguletu	924	938		12,62	120	146
Rest of City	67	80		2,88	16	11
Total	1 587	1 612	12,84	12,63	307	339
TOTAL	3 327	3362	3,60	3,56	350	432

Table VI.8 Notifications of and Deaths from forms of Tuberculosis other than Pulmonary for Local Cases; and Notifications of such cases of Imported Infections, by Race : 1983

	LOCAL CASES					IMPORTED CASES					NOTIFIED DEATHS				
	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
Meninges		12		10	22				2	2		5		6	11
Abdominal	1	3		6	10				2	2				1	1
Orthopaedic		3		9	12				6	6					
Glands	1	22	1	10	34		1		7	8					
Genito-urinary	1	3		7	11				2	2					
Other	3	12	2	11	28				4	4			1		1
TOTAL	6	55	3	53	117		1		23	24		5	1	7	13

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

Table VI.9 Death Rates per 1 000 population of all forms of Tuberculosis by Quinquennia : 1975/1979 to 1979/1983 and annually 1979 - 1983

	DEATH RATE PER 1 000 POPULATION		
	WHITE	COLOURED, ASIATIC AND BLACK	ALL RACES
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
5 years ended December 1982	0,02	0,21	0,16
5 years ended December 1983	0,02	0,23	0,17
Calendar year 1979	0,02	0,22	0,17
Calendar year 1980	0,03	0,24	0,18
Calendar year 1981	0,02	0,23	0,17
Calendar year 1982	0,03	0,22	0,17
Calendar year 1983	0,02	0,24	0,17

Table VI.10 Numbers of Deaths from, and Death Rates per 1 000 population due to Pulmonary Tuberculosis : 1982 - 1983

	DEATHS		RATE PER 1 000 POPULATION	
	1982	1983	1982	1983
White	7	4	0,03	0,02
Coloured	55	65	0,10	0,12
Asiatic				
Black	86	83	0,70	0,65
TOTAL	148	152	0,16	0,16

Table VI.11 Death Rates per 1 000 Population for Pulmonary and other forms of Tuberculosis, by Race : 1979 - 1983

RACE	PULMONARY TUBERCULOSIS					TUBERCULOSIS, OTHER FORMS				
	1979	1980	1981	1982	1983	1979	1980	1981	1982	1983
White	0,02	0,03	0,02	0,03	0,02	-	-	0,00	0,00	-
Coloured	0,12	0,13	0,13	0,10	0,12	0,01	0,01	0,00	0,00	0,01
Asiatic	0,08	0,08				-				0,07
Black	0,72	0,64	0,66	0,70	0,65	0,03	0,05	0,01	0,02	0,05
TOTAL	0,16	0,17	0,17	0,16	0,16	0,01	0,01	0,00	0,01	0,01

Table VI.12 Tuberculosis Meningitis Notifications and Deaths for Local Cases (numbers and rates), by Race : 1962 - 1983

	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
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	1,57	6,90	1,82	0	4	5	9	0	0,78	4,31	1,02
1981	1	3	13	17	0,39	0,57	10,86	1,89	1	1	1	3	0,39	0,19	0,84	0,33
1982		6	8	14	0	1,12	6,47	1,52	1	2	2	5	0,38	0,37	1,62	0,54
1983		12	10	22		2,18	7,83	2,33	0	5	6	11	0	0,91	4,70	1,16

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 : 1983

Persons attending for first time	WHITE					COLOURED					ASIATIC					BLACK					All Races
	Children		Adults			Children		Adults			Children		Adults			Children		Adults			
	M	F	M	F	Total	M	F	M	F	Total	M	F	M	F	Total	M	F	M	F	Total	
Notified: Accepted	1		21	7	29	58	75	338	237	708			1	3	4	89	85	466	233	873	1614
Not accepted						10	7	20	13	50						1				1	51
Total	1		21	7	29	68	82	358	250	758			1	3	4	90	85	466	233	874	1665
Contacts: Notified		2	1		3	103	97	39	59	298	1	1			2	34	41	26	34	137	440
Non-Tuberculosis	62	48	90	125	325	1649	1763	1143	2379	6934	19	9	20	19	67	763	830	603	1110	3306	10632
Total	62	50	91	125	328	1752	1860	1182	2438	7232	20	10	20	19	69	797	871	631	1144	3443	11072
Suspects: Notified			8	4	12	57	55	320	237	669	1		1		2	64	86	456	172	778	1461
Non-Tuberculosis	11	8	106	81	206	296	315	1334	1484	3429	1	2	17	12	32	179	181	1099	458	1917	5584
Total	11	8	114	85	218	353	370	1654	1721	4098	2	2	18	12	34	243	267	1555	630	2695	7045
TOTAL	74	58	226	217	575	2173	2312	3194	4409	12088	22	12	39	34	107	1130	1223	2652	2007	7012	19782

Table VI.14 Mass Miniature Radiography at the Chapel Street Clinic - numbers of examinations by Race and Sex : 1979 - 1983

Period	White		Coloured, Asiatic and Blacks		Total
	Males	Females	Males	Females	
1979	6238	3709	25801	14825	50573
1980	6726	3432	26615	16836	53609
1981	5982	3002	31058	20222	60264
1982	4316	2441	23501	14986	45244
1983	1936	990	13799	7715	24440

In addition to the 24 440 miniature film examinations made during the year, 463 100 mm films were taken as compared with 851 in the previous year.

Table VI.15 Results of Mass Miniature Radiography at the Chapel Street Clinic : 1981 - 1983

	1981	1982	1983
Persons screened	6 0264	45 244	24440
Recalled for further investigation	944	1 011	484
Recalls who failed to attend	35	160	21
Recalls who were examined	909	851	463
Recalls found to have active T.B.	131	158	95
Active T.B. found but previously known	14	23	34
New cases of active T.B. found	117	135	61
Cases referred to the special intra-thoracic clinic at Chapel Street	18	10	

Table VI.16 Results of Mass Miniature Radiography at the Langa X-Ray Centre for Black migrant workers : 1981 - 1983

	1981	1982	1983
Persons screened	21 858	21 961	11038
Recalled for further examination	960	1116	510
Recalls who failed to attend	226	514	134
Recalls who were examined	734	602	376
Recalls found to have active TB	194	101	67
Active TB found but previously known	5	5	10
New cases of active TB found	189	96	57
Cases referred to the special intra-thoracic clinic at Chapel Street			5

Table VI.17 Hospitalisation of Notified Cases of Pulmonary Tuberculosis : 1983

	LOCAL				Outside Cape Town Cases
	City	Langa	Gugu-letu	Imported Cases	
New pulmonary cases notified during the year	1823	597	942	432	69
Known to have had T.B. positive sputum	588	229	305	139	32
New pulmonary cases admitted to institutions for treatment of tuberculosis	354	193	222	82	5
Proportion of new cases admitted	19,4%	32,3%	23,6%	19%	7,2%
Died before receipt of notification	25	7	23		
Died within 6 months of notification	47	16	26	3	
Pulmonary cases treated but not admitted to hospital					
Male	765	282	411	177	44
Female	626	101	230	173	20
TOTAL	1391	383	641	350	64

Table VI.18 Attendances at City Health Department Centres for the Control of Tuberculosis : 1982 - 1983

	Number of sessions		New Consultations		Total Attendances	
	1982	1983	1982	1983	1982	1983
Northern Zone						
CHAPEL STREET:						
White			330	311	889	827
C,A & B			1459	1255	4610	3653
TOTAL	101	102	1789	1565	5499	4480
KENSINGTON	52	50	728	795	2689	2449
LANGA:						
Blacks	202	199	3289	3035	12770	10686
SPENCER ROAD:						
White			19	34		36
C, A & B			372	412	1356	1305
TOTAL	50	51	390	446	1403	1391
Sub-Total	405	402	6196	5842	22361	19006
Southern Zone						
GUGULETU:						
Blacks	204	203	3536	3576	16414	17977
LAVENDER HILL	50	51	325	586	2508	3429
PARKWOOD	50	49	337	218	2079	1447
RETREAT	102	102	764	775	4408	4140
WYNBERG:						
White			145	227	679	805
C. A & B			533	535	2414	2288
TOTAL	50	49	678	762	3093	3093
Sub-Total	456	454	5640	5917	28502	30086
Eastern Zone						
BONTEHEUWEL	50	50	1094	1023	4534	4290
HANOVER PARK	50	51	1047	969	4768	5386
HEIDEVELD	50	51	825	772	3487	3710
LENTEGEUR	51	51	933	1333	3077	6347
MANENBERG	50	49	922	883	4419	5149
NETREG	50	49	768	836	3459	
ROCKLANDS		13		73		337
SILVERTOWN	50	51	942	1145	3647	3886
WESTRIDGE	52	51	1157	989	4678	4868
Sub Total	403	416	7688	8023	32069	4940
TOTAL:						
WHITE			493	572	1615	1718
C, A & B			19031	19210	81317	86287
ALL RACES	1264	1272	19524	19782	82932	88005

TABLE VI.19 Mobile X-Ray Unit workload at the various City Health Department Centres for the control of Tuberculosis : 1979 - 1983

YEAR	RACE	X-RAYS	RACE	X-RAYS	TOTAL
1979	White	1135	C, A & B	25781	26916
1980	White	731	C, A & B	21895	22616
1981	White	837	C, A & B	24492	25329
1982	White	724	C, A & B	29031	29755
1983	White	811	C,A & B	33146	33957

Table VI.20 Reasons for failure of Notified Cases of Pulmonary Tuberculosis to attend City Health Department Clinics : 1983

	LOCAL			IMPORTED CASES	TOTAL
	City	Langa	Guguletu		
Attended clinic	1684	516	849		3049
Failed to attend	139	81	93		313
Failure to attend clinics:					
In hospital	9	6	10		25
Hospital out-patients	10	2	2		14
Died in hospital	22	7	11		40
Died before notification	11		3		14
First advice through death registration	14	7	20		41
Refusals	12	1	1		14
Under private care	1				1
Untraceable or decamped on notification	60	58	46		164

Table VI.21 Resumé of work done by the Care Committee for Tuberculosis patients : 1979 - 1983

	1979	1980	1981	1982	1983
Families helped with rentals	64	20	50	33	9
Families helped with maintenance grants	354	281	968	1342	337
Families helped with both of the above	68	26	50	98	23
Hospital grants	348	93	64	383	24
Articles of clothing distributed	319	255	920	185	N/A
Number of blankets distributed	12	60	20	38	N/A
Caseworker visits paid	395	325	451	380	24
Interviews given	3161	2426	3651	3956	4335
New cases seen	575	368	134	490	369

TABLE VI.22 Notifications of Infectious Diseases Classified by Race Group and Month of Notification : 1983 (local cases only)

PERIOD	Tuberculosis respiratory					Tuberculosis other forms					Enteric					Measles					Malaria					Acute Poliomyelitis				
	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	W	C	A	B	T
January	7	134	2	123	266		6		5	11		3		1	4		5		11	16	1				1					
February	5	131	1	105	242		3		3	6		2			2	1	5		14	20	1				1					
March	3	157	2	139	301	1	8		3	12							5		18	23		4			4					
April	2	111	2	133	248	1	4		3	8				1	1		6		20	26										
May	4	147		113	264		2		11	13		1			1	1	12		36	49										
June	5	128	1	118	252	1	5		10	16						4	23		50	77										
July	6	128		141	275		4	1	2	7							12		33	45	1				1					
August	4	160	1	153	318		4	1	3	8							16		16	32									1	1
September	3	170	2	176	351	1	7		2	10						1	4		14	19										
October	3	130	1	151	285		3	1	3	7				4	4		3		11	14										
November	6	166	1	146	319	2	6		5	13				1	1		5		5	10		1			1					
December	2	124	1	114	241		3		3	6		-3			3		4		7	11										
YEAR	50	1686	14	1612	3362	6	55	3	53	117		9		7	16	7	100		235	342	3	5			8				1	1

PERIOD	Insectidal Poisoning					Tetanus					Primary malignancy of bronchus, lungs and pleura					Diphtheria					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	W	C	A	B	T	W	C	A	B	T	W	C	A	B	T
January				1	1	1				1	2	10			12																2	16		3	21
February											9	16		1	26				1	1											3	14			17
March											9	8			17		1			1											3	13		2	18
April											7	23		2	32																1	10		3	14
May							1		1	2	8	5		1	14		1			1				3	8	1	4			5	6	27		1	34
June											14	19		1	33						1	10		1	12						6	6		3	15
July											12	15		4	31						1	7		2	10					2	11		3	16
August											9	20		5	34							4		1	5		2		1	3	4	7			14
September											8	13		2	23						1	11		4	16					1	3	16		3	22
October											16	11		4	31							11		2	13		1			1	2	14	1	1	18
November											7	8		1	16							7		3	10		1			1	4	13		2	19
December											14	15		2	31							7			7	1	1			2	7	8			15
YEAR				1	1	1	1		1	3	115	162		23	300		2		1	3	3	84		17	104	3	21		8	32	46	147	1	21	225

Table VI.23 Notification of Infectious Diseases classified by Race Group and Age-Group : 1983 (local cases only)

	Tuberculosis Respiratory									Tuberculosis other forms								
	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	
Under 1 year			30	20			23	26	99				1			2		3
1-2 years			30	34	1		31	29	125			1	2			1	2	6
2-4 years	1		58	61			51	57	228			2	1			3	9	15
5-9 years			67	61		1	35	38	202	1			3			1	4	9
10-14 years		1	43	40	3		21	14	122			4	5			1		10
15-24 years	1	1	179	222	3		142	103	651	2		4	6			2	4	18
25-34 years	7	2	190	178	1		211	120	709	1		4	9	1	1		4	20
35-44 years	6	5	144	67		1	210	53	486			2	5			2	2	11
45-54 years	10	1	99	43	2		171	34	360	1		2	1	1		1	3	9
55-64 years	4	1	52	18			119	20	214				1			4	1	6
65-74 years	3		19	12			56	11	101				1			5	1	7
75-84 years	7		5	4	1		7	8	32		1							1
85 years and over			1				2		3			1						1
Unknown			5	4		1	17	3	30								1	1
TOTAL	39	11	922	764	11	3	1096	516	3362	5	1	20	35	2	1	22	31	117

	Enteric									Measles								
	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	
Under 1 year												26	24			46	57	153
1-2 years										1	1	8	1			28	25	64
2-4 years										2		4	7			23	25	61
5-9 years								1	1	2		9	9			10	12	42
10-14 years				1			1	2	4			4	4			2		10
15-24 years			2	1				1	4	1								1
25-34 years			1	1				1	3									
35-44 years																		
45-54 years																		
55-64 years							1		1									
65-74 years			1	2					3									
75-84 years																		
85 years and over																		
Unknown													4			4	3	11
TOTAL			4	5			2	5	16	6	1	51	49			113	122	342

TABLE VI.23 (CONTINUED)

	Cerebrospinal Fever									Tetanus								
	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	
Under 1 year			9	11			1	2	23									
1-2 years	1		12	14			2	1	30									
2-4 years	1		15	12			1	5	34									
5-9 years			5	2				1	8							1		1
10-14 years			2						2									
15-24 years			2				1	1	4									
25-34 years																		
35-44 years	1						1	1	3		1							1
45-54 years												1						1
55-64 years																		
65-74 years																		
75-84 years																		
85 years and over																		
Unknown																		
TOTAL3	3		45	39			6	11	104		1	1				1		3

	Whooping Cough									Viral Hepatitis								
	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	
Under 1 year		1	5	8			3	2	19			1	1					2
1-2 years		1	2					1	4				3			3		6
2-4 years		1	1	3					5		1	16	10			2	2	31
5-9 years			1	1			1	1	4	5	1	26	29			1	1	63
10-14 years												14	9			3		26
15-24 years										6	10	16	15			1	1	49
25-34 years										10	4	2	2			1	2	21
35-44 years										1	4	5	1			1	1	13
45-54 years												5	1			2		8
55-64 years										2		1			1			4
65-74 years																		
75-84 years																		
85 years and over																		
Unknown										1	1							2
TOTAL		3	9	12			4	4	32	25	21	86	71		1	14	7	225

	Primary malignancy of bronchus									Insecticidal Poisoning								
	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	
Under 1 year																		
1-2 years																		
2-4 years																		
5-9 years																		
10-14 years																		
15-24 years																		
25-34 years																		
35-44 years2	2		8	2			1	1	14									
45-54 years	8	2	32	8			4	1	55									
55-64 years	25	5	54	9			5	1	99							1		1
65-74 years	28	12	27	7			3	2	79									
75-84 years	16	13	10	5			3	1	48									
85 years and over	1	3					1		5									
Unknown																		
TOTAL	80	35	131	31			17	6	300							1		1

TABLE VI.23 (CONTINUED)

	Malaria									Acute Poliomyelitis								
	W		C		A		B		T	W		C		A		B		T
	M	F	M	F	M	F	M	B		M	F	M	F	M	F	M	F	
Under 1 year																		
1-2 years																	1	1
2-4 years			2						2									
5-9 years			1	1					2									
10-14 years			1						1									
15-24 years	1								1									
25-34 years		1							1									
35-44 years																		
45-54 years		1							1									
55-64 years																		
65-74 years																		
75-84 years																		
85 years and over																		
Unknown																		
TOTAL	1	2	4	1					8								1	1

	Diphtheria																	
	W		C		A		B		T									
	M	F	M	F	M	F	M	F										
Under 1 year							1		1									
1-2 years																		
2-4 years																		
5-9 years			1	1					2									
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			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 : 1974 - 1983

YEAR	CEREBROSPINAL FEVER								TYPHOID OR ENTERIC FEVER							
	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, 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
1974	16	74		1	6,87	13,90		0,19	1	19			0,43	3,57		
1975	10	62		5	4,23	11,34		0,91		15				2,74		
1976	11	109	3	20	4,58	19,40	1,25	3,56	1	8			0,42	1,42		
1977	2	126		22	0,82	21,82		3,81	4	16		1	1,64	2,77		0,17
1978	11	221	1	29	4,45	37,26	0,40	4,89		14				2,36		
1979	11	336	1	16	4,39	55,13	0,40	2,63		3				0,49		
1980	12	283	1	33	4,72	45,19	0,39	5,27	1	12		1	0,39	1,92		0,16
1981	7	159	2	12	2,71	24,72	0,77	1,87	2	4			0,77	0,62		
1982	2	104	1	14	0,76	15,73	0,38	2,12	2	4			0,76	0,61		
1983	3	101		6	1,13	14,87		0,88	1	20	1		0,38	2,94	0,38	

YEAR	DIPTHERIA								VIRAL HEPATITIS							
	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, 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
1974		5		2		0,94		0,38	30	74	2	8	12,88	13,90	0,86	1,50
1975		11		1		2,01		0,18	30	69	2	2	12,69	12,62	0,85	0,37
1976		9		1		1,60		0,18	28	74		3	11,67	13,17		0,53
1977		2				0,35			44	77		4	18,07	13,34		0,69
1978									13	46		4	5,26	7,75		0,67
1979		4				0,66			16	86		3	6,38	14,11		0,49
1980		1				0,16			40	106	1	1	15,72	16,93	0,39	0,16
1981		3				0,47			24	197			9,29	30,62		
1982									38	204		6	14,50	30,86		0,91
1983		3				0,44			46	179		1	17,30	26,35		0,38

YEAR	ACUTE POLIOMYELITIS								TETANUS AND TETANUS NEONATORUM							
	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, 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
1974		5				0,94				4		1		0,75		0,19
1975		6				1,10				3		2		0,55		0,37
1976		6				1,07				2		1		0,36		0,18
1977		4				0,69				2		1		0,35		0,17
1978		1				0,17										
1979		14		1		2,30		0,16		1				0,16		
1980																
1981		2				0,31										
1982		1				0,15										
1983		3				0,44			1	2	1		0,38	0,29	0,38	

YEAR	WHOOPING COUGH							
	Notifications		Deaths		Incidence rate per 100 000		Death rate per 100 000	
	W	C, A&B	W	C, A&B	W	C, A&B	W	C, A&B
1974	13	24		3	5,58	4,50		0,56
1975	4	16			1,69	2,93		
1976	1	14			0,42	2,49		
1977		19		1		3,29		0,17
1978	3	18		2	1,21	3,03		0,34
1979	1	9			0,40	1,48		
1980	1	26		1	0,39	4,15		0,16
1981	4	93	1		1,55	14,45		0,39
1982	3	77		1	1,15	11,65		0,15
1983	3	29			1,13	4,27		

Table VI.25 Cerebrospinal Fever Notifications by Month : 1979 - 1983

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	YEAR
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
1982	7	8	3	8	10	13	17	15	9	8	6	2	106
1983	8	6	4	5	8	12	10	5	16	13	10	7	104
TOTAL	64	54	49	61	65	118	156	121	105	96	69	60	1018
Average	13	11	10	12	13	24	31	24	21	19	14	12	204

Table VI.26 Motifications received of Notifiable Diseases in Municipal Residents (including Imported Infections) : 1974 - 1983

	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983
Anthrax										
Brucellosis (Malta Fever)					1	2	2	1	1	
Cholera (Asiatic)										
Diphtheria or Membranous croup	5	11	9	2		4	1	3		3
Enteric or Typhoid Fever	20	15	9	37	33	3	13	8	10	21
Epidemic Cerebrospinal Fever	90	72	120	128	232	347	295	166	106	104
Hepatitis, Viral	104	99	120	121	59	102	146	221	242	225
Insecticidal/ Pesticidal poisoning			1			3			1	1
Lead Poisoning										
Leprosy	1		2	1			2	1	1	2
Malaria							1	2	1	8
Plague										
Poliomyelitis, Acute	5	6	6	4	1	14		2	1	3
Rabies										
Sleeping Sickness (Trypanosomiasis)										
Smallpox										
Tetanus	4	3	2	2		1				3
Trachoma										
Tuberculosis (all forms)	2687	2742	2635	2636	2492	2792	2838	3119	3778	3935
Typhus Fever										
Whooping Cough	37	20	15	19	21	10	27	97	80	32
Yellow Fever										
Measles						186	604	300	404	342
Toxoplasmosis						1				
Primary malignancy of bronchus, lungs and pleura						259	281	234	275	300
Leptospirosis								1		

VII OTHER SERVICES

TABLE VII.1. ATTENDANCES AT EXAMINATION CENTRE : 1983

Department	Total	Fit	Temporarily unfit	Unfit
City Administration	1264	892	297	75
City Engineer	2037	1406	404	227
City Electrical Engineer	369	270	73	26
City Treasurer	79	68	11	
Health	204	154	45	5
TOTAL	3953	2790	830	333

The Department also provides medical attention for Fire Brigade and Traffic personnel.

TABLE VII.2 ATTENDANCES AT CLEANSING STATIONS : 1983

	FIRST ATTENDANCES						TOTAL ATTENDANCES					
	Scabies	Impetigo	Body lice	Ringworm	Head lice	Total	Scabies	Impetigo	Body lice	Ringworm	Head lice	Total
CHILDREN Under 16 years of age:												
White boys												
White girls												
C. A & B boys	17	1			25	43	20	1			155	176
C. A & B girls	2				101	103	3				240	243
TOTAL CHILDREN	19	1			126	146	23	1			395	419
ADULTS:												
White males			2			2			2			2
White females	1		1		1	3	1		1		1	3
C. A & B males	7		4		6	17	8		4		50	62
C. A & B females	22		1		3	26	22		1		52	75
TOTAL ADULTS	30		8		10	48	31		8		103	142
TOTAL PERSONS:												
White	1		3		1	5	1		3		1	5
Coloured, Asian and Black	48	1	5		135	189	53	1	5		497	556
All races	49	1	8		136	194	54	1	8		498	561

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