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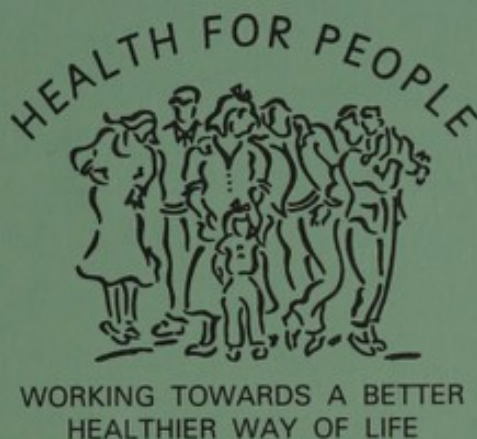
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STATES OF GUERNSEY  
BOARD OF HEALTH



95th

## ANNUAL REPORT

of the

Medical Officer of Health

REPORT FOR  
THE YEAR 1993



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## BOARD OF HEALTH

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BOARD OF HEALTH

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The Hon. Mr. J. J. A. ...  
Chairman

## BOARD OF HEALTH

### Objectives

To maintain and improve the health of the people of Guernsey and Alderney as cost effectively as possible:

- \* Identifying health needs - now and in the future.
- \* Planning the future provision of health services to meet these needs.
- \* Ensuring that the quality of health services provided is high and standards are maintained through careful monitoring.
- \* Ensuring that only appropriate and effective care or treatment is given, by monitoring the outcome of such interventions.
- \* Informing people on health matters, promoting a healthy lifestyle and environment.
- \* Checking that all health services provided are as cost-efficient as possible.
- \* Promoting managerial and professional excellence within health services.
- \* Recruiting, training and developing sufficient healthcare staff to achieve these objectives.

Yours faithfully,

The Director

DEPARTMENT OF HEALTH

Channel Islands Hospital

## BOARD OF HEALTH

### Objectives

To maintain and improve the health of the people of Guernsey and Alderney as cost effectively as possible:

Identifying health needs - now and in the future.

Planning the future provision of health services to meet  
these needs.

Ensuring that the quality of health services provided is high  
and standards are maintained through careful monitoring.

Ensuring that care is appropriate and effective and that treatment  
is given, by monitoring the outcome of such interventions.

Informing people on health matters, promoting a healthy  
lifestyle and environment.

Checking that all health services provided are as cost-efficient  
as possible.

Promoting managerial and professional excellence within  
health services.

Recruiting, training and developing sufficient healthcare  
staff to achieve these objectives.

## INTRODUCTORY LETTER TO THE BOARD OF HEALTH

Madam President, Members of the Board

This is the 95th Annual Report of the Medical Officer of Health for Guernsey.

Unfortunately, Guernsey did not have a full-time Medical Officer of Health during 1993, and so compiling a Report to accurately and adequately reflect the health of the Island during this period has presented something of a challenge.

After discussion with medical colleagues, and the support of senior members of the Department of Health, this challenge has been addressed in two ways.

The Annual Report which I now have the honour to present has been compiled in the traditional format. Following a brief introduction, this Annual Report summarises the various public health activities and achievements of 1993.

This is followed by the Annual Statistical Returns presented in the usual way, but with a brief commentary on each.

Secondly and more importantly however, a companion volume to this Report entitled "Health for Guernsey People" will be published in early 1995. This volume will take a far more strategic view of health in Guernsey.

It will analyse the major causes of death and potential years of life lost amongst Guernsey residents, and compare these with other English speaking countries, and our neighbours in Europe. It will also highlight areas for potential further "health gain".

It will also identify those areas where more health information is required, if progress towards improved health is to be measured.

This Annual Report therefore summarises public health activities during the recent past. Together with its companion volume "Health for Guernsey People", it should provide the factual basis required to assist the Board of Health towards its future objective:

"To maintain and improve the health of the people of Guernsey and Alderney as cost effectively as possible."

I am indebted to my medical colleagues, and Board of Health officers and staff, both for providing high level public health services during 1993, and for their contribution to this present Report.

Yours faithfully

Dr David Jeffs

MEDICAL OFFICER OF HEALTH

Director of Public Health



# INTRODUCTORY LETTER TO THE BOARD OF HEALTH

My dear members of the Board,

This is the 25th Annual Report of the Medical Officer of Health for  
Quebec.

Unfortunately, I have not had a full-time Medical Officer of  
Health during 1953 and so compiling a Report is necessarily and  
necessarily reflect the work of the Island during this period has presented  
myself with a challenge.

After discussion with medical colleagues, and the support of senior  
members of the Department of Health, this challenge has been addressed  
in two ways.

The Annual Report which I now have the honor to present has been  
prepared in the traditional format following a brief introduction, the  
Annual Report summarizes the various public health activities and  
achievements of 1953.

This is followed by the Annual Statistical Tables presented in the usual  
way, but with a few variations.

Secondly, and more importantly, however, a supplementary volume to this  
Report entitled "Health in Quebec" which will be published in early  
1954. This volume will take a far more extensive view of health in  
Quebec.

It will analyze the main causes of death and present trends of the past  
through various diseases and conditions, these will be analyzed  
statistically and our objectives in Quebec. It will also highlight  
some of the public health activities.

It will also identify those areas where more health information is required,  
it suggests certain important factors to be considered.

This Annual Report should be considered as a public health activities during  
the recent past together with the supplementary volume "Health in Quebec".  
It should provide the various data required to assist the Board of  
Health towards its main objective.

To maintain and improve the health of the people of Quebec and  
Quebec as our objective as possible.

I am indebted to my medical colleagues, and Board of Health officers, and  
staff, both for providing high level public health services during 1953, and  
for their contribution to this present Report.

Yours faithfully,

Dr David Joffe

MEDICAL OFFICER OF HEALTH

Director of Public Health

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## HEALTH IN GUERNSEY: CHALLENGES AND OPPORTUNITIES

### 1.0 Introduction - Board of Health Objectives

The Board of Health has defined as its major objective:

**To maintain and improve the health of the people of Guernsey and Alderney as cost effectively as possible”.**

To achieve this, its intended strategies include:

- \* “Identifying health needs - now and in the future”.
- \* “Planning the future provision of health services to meet these needs.”
- \* “Informing people on health matters, promoting a healthy lifestyle and environment.”

Guernsey appointed its first **Medical Officer of Health** in 1898. The post carried responsibility for a wide range of statutory duties, including advice and enforcement of the various public health laws and regulations, protecting the health of the Island through measures to reduce infection, ensure clean and safe water, air and land use, and guarding against other potential health and safety hazards.

Over the past 95 years, the **Annual Reports** of the Medical Officer of Health have highlighted progress which has been made towards better health. Since the time of the first Report, the population of the Island has increased, from less than 40,000 in 1900 to close on 60,000 today. At the same time, birth and death rates have fallen, and average life expectancy has increased for both men and women to well above the biblical “three score years and ten”. On the health data we have available, it would appear that the population of the Island has never been healthier.

It is also apparent however that although much health data has been collected, it has rarely been fully analysed, and still less frequently used to “drive” health initiatives. Essentially the health system in Guernsey has been “reactive” in treating established illness, rather than proactive in identifying major causes of mortality and morbidity, and strategically planning to reduce these.

It was with the intention of adopting this more strategic approach that the Board of Health has created the new position of **Director of Public Health**.

## **1.1 The importance of traditional approaches**

In a changing world, threats to public health from infection and environmental hazards remain. Over the past decade, "new" infections such as HIV/AIDS have become a world wide epidemic. During the same period, traditional infections such as tuberculosis and malaria, which once appeared to be in decline, have now shown a major resurgence, with acquired resistance to many frontline drug therapies.

There is also widespread public concern about other public health issues, such as additives in foodstuffs and impurities in drinking water, increasing environmental hazards from the growing use of agricultural and industrial chemicals, increasing atmospheric pollution, and the potential hazards of nuclear power.

There can be no true personal health on a sick planet, and global changes such as the "greenhouse effect," and the depletion of the ozone layer have unpredictable health consequences. The traditional role of the Medical Officer of Health to advise and protect against infection and environmental hazards is obviously still essential, and still very much required.

Additional strategies are needed however, if the Board of Health is to achieve its primary objective of "maintaining and improving the health of the people of Guernsey and Alderney as cost effectively as possible".

## **1.2 Need for improved Health data:**

More health data is required.

"Identifying (the Islands') health needs - now and in the future" requires that we systematically examine changes in patterns of disease, and utilisation of health services in the island. Such data includes:

- causes of death
- admissions, procedures, and length of stay in hospital
- attendances at the Accident and Emergency Department
- attendance patterns in general practice
- incidence figures for certain cancers
- risk factors amongst the population
- medication prescribing patterns

We must also study how these are changing over time, and how they compare with patterns recorded elsewhere in Europe.

Apart from the analysis of deaths and the recent lifestyle surveys, very little of the above data is systematically collected or regularly analysed. We must improve our present data collection methods, and establish new data collection systems.

### 1.3 “The New Public Health”

There are many possible definitions of “Public Health” but the following is perhaps the most consistent with the Board of Health’s stated objective and intended strategies:

**“Public Health is that process which gathers, interprets and translates knowledge of health factors amongst the population into effective action.”**

**Epidemiology** (or the study of health factors amongst populations) is the traditional tool of public health.

During the Nineteenth Century the epidemiological approach was successfully used to identify the main determinants of death and disease at that time. Combined with a largely legislative approach through the Public Health Acts (to reduce infection and environmental hazards) and factory and other industrial legislation (to reduce occupational hazards), the major advances of the “old public health” were achieved.

Epidemiology can make an equally important contribution to reducing the diseases of the twentieth century.

When applied to medical practice (as the science of “clinical epidemiology”), it can help determine the most effective medical interventions, and thus lead to improved health outcomes

When combined with health economics, epidemiology can demonstrate both the **cost benefit** and the **cost effectiveness** of those approaches.

The determinants of many modern diseases lie outside the field of health alone. These include housing, transport, employment, and social factors such as the opportunities for making “healthy choices”.

In contrast to the largely legislative approaches of the past, the “new public health” is aligned with the World Health Organisations “Health For All” strategies.

These include:

- A need for widespread **knowledge**, understanding, support and **participation** in health initiatives.
- The need for **intersectoral working** across Government Departments to ensure that health considerations become an integral part of overall government policy, whether in housing design, urban planning, road safety, or tobacco control policy.

## 1.4 Conclusions

The currently available health data confirms that the health of Guernsey has never been better. Good health however comes at a price. International comparisons suggest that for the comparatively high per capital health expenditure, there is much opportunity for still further population health improvement.

With its high standards of health care, and its many natural advantages, there is no reason why the health of Guernsey should not be amongst the highest in Europe. To achieve this, however, requires:-

- better data collection and analysis
- selection of priority areas for health gain
- the setting of health goals and targets, with a time frame for their attainment.
- greater support, understanding and participation by the people of Guernsey towards improvement in their own health.
- better integration across States Departments to ensure consistent policies for health gain.

The achievements of the "old public health" in Guernsey through the prevention of infection, reduction in environmental hazard, and updated and appropriate Public Health legislation must be maintained.

The challenge for the Board of Health in the years ahead is to extend the achievements of the past into the fields of the "new public health". Success will be measured by the best possible health for the greatest number of Guernsey residents at the most affordable price.

With the skills of the health professions, the support of the States, and the understanding of the population, this is what the new strategic direction of the Board of Health can achieve.

## CHAPTER 2

### 1993: THE YEAR IN RETROSPECT

#### 2.1.0 Public Health Overview

Guernsey was without a full-time Medical Officer of Health during 1993. An excellent Consultancy Service was provided for approximately two days a week by Drs Paul Harker and Gay Alexander from the Dorset Health Commission.

As well as providing much valuable advice on operational matters, they also developed a strategic overview of public health issues on the Island, and introduced the concept of "health gain".

#### 2.1.1 The Directorate of Public Health

1993 was also the year when the **Directorate of Public Health** was first proposed. The Directorate of Public Health would bring together those Board of Health functions aimed primarily at keeping people well, rather than treating established illness or supporting those with disabilities of any sort.

Broadly this would entail:

- Ensuring a healthy and safe environment for living, schooling, and working
- Encouraging and facilitating opportunities for healthy lifestyles
- Working with the States, the private sector, and the community in general to ensure that good health remains a high priority in Guernsey.

#### 2.1.2 Public Health Organisation

To achieve this, the Directorate of Public Health is organised to fulfil specific functions. These include:

- Environmental Health
- Health Promotion
- Prevention and Control of Infectious Diseases  
(including sexually transmitted disease)
- Occupational Health Services
- Development of Screening Services including breast and cervical screening
- Drugs Importations
- Advice to other States Departments.



### 2.1.3 Public Health Funding

The current Budget of the Public Health Directorate is around £800,000, which is 2.3% of total Board of Health expenditure, and approximately 0.5% of total States expenditure.

The Director of Public Health is responsible for advising the Board of Health to ensure the best possible health for the greatest number of Guernsey residents within these financial constraints.

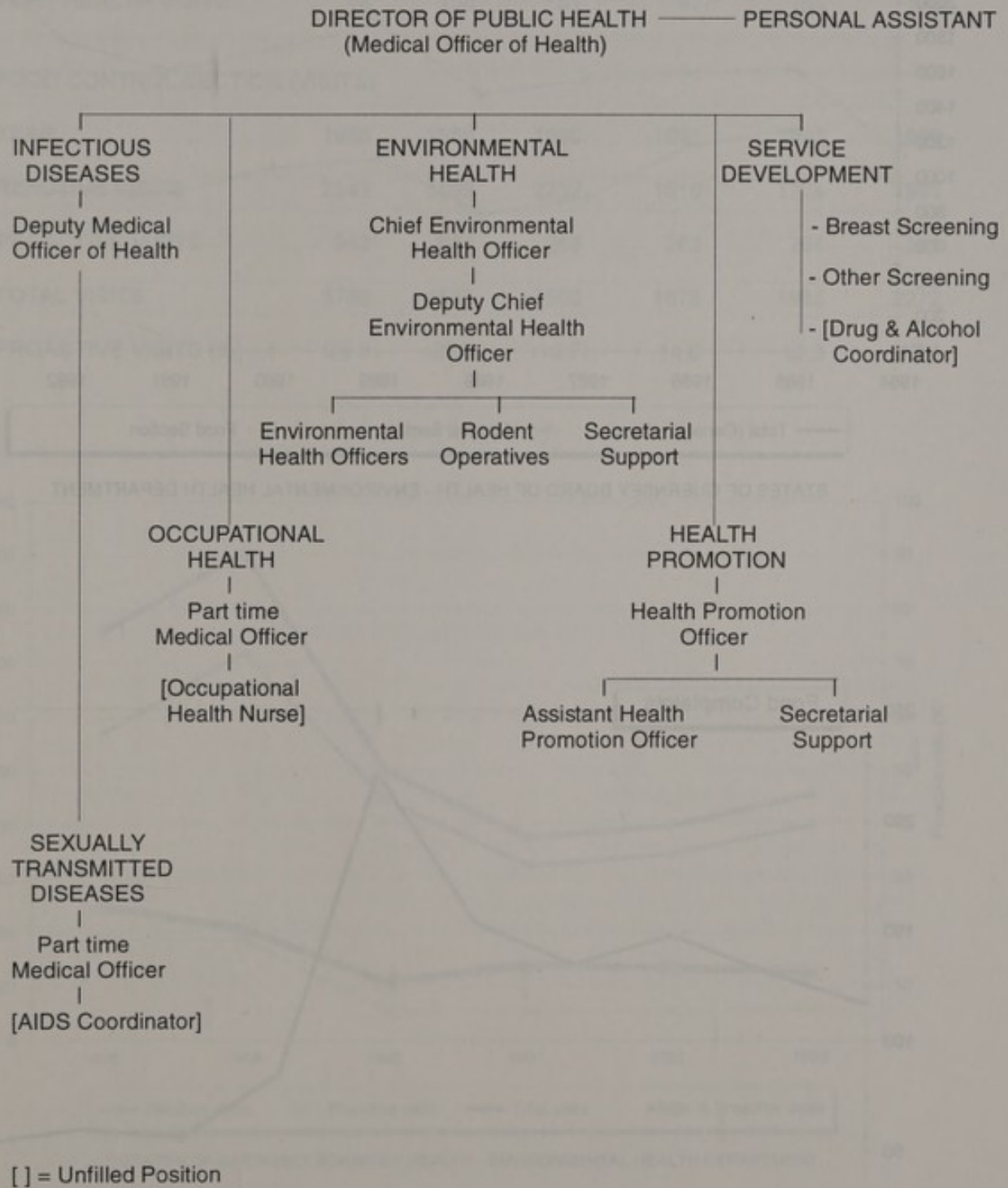
The various Branches and Units of the Public Health Directorate are now considered separately.

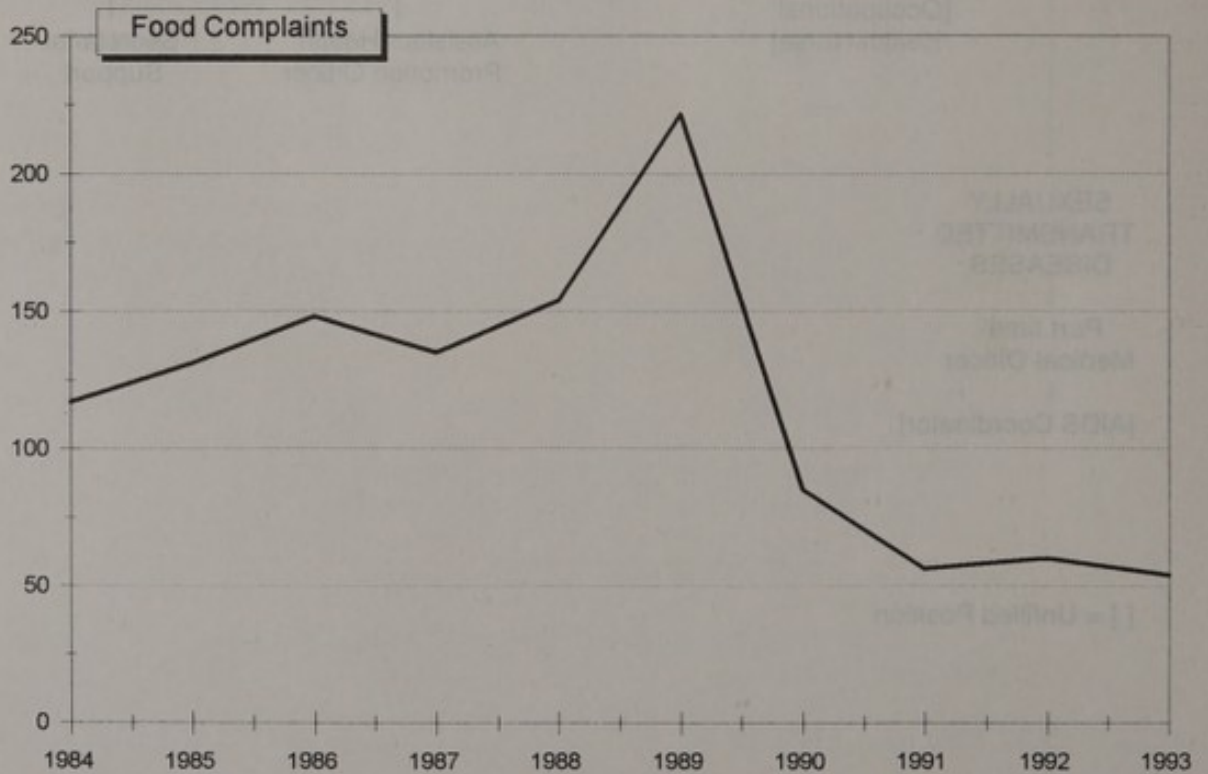
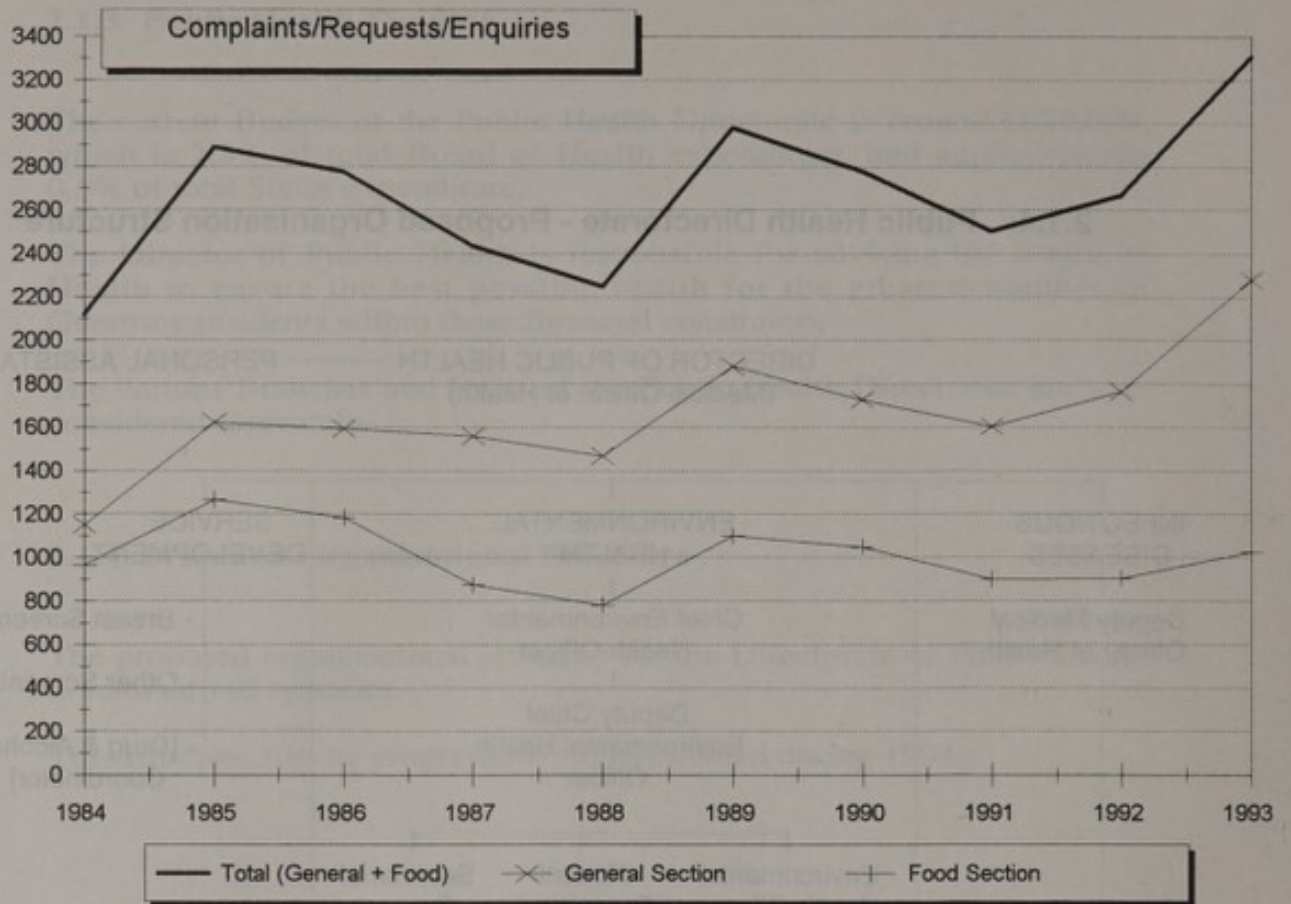
### 2.1.4 Proposed Organisational Structure

The proposed organisational structure for the Directorate of Public Health is summarised opposite.

This structure will be progressively implemented during 1994.

## 2.1.4: Public Health Directorate - Proposed Organisation Structure





FOOD PREMISES

YEAR	1988	1989	1990	1991	1992	1993
INSPECTIONS	845	776	200	175	84	65

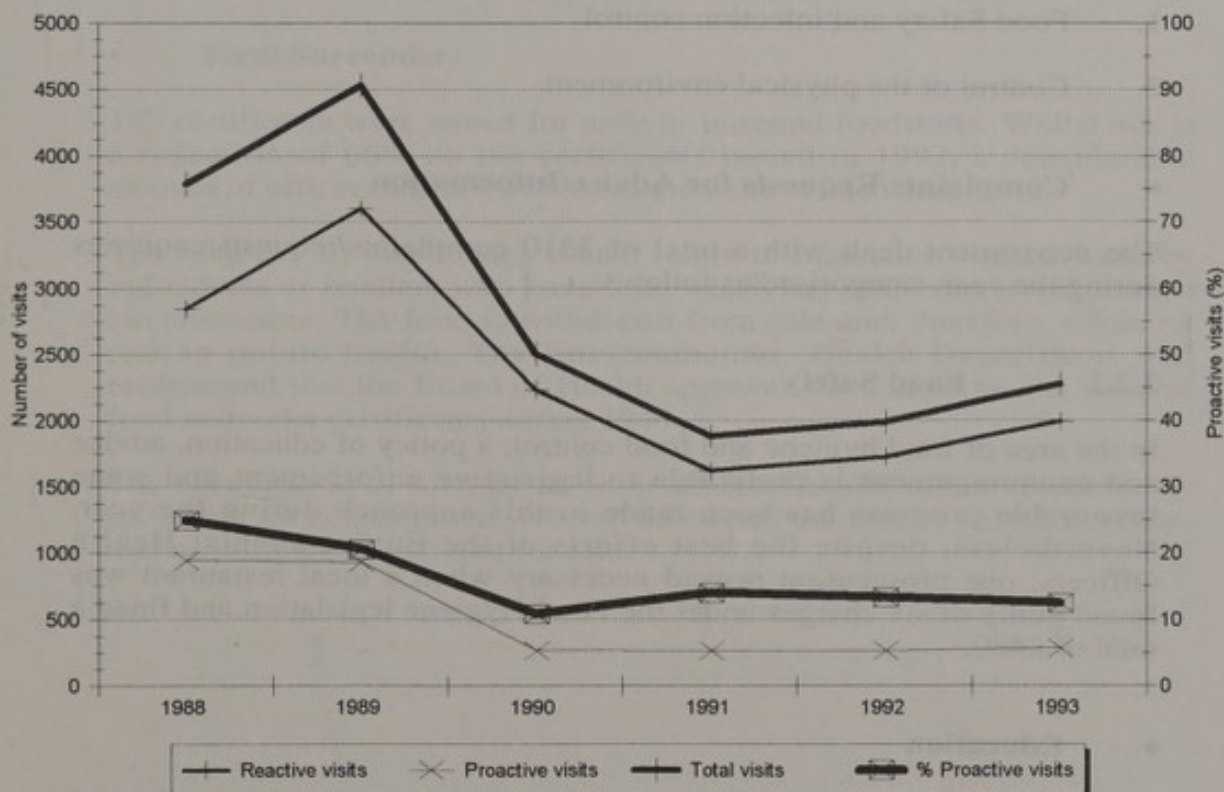
Inspections required to current standards 791

Number of required inspections achieved (%) 8.2

PORT HEALTH VISITS	48	158	51	87	165	170
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FOOD CONTROL SECTION (VISITS)

YEAR	1988	1989	1990	1991	1992	1993
REACTIVE VISITS	2843	3599	2232	1616	1724	1991
PROACTIVE VISITS	943	934	268	262	264	281
TOTAL VISITS	3786	4533	2500	1878	1988	2272
PROACTIVE VISITS (%)	24.9	20.6	10.7	14.0	13.3	12.4



STATES OF GUERNSEY BOARD OF HEALTH - ENVIRONMENTAL HEALTH DEPARTMENT

## **2.2 ENVIRONMENTAL HEALTH**

### **2.2.0 Introduction**

The World Health Organisation (WHO) has defined environmental health as being "the control of all those factors in the physical environment which exercise or may exercise a deleterious effect on man's physical development, health or survival". Health is further defined as being "A state of complete physical, mental and social wellbeing".

To achieve this objective in Guernsey requires a proactive approach. However, the continuing increase in complaints and enquiries requiring reactive response restricts the Environmental Health Department's preventative capabilities.

The role of the Environmental Health Officer is to undertake specified statutory duties relating to public health, to ensure compliance with environmental health legislation, and to implement environmental health policies as decided by the Board of Health.

The objective of the Environmental Health Department is to reduce avoidable ill-health in the community by minimising environmental health risk factors.

In practice, this objective is approached on two broad fronts:

1. Food Safety and infection control.
2. Control of the physical environment.

#### **• Complaints/Requests for Advice/Information**

The department dealt with a total of 3310 complaints/requests/enquiries during the year, categorised as follows:

### **2.2.1 Food Safety**

In the area of food hygiene and food control, a policy of education, advice and encouragement is preferable to legislative enforcement and some favourable progress has been made in this approach during the year. Nevertheless, despite the best efforts of the Environmental Health Officers, one prosecution proved necessary when a local restaurant was found guilty of six charges under the Food Hygiene legislation and fined a total of £480.

#### **• Education**

Officers of the department continued to promote the Institution of Environmental Health Officers' Basic Food Hygiene Certificate Course.

A total of 13 courses were run by the department during the year, involving a total of 106 persons in the catering trade. The pass rate was 94.3%, only 6 candidates failing to qualify at first attempt.

The Institution of Environmental Health Officers Basic Health and Safety Certificate Course was run by an officer of the department. One course was presented and all the 13 students completed the course successfully.

- **Heartbeat Awards**

The Environmental Health Department and Health Promotion Unit introduced the Heartbeat Award during the year. This scheme gives recognition to catering establishments which offer a high standard of hygiene, healthy menu choices and smoke-free dining areas.

There were 18 enquiries about the Award system during the year and 8 applications for an Award were received. Of the 8 applications made, three awards were issued during the year and it is expected that a further two will be issued in 1994

- **Food Complaints**

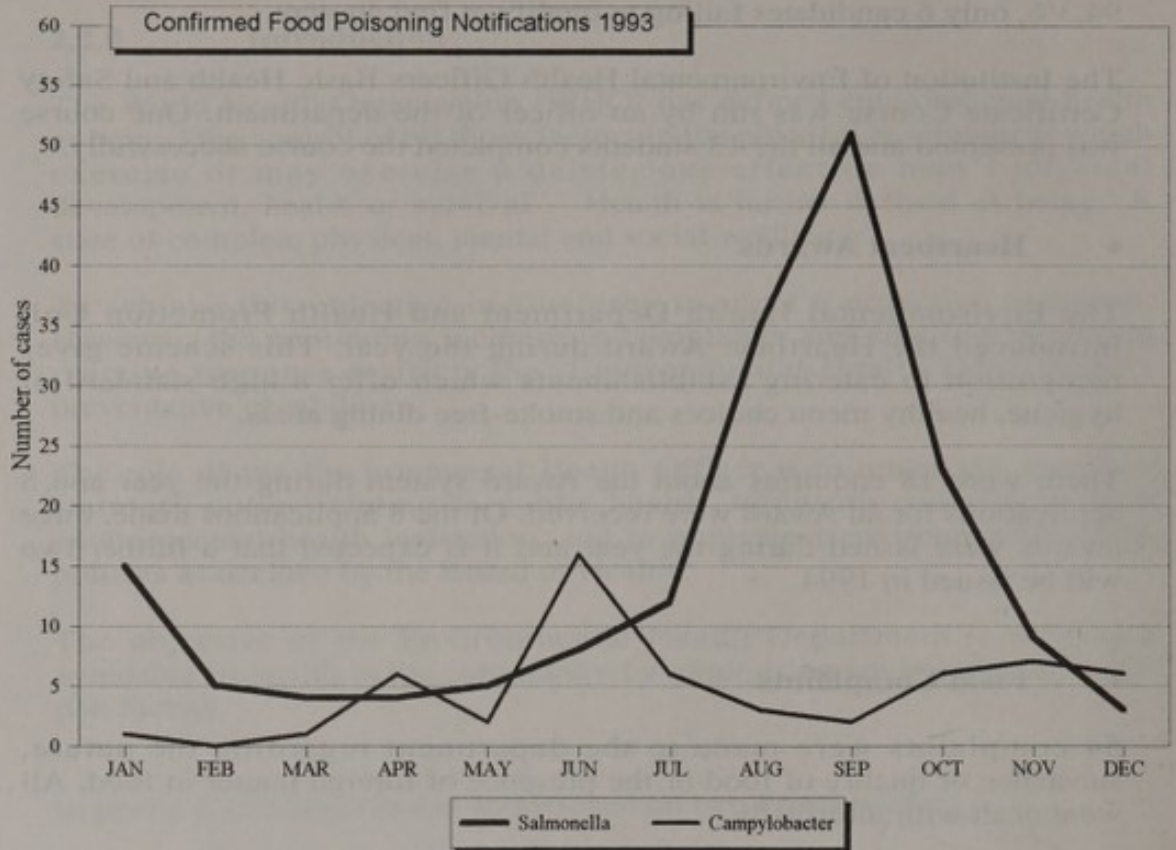
54 complaints were made to the department regarding the nature, substance or quality of food or the presence of foreign matter in food. All were dealt with informally.

- **Food Surrender**

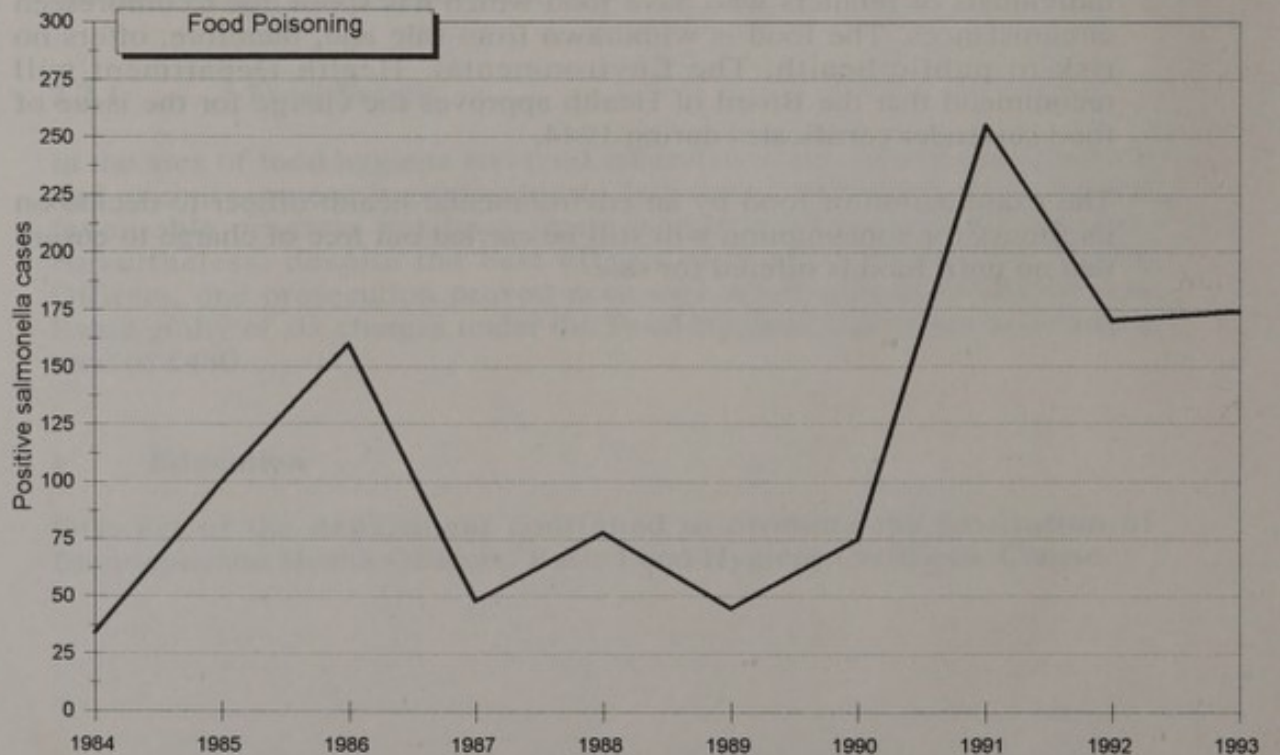
157 certificates were issued for unfit or unsound foodstuffs. Whilst this is a reduction of 66% on the certificates issued in 1992, a considerable amount of officer time is involved in the issue of each certificate.

The majority of certificates issued relate to insurance claims made by individuals or retailers who have food which has spoilt due to unforeseen circumstances. The food is withdrawn from sale and, therefore, offers no risk to public health. The Environmental Health Department will recommend that the Board of Health approves the charge for the issue of food surrender certificates during 1994.

The examination of food by an environmental health officer to decide on its fitness for consumption will still be carried out free of charge to ensure that no unfit food is offered for sale.



STATES OF GUERNSEY BOARD OF HEALTH - ENVIRONMENTAL HEALTH DEPARTMENT



STATES OF GUERNSEY BOARD OF HEALTH - ENVIRONMENTAL HEALTH DEPARTMENT

- **Shellfish Sampling**

The farming of bivalve shellfish is considered to be an important part of Guernsey's fishing industry, particularly as Guernsey has one of the biggest shellfish breeding farms in Europe.

EC Directives lay down requirements relating to the quality of the seawater in the vicinity of shellfish beds and to the hygiene standards of establishments handling shellfish. Compliance with these is essential if the fishing industry wishes to export to the EC.

A registration scheme and regular ongoing sampling programme has been instituted by the Environmental Health Department to satisfy the requirements of the EC Directives.

- **Registration**

Type	Registered	EC Directive
Fish Establishment	2	91/492/EEC
Fish Markets	2	91/492/EEC
Shellfish Centres	3	91/492/EEC
Shellfish beds (Grade A)	5	91/493/EEC
Shellfish beds (Grade B)	3	91/493/EEC

- **Shellfish Samples**

	No.	Satisfactory	Unsatisfactory	Test Cancelled
Mussels	65	54	10	1
Oysters	190	138	52	

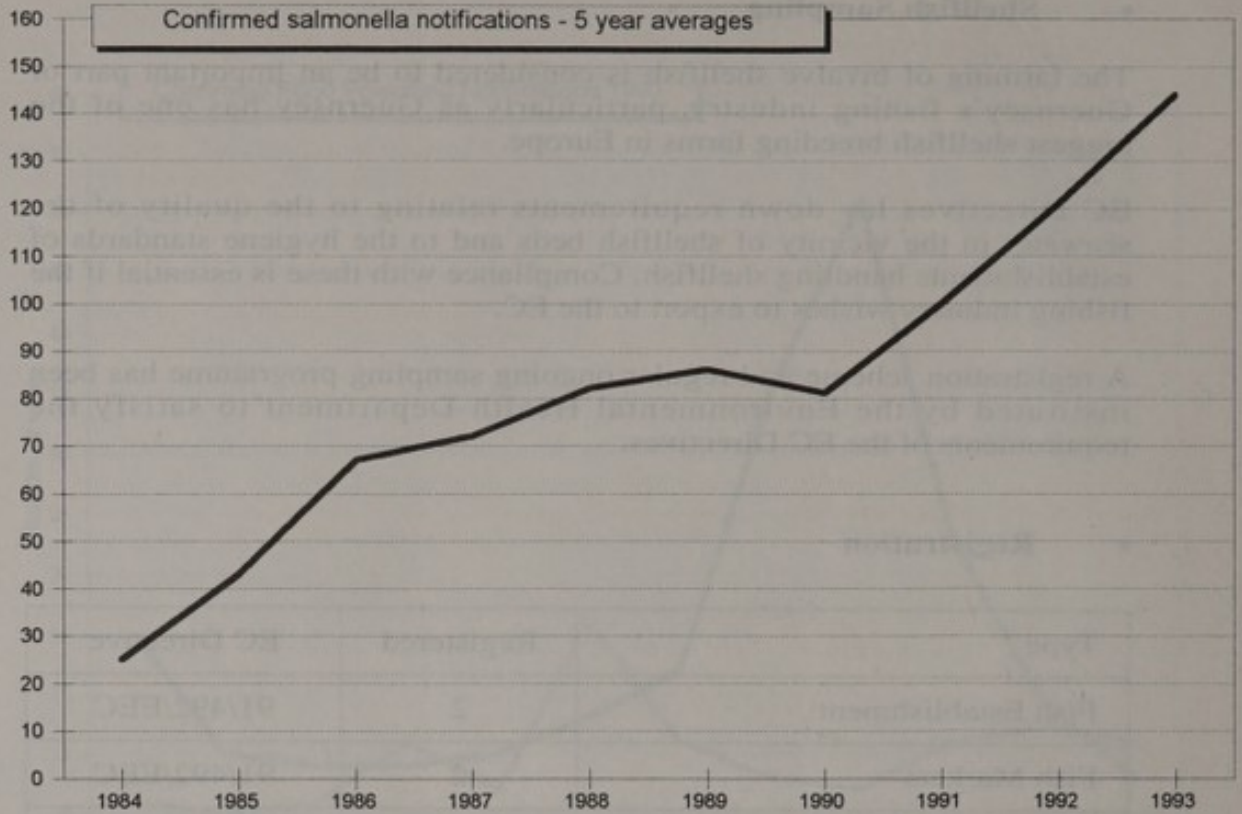
- **Food Poisoning**

The department received notification of 172 confirmed cases of Salmonella food poisoning during the year together with a further 56 cases of Campylobacter.

All cases of Salmonella were fully investigated by Environmental Health Officers. The majority of incidents were individual cases or small family outbreaks.

Although the majority of Salmonellas reported are usually associated with eggs and poultry, no particular source was found during the investigations.





STATES OF GUERNSEY BOARD OF HEALTH - ENVIRONMENTAL HEALTH DEPARTMENT

Year	Confirmed salmonella notifications	Salmonella cases	Salmonella deaths
1984	25	10	1
1985	42	21	0
1986	67	34	0
1987	72	36	0
1988	82	41	0
1989	86	43	0
1990	81	40	0
1991	100	50	0
1992	120	60	0
1993	145	73	0

The department received notification of 152 confirmed cases of salmonella last year compared with a further 50 cases in 1992. All cases of salmonella were fully investigated by Environmental Health Officers. The majority of salmonella were individual cases or small family outbreaks. Although the majority of salmonella reported are usually associated with eggs and poultry, no particular source was found during the investigation.

- **Salmonella Investigations**

Organism	Origin			
	Guernsey	UK	Abroad	Total
S Enteritidis (all types)	151	3	3	157
Other Salmonellas	8	–	7	15
			Total	172

- **Food Safety and Infection Control**

Food Complaints	54
Food Poisoning	330
Food Safety	260
Food Surrender	157
Miscellaneous	228
Total	1029

### 2.2.2 Control of the Physical Environment

All complaints and enquiries regarding environmental conditions which may be prejudicial to the health of the Island population are investigated and assessed. However, the continuous monitoring of Guernsey's immediate environment is essential to gauge its "quality" and to identify the nature and level of pollutants which may be present.

- **Air Quality**

The main air pollutants are sulphur dioxide, nitrogen oxide, particulate matter and organic compounds. The main sources of sulphur dioxide are fuel combustion for domestic heating (especially coal), power stations, industrial boilers and chemical processes. Nitrogen oxides are produced by all of the above but transport, especially road transport, is recognised as a major contributor. Particulate matter, that is soot, grit and dust, is produced in varying degrees by all fuel combustion processes. Major sources of organic compounds are chemical processes and solvent use with some contribution from oil-based fuel combustion sources.

# Nitrogen Dioxide Analysis

A measure of Vehicle Related Air Pollution

micrograms per cubic meter

Site	Max (Date)	Min (Date)	Mean
College Street	39.8 (5/93)	19.2 (1/93)	30.37
South Side	46.2 (10/93)	19.0 (2/93)	28.5
PEH	33.5 (5/93)	4.15 (12/93)	20.2
La Passee	30.9 (4/93)	3.0 (1/93)	14.2
Near Corbiere	25.6 (4/93)	2.79 (12/93)	11.67

Although College Street and South Side St Sampsons have the highest mean nitrogen dioxide readings, on occasions even "rural areas" such as near La Corbiere, or La Passee record readings which are almost as high.

On a small land mass such as Guernsey, vehicle related pollution can affect every corner if the weather conditions are right.

- **Air Quality Monitoring**

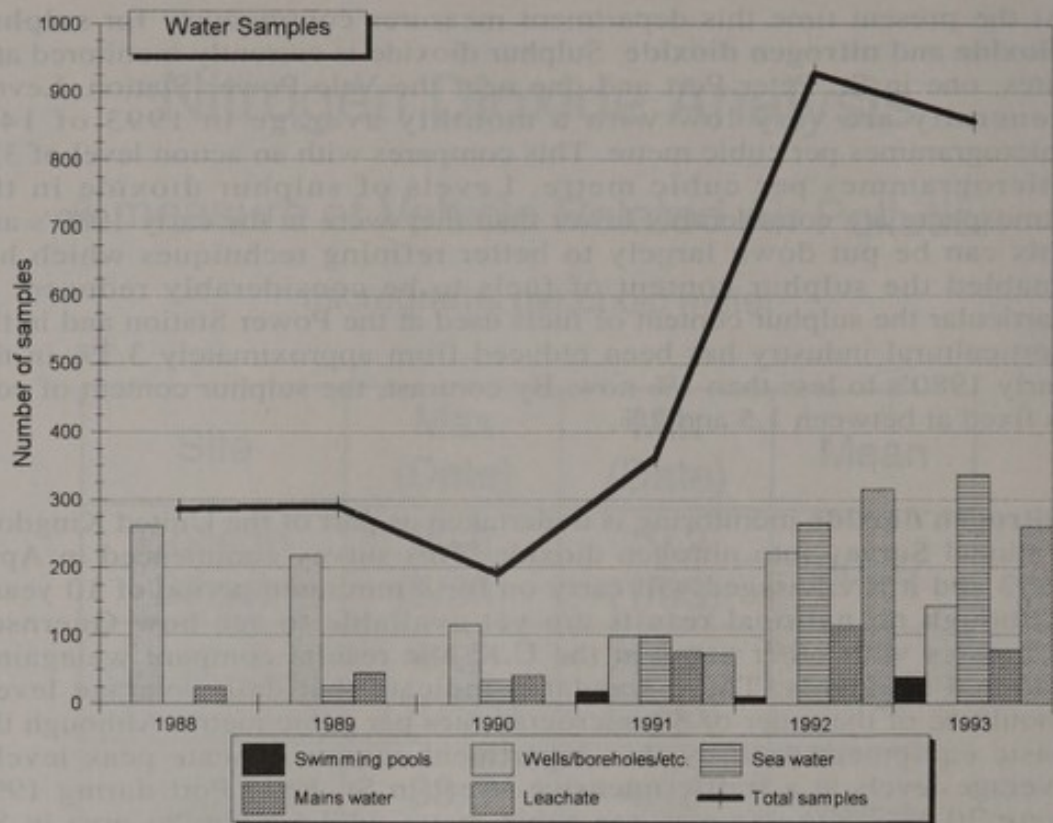
At the present time this department measures continuously for **sulphur dioxide** and **nitrogen dioxide**. Sulphur dioxide is currently monitored at 2 sites, one in St. Peter Port and one near the Vale Power Station. Levels generally are very low with a monthly average in 1993 of 14.7 microgrammes per cubic metre. This compares with an action level of 325 microgrammes per cubic metre. Levels of sulphur dioxide in the atmosphere are considerably lower than they were in the early 1980's and this can be put down largely to better refining techniques which has enabled the sulphur content of fuels to be considerably reduced. In particular the sulphur content of fuels used at the Power Station and in the horticultural industry has been reduced from approximately 3.3% in the early 1980's to less than 1% now. By contrast, the sulphur content of coal is fixed at between 1.5 and 2%.

**Nitrogen dioxide** monitoring is undertaken as part of the United Kingdom National Survey into nitrogen dioxide. This survey commenced in April 1993 and it is envisaged will carry on for a minimum period of 10 years. Although no national results are yet available to see how Guernsey compares with other areas in the U.K. the results compare well against national standards. These standards indicate that daily average levels should be of the order of 80 microgrammes per cubic metre. Although the basic equipment used by this department cannot indicate peak levels, average levels at a traffic intensive street in St. Peter Port during 1993 were 30.37 microgrammes per cubic metre whilst a similar area in St. Sampson's gave levels of 28.45 microgrammes per cubic metre. By contrast a rural area of St. Sampson's gave a level of 14.21 whilst a similar area in the Forest gave a level of 11.67 microgrammes per cubic metre.

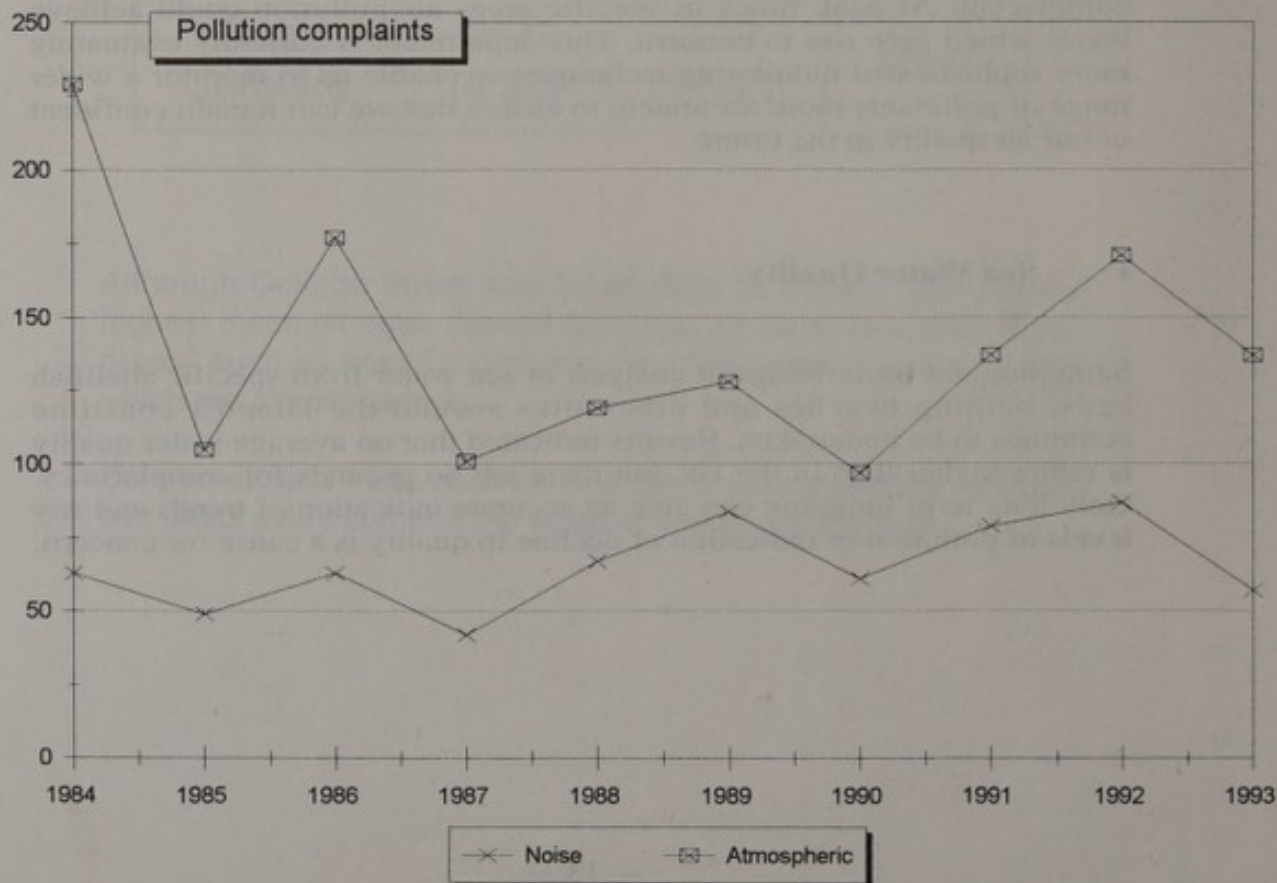
Although these results are encouraging and indicate that general air pollution in Guernsey is at a relatively low level, we should not be complacent. At peak times in specific areas air pollution could achieve levels which give rise to concern. This department is currently evaluating more sophisticated monitoring techniques to enable us to monitor a wider range of pollutants more accurately to ensure that we can remain confident of our air quality in the future.

- **Sea Water Quality**

Sampling and bacteriological analysis of sea water from specific shellfish beds, bathing beaches and other sites around the Island's coastline continues to be undertaken. Results indicated that on average water quality is rather higher than in the UK but there are no grounds for complacency. Only long term sampling can give an accurate indication of trends and any levels of pollution or indication of decline in quality is a cause for concern.



STATES OF GUERNSEY BOARD OF HEALTH - ENVIRONMENTAL HEALTH DEPARTMENT



STATES OF GUERNSEY BOARD OF HEALTH - ENVIRONMENTAL HEALTH DEPARTMENT

- **Land and Ground Water Pollution**

Ground water from wells and boreholes was sampled as part of a monitoring programme for leachate and other pollutants. Many such pollutants originated from waste disposal activities. For a small, densely populated area of land the disposal of waste represents one of the major threats to its environment. Pollution of land, sea and air results from uncontrolled waste disposal activities. The selection of the best environmental means of waste disposal, the correct management of waste disposal activities and the monitoring and regulation of such activities is essential for environmental protection.

- **Water Sampling**

The following samples were taken for bacteriological and/or chemical analysis during the year:

Swimming Pools	38
Wells/boreholes etc.	143
Sea Water	337
Mains water	78
Leachate	260
Totals	856

- **Noise**

There is a continuing public intolerance to noise from commercial activities that is perceived as being excessive or unnecessary. The investigation of complaints of noise from such sources requires considerable time and technical input from Environmental Health Officers and the nature of the problem often requires visits late at night, early in the morning and at weekends. Those who undertake commercial activities which generate noise should be mindful of the inconvenience and disturbance that they can cause.

- **Legislation**

Introduction of legislation is a lengthy process and development of the proposed control of Environmental Pollution legislation and proposed amendments to the Food and Drugs legislation continued throughout the year.

In September, representatives of the food industry were consulted regarding proposed amendments to the food legislation. The points raised during these discussions were considered and further revisions made where appropriate. It is anticipated that a further consultation document will be issued to trade representative in 1994.

## Housing

Poor housing standards and overcrowding are historic factors affecting public health which are of equal relevance today. 147 complaints of unsatisfactory housing conditions were investigated by Environmental Health Officers during the year.

Towards the end of the year attention was drawn to the standard of accommodation of immigrant workers in Guernsey. Statutory provisions to control overcrowding are limited and guidelines on housing standards are to be prepared to give an indication of recommended minimum standards of accommodation.

- **Rodent Control**

1043 complaints or requests for treatment were received during the year and a total of 1599 treatments were carried out by Rodent Control staff.

## Control of the Physical Environment

### Summary of contacts and investigations:

Housing Conditions	147
Pollution – Atmospheric	137
Pollution – Land/Water	221
Pollution – Noise	57
Rats/Mice/Pests	1043
Water Samples	282
Miscellaneous (general)	394
Total contacts	2281

## 2.3 HEALTH PROMOTION UNIT

### 2.3.0 Introduction

1993 was again an extremely busy year for the Health Promotion Unit. It was therefore very pleasing to be able to increase the Assistant Health Promotion Officer's hours to full-time to give a total staff complement of two full-time health promotion officers and one part-time secretary. A GAP student was employed through the Education Council for five months and she was a tremendous asset in dealing with the Unit's resources. Much of the Unit's work continued to be in consultancy work and giving advice on a huge variety of health promotion issues, but its priorities were centred around those outlined by the UK's "Health of the Nation" programme with several local additions. A summary of the activities undertaken by the Unit is given below.

### 2.3.1 Coronary Heart Disease

Three major new projects to assist in the struggle to prevent coronary heart disease were launched this year.

The first of these was the **Heartbeat Award Scheme** in conjunction with the Environmental Health Department and Hospital Dietitian. Catering premises are eligible for the award if they provide at least one-third of the menu as healthy choices, at least one-third of the seating area is no smoking and at least one third of the staff has qualifications in food hygiene. The award generated much interest from the catering industry and it was gratifying to be able to present the first three awards in May.

The second new project involved setting up a **voluntary fitness testing scheme** for established civil servants of grades EG III and under. Over the next three years all those who are eligible will be offered a 20 minutes' lifestyle counselling session and six minute bike test. The tests are undertaken by qualified Look After Yourself tutors trained by the Health Promotion Unit and sponsored by the Civil Service Board. These individual sessions create a very useful opportunity for those involved to look at their lifestyles and discuss future changes.

The third new project to be set up was the **Lifefit Scheme**, established in conjunction with Beau Sejour Leisure Centre. This consisted of an exercise class for people with medical problems whom their doctors felt would benefit from a course of exercise on prescription. Support for the programme was gained from doctors, practice nurses and physiotherapists and many people have already benefited from the ten week course and two months' free membership - so much so that two extra classes have had to be put on.



The Unit's normal work carried on alongside these projects including lifestyle sessions for the Electricity Board, Project 2000 nurses, the Civil Service Board induction course and Link Agent meetings. Healthy eating workshops were held for a variety of groups including parents and teachers of three junior schools, the WI, staff from the KEVII Hospital, staff from the Princess Elizabeth Hospital and midwives.

- **Look After Your Heart: Look After Yourself**

A major part of the Unit's work in coronary heart disease is carried out through the **Look After Yourself programme**. Tutors continued to run classes throughout the year but as a number have now retired or left the Island it was decided that 13 new tutors should be trained in 1994 in conjunction with Jersey. The last five months were therefore busy with the plans and preparations for the new course. These included meetings in both Guernsey and Jersey, a visit from the UK Verifier, interviewing prospective candidates and two 9 week LAY courses for those who were successful.

A three day Associate Members course on using LAY skills in one-to-one situations for nurses and personnel managers was organised and the cardiac rehabilitation courses (LAY courses for those people with heart problems) continued to run successfully.

### 2.3.2 Cancer Prevention

Much of the work carried out for coronary heart disease is also relevant to cancer, but in addition workshops specifically on cancer were held for staff at Guernsey Telecoms and the Electricity Board and for the Look After Yourself tutors.

There was also a variety of displays and publicity through the Media on the dangers of skin cancer. The Unit worked with Dr Paluch to highlight the risks of skin cancer and how it might be prevented.

- **Smoking**

**No Smoking Day** on 10 March continued to be the focus of smoking prevention activities with much of the work occurring in the months leading up to the day. Briefings on the aims behind the campaign and ideas for projects associated with it were held for a variety of professionals including practice nurses and teachers and also a separate one for P.E. teachers.

An evening on smoking was held at the Youth Centre for the Off the Streets Club and the **Smokebusters Roadshow** visited a number of schools, both primary and secondary. Displays were set up all round the Island and the Health Promotion Unit manned an Exhibition Unit at Safeway for two days.

Several **Smoking Cessation Groups** were set up during the year and support was given to the children's **Smokebusters Club** which continued to flourish. In addition to their newsletters they held a residential weekend attended by 60 children and a 'Bike Muster' with the Police at Christmas attended by 70 people.

### 2.3.3 Alcohol and Drugs

Substance misuse was again a high priority this year. The Unit was involved in the research for the Dependency Sub-Committee's report and also in the publicity before its discussion in the States. It was also involved in discussions about the implementation of the Board of Health's Alcohol Policy and organised its re-launch on Drinkwise Day in June.

The Health Promotion Officer continued to attend meetings of Drug Concern and a variety of trainings on drugs was held, including sessions for Look After Yourself tutors, year 8 and 9 tutors at La Mare de Carteret Secondary School, Les Camps Youth Club and a day training at the Education Development Centre for primary and secondary teachers.

However, perhaps the most important initiative in this area took place at Les Beaucamps Secondary School. The Health Promotion Unit staff and Mrs Rose Farish, drama teacher at the school, worked closely together to train sixteen year 11 students as **peer-led educators** in the prevention of drugs, alcohol and smoking. The training consisted of eight evening or after school sessions and two days during school time and included information on substance misuse, group methods, and dealing with problems. Evening sessions demonstrating the students' work were held for their own parents and staff and also for parents of year 8 pupils. They then divided into four groups and led ten weekly sessions of 20 minutes' duration with year 8 pupils on drugs, alcohol, smoking and how to say No. These sessions proved to be very successful with both the pupils taught and the peer-led students and they are now going to repeat the course in January with year 7 pupils.

### 2.3.4 Accident Prevention

The multi-disciplinary **Child Accident Prevention Group** continued to meet and issues discussed included implementing a child accident monitoring scheme through the Accident and Emergency Department. The group also facilitated the distribution through the Health Visitors of 800 calendars on **Safety in the Home** to families with young children.

The major event of the year was the bringing over of the RoSPA **Giant Safety Trailer** for the first week in July. This display unit consisted of a kitchen, staircase, and living room all larger than life so that adults could gain a child's eye view of potential hazards in the home. Members of the Child Accident Prevention Group manned the exhibition at five different sites and were helped by "Huggy Bear" very ably provided by two gentlemen from the Sheltered Workshop scheme. Approximately 4000 adults and children visited the Trailer during the week and further publicity was gained through a "Spot the Danger" competition for which prizes of Guernsey Teddies were generously provided by Channel Island Toys.

### 2.3.5 AIDS and Sexual Health

Two meetings of the **AIDS Action Group** were held during the year and its members discussed the new facts and information relating to HIV and AIDS and also made plans for a young people's Sexual Health Conference in the New Year.

Trainings on AIDS issues were held for hospital staff, Probation Officers, Les Bourgs Hospice and Swissville Children's Centre, and displays and publicity were initiated for World AIDS Day.

### 2.3.6 Family Health

As 1993 was the **European Year of Older People and Solidarity between the Generations**, the Unit's work in this area concentrated on the 50+ age group.

A multi-disciplinary group of professionals and volunteers involved with older people was formed by the Assistant Health Promotion Officer and they planned a series of events for the year. These included a poster, poem and story competition for children, a regular radio programme for the over 50s, a fashion through the ages show involving young people and the elderly and a series of tea dances culminating in a Christmas Dance for over 200 people.

The Unit also organised a series of displays on **Hypothermia** to be set up around the Island at both the beginning and end of the year and arranged for churches and community groups to display their own sets of posters.

At the other end of the scale, the Unit continued to work closely with the Health Visitors and School Nurses and helped with the planning of events for Breastfeeding Week in May and a series of training days on breastfeeding to be held in the New Year.

### 2.3.7 Mental Health

Work on **stress management** and **relaxation** is a major part of the Look After Yourself programme and, in addition, stress management workshops were held for radiography staff and Prison officers.

### 2.3.8 Schools

Schools are included in the majority of projects outlined above but, in addition, there was a series of activities with schools that do not fit in any of these categories. These were as follows:

- Working with Les Beaucamps staff to plan their school's Personal, Social and Health Education curriculum.
- Two training sessions for school ancillaries on health promotion in the curriculum.
- Meeting with school nurses and complementary health educators to discuss matters of common interest, in particular first aid and sick room provision in schools.
- A parents' evening for Amherst Junior School on listening and parenting skills.
- Work with College of Further Education students on their projects.

In addition, the Exeter University Report on the **Secondary Schools Lifestyle Survey** was edited with the Assistant Director of Education and the Primary School version was completed by all Year 5 pupils. Each school has received its own results and an Island-wide version is eagerly awaited.

### 2.3.9 The Lifestyle Survey

The final major project for the year was to repeat the 1988 **Healthy Lifestyle Survey**. One thousand questionnaires were issued through the GP surgeries in October and the last replies were received at the end of December. The majority of questions asked were the same as in 1988 but new topics added included attitudes to smoking and views on accident prevention. The replies are now with the University of Southampton and it is hoped their Report will be received early next year.

### 2.3.10 Staff Training

In order to keep up with the ever changing research and discoveries in health promotion, both officers completed a varied training programme for their own personal development. These included day conferences both locally and in the UK on smoking, Drinkwise Day, peer-led education, cardiac rehabilitation, and drugs. Both officers attended the LAYH:LAY Autumn School on stress, healthy eating and women's health, and the Health Promotion Officer spent three days with the Dorset Health Authority visiting projects on AIDS, Alcohol and Drugs.

### 2.3.11 Resources

The **Resources Library** was again used extensively by a wide variety of professionals, voluntary groups and members of the public. As well as the numerous telephone calls and requests for leaflets, 1115 items were borrowed for periods of up to three weeks at a time on 416 different occasions. New and up-to-date resources are continually added to the library for loan or preview prior to clients buying their own copies and a catalogue of resources acquired during 1993 was produced in December.

### 2.3.12 Conclusion

The Unit continues to go from strength to strength and the increase in officers' hours and the appointment of a new Director of Public Health bode well for the future. With the ongoing support from colleagues both within the Board of Health and from other departments and organisations, the prospects for promoting healthy lifestyles in Guernsey look encouraging.

## **2.4 INFECTIOUS DISEASE CONTROL**

The Deputy Medical Officer of Health has been delegated responsibility for infectious disease control. This role is likely to continue in the future.

### **2.4.1 Immunisation Programmes**

An essential component of infectious disease prevention especially amongst children is continuing high levels of primary immunisation. This is organised in collaboration with the Consultant Community Paediatrician.

The number of infants eligible for immunisation (at risk from the disease) for each year of the table is arrived at by deducting infant deaths and emigrants from births in that year and adding immigrant infants still requiring immunisation. "Projected" children are those who have had a complete primary course of immunisation, or who have started their course of injections in the last year.

It is excellent that a higher percentage of immunisations against many of the major infectious diseases are being achieved. These are in fact better than the UK average.

Nevertheless, there is no room for complacency and there are two examples of the dangers of allowing immunisation levels to fall. In 1990, and 1993, there have been several reported outbreaks of Polio in a community in the Eastern Netherlands who did not believe in immunisation.

Lapses in accepted public health practice in Russia and parts of Eastern Europe have also led to an epidemic of Diphtheria which should be totally preventable through adequate immunisation policies.

It is vital that everyone understands the need to continue to immunise all Guernsey children so as to adequately protect them against these dangers. In 1994, it is hoped to administer an additional Diphtheria Booster at school leaving age, when Tetanus and Polio Boosters are currently given.

### **2.4.2 Disease Notifications**

Notifiable infectious diseases remained at a very low level during 1993. With regard to Measles, Mumps, Rubella (German Measles) and now infections caused by Haemophilus Meningitidis (blood poisoning, meningitis and severe throat infections). The low levels have been achieved because of the successful immunisation programme. A decreasing percentage of the population has experience of the devastation caused by the major infectious diseases in the past and indeed currently in some parts of the world. It is vital to maintain and increase the percentage of the population that is adequately immunised against these infections.

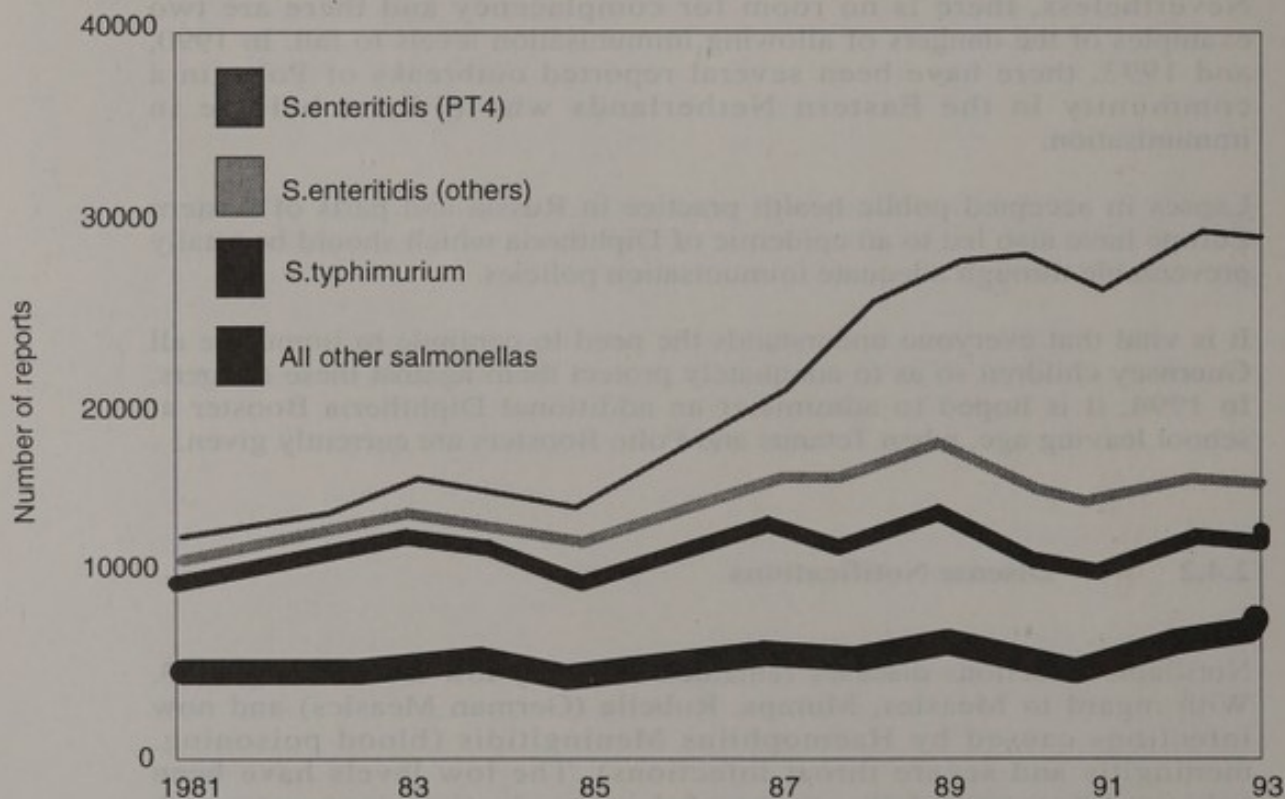
Year	INFANT POPULATION AT RISK BY YEAR OF BIRTH	PROTECTED AGAINST							
		Diphtheria, Tetanus & Whooping Cough		Hib		Polio		Measles or MMR	
		No	%	No	%	No	%	No	%
1988	665	649	97.6	14	2.2	637	95.2	569	85.6
1989	673	669	99.4	224	33.3	657	97.6	650	96.5
1990	727	714	98.2	419	57.6	714	98.2	710	97.6
1991	733	719	98.1	424	57.8	705	96.2	690	94.1
1992	692	671	97.0	636\$	91.9	681	98.4	344	49.7
1993	678	379*	55.9	393\$	58.0	379	55.9	#	#
1992	UK Averages:		91%		-		90%		91%

\* These figures are incomplete. Infants born in the last quarter are only just commencing immunisations by the year's end.

# Immunisations given at 1+ year old.

\$ Immunisation started in October 1992.

### Salmonella infections in humans 1981 - 1993\*



\*LEP data 1981 - 1991, PHLS salmonella data set 1992, and 1993 (provisional)

Source: Communicable Disease Report 1994  
- Notifications for England and Wales 1981-1993

- **Rubella (German Measles)**

Several cases of this infection were notified and others were diagnosed clinically. The vast majority of them occurred amongst male adolescents living in close proximity in a boarding house. No cases were reported in pregnant women or in immunised individuals.

- **Hepatitis B**

This infection is very prevalent on a worldwide basis but still uncommon in Guernsey. The commonest modes of infection are similar to those of HIV infection being in contact with blood or other body fluids usually either accidentally or as a result of unprotected sexual contact. Both notified cases were in fact acquired abroad.

- **Tuberculosis**

There were no new cases of tuberculosis and the two reported infections were re-activations of previous infections. However, there is a widespread rise in the incidence of tuberculosis associated with poverty, HIV infection and resistant strains. The tuberculosis immunisation policy is being kept under review in the light of the world situation, and a major study is currently being conducted by the Communicable Disease Surveillance Centre in London.

- **HIV & AIDS**

Although there were no new cases of AIDS two carriers of HIV antibody were informally notified. It is possible that the number of HIV carriers in Guernsey is significantly greater than these figures would indicate. Some people may be carriers and unaware of it, others may seek to hide the fact because of perceived social stigma. It is vital that guidelines on safe sex and not sharing injecting equipment are followed.

- **Food Poisoning**

The notified food poisoning cases did not differ significantly from the levels of the last few years. However the total known cases of Salmonella and Campylobacter infection are a lot higher than desirable. The majority of these cases occurred in an outbreak at the end of the summer. The rise above background levels was almost all attributable to a particular strain of Salmonella (Enteritidis Phage Type 4) which is associated with poultry and egg infection.



The graph shows how there has been a rise in infections in England and Wales. The background level of Salmonella has remained pretty well constant with regard to all types except Enteritidis Phage Type 4 and this organism has been responsible for all the large increases in the number of Salmonella cases in recent years. This organism is a problem throughout Western Europe and unfortunately Guernsey is sharing in this epidemic. The only proven method of prevention is the careful storage and preparation of food. It is worth stressing once again that this organism is present in poultry and in a number of raw eggs. It is imperative that poultry is correctly prepared and cooked thoroughly and that contamination from raw meat is avoided. It is also imperative that raw or under cooked eggs are not consumed by susceptible groups which include particularly the very young, the very old, the immuno suppressed and those with chronic diseases. Each case of Salmonella infection is carefully investigated by the Chief Environmental Health Officer and his staff. The rise that occurred affected many different homes and establishments and a common source could not be identified. Our sister island, Jersey, had a similar problem at the same time.

Despite publicity and personal advice from the Environmental Health Officers it is regretted that some catering establishments are still using fresh shell eggs and not pasteurised egg for the preparation of mayonnaise and similar food stuffs.

### 2.4.3 Special Treatment Clinic

The Board of Health Special Treatment Clinic is situated in a General Practice setting at the Rohais Surgery in the Rohais, St Peter Port. Clinics take place on Tuesday and Thursday afternoons from 4.00pm to 7.00pm. The first hour and a half is reserved for female patients and the second hour and a half is reserved for male patients. A female and male nurse are in attendance for the respective clinics and assist in the taking and preparation of samples and slides and interviewing of patients.

The Clinic provides a **FREE** service to patients who present either of their own accord or have been referred to the Clinic by their own doctors. The majority of the patients presenting will have anxieties about a sexually acquired infection and wish to have these anxieties addressed. A great deal of time is spent counselling the patient and advising them on matters of good sexual health and how to prevent sexually acquired infections. In particular, issues regarding HIV infection are discussed and patients are offered an HIV antibody test where appropriate.

- **Human Immune Deficiency Disease**

There are at present nine known HIV positive patients resident on the Island. These consist of two bisexual men, four homosexual men, one intravenous drug user, one infection acquired by contaminated blood products and one heterosexual acquired infection in a female patient.

This incidence of known HIV disease confirms the need for a continuing emphasis of the safer sex message and the need for education and support to those at risk.

Patients who are sexually active of both sexes are offered free condoms when they attend the Clinic. The evidence at present is that barrier protection or abstinence are the only ways to prevent sexually acquired transmission of the disease. The hopes of a cure and/or a vaccine for the population are still a very remote possibility. However, there has been continued improvement in the management of HIV infection with better treatment of opportunistic infections and the prevention of these infections with appropriate prophylaxis. This has enabled HIV patients to continue to remain well for long periods of time, despite being at risk for opportunistic infections.

Recent evidence has highlighted the fact that many people who are infected with HIV continue to remain well for long periods of time, up to twenty years or more. This reinforces the continuing need for financial support for good prevention strategies and health education policies to prevent transmission and spread of HIV from increasing numbers of infected individuals in the sexually active population.

## 2.4.3.1

## Special Treatment Clinic - Guernsey

## New Patients and Total Attendances 1989-1993

Year	New Patients Males	Total Attendance Males	New Patients Females	Total Attendance Females	Total New Patients Males/ Females	Total Attendance Males/ Females
1989	70	270	43	104	113	374
1990	85	281	46	110	131	391
1991	87	276	45	121	132	397
1992	79	285	38	135	117	420
1993	73	309	39	144	112	483

## 2.4.3.2

## Special Treatment Clinic - Guernsey

## Gonorrhoea (GC) treated - by age and sex 1989-1993

YEAR	Males 17-30	Males 31-40+	Females 17-30	Females 31-40+	TOTAL GC
1989	13	6	9	2	30
1990	15	8	5	1	29
1991	12	3	5	2	22
1992	9	2	3		14
1993	6	1	1	1	9

## 2.5 OCCUPATIONAL HEALTH

The Occupational Health Service in Guernsey has five main functions

- **Recruitment** - ensuring all new employees are medically fit for the tasks they will be asked to undertake
- **Occupational Health and Safety** - keeping people healthy, improving awareness of work related illness and employing all means to minimise this
- **Safe Working Conditions** - ensuring that the work place is free of fire and other identifiable physical hazards
- **Injury Reporting** - documentation and analysis of work related injuries in order to develop strategies and practices to minimise the risk of occurrence.
- **External Standards** - ensuring that all Codes of Good Practice and legislative requirements relating to work are followed.

The Board of Health has established an Occupational Health and Safety Working Party, which is endeavouring to ensure the above standards are met. It is felt that a dedicated Occupational Health Nurse would much improve screening occupational health and safety and injury reporting requirements.

In the meantime, most work-related prevention takes place at Occupational Health Clinics.

### 2.5.1 Occupational Health Clinic

Occupational Health Clinics were held weekly throughout 1993 at Lukis House on Friday afternoons. During the year 99 medical examinations were performed at the request of States Departments and 154 Hepatitis B immunisations were given. 16 Heaf tests were performed and subsequently 7 BCG immunisations given. 6 Rabies immunisations were also given.

A breakdown of the medical examinations undertaken at the request of various States Departments was as follows:

Of the 37 referred, 10 were considered fit to continue working, their situation being kept under review. 27 retired on ill health grounds.

Of the 152 Hepatitis B immunisations given the majority were to Board of Health employees considered to be at increased risk because of their occupation.

The new student nurses were Heaf tested and those showing a grade I reaction or less were given BCG.

3 new employees at Customs were given Rabies immunisation together with 3 States Veterinary Surgeons.

## 2.6 GUERNSEY BREAST SCREENING PROGRAMME

### 2.6.1 Breast Cancer in Guernsey

**Breast Cancer** is the **commonest form of cancer** in females in Guernsey, contributing **18.5%** of all cancer deaths between 1989 and 1993. Following circulatory disease, it is also the **second leading cause of potential years of life lost (PYLL)**, being responsible for around 132 PYLL annually in Guernsey females.

Unfortunately, there are no accurate breast cancer incidence figures, but breast cancer deaths in Guernsey (**55** per 100,000 females 15 years and older) are somewhat below mainland England, which has the highest breast cancer death rate in the World (**64** per 100,000 females 15 years and older).

Nonetheless, the Guernsey figures are above other Western countries (eg France, Australia, Sweden) and like the UK, have shown a slight increase over the past 20 years (40 per 100,000 females in 1974-78 incl to 44 per 100,000 females 1989-93 incl).

### 2.6.2 The need for Breast Screening

Because of the uncertainty as to the true causes of breast cancer, the best hopes for reduction lie in **secondary prevention** ie "detection at an early stage".

A number of studies have confirmed that Stage I breast cancer (that confined to breast tissue) has an 84% five year survival rate compared with Stage IV breast cancer (where the cancer has spread to distant organs) which only has an 18% five year survival rate. This would suggest that early detection may indeed lead to improved survival.

#### • Screening Mammography

International studies have shown a clear survival advantage for women aged 50 and over undergoing screening mammography for the early detection of breast cancers. This advantage is not demonstrated in younger women, and is of uncertain benefit in those aged over 70.

In view of the very high rates of breast cancer in England and Wales the Forest Report 1990 proposed a **National Breast Screening Programme (NBSP)** targeted at women aged 50-65 years, and with a three yearly recall.

In 1991, the United Kingdom thus became the first country within the European Community to launch a Nationwide Breast Screening Cancer Programme using a computerised call and recall system. Older women may also be screened three yearly by request.

### **2.6.3 The Guernsey Breast Screening Programme**

The Imperial Cancer Research Fund has undertaken an ongoing longitudinal study on the causes of breast cancer amongst Guernsey women over a number of years.

There was thus much interest in the causes of breast cancer, and support for the introduction of breast screening services amongst Guernsey women.

With the support of the various women's organisations and anti-cancer groups, much political lobbying took place.

The political decision to support a Breast Screening Programme for Guernsey women aged 50 and above was taken in February 1992. Specifications for a screening programme were then drawn up and tenders invited.

The British United Provident Association (BUPA) were the successful tenderers, and were awarded a two year contract commencing 1 October 1992. Amongst the specifications was a requirement to achieve 75% of the target population within two years, or else extend the contract by an additional three months or until the target was achieved.

### **2.6.4 1993 results**

The breast screening services provided by BUPA continued to be provided from a specially designed Unit located in the grounds of the Princess Elizabeth Hospital throughout 1993.

Client satisfaction surveys showed a high degree of satisfaction with this service, with over 95% of women attending saying they would be happy to attend again.

From published figures however, it would appear that participation rates were not as high anticipated, and some way below the minimum 75% level specified in the contract.

## **2.7 Drug Importation**

The Medical Officer of Health has also had responsibility for the importation of dangerous and restricted drugs.

These are often imported in quite small quantities, entailing a significant administrative load and resource utilisation.

At present, there seem to be few controls on the frequency, quantity or use of importations - merely that the proper paperwork is duly completed.

If control of importation of restricted drugs is to serve a useful purpose, then a review of the entire process is obviously necessary.

## **2.8 Advice to other States Departments**

The Medical Officer of Health has traditionally also given advice relating to aspects of health to other States Departments. These have included;

- Civil Service Board
- Education Council
- Fire Service
- Prison Medical Service
- Motor Licencing Department

Responsibilities in this area need to be more fully defined.

## CHAPTER 3

### ANNUAL STATISTICAL RETURNS - COMMENTARY

#### 3.1 Population Growth [Tables 1, 3, 4]

Population pressure remains one of the most crucial public health issues facing Guernsey at present.

Having shown a rapid rise during the 1980's (11.6% rise between 1980 and 1990) population levels appear to have stabilised during 1992 and 1993.

#### 3.2 Family Health [Tables 2, 7, 21]

The nuclear family is still seen by most people as the ideal environment for conceiving and bringing up children.

During 1993, the number of couples choosing to marry continued to decline, being the lowest of any recorded in the past 40 years.

The number of divorces has also continued to rise during 1993.

The number of "illegitimate" live births was also higher than the five year mean. This may represent changing social values, and a greater public acceptability of stable but "de facto" relationships than in the past.

Perinatal deaths, neonatal deaths, and infant deaths were all somewhat higher than usual, although the small numbers make comparison on an annual basis somewhat meaningless.

#### 3.3 Immunisation and Infectious Disease [Tables 5,6,8]

Infants in Guernsey continued to show high levels of immunisation against the common infectious diseases of childhood, although there has perhaps been a slight fall in participation levels over recent years.

With the exception of "food poisoning", the number of notifications of infectious disease also remains at historically low levels [Table 8]. Part of this may in fact be artefactual, since there is believed to be a consistent under reporting of infectious diseases by many medical practitioners on the Island.



Which diseases need to be reported, the most efficient way of ensuring this occurs, and the desirable public health response arising from their notification all need to be reviewed.

The contribution of preventative health services provided by Health Visitors, School Nurses and the various clinics run by the Community Health Services must be acknowledged.

### 3.4 Causes of Mortality [Tables 9, 11-17]

Circulatory disease, various cancers, and respiratory disease remain the most common causes of death in Guernsey.

The inclusion of respiratory disease needs to be interpreted with caution, since in many cases it issues to describe bronchial pneumonia as a terminal event in the infirm elderly. [Table 14]

Rates of overall deaths from cancer have shown a steady rise from 1.22 in 1965 to 2.84 in 1993. Since 70% of cancers occur in the elderly, part of this increase may be due to the aging of the population during this time. [Table 17]

Deaths from breast cancer in Guernsey also generally show an upward trend, as has been occurring in England and Wales. [Table 9]

In contrast, a number of deaths from circulatory diseases, particularly hypertensive heart disease and cerebrovascular disease - has shown a slight but sustained fall. [Table 13]

### 3.5 Premature deaths [Potential Years of Life Lost - Table 20]

Analysis of Table 20 shows that cancer, deaths from diseases of the circulatory system and injuries/accidents/suicides are the three most common causes of premature deaths (Potential Years of Life Lost).

This aspect of health is considered in further detail in the companion volume "**Health for Guernsey People**".

## **APPENDIX I**

### **Annual Statistical Returns**

Note: To facilitate comparison with previous years figures, a consistent numbering system has been adopted. Because of changes in reporting requirements over the years, this means that certain Tables eg Tables 10, 18, 19 are no longer computed or reported.

What is needed to be reported through the best way of ensuring the  
others, and the desirable public health response being made that  
modification of the health services.

The organization of preventive health services provided by Health  
Visitors, School Nurses and the various other health services by the Community  
Health services should be a high priority.

### 3.4 Causes of Mortality (Tables 2, 11-17)

Circulatory disease, cancer, chronic respiratory disease and other  
diseases are the main causes of mortality in the country.

The incidence of coronary disease has been increasing steadily since  
1960 and today it is the leading cause of death in the country. It is also the  
leading cause of disability in the country (Table 11).

There is a marked increase in the incidence of cancer since 1960 and  
today it is the second leading cause of death in the country. The increase  
is due to the increase in the incidence of the common types of cancer  
(Table 17).

Deaths from chronic respiratory disease are also increasing and are  
now the third leading cause of death in the country (Table 15).

In addition, a number of other diseases are also increasing in  
incidence and are now among the leading causes of death and disability  
in the country.

### 3.5 Prevention of disease (Tables 11-17)

The main cause of mortality is circulatory disease and the main  
cause of disability is coronary disease. The main cause of mortality  
is circulatory disease and the main cause of disability is coronary  
disease. The main cause of mortality is circulatory disease and the  
main cause of disability is coronary disease.

The main cause of mortality is circulatory disease and the main  
cause of disability is coronary disease. The main cause of mortality  
is circulatory disease and the main cause of disability is coronary  
disease. The main cause of mortality is circulatory disease and the  
main cause of disability is coronary disease.

Health for Everyone People

**Table 1****VITAL STATISTICS - 1993 - GUERNSEY**

	1992	1993
Estimated mid year resident population .....	58,500	58,000
Population density per acre (area 16,063 acres) .....	3.7	3.6
Live Births .....	701	681
Live birth rate per 1,000 population .....	12.0	11.7
Illegitimate births .....	163	144
Illegitimate birth rate per 1,000 live births .....	232.5	211.5
Stillbirths .....	6	4
Stillbirth rate per 1,000 total births (live and still) .....	8.5	5.9
Marriages .....	440	345
Marriage rate - persons marrying per 1,000 population .....	15.0	11.9
Divorces .....	177	147
Divorce rate - persons divorcing per 1,000 population .....	6.0	5.1
Deaths .....	552	606
Death rate per 1,000 population .....	9.4	10.5
Corrected death rate (comparability factor 0.91) .....	8.5	9.6
Infant deaths - (in first year of life) .....	8	7
Infant death rate per 1,000 live births .....	11.4	10.2
Neonatal deaths - (in first four weeks of life) .....	6	0
Neonatal mortality rate per 1,000 live births .....	8.6	0
Early neonatal deaths - (in first week of life) .....	4	3
Early neonatal mortality rate per 1,000 live births .....	5.7	4.4
Perinatal deaths - (stillbirths and early neonatal deaths) .....	10	7
Perinatal mortality rate per 1,000 total births (live and still) .....	14.1	10.2
Maternal deaths .....		0
Deaths from cancer, all forms .....	164	164
Cancer mortality rate per 1,000 population .....	2.8	2.8
Cancer of trachea, bronchus and lung (ICD 162) .....	36	42
Lung cancer mortality rate per million population .....	615	724
Lung cancer deaths per 100 deaths from all cancer .....	22.0	25.6
Deaths due to tuberculosis, all forms .....	0	1

(These figures are for the Island of Guernsey only)

Table 2

GUERNSEY					
1993		Rates: 5 Year Range 1987 - 1992			
Number	Rate	Mean of 5 Years	Highest in 5 Years	Lowest in 5 Years	
58,000	-	-	-	-	-
681	11.7	12.1	12.7	11.6	
4	5.8	4.9	6.2	4.1	
157	230.5	199.7	219	183	
345	11.9	14.8	16.0	13.6	
606	10.5	10.3	10.6	9.8	
164	2.8	2.9	3.1	2.4	
42	25.6	23.8	26.7	20.3	
7	10.3	4.4	7.4	1.3	
0	0	3.5	4.4	0	
3	4.4	3.1	4.7	0	
7	10.2	7.5	9.3	5.3	
0	0	0	0	0	
1	1.7	0.3	1.7	1.7	

COMPARISON OF SELECTED VITAL STATISTICS	
Mid-year resident population	
Live births (rate per 1,000 population)	
Stillbirths (rate per 1,000 total live and still)	
Illegitimate live births (rate per 1,000 live births)	
Marriages (rate, persons marrying per 1,000 population)	
Deaths: resident population (rate per 1,000 population)	
Deaths from cancer, all forms (rate per 1,000 population)	
Lung cancer deaths (rate per 100 cancer deaths, all forms)	
Infant deaths (rate per 1,000 live births)	
Neonatal deaths (rate per 1,000 live births)	
Early neonatal deaths (rate per 1,000 live births)	
Perinatal deaths (rate per 1,000 total births live & still)	
Maternal deaths (rate per 1,000 total births live & still)	
Deaths due to tuberculosis, all forms (rate per 1,000 population)	

**Table 3**

**Population, Live Births and Live Birth Rate, Deaths, Crude Death Rate**  
*Infant Deaths and Infant Death Rates, 1964-1993 Inclusive*

YEAR	RESIDENT POPULATION +	LIVE BIRTHS	BIRTH RATE	DEATHS	CRUDE DEATH RATE	INFANT DEATHS	INFANT DEATH RATE -
1964	46,085	891	19.3	540	11.7	19	21.3
1965	46,775	861	17.5	568	12.1	16	19.6
1966	47,465	780	16.4	564	11.9	13	16.7
1967	48,160	741	15.4	546	11.3	21	28.3
1968	48,840	752	15.4	656	13.4	16	21.3
1969	49,540	830	16.8	643	13.0	14	16.9
1970	50,230	794	15.8	616	12.3	13	16.4
1971 C	50,921	766	15.1	646	12.7	10	13.0
1972	51,465	790	15.4	576	11.2	14	17.7
1973	52,005	652	12.6	595	11.4	12	18.4
1974	52,550	679	12.9	610	11.6	9	13.3
1975	53,095	611	11.5	634	11.9	9	14.7
1976 C	53,637	623	11.6	606	11.3	9	14.5
1977	54,270	587	10.8	617	11.4	5	8.5
1978	54,320	582	10.7	567	10.4	9	15.5
1979	54,570	646	11.8	601	11.0	8	12.4
1980	53,390	622	11.7	571	10.7	8	12.9
1981 C	53,313	619	11.6	595	11.2	11	17.8
1982	53,300	589	11.1	630	11.8	6	10.2
1983	53,300	660	12.4	661	12.4	5	7.6
1984	53,300	596	11.2	581	10.7	6	10.1
1985	53,300	642	12.0	608	11.4	4	6.2
1986 C	55,482	671	12.1	614	11.1	2	3.0
1987	55,482	644	11.6	577	10.4	4	6.2
1988	55,482	680	12.3	589	10.6	5	7.4
1989	59,500	688	11.6	584	9.8	4	5.8
1990	59,500	728	12.2	602	10.1	1	1.3
1991 C	58,867	737	12.5	614	10.4	1	1.4
1992	58,500	701	12.0	552	9.4	8	11.4
1993	58,000	681	11.7	606	10.5	7	10.2

+ Estimated mid-year population \* Rates per 1,000 population - Infant death rate per 1,000 live births

C Census Year

**Table 4****POPULATION ESTIMATES - 1964-1993****GUERNSEY (Including Herm and Jethou)**

Estimated population are based on the information available from previous censuses taken together. The working has been explained in the MOH's Annual Reports for 1978 and 1979, to which reference should be made for detail. The effect of immigration is an elusive factor to quantify and is not shown.

In addition, there are about 10,000 tourist beds available in the Island.

YEAR	POPULATION	MALE	FEMALE	BIRTHS	DEATHS	NATURAL INCREASE
1964	46,085	22,165	22,165	891	540	351
1965	46,775	22,500	24,275	861	568	248
1966	47,465	22,830	24,635	780	564	216
1967	48,160	23,165	24,995	741	546	195
1968	48,840	23,490	25,350	752	656	96
1969	49,540	23,830	25,710	830	643	187
1970	50,230	24,160	26,070	794	616	178
1971 C	50,921	24,493	26,428	766	646	120
1972	51,465	24,755	26,710	790	576	241
1973	52,005	25,040	26,965	652	595	57
1974	52,550	25,330	27,220	679	610	69
1975	53,095	25,620	27,475	611	634	-23
1976 C	53,637	25,909	27,728	623	606	17
1977	54,270	26,210	28,060	587	617	-30
1978	54,320	26,235	28,085	582	567	15
1979	54,570	26,357	28,213	646	601	45
1980	53,390	25,740	27,650	622	571	31
1981 C	53,313	25,701	27,612	619	595	27
1982	53,300	25,720	27,580	589	630	-41
1983	53,300	25,720	27,580	660	661	-1
1984	53,300	25,720	27,580	596	581	15
1985	53,300	25,720	27,580	642	608	34
1986 C	55,482	26,859	28,623	671	614	57
1987	55,482	26,859	28,623	644	577	67
1988	55,482	26,859	28,623	680	589	91
1989	59,500	28,804	30,696	688	584	104
1990	59,500	28,804	30,696	728	602	122
1991 C	58,867	28,297	30,570	737	614	123
1992	58,500	28,121	30,379	701	552	149
1993	58,000	27,900	30,100	681	606	75

C Census Year

**CENSUS POPULATIONS 1821 TO 1991**

Table 4.1

	GUERNSEY	ALDERNEY	SARK	HERM	JETHOU	BAILIWICK
1821	20,302	1,154	488	28	9	21,191
1861	29,804	4,392	583	41	5	35,353
1911	41,823	2,561	579	33	2	44,998
1961	44,968	1,472	561	90	8	47,099
1971	51,351	1,686	590	96	11	53,734
1981	53,268	2,086	N/K	37	8	56,000
1986	55,482	2,130	N/K	59	2	58,200
1991	58,867	2,297	575*	113	1	61,853*

\* Estimated

INFANT IMMUNISATION - GUERNSEY

The number of infants eligible for immunisation (at risk from the disease) for each year of the table is arrived at by deducting infant deaths and emigrants from births in that year and adding immigrant infants still requiring immunisation. "Protected" children are those who have had a complete primary course of immunisations, or who have started their course of injections in the last year. Guernsey figures are above the UK average.

Table 5

YEAR	INFANT POPULATION AT RISK BY YEAR OF BIRTH	PROTECTED AGAINST							
		Diphtheria, Tetanus and Whooping Cough		Hib		Polio		Measles or MMR	
		No	%	No	%	No	%	No	%
1988	665	649	97.6	14	2.2	637	95.2	569	85.6
1989	673	669	99.4	224	33.3	657	97.6	650	96.5
1990	727	714	98.2	419	57.6	714	98.2	710	97.6
1991	733	719	98.1	424	57.8	705	96.2	690	94.1
1992	692	671	97.0	636§	91.9	681	98.4	344	49.7
1993	678	379*	55.9	393§	58.0	379	55.9	#	#
1992	UK Averages:		91%		-		90%		90%

\* These figures are incomplete. Infants born in the last quarter of 1991 are only just commencing immunisation by the year's end.

# Immunisation given at 1+ year old.

§ Immunisation started in October 1992



Table 6

Immunisations given by the Community Health Department						
	1989	1990	1991	1992	1993	
Rubella	284	280	289	241	206	Routine Vaccination of School Children
Hepatitis B	859	335	186	179	122	Staff Health Service
Rabies	37	0	19	44	5	

In Guernsey, infant immunisation is given the family doctors and paid for by the Department of Health.

**Table 7**

**STATISTICS RELATING TO BIRTHS AND INFANT DEATHS - 1935-1992**

Five Year Average	Live Births	Birth Rate	Male Live Births	Female Live Births	Still Births		Infant Deaths		Neonatal Deaths		Early Neonatal		Perinatal Deaths		Maternal Deaths	
					No	Rate	No	Rate	No	Rate	No	Rate	No	Rate	No	Rate
1935-39	787	18.4	408	379	31	38.7	41	51.3	N/A	N/A	N/A	N/A	N/A	3	3.2	
1945-49	766	19.7	391	375	17	22.3	23	29.2	N/A	N/A	N/A	N/A	N/A	1	1.6	
1950-54	734	16.6	369	365	13	17.9	18	24.2	N/A	N/A	N/A	N/A	N/A		N/A	
1955-59	704	16.7	375	329	13	18.6	17	24.4	N/A	N/A	N/A	N/A	N/A		N/A	
1960-64	811	17.9	412	399	14	17.3	17	20.6	13	14.4	N/A	N/A	N/A		Nil*	
1965-69	785	17.2	400	385	11	14.6	16	20.5	13	14.8	11	13.7	22	27.9	Nil	
1970-74	736	14.9	377	359	9	12.0	11	15.5	8	11.1	7	10.0	16	21.7	Nil*	
1975-79	610	11.3	316	294	6	9.4	8	13.1	5	8.4	5	8.4	11	17.1	Nil	
1980-84	617	11.6	325	292	4	6.2	6	11.7	5	8.5	3	5.2	7	11.6	Nil	
1985-89	664	11.9	340	324	4	6.0	4	6.0	2	3.7	2	3.7	6	9.0	Nil	
<b>Annual Figures ø</b>																
1982	589	11.1	314	275	3	5.1	6	10.2	5	8.5	2	3.4	5	8.5	Nil	
1983	660	12.5	337	323	4	6.1	5	7.6	4	6.1	2	3.0	6	9.0	Nil	
1984	596	11.2	299	297	3	5.0	6	10.1	4	6.7	4	6.7	7	11.7	Nil	
1985	642	12.0	338	304	7	10.8	4	6.2	3	4.7	3	4.7	10	15.4	Nil	
1986	671	12.1	326	345	4	5.9	2	3.0	1	1.5	1	1.5	5	7.4	Nil	
1987	644	11.6	327	317	4	6.2	4	6.2	3	4.7	2	3.0	6	9.3	Nil	
1988	680	12.3	351	329	3	4.4	5	7.4	3	4.4	3	4.4	6	8.8	Nil	
1989	688	11.6	361	327	3	4.3	4	5.8	2	2.9	2	2.9	5	7.2	Nil	
1990	754	12.7	379	375	4	5.3	1	1.3	Nil	-	Nil	-	5	5.3	Nil	
1991	768	13.0	410	358	3	4.1	1	1.3	4	5.2	4	5.2	5	6.5	Nil	
1992	737	12.5	357	380	6	8.1	8	10.8	6	8.1	4	5.4	10	13.5	Nil	
1993	681	11.7	347	334	4	5.9	7	10.2	Nil	-	3	4.4	7	10.2	Nil	

NOTE: N/A = Figures Not Available

Five year average numbers to nearest whole number

\* There was 1 maternal death in each of these 5 year periods

ø For Balliwick

**Table 8****NOTIFICATIONS OF INFECTIOUS DISEASES - 1984 to 1993**

	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993
Measles	27	140	75	8	42	1	1	2	-	2
Rubella \$\$	-	-	-	-	-	10	5	3	-	4
Mumps \$\$	-	-	-	-	-	1	-	-	-	1
Whooping Cough	-	-	14	27	23	3	3	3	2	-
Food Poisoning	17	32	160	48	78	45	75	47	38	61
Dysentery	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever	-	-	-	-	-	-	-	-	-	-
Typhoid	1	-	-	-	-	-	-	-	-	-
Scarlet Fever	-	1	-	-	-	-	4	3	2	1
Active Hepatitis	-	-	5	2	13	9	4	3	1	2
Acute Encephalitis	-	-	-	-	-	-	-	-	-	-
Acute Meningitis	-	-	1	-	4	-	-	3	1	2
Malaria	-	-	-	-	-	1	-	-	1	-
Tetanus	-	-	-	-	-	-	-	-	-	-
Psittacosis	-	-	-	1	-	-	1	-	-	-
Tuberculosis *	2	8	1	5	3	2	1	6	1	2
AIDS	-	-	-	1	-	-	-	-	-	1

\$\$ : these were not notifiable diseases until 1989

**Table 9**

**MORTALITY - CANCER OF BREAST - GUERNSEY WOMEN 1978 - 1993**  
by age groupings, with rates and mainland comparisons

Year	AGES				Rate per 100,000	
	Under 40	40 - 59	60 and Over	Total	GUERNSEY	ENGLAND AND WALES
1978	-	1	9	10	35.6	47.0
1979	1	2	6	9	31.9	47.6
1980	-	1	12	13	47.0	47.8
1981	2	3	7	12	43.4	49.1
1982	1	3	6	10	36.3	48.7
1983	-	2	9	11	39.9	49.7
1984	-	3	5	8	29.0	51.9
1985	-	2	15	17	61.6	52.8
1986	1	5	9	15	52.7	54.6
1987	-	2	8	10	35.0	53.7
1988	1	5	12	18	62.9	53.2
1989	1	4	9	14	45.6	54.2
1990	1	3	9	13	42.4	52.6
1991	-	2	15	17	55.6	53.2
1992	-	4	14	18	59.3	52.5
1993	0	3	4	7	23.2	N/A

Five year average rates 1988 - 1993

Guernsey 45.2 per 100,000 females

England and Wales 53.1 per 100,000 females (1989 - 1992)

The recorded deaths represent but a fraction of the total morbidity as between 75 and 95% of those diagnosed as having cancer of the breast will survive for 1 year, and 60% will still be alive after 5 years.

Table 11

## DEATHS - CLASSIFIED BY CAUSE AND SEX, 1991-1993

	1991			1992			1993		
	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
	I	-	-	-	-	1	1	3	3
II	101	75	176	87	77	164	88	76	164
III	12	12	24	7	8	15	8	7	15
IV	3	-	3	1	-	1	2	1	3
V	3	1	4	3	3	6	2	1	3
VI	3	3	6	6	6	12	2	3	5
VII	113	136	249	104	118	222	122	127	249
VIII	43	44	87	34	29	63	37	50	87
IX	6	5	11	11	5	16	9	7	16
X	8	11	19	5	6	11	4	7	11
XI	-	-	-	-	-	-	-	-	-
XII	-	-	-	-	1	1	-	-	-
XIII	-	1	1	-	1	1	1	-	1
XIV	-	-	-	2	2	4	1	-	1
XV	3	-	3	1	1	2	3	3	6
XVI	6	4	10	6	17	23	7	16	23
XVII	17	4	21	8	2	10	11	5	16
TOTALS	318	296	614	275	277	552	300	306	606

**Table 12**

**GUERNSEY - DEATHS BY I.C.D. 3 FIGURE CODES AND AGE GROUPS - 1993**

CAUSE OF DEATH	TOTAL ALL AGES		TOTAL ALL AGES	UNDER 1		AGE 1-14		AGE 15-24		AGE 25-44		AGE 45-64		AGE 65-74		AGE 75+		
	M	F		M	F	M	F	M	F	M	F	M	F	M	F	M	F	
<u>GROUP I</u> Infectious and Parasitic Diseases	3	3	6	-	-	-	-	-	1	-	-	-	1	-	-	-	2	2
<u>GROUP II</u> Cancers	88	76	164	-	-	1	-	-	-	2	3	23	20	31	15	31	38	
<u>GROUP III</u> Endocrine or Metabolic Disease	8	7	15	-	-	-	-	-	-	-	-	2	-	-	-	6	2	
<u>GROUP IV</u> Blood Disorders	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	2	1	
<u>GROUP V</u> Mental Disorders	2	1	3	-	-	-	-	-	-	2	-	-	-	-	-	-	1	
<u>GROUP VI</u> Nervous System Diseases	2	3	5	-	-	-	-	-	-	-	-	-	1	2	1	-	-	
<u>GROUP VII</u> Heart and Circulatory Diseases	122	127	249	-	-	-	-	-	-	1	2	17	6	36	15	68	104	
<u>GROUP VIII</u> Respiratory Diseases	37	50	87	-	-	-	-	-	-	-	-	2	3	7	6	28	41	
Carried Forward	264	268	532	-	-	1	1	1	1	5	5	45	30	75	43	138	189	

Category	199	200	201	202	203	204	205	206	207	208	209	210	211	212
Category 1	10	20	30	40	50	60	70	80	90	100	110	120	130	140
Category 2	100	150	200	250	300	350	400	450	500	550	600	650	700	750
Category 3	10	20	30	40	50	60	70	80	90	100	110	120	130	140
Category 4	10	20	30	40	50	60	70	80	90	100	110	120	130	140
Category 5	10	20	30	40	50	60	70	80	90	100	110	120	130	140
Category 6	10	20	30	40	50	60	70	80	90	100	110	120	130	140
Category 7	10	20	30	40	50	60	70	80	90	100	110	120	130	140
Category 8	10	20	30	40	50	60	70	80	90	100	110	120	130	140
Category 9	10	20	30	40	50	60	70	80	90	100	110	120	130	140
Category 10	10	20	30	40	50	60	70	80	90	100	110	120	130	140

Source: Author's calculations based on data from the Ministry of Education and Science, 2011-2015.

Table 12 - Continued

GUERNSEY - DEATHS BY I.C.D. 3 FIGURE CODES AND AGE GROUPS - 1993

CAUSE OF DEATH	TOTAL ALL AGES		TOTAL ALL AGES		UNDER 1		AGE 1-14		AGE 15-24		AGE 25-44		AGE 45-64		AGE 65-74		AGE 75+	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Carried Forward	264	268	532	-	-	-	-	-	1	1	5	5	45	30	75	43	138	189
<u>GROUP IX</u> Digestive System Diseases	9	7	16	-	-	-	-	-	-	-	-	-	1	2	1	2	7	3
<u>GROUP X</u> Genito Urinary	4	7	11	-	-	-	-	-	-	-	-	-	-	1	2	3	4	-
<u>GROUP XII</u> Skin and Subcutaneous Tissue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<u>GROUP XIII</u> Musculoskeletal Diseases	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
<u>GROUP XIV</u> Congenital Anomalies	1	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
<u>GROUP XV</u> Conditions Originating in Peri-natal Period	3	3	6	3	3	-	-	-	-	-	-	-	-	-	-	-	-	-
<u>GROUP XVI</u> Ill Defined Condition	7	16	23	1	-	-	-	-	-	-	-	-	-	-	-	-	6	16
<u>GROUP XVII</u> Accidents, Injuries, Poisoning	11	5	16	-	-	-	-	-	1	-	5	1	2	-	1	1	2	3
TOTALS ALL GROUPS	300	306	606	4	3	1	-	-	2	1	10	6	48	33	78	48	157	215



Table 13

GROUP VII DISEASES OF THE CIRCULATORY SYSTEM

DEATHS FROM HYPERTENSION, "CORONARIES" AND "STROKES" 1988-1993

I.C.D. Codes	CAUSE OF DEATH	1988		1989		1990		1991		1992		5 YR AV 1988-92		1993	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
400-404	Hypertensive Heart Disease ("Blood Pressure")	4	2	2	5	4	2	3	6	8	13	4	6	7	4
410-414	Ischaemic Heart Disease ("Coronaries")	74	56	80	57	66	71	49	63	53	57	64	61	55	77
430-438	Cerebrovascular Disease ("Strokes")	23	40	26	33	14	38	25	31	14	21	20	33	23	18
ALL GROUP VII CODES		134	117	129	121	111	145	113	116	104	118	118	123	122	127

Table 14

GROUP VIII - DISEASES OF THE RESPIRATORY SYSTEM - 1988 to 1993

I.C.D Codes	CAUSE OF DEATH	1988		1989		1990		1991		1992		Average 1988-1992		1993	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
485	Bronchopneumonia, unspecified	10	28	18	33	9	15	11	14	13	18	12	22	12	23
487	Influenza	2	2	1	-	-	3	-	6	-	2	1	2	2	-
491-492	Chronic bronchitis and emphysema	9	6	8	3	6	2	19	11	15	6	11	6	19	1
496	Chronic airways obstruction	10	2	7	5	6	1	1	1	-	-	5	2	-	-
ALL GROUP VIII CODES		34	46	37	46	31	36	43	44	34	29	29	32	33	24

Table 15

DEATHS DUE TO VIOLENT OR ACCIDENTAL CAUSES - 1988-1993

I.C.D Codes	CAUSE OF DEATH	1987		1988		1989		1991		1992		5 Year Average 1987-1992		1993	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
E810-829	Motor vehicle traffic accident	3	1	-	3	1	2	-	1	1	-	1	2	2	-
E850-859	Accidental poisoning	-	-	1	-	-	-	1	-	2	1	1	-	2	-
E880-888	Accidental falls	-	3	-	3	-	-	1	-	-	-	-	2	-	1
E910	Accidental drowning and submersion	1	1	2	-	-	-	2	-	-	-	1	-	-	-
E950-959	Suicide and self inflicted injury	10	1	3	2	3	-	10	-	6	1	6	2	2	2
E960-969	Homicide	1	-	-	-	-	-	-	1	-	-	-	-	-	-
E980-989	Injury undetermined whether accidentally or purposely inflicted	-	-	1	-	-	2	2	-	1	-	1	-	1	-

TABLE 1517 - DEATHS BY CAUSE OF DEATH - 1988-1993



Table 16

## GROUP II - NEOPLASMS - SOME CANCERS - 1988-1993

I.C.D. Codes	CAUSE OF DEATH	1988		1989		1990		1991		1992		5 YR AV 1988-92		1993	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
150	Malignant neoplasm of oesophagus	4	2	4	3	5	4	6	2	4	1	5	2	6	-
151	Malignant neoplasm of stomach	5	1	3	3	9	4	4	3	8	2	6	3	5	6
152-154	Malignant neoplasm of intestine (including rectum)	9	14	10	12	24	12	9	7	15	16	13	12	6	11
157	Malignant neoplasm of pancreas	3	1	4	3	1	6	3	7	2	2	2	4	1	2
162	Malignant neoplasm of trachea, bronchus and lung	27	12	33	10	29	14	35	12	20	16	29	11	25	17
174	Malignant neoplasm of breast	-	18	-	14	-	13	-	17	-	18	-	16	-	7
180-183	Malignant neoplasm of uterus, cervix and adnexae	-	8	-	10	-	7	-	7	-	8	-	8	-	9
185	Malignant neoplasm of prostate	14	-	6	-	14	-	14	-	8	-	12	-	10	-
204-207	Leukaemia	2	2	1	1	-	3	3	3	-	2	2	2	3	2
TOTALS OF ALL CANCER DEATHS BY SEX		93	75	85	81	106	81	101	75	87	77	94	78	88	76
TOTALS OF ALL CANCER DEATHS		168		166		187		176		164		172		164	

NOTE: The figures at the foot of each column are not totals of the figures above but the total of all cancer deaths at all ages for the year given.

**Table 17****MORTALITY - CANCER (ALL FORMS) 1964-1993****Deaths by year and sex, rates per thousand resident population**

Year	Persons		Male		Female	
	Deaths	Rate/1,000	Deaths	Rate/1,000	Deaths	Rate/1,000
1964	100	2.17	51	2.30	49	2.05
1965	104	1.22	65	2.89	39	1.61
1966	127	1.68	72	3.15	55	2.23
1967	114	2.37	68	2.94	46	1.84
1968	124	2.54	69	2.94	55	2.17
1969	121	2.44	63	2.64	58	2.26
1970	91	1.81	59	2.44	32	1.23
1971	149	2.93	88	3.59	61	2.31
1972	131	2.55	74	2.99	57	2.13
1973	129	2.48	65	2.60	64	2.37
1974	137	2.61	69	2.72	68	2.50
1975	142	2.67	77	3.01	65	2.37
1976	139	2.60	70	2.70	69	2.49
1977	158	2.91	98	3.74	60	2.14
1978	131	2.41	71	2.71	60	2.14
1979	129	2.36	65	2.47	64	2.37
1980	147	2.75	72	2.80	75	2.71
1981	136	2.55	78	3.03	58	2.10
1982	143	2.68	76	2.95	67	2.43
1983	155	2.90	81	3.15	74	2.68
1984	145	2.7	86	3.34	59	2.14
1985	168	3.2	97	3.77	71	2.57
1986	162	2.82	85	3.16	77	2.69
1987	133	2.4	78	2.90	55	1.9
1988	168	3.0	93	3.46	75	2.62
1989	166	2.8	85	2.95	81	2.63
1990	187	3.14	106	3.68	81	2.64
1991	176	2.99	101	3.57	75	2.45
1992	164	2.80	87	3.09	77	2.53
1993	165	2.84	89	3.18	76	2.52

Table 20

## GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE GROUPS - 1993

I.C.D. Code No.	CAUSE OF DEATH	Total		Under 1		Age 1 - 14		Age 15 - 24		Age 25 - 44		Age 45 - 64		Age 65 - 74		Age 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	<b>GROUP I</b>																
	<u>Infectious and Parasitic Diseases</u>																
11	Pulmonary Tuberculosis	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
16	Tuberculosis of Genito-urinary system	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
36	Meningococcal Infection	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-
38	Septicaemia	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
49	Other viral diseases of central nervous system	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
135	Sarcoidosis	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	Totals Group 1	3	3	-	-	-	-	1	-	-	-	1	-	-	-	-	2
	<b>GROUP II</b>																
	<u>Neoplasms</u>																
142	Malignant neoplasm of major salivary glands	1	1	-	-	-	-	-	-	1	-	-	-	-	1	-	-
144	Malignant neoplasm of floor of mouth	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
146	Malignant neoplasm of the oropharynx	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
147	Malignant neoplasm of the nasopharynx	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
150	Malignant neoplasm of oesophagus	6	-	-	-	-	-	-	-	1	-	1	-	3	-	1	-
151	Malignant neoplasm of stomach	5	6	-	-	-	-	-	-	-	-	2	2	2	2	1	2
153	Malignant neoplasm of colon	10	11	-	-	-	-	-	-	-	-	3	3	5	2	2	6
154	Malignant neoplasm of rectum, rectosigmoid junction and anus	6	-	-	-	-	-	-	-	-	-	3	-	2	-	1	-
155	Malignant neoplasm of liver and intrahepatic bile ducts	2	3	-	-	-	-	-	-	-	1	-	-	-	-	1	2
156	Malignant neoplasm of gall bladder and intrahepatic bile ducts	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-
157	Malignant neoplasm of pancreas	1	2	-	-	-	-	-	-	-	-	-	-	-	-	1	2
160	Malignant neoplasm of nasal cavities, middle ear and accessory sinuses	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
162	Malignant neoplasm of trachea, bronchus and lung	25	17	-	-	-	-	-	-	-	-	6	3	9	7	10	7
	Carried Forward	59	42	-	-	-	-	-	-	2	1	17	9	22	13	18	19

Table 20 continued

## GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE GROUPS - 1993

I.C.D. Code No.	CAUSE OF DEATH	Total		Under 1		Age 15 - 24		Age 25 - 44		Age 45 - 64		Age 65 - 74		Age 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
	Brought Forward	59	42	-	-	-	-	2	1	17	9	22	13	18	19
171	Malignant neoplasm of connective and other soft tissue	1	-	-	-	-	-	-	-	-	-	1	-	-	-
172	Malignant melanoma of skin	2	1	-	-	-	-	-	-	1	-	-	-	1	1
173	Other malignant neoplasm of skin	1	-	-	-	-	-	-	-	-	-	-	-	1	-
174	Malignant neoplasm of female breast	-	7	-	-	-	-	-	1	-	3	-	-	-	3
180	Malignant neoplasm of cervix uteri	-	4	-	-	-	-	-	-	-	1	-	-	-	3
183	Malignant neoplasm of ovary and other uterine adnexa	-	5	-	-	-	-	-	-	-	2	-	-	-	3
184	Malignant neoplasm of other and unspecified female genital organs	-	1	-	-	-	-	-	-	-	-	-	-	-	1
185	Malignant neoplasm of prostate	10	-	-	-	1	-	-	-	1	-	3	-	-	5
188	Malignant melanoma of bladder	1	2	-	-	-	-	-	-	-	-	-	-	1	2
189	Malignant neoplasm of kidney and other amd unspecified urinary organs	1	1	-	-	-	-	-	-	1	-	-	1	-	-
191	Malignant neoplasm of brain	2	-	-	-	-	-	-	-	1	-	1	-	-	-
193	Malignant neoplasm of the thyroid gland	-	1	-	-	-	-	-	-	-	1	-	-	-	-
194	Malignant neoplasm of other endocrine glands and related structures	-	1	-	-	-	-	-	-	-	1	-	-	-	-
199	Malignant neoplasm without specification of site	5	7	-	-	-	-	-	1	1	1	2	1	2	4
200	Lymphosarcoma and reticulosarcoma	1	-	-	-	-	-	-	-	-	-	1	-	-	-
202	Other malignant neoplasm of lymphoid and histiocytic tissue	1	2	-	-	-	-	-	-	-	1	-	-	1	1
205	Myeloid leukaemia	2	2	-	-	-	-	-	-	1	1	-	-	-	1
206	Monocytic leukaemia	1	-	-	-	-	-	-	-	-	-	-	-	1	-
238	Neoplasm of uncertain behaviour of other and unspecified sites and tissues	-	1	-	-	-	-	-	-	-	-	-	-	-	1
	Totals Group II	88	76	-	-	1	-	2	3	23	20	31	15	31	38



Table 20 continued

GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE GROUPS - 1993

I.C.D. Code No.	CAUSE OF DEATH	Total		Under 1		Age 1 - 14		Age 15 - 24		Age 25 - 44		Age 45 - 64		Age 65 - 74		Age 75 +		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
250	GROUP III <u>Endocrine, Nutritional and Metabolic diseases</u> <u>and Immunity Disorder</u> Diabetes Mellitus	8	7	-	-	-	-	-	-	-	-	2	-	-	5	6	2	
		8	7	-	-	-	-	-	-	-	-	2	-	-	5	6	2	
284 285 289	GROUP IV <u>Diseases of blood and bloodforming organs</u> Aplastic anaemia Other and unspecified anaemias Other diseases of blood and blood forming organisms	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
		1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
		-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
303	GROUP V <u>Mental Disorders</u> Alcohol dependence syndrome	2	1	-	-	-	-	-	-	-	-	-	-	-	-	2	1	
		2	1	-	-	-	-	-	-	2	-	-	-	-	-	-	-	1
320 332 335 340 357	GROUP VI <u>Diseases of the Nervous System and Sense</u> <u>Organs</u> Bacterial meningitis Parkinson's disease Anterior horn cell disease Multiple Sclerosis Inflammatory and toxic neuropathy	2	1	-	-	-	-	-	-	2	-	-	-	-	-	-	-	1
		2	1	-	-	-	-	-	-	2	-	-	-	-	-	-	-	1
		1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
		1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
		-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
2	3	-	-	-	-	-	-	-	-	-	-	-	1	2	1	-		
Totals Group VI		2	3	-	-	-	-	-	-	-	-	-	1	2	1	-		

Table 20 continued

## GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE GROUPS - 1993

I.C.D. Code No.	CAUSE OF DEATH	Total		Under 1		Age 1 - 14		Age 15 - 24		Age 25 - 44		Age 45 - 64		Age 65 - 74		Age 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	<b>GROUP VII</b>																
	<u>Diseases of Circulatory System</u>																
401	Essential hypertension	7	4	-	-	-	-	-	-	-	-	1	-	3	2	3	2
410	Acute myocardial infarction	31	44	-	-	-	-	-	-	1	-	3	3	9	6	18	35
414	Other forms of chronic ischaemic heart disease	24	33	-	-	-	-	-	-	-	-	3	1	8	1	13	31
415	Acute pulmonary heart disease	2	1	-	-	-	-	-	-	-	-	-	-	2	-	-	1
424	Other diseases of endocardium	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
425	Cardiomyopathy	2	1	-	-	-	-	-	-	-	-	1	1	1	-	-	-
430	Subarachnoid haemorrhage	1	1	-	-	-	-	-	-	-	-	1	-	-	-	-	1
431	Intracerebral haemorrhage	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	1
434	Occlusion of cerebral arteries	2	2	-	-	-	-	-	-	-	-	-	-	2	-	-	2
436	Acute but ill-defined cerebrovascular disease	19	12	-	-	-	-	-	-	-	-	-	1	1	2	18	9
437	Other and ill-defined cerebrovascular disease	1	1	-	-	-	-	-	-	-	-	-	-	-	-	1	1
440	Atherosclerosis	21	19	-	-	-	-	-	-	-	2	5	-	7	2	9	15
441	Aortic aneurysm	3	4	-	-	-	-	-	-	-	-	-	-	1	1	2	3
443	Other peripheral vascular disease	4	2	-	-	-	-	-	-	-	-	-	-	-	-	4	2
444	Arterial embolism and thrombosis	3	-	-	-	-	-	-	-	-	-	2	-	1	-	-	-
447	Other disorders of circulatory system	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
453	Other venous embolism and thrombosis	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
	<b>Totals Group VII</b>	122	127	-	-	-	-	-	-	1	2	17	6	36	15	68	104
	<b>GROUP VIII</b>																
	<u>Diseases of the Respiratory System</u>																
466	Acute bronchitis and bronchiolitis	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
480	Viral pneumonia	1	6	-	-	-	-	-	-	-	-	-	-	1	-	-	6
485	Bronchopneumonia, organism unspecified	12	23	-	-	-	-	-	-	-	-	1	1	1	1	10	21
486	Pneumonia, organism unspecified	2	6	-	-	-	-	-	-	-	-	-	-	-	1	2	5
	<b>Carried forward</b>	15	36	-	-	-	-	-	-	-	-	1	1	2	2	12	33

Table 20 continued

## GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE GROUPS - 1993

I.C.D. Code No.	CAUSE OF DEATH	Total		Under 1		Age 1 - 14		Age 15 - 24		Age 25 - 44		Age 45 - 64		Age 65 - 74		Age 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	Carried forward	15	36	-	-	-	-	-	-	-	-	1	1	2	2	12	33
487	Influenza	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-
491	Chronic bronchitis	17	7	-	-	-	-	-	-	-	-	1	2	4	2	12	3
492	Emphysema	2	1	-	-	-	-	-	-	-	-	-	-	1	-	1	1
511	Pleurisy	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
514	Pulmonary congestion and hypostasis	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
515	Post inflammatory pulmonary fibrosis	1	1	-	-	-	-	-	-	-	-	-	-	-	-	1	1
516	Other alveolar and parietoalveolar pneumopathy	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-
518	Other diseases of lung	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-
519	Other diseases of respiratory system	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	Totals Group VIII	37	50	-	-	-	-	-	-	-	-	2	3	7	6	28	41
	<b>GROUP IX</b>																
	<u>Diseases of the Digestive System</u>																
530	Diseases of Oesophagus	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
531	Gastric Ulcer	1	1	-	-	-	-	-	-	-	-	-	-	-	-	1	1
532	Duodenal Ulcer	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
533	Peptic Ulcer, site unspecified	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
562	Diverticula of Intestine	3	1	-	-	-	-	-	-	-	-	-	1	-	-	3	-
567	Peritonitis	2	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
571	Chronic Liver Disease and Cirrhosis	1	2	-	-	-	-	-	-	-	-	-	1	-	-	1	-
576	Other disorders of the biliary tract	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-
578	Gastro-intestinal Haemorrhage	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	Totals Group IX	9	7	-	-	-	-	-	-	-	-	1	2	1	2	7	3





Table 20 continued

GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE GROUPS - 1993

I.C.D Code No.	CAUSE OF DEATH	Total		Under 1		Age 1 - 14		Age 15 - 24		Age 25 - 44		Age 45 - 64		Age 65 - 74		Age 75 +	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	<u>GROUP XVII</u>																
	<u>Injury and Poisoning</u>																
820	Fracture of neck of femur	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
860	Traumatic pneumothorax and haemothorax	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
902	Injury to blood vessels of abdomen and pelvis	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
905	Late effects of musculoskeletal and connective tissue injuries	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-
959	Injury, other and unspecified	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
963	Poisoning by primarily systemic agents	2	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-
965	Poisoning by analgesics, antipyretics and anti-rheumatics	2	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-
977	Poisoning by other and unspecified drugs and medicaments	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
980	Toxic effect of alcohol	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
986	Toxic effect of carbon monoxide	2	1	-	-	-	-	-	-	-	2	1	-	-	-	-	-
994	Effects of other external causes	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
998	Other complication of procedures, not elsewhere classified	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	Totals Group XVII	11	5	-	-	-	-	1	-	5	1	2	-	1	1	2	3

Child Health Service - 1993

Health Visiting

No of Health Visitor Clinics held = 551  
Children aged 0 - 1 = 5732 attendances  
Children aged 1 - 5 = 2299 attendances  
471 developmental clinics were held with 1644 attendances  
67 baby eye clinics were held with 473 attendances  
7 baby audiology clinics were held with 16 attendances  
40 paediatric clinics were held with 170 attendances.

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School Nursing

861 children were given a full medical examination  
1929 children were given audio-visual screening  
57 children were referred to the orthoptic clinic  
36 children were referred to the audiology clinic  
206 children received rubella vaccinations

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Other clinics held in 1993

	No of clinics	No of attendances
Audiology	98	711
Audiogram	34	123
Orthoptic	57	357
School Clinics	80	266

10 Year rolling average deaths in Guernsey

	ACTUAL	10 YEAR ROLLING AVERAGE
1984	661	609
1985	608	608
1986	614	608
1987	577	607
1988	680	616
1989	688	621
1990	602	624
1991	614	626
1992	552	618
1993	606	620

Live Births between 1988 - 1993

	Legitimate	Illegitimate	Total	% illegitimate
1988	531	149	680	21.9
1989	562	126	688	18.3
1990	579	149	728	20.5
1991	578	159	737	21.6
1992	538	163	701	23.3
1993	537	144	681	21.1

SPECIAL TREATMENT CLINIC ANNUAL FIGURES FOR 1993

SEXUALLY TRANSMITTED DISEASES - NEW CLINICAL CASES						MONTH ENDING							
	GONO- RHOEA	SYPH- ILIS	NON SPEC. DISEASE N.S.D. CLAM- YDIA	REITER DISEASE	HERPES GENI- TALIS	YEAST	HIV AIDS	HEPA- TITIS B	HUMAN PAPI- LLOMA	PUBIC LICE OR SCABES	GARDEN- ERELLA TRICH- OOMAS VAGIN- ALIS	CHECK UPS CERV- ICAL SMEARS	COUNS- ELLING + BLOOD FOR LAB
MALE	10	0	40	0	19	23	0	0	33	5	0	40	66
FEMALE	1	1	16	0	10	28	0	0	18	2	0	42	39
HOMO- SEXUAL	0	0	1	0	1	2	1	1	1	0	0	0	4
TOTAL	11	1	57	0	30	53	1	1	52	7	0	82	109



Residential and Nursing Homes inspection

	Number	No of Inspections	No of Beds
Residential Homes	15	49	326
Dually registered	2	5	40
Nursing Homes	2	4	38

Services for the Elderly

a) Duchess of Kent House - continuing care

Year	Average beds Available	Average beds Occupied	% Occupancy	Discharges and deaths
1992	82.87	77.7	93.8	39
1993	85.30	81.5	95.6	58

b) Duchess of Kent House - respite care

Year	Average beds Available	Average beds Occupied	% Occupancy	Discharges and deaths
1992	2.00	1.52	76.0	32
1993	3.93	3.06	77.9	55

c) Meals on Wheels

	1992	1993
Total meals provided	18278	19800

d) Home Helps

	1992	1993
Carers	78	81
Home Helps	539	541

STAFF PROVIDING PUBLIC HEALTH SERVICES 1993

Visiting Consultants

Dr Paul Hoyle MB BS LRCP MRCS 1996 MRCP MRCGP MRCP  
Dr Gwyn Alexander MRCS MRCP MRCPsych MRCP MRCPI MRCP  
Illness Health Consultant

Part-time Medical Staff

Acting Medical Officer of Health  
Dr Brian Patten MB BS BSc MRCP MRCPsych DRCOG

Security Transmitted Diseases Clinic  
Dr Nicholas King LRCP MRCS MRCS

Occupational Health  
Dr Helen Gibson MB BS BSc DRCOG

Environmental Health Department

Chief Environmental Health Officer  
Mr Michael Baird MB ChB FRCS FRCS

APPENDIX II

Health Care Practitioners  
Mr John Crockett MB ChB FRCS

Key Industrial Health Officers  
Dr Stephen ...

Staff Providing Public Health Services

1993

Food Control Department  
Mr ...  
Mr ...

Secretary  
Mr ...

Health Promotion Unit

Health Promotion Officer  
Miss ...

Assistant Health Promotion Officer  
Mrs ...

Secretarial Support  
Mrs ...

Table 1. Summary of the data.

Year	Number of cases	Number of deaths
1991	11	1
1992	1	0
1993	2	0

Table 2. Risk factors for the disease.

The risk factors for the disease were analyzed by logistic regression.

Year	Age (years)	Gender	Occupation	Education	Marital status	Smoking status	Alcohol consumption
1991	45-54	Male	Professional	High	Married	Smoker	Alcohol
1992	55-64	Female	Unemployed	Low	Single	Non-smoker	No alcohol
1993	65-74	Male	Professional	High	Married	Smoker	Alcohol

The risk factors for the disease were analyzed by logistic regression.

Table 3. Risk factors for the disease.

Year	Age (years)	Gender	Occupation	Education	Marital status	Smoking status	Alcohol consumption
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The risk factors for the disease were analyzed by logistic regression.

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## **STAFF PROVIDING PUBLIC HEALTH SERVICES 1993**

### **Visiting Consultants:**

Dr Paul Harker MB BS LRCP MRCS DPH MFCM FFCM MBA  
Dr Gay Alexander MB ChB DPH MSC MFCM MFPHM MBIM  
[Dorset Health Commission]

### **Part-time Medical Staff**

#### **Acting Medical Officer of Health**

Dr Brian Parkin MB BS BSc MRCP MRCGP DRCOG

#### **Sexually Transmitted Diseases Clinic**

Dr Nicholas King LRCP MRCS MBBS

#### **Occupational Health**

Dr Helen Gibson MB BS MRCOG

### **Environmental Health Department:**

#### **Chief Environmental Health Officer**

Mr Michael Bairds MCIEH FRSH MRIPHH

#### **Deputy Chief Environmental Health Officer**

Mr John Cook MCIEH AMIA

#### **Environmental Health Officers**

Mr Stan Horton MCIEH

Mr Tony Rowe MCIEH

Mr Stephen Smith MCIEH

Mr Stuart Wiltshire MCIEH

#### **Pest Control Operatives**

Mr Malcolm De La Mare

Mr Paul Tostevin

#### **Secretary**

Mrs Angela Ravenscroft

### **Health Promotion Unit:**

#### **Health Promotion Officer**

Miss Yvonne Le Page BEd(Hons) DipHE&HP RHPS

#### **Assistant Health Promotion Officer**

Mrs Gerry Grange RGN LAY Trainer RHPS

#### **Secretarial Support**

Mrs Diana Reade

STATE PROVIDING PUBLIC HEALTH SERVICES 1911

Acting Comptroller

Dr. Paul H. ...  
By the ...  
Local Health Commission

Part-time Medical Staff

Acting Medical Officer of Health  
Dr. ...

Acting ...  
The ...

Occupational Health  
Dr. ...

Environmental Health Department

Chief Environmental Health Officer  
Mr. ...

Deputy Chief Environmental Health Officer  
Mr. ...

Environmental Health Officers  
Mr. ...

Mr. ...  
Mr. ...

Mr. ...  
Mr. ...

Mr. ...

Secretary

Mr. ...

Health Promotion Unit

Health Promotion Officer  
Mr. ...

Assistant Health Promotion Officer  
Mr. ...

Administrative Support  
Mr. ...



